NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

July 15-16, 2026

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

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

Please do not remove the book from the meeting room.

JOE LOMBARDO
Governor

DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAERER
Deputy Directors

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA

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

Date Posted: July 1, 2026

THIRD AMENDED AGENDA

◈ PUBLIC NOTICE ◈

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, July 15, 2026, at 9:00 am. The meeting will continue Thursday, July 16, 2026, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

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

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

Please Note:

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

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

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

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

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

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

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

◈ CONSENT AGENDA ◈

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

3. Approval of the June 3-4, 2026, Board Meeting Minutes (**FOR POSSIBLE ACTION)**

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

   A. Medline Industries LP – Grayslake, IL
   B. Medline Industries LP – Perryville, MD
   C. Medline Industries LP – Salt Lake City, UT
   D. Medline Industries LP – Southaven, MS
   E. Medline Industries LP – Temecula, CA
   F. Medline Industries LP – Tolleson, AZ
   G. Medline Industries LP – Tracy, CA
   H. National Diabetes Care LLC – Orange City, FL
   I. Noctrix Health Inc – Pleasanton, CA
   J. Optum Distribution Center LLC – Marietta, GA
   K. Remedy Medical Supply Inc – Westlake Village, CA
   L. Velo Rehab LLC – Wellsville, UT
   M. Venture OneSource LLC – Missoula, MT
   N. Warrior Service Company LLC – Boise, ID

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

Background Check Not Required by Law.

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

O. Axogen Corporation – Alachua, FL
P. Medline Industries LP – Hammond, LA
Q. Medline Industries LP – Katy, TX
R. Medline Industries LP – Mebane, NC
S. Medline Industries LP – Moreno Valley, CA
T. Medline Industries LP – St. Peters, MO
U. Medline Industries LP – Temecula, CA

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

V. Medline Industries LP – Auburndale, FL
W. Medline Industries LP – Grayslake, IL
X. Medline Industries LP – Jeffersonville, IN
Y. Medline Industries LP – Lacey, WA
Z. Medline Industries LP – McDonough, GA
AA. Medline Industries LP – Montgomery, NY
BB. Medline Industries LP – Perryville, MD
CC. Medline Industries LP – Rialto, CA
DD. Medline Industries LP – Salt Lake City, UT
EE. Medline Industries LP – Southaven, MS
FF. Medline Industries LP – Tolleson, AZ
GG. Medline Industries LP – Tracy, CA
HH. Medline Industries LP – Uxbridge, MA
II. Medline Industries LP – Wilmer, TX

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

JJ. Excelsior Medical LLC – Tinton Falls, NJ
KK. Inhibrx Biosciences Inc – La Jolla, CA
LL. Medline Industries LP – Glen Falls, NY
MM. Medline Industries LP – Mundelein, IL
NN. Milestone Pharmaceuticals USA – Charlotte, NC
OO. Summit Therapeutics Inc – Princeton, NJ

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

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

PP. Western Wellness Solutions LLC – Columbus, OH

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

QQ. AdvaGen Pharma Ltd – East Winsor, NJ
RR. Almaject Inc – Morristown, NJ
SS. Alvogen Inc – Morristown, NJ
TT. Amicus Therapeutics US LLC – Philadelphia, PA
UU. Amivas (US) LLC – Frederick, MD
VV. Amtouch Dental Supply – Valencia, CA
WW. Atland Pharmaceuticals LLC – Atlanta, GA
XX. Avedro, A Glaukos Company – Burlington, MA
YY. Cepheid – Lodi, CA
ZZ. Galt Pharmaceuticals LLC – Atlanta, GA
AAA. Pharvaris Pharmaceuticals Inc – Lexington, MA
BBB. Praxis Packaging Solutions, Grand Rapids, MI
CCC. Priovant Therapeutics Inc – Boston, MA
DDD. UroNova Pharmaceuticls Inc – Windsor, CO

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

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

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

EEE. DHL Supply Chain (USA) – Clayton, IN
FFF. DHL Supply Chain (USA) – China Gove, NC
GGG. National Drug Wholesale LLC – Santa Clara, CA
HHH. Perfero Pharma Inc – Rodeland, NJ
III. Pine Plains Pharmacy – Pine Plains, NY
JJJ. Premium Health Services Inc – Columbia, MD

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

KKK. Carson Tahoe Pharmacy – Carson City, NV
LLL. ER at Inspirada – Henderson, NV
MMM. Vita Pharmacy 2 – Las Vegas, NV

4.4 Application for Out-of-State Compounding Pharmacy License (NRS 639.2328) –

Non-Appearance **(FOR POSSIBLE ACTION)**

NNN. Cedar Pharmacy LLC- Twin Falls, ID
OOO. East Coast Compounding and Pharmacy LLC – Jacksonville, FL
PPP. Evoluciona Pharma LLC – Stafford, TX
QQQ. Mountain Care Pharmacy – Boise, ID
RRR. Mythic Rx Inc – Millcreek, UT
SSS. Pharmko Inc – Lawrence, NY
TTT. Sandrx – Wylie, TX
UUU. US Compounding Factory LLC – Hicksville, NY

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

VVV. BioPlus Specialty Infusion AL LLC – Dothan, AL
WWW. Fidelis Specialty Pharmacy – Arcadia, CA
XXX. H&H Pharmacy – Brentwood, TN
YYY. Kroger Pharmacy #011 – Jeffersonville, IN
ZZZ. Lifeline CMO Pharmacy – Ellicott City, MD
AAAA. Nufactor Inc – Ronkonkoma, CA
BBBB. Pharmacy Express – Paterson, NJ

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

CCCC. Ear, Nose & Throat Surgery Center LLC – Las Vegas, NV
DDDD. Summit Surgical Center LLC – Las Vegas, NV

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

EEEE. Jimmy Kimber – Henderson, NV
FFFF. Krystal Riccio – Henderson, NV
GGGG. Zachary Rosko – Las Vegas, NV

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

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

◈ REGULAR AGENDA ◈

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

A. Matthew Apel	(24-044-PD-A-S)
B. Hisbay Ali	(24-444-CS-S)
C. Marika Lenee Kerr	(25-146-CS-S)
D. David McCleve	(26-125-CS-S)
E. Irene Benliro	(25-266-PD-A-S)
F. Joanne Mosqueda	(25-266-PD-B-S)
G. Ibrahim Fakhouri	(25-274-CS-A-S)
H. Nirav Gandhi	(25-274-CS-B-S)
I. Darrell Linders	(25-289-CS-O)
J. Total Infusion Care, Inc	(25-501-PH-S)
K. Mohammad Pourteymaur	(25-501-RPH-S)
L. Summerlin Hospital Medical Center Pharmacy	(25-209-PH-S)
M. Aurelia Hurtada-Sadowski	(25-209-RPH-S)

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

A. Carolina Molina	(25-146-S)
B (1). Motion to Dismiss for Kent Holtorf	(25-289-C-O)
B (2). Kent Holtorf	(25-289-C-O)

7. Rehearing of Decision of the Board (NRS 639.252) **(FOR POSSIBLE ACTION)**

A. Darlene Hess	(24-460-PTT-S)

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

   A. Vegas Medical Supplies Corp. – Las Vegas, NV
   B. Vitality Medical Supplies – Las Vegas, NV

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

   A. Dignity Health Rehabilitation Hospital – Henderson, NV
   B. Genuine Care Pharmacy – Las Vegas, NV
   C. Health Works Pharmacy – North Las Vegas, NV
   D. Kaiser Permanente Ion Pharmacy – Sparks, NV
   E. Patient Care Pharmacy – Las Vegas, NV
   F. Premier Rx Pharmacy – Las Vegas, NV

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

A. Bravado Pharmaceuticals LLC – Lutz, FL

11. Application for Nevada Outsourcing Facility (NRS 639.100) – Appearance (**FOR POSSIBLE ACTION**)

A. Bespoke Pharmaceuticals, LLC – Las Vegas, NV

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

A. Biowound Solutions – Las Vegas, NV – Background Check Not Required by Law
B. Crossroads Courier Inc – Las Vegas, NV – Background Check completed in compliance with NRS 639.500
C. DHL Supply Chain – Reno, NV – Background Check Not Required by Law
D. E Surgical LLC – Sparks, NV – Background Check Not Required by Law
E. J Med Supplies NV Inc – Las Vegas, NV - Background Check completed in compliance with NRS 639.500

◈ WORKSHOP ◈

Thursday, July 16, 2026 – 9:00 am

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

A. Amendment to Nevada Administrative Code (NAC) 639. The proposed amendments establishes record keeping requirements of controlled substances by a pharmacy and other matters properly relating thereto.

B. Amendment to Nevada Administrative Code (NAC) 639. The proposed amendment requires packaging used to ship prescriptions to contain a device which monitors the temperature of the prescription and alerts the patient if the prescription is exposed to temperatures outside the temperature range listed in the manufacturer's package insert.

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

15. Executive Secretary Report:

A. Financial Report
B. Issuance of Temporary Licenses and Registrations
C. Change of Address Business List

D. Meetings with Other Health Care Regulatory Boards
E. Licensing Activities Report
F. Citations & Fines issued pursuant to NRS 632.2895
G. Legislative update

16. Date and Location of Next Scheduled Board Meeting:

September 2-3, 2026 – Reno, NV

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

18. Adjournment

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

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

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

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

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NEVADA STATE BOARD OF PHARMACY

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

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

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

BOARD MEETING MINUTES

June 3-4, 2026

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, June 3, 2026, at 9:00 am. The meeting will continue Thursday, June 4, 2026, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

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

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

Board Members Present:

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

Board Members Absent:

Richard Tomasso

Board Staff Present:

David Wuest	Yenh Long	Gregory Zunino	Brett Kandt
Laura Tucker	Skylar Young	Todd Weiss	Darlene Nases
Erin Miller	Dena McClish	Darla Zarley	Jessette Phaynarikone
John Castaldo	Joe Dodge	Monica Segedy	Clayton Bailey
William Kuykendall	Michael Castaneda		

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Call to Order and Roll Call – Establishment of Quorum

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

Public Comment on June 3, 2026, 9:05 AM

There was no public comment.

3. Approval of April 15-16, 2026, Board Meeting Minutes (**FOR POSSIBLE ACTION)**

Board Action:

Motion: Krystal Freitas moved to approve the April 15-16, 2026, Board Meeting Minutes.

Second: Adam Porath

Action: Passed unanimously.

◈ CONSENT AGENDA ◈

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

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

A. Apex Health Group – Falls Church, VA
B. Artheon Orthopedic Devices, Inc – La Verne, CA
C. Bump Health – Peoria, IL
D. Healthy.IO (US), Inc – Boston, MA
E. Kadence Healthcare, Inc – Cypress, CA
F. Med Supply US LLC – Fort Lauderdale, FL

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

Background Check Not Required by Law.

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

G. Denali Therapeutics, Inc – South San Francisco, CA
H. Ethicon US, LLC – Raritan, NJ

I. Vericel Corporation – Burlington, MA

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

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

J. Vera Therapeutics, Inc – Brisbane, CA

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

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

K. Dutch Opthalmic, USA, Inc – Exeter, NH
L. Hercules Pharmaceuticals, Inc – Port Washington, NY
M. ICU Medical Sales, Inc – Olive Branch, MS
N. Pharma Distribution & Fulfillment Services, Inc – South Beloit, IL
O. Pharmacy Buying Association, Inc – Riverside, MO
P. Safeway Distribution, Inc – Davie, FL

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

Q. Alcresta Therapeutics, Inc – Waltham, MA
R. AMO Manufacturing USA, LLC – Milpitas, CA
S. Amtouch Dental Supply – Santa Fe Springs, CA
T. Bayer Medical Care, Inc – Sayonburg, PA
U. BE Pharmaceuticals, Inc – Cary, NC
V. Beacon Bio Dx, LLC – Cleveland, OH
W. Best Dental Kit – Shavertown, PA
X. Blueprint Medicines Corporation – Cambridge, MA
Y. Citagenix Regen, LLC – Wixcom, MI
Z. Glenmark Pharmaceuticals, Inc USA – Elmwood Park, NJ
AA. HEC Pharm USA, Inc – Plainsboro, NJ
BB. ICU Medical Sales, Inc – Gary, IN
CC. ICU Medical Sales, Inc – Highland, IN
DD. NDC Homecare, LLC – Towson, MD
EE. Ortsuka ICU Medical LLC – Austin, TX
FF. PAI Pharma – Greenville, SC
GG. Sunset Healthcare Solution – Chicago, IL
HH. TearScience Inc – Milpitas, CA
II. Valorum Biologics, LLC – New Hope, PA

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JJ. Zimmer Biomet Spine – Olive Branch, MS

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

KK. ICU Medical Sales, Inc – Dublin, OH

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

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

LL. DHL Supply Chain (USA) – Annville, PA
MM. Dry Eye Rescue – Boca Raton, FL
NN. Elevate Solutions Group LLC – Lithia Springs, GA
OO. JAMS Rx – Gwynn Oak, MD
PP. Qualanex LLC – Libertyville, IL

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

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

QQ. Thesis Pharmacy – Plano, TX

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

RR. Advance Care Pharmacy – Indiana, PA
SS. Clinical Solutions, LLC – Franklin, TN
TT. Medicap Pharmacy – Coralville, IA
UU. Pyramids Pharmacy I – Pearland, TX
VV. Quick Meds Direct, LLC – Armonk, NY
WW. Senderra Rx Partners, LLC – Plano, TX
XX. SuperCare Health – City of Industry, CA
YY. TOI Easy Rx – Westminster, CA
ZZ. Truax Patient Services, LLC – Bemidji, MN

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

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

AAA. Daniel Chow
BBB. Joanne Dominguez

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

CCC. ProRx – Exton, PA

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

Dave Wuest requested that Consent Agenda Item 4AAA for Daniel Chow to not be included in the board action.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Consent Agenda with the exception of Agenda Item 4AAA.

Second: Chanyis Taylor

Action: Passed unanimously.

◈ REGULAR AGENDA ◈

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

E. Hilco Vision (25-187-WH-S)

David Hufnagle (Vice President of Global QA/RA) and Jeffrey Moore, Esq. (Counsel) were present.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Hilco Vision, alleging that Hilco Vision engaged in the sale and distribution of ophthalmic products that was manufactured by Omni Lens Pvt. Ltd., a manufacturer in India, which is not registered by the FDA, nor did their products conform to Current Good Manufacturing Practice (cGMP).

The proposed stipulated penalties for Hilco Vision, License No. WH02862, are the following: 1) Respondent fined $2,500 for the violations; and 2) Respondent assessed $1,000 in attorney's fees and costs, both to be due and payable by July 1, 2026.

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Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Stipulation and Order for Hilco Vision as presented by Mr. Kandt.

Second: Chanyis Taylor

Action: Passed unanimously.

F. Patricia Sanchez (26-108-PTT-N)

No one was present on behalf of Patricia Sanchez.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Patricia Sanchez, alleging that Respondent Sanchez failed to disclose her criminal history on her 2023 pharmaceutical technician in training application and her 2025 pharmaceutical technician application.

Mr. Kandt requested that the declaration of service by Board staff showing that Respondent Sanchez received proper notice of the charges and of the hearing be entered into the record as Exhibit 1.

President Park entered the declaration of service by Board staff as Exhibit 1.

Mr. Kandt requested the Board make Findings of Fact consistent with paragraphs 1-3 in the Accusation.

Board Action:

Motion: Jade Jacobo moved to make Findings of Fact consistent with paragraphs 1-3 in the Accusation

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Kandt requested the Board make Conclusions of Law consistent with paragraphs 4-9 of the Accusation, find respondent guilty on Counts One and Two, and determine that the respondent was properly noticed.

Board Action:

Motion: Jade Jacobo moved to make Conclusions of Law consistent with

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paragraphs 4-9 of the Accusation, to find respondent guilty on Counts One and Two, and to find that respondent was properly noticed.

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Kandt requested that the memorandum of Attorney's Fees and Costs in the amount of $1,118.15 be entered into the record as Exhibit 2.

President Park entered the memorandum of attorney's fees and costs into the record as Exhibit 2.

Mr. Kandt requested that the Board revoke Ms. Sanchez' Certificate of Registration No. PT28814, effective immediately, for the minimum of one (1) year from the effective date of the order, and assess Respondent $1,118.15 in attorney's fees and costs, effective immediately.

Board Action:

Motion: Jade Jacobo moved to revoke Patricia Sanchez's Certificate of Registration No. PT28814 for a period of one (1) year ; Respondent assessed $1,118.15 in attorney's fees and costs as reasonable, necessary and actually incurred, to be due and payable within thirty (30) days of the date of this Order; In the event respondent applies for reinstatement of her certificate of registration or any other registration issued by the Board she shall appear before the Board to answer questions.

Second: Krystal Freitas

Action: Passed unanimously.

K. Jose Escobedo (24-424-RPH-C-S)

Lyn Beggs, Esq., was present on behalf of Jose Escobedo.

President Park stated that she is familiar with Jose Escobedo but that she can participate in this matter fairly and without bias.

Gregory Zunino, Senior General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Jose Escobedo alleging that Respondent Escobedo verified prescriptions that did not comply with Nevada law, thus causing his employer, Meta Pharmacy, to dispense dangerous drugs and controlled substances to Meta's customers without proper medical authorization.

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The proposed stipulated penalties for Jose Escobeo, Certificate of Registration No. 20782, are the following: 1) Respondent's Certificate of Registration No. 20782 is revoked, however the revocation is stayed and Respondent is placed on probation for a period of two (2) years from the effective date of the Order; 2) Respondent fined $5,000 for the violations; 3) Respondent assessed $1,000 in attorney's fees and costs, both to be due and payable by July 31, 2026; and 4) Respondent must complete four (4) continuing education credit hours on the topic of ethics in the practice of pharmacy.

Board discussion ensued.

Board Action:

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

Second: Chanyis Taylor

Aye: Krystal Freitas, Chanyis Taylor, Adam Porath, Jade Jacobo, Anna Carr
Nay: President Park

Action: Motion passed.

C. Antonino Gumina (24-430-CS-S)

Antonino Gumina was present.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Antonino Gumina, alleging that Respondent Gumina failed to query the PMP prior to issuing controlled substance prescriptions, permitted unauthorized persons to use his username and password to unlawfully access the PMP Database, and failed to query and review for accuracy his MyRx prescriber activity report in the PMP database at least once every 6 months.

The proposed stipulated penalties for Antonino Gumina Certificate of Registration No. CS09380: 1) Respondent's Certificate of Registration No. CS09380 is placed on probation for a period of two (2) years from the effective date of the Order; 2) Respondent fined $5,000 for the violations, to be due and payable by June 3, 2027; 3) Respondent assessed $1,000 in attorney's fees and costs, to be due and payable by July 31, 2026; and 4) Respondent shall complete training from Board staff on use of the PMP database within sixty (60) days of the effective date of this Order, and follow-up PMP training six (6) months after the initial training.

Board discussion ensued.

Board Action:

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Motion: Krystal Freitas moved to approve the Stipulation and Order for Antonino Gumina as presented by Mr. Kandt.

Second: Jade Jacobo

Action: Passed unanimously.

M. Tiana Hubbard (24-424-CS-B-S)

No one was present on behalf of Tiana Hubbard.

Gregory Zunino, Senior General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Tiana Hubbard, alleging that Respondent Hubbard permitted non-practitioner owners, managers, and/or employees to engage in unregistered prescribing, failed to establish and maintain effective controls against diversion of controlled substances, and failed to query the PMP database as required by Nevada Law.

Mr. Zunino called Jessette Phaynarikone as a witness.

President Park swore Ms. Phaynarikone in as a witness.

Mr. Zunino questioned Ms. Phaynarikone.

Ms. Phaynarikone answered questions and gave testimony.

Mr. Zunino requested that the Board approve the proposed Findings of Fact, Conclusions of Law and Order.

The proposed order for Tiana Hubbard Certificate of Registration No. CS25791 is the following: 1) Respondent's Certificate of Registration No. CS25791 is revoked, effective immediately. Respondent cannot apply for reinstatement for a period of one (1) year from the effective date of the Order; 2) Respondent fined $5,000 for the violations; and 3) Respondent assessed $1,000 in attorney's fees and costs as reasonable, necessary and actually incurred, both to be due and payable by July 31, 2026.

Mr. Zunino requested that the proposed Findings of Fact, Conclusions of Law and Order be entered as Exhibit 1 into the record, and the memorandum of costs and fees be entered as Exhibit 2 into the record.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt the proposed Findings of Fact, Conclusions of Law for Tiana Hubbard as presented by Mr. Zunino.

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Second: Chanyis Taylor

Action: Passed unanimously.

President Park admitted Exhibit 1 and Exhibit 2 into the record.

Board discussion ensued.

Board Action:

Motion: President Park moved to approve the proposed order for Tiana Hubbard as presented by Mr. Zunino.

Second: Chanyis Taylor

Action: Passed unanimously.

R.	Walgreens Pharmacy #03922	(25-362-PH-S)
S.	Mona Matar	(25-362-RPH-A-S)

William Stilling, Esq. (counsel for both Respondents), and Mona Matar were present.

Laura Tucker, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Walgreens Pharmacy #03922, alleging that, as pharmacy/pharmacy owner, Walgreens #03922 is responsible for the acts of its employees who made an error in a prescription.

Ms. Tucker prosecuted the case against Mona Matar alleging that Respondent Matar made an error in a prescription.

The proposed stipulated penalties for Mona Matar, Certificate of Registration No. 20104, are the following: 1) Respondent's Certificate of Registration No. 20104 is suspended; however, the suspension is stayed. Respondent is placed on probation for a period of one (1) year subject to the following conditions; 2) Respondent fined $2,000 for the violations; and 3) Respondent assessed $1,000 in attorney's fees and costs, both to be due and payable within thirty (30) days of this order.

The proposed stipulated penalties for Walgreens Pharmacy #03922, License No. PH01127, are the following: 1) Respondent fined $2,000 for the violations; and 2) Respondent assessed $1,000 in attorney's fees and costs, both to be due and payable within thirty (30) days of this order.

Jade Jacobo was excused from the meeting at 10:03 AM.

Board discussion ensued.

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The Board requested an amendment to be made to the probationary period for Ms. Matar.

The proposed amended stipulated penalties for Mona Matar, Certificate of Registration No. 20104, are the following: 1) Respondent's Certificate of Registration No. 20104 is suspended for a period of two (2) years; however, the suspension is stayed. Respondent is placed on probation subject to the following conditions: 2) Respondent fined $2,000 for the violations; and 3) Respondent assessed $1,000 in attorney's fees and costs, both to be due and payable within thirty (30) days of this order.

Board Action:

Motion: Chanyis Taylor moved to approve the amended Stipulation and Order for Mona Matar as presented by Ms. Tucker.

Second: Anna Carr

Action: Passed unanimously.

Board Action:

Motion: Chanyis Taylor moved to approve the Stipulation and Order for Walgreens Pharmacy #03922 as presented by Ms. Tucker.

Second: Adam Porath

Action: Passed unanimously.

B. Joseph Steidl (20-019-RPH-S)

No one was present on behalf as Joseph Steidl.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Joseph Steidl, alleging that at the time of the events, Respondent Steidl was the managing pharmacist who made false statements to the Nevada Board of Pharmacy Inspector during an inspection of Modern Rx.

Mr. Kandt requested that the declaration of service by Board Staff showing that Respondent Steidl received proper notice of charges and of the hearing be entered into the record as Exhibit 1.

President Park entered the declaration of service by Board Staff as Exhibit 1.

Mr. Kandt requested the Board make Findings of Fact consistent with paragraphs 1-3 of the Accusation.

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Board Action:

Motion: Krystal Freitas moved to make Findings of Fact consistent with paragraphs 1-3 of the Accusation.

Second: Chanyis Taylor

Action: Passed unanimously.

Mr. Kandt requested the Board make Conclusions of Law consistent with paragraphs 4-8 of the Accusation, to find Respondent guilty on Count One, and to find that respondent was properly noticed.

Motion: Krystal Freitas moved to make Conclusions of Law consistent with paragraphs 4-8 of the Accusation, to find respondent guilty on Count One, and to find that respondent was properly noticed.

Second: Chanyis Taylor

Action: Passed unanimously.

Mr. Kandt noted that Respondent Steidl's registration has expired but requested that the Board revoke his registration for a period of one (1) year from the effective date of the order.

Board Action:

Motion: Krystal Freitas moved to revoke Certificate of Registration No. 18852 for a period of one (1) year.

Second: Adam Porath

Action: Passed unanimously.

Mr. Kandt requested that the memorandum of attorney's fees and costs, in the amount of $190.95, be entered into the record as Exhibit 2 as reasonable, necessary and actually incurred, and the order to be effective immediately.

President Park entered the memorandum of attorney's fees and costs into the record as Exhibit 2.

Board Action:

Motion: President Park moved to assess Respondent with attorney's fees and costs in the amount of $190.95 as reasonable, necessary and actually

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incurred to be due within thirty (30) days of the order and the order be effective immediately.

Second: Chanyis Taylor

Action: Passed unanimously.

D. Darlene Hess (24-460-PT-S)

No one was present on behalf of Darlene Hess.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Darlene Hess, alleging that Respondent Hess failed to disclose criminal history on her 2014 pharmaceutical technician in training application and all subsequent biennial renewal applications through 2022.

Mr. Kandt requested that the Declaration of Erin Miller be entered into the record as Exhibit 1.

President Park entered the Declaration of Erin Miller as Exhibit 1 into the record.

Mr. Kandt requested that the Declaration of Jessette Phaynarikone be entered into the record as Exhibit 2.

President Park entered the Declaration of Jessette Phaynarikone as Exhibit 2 into the record.

Mr. Kandt requested that the Board make Findings of Fact consistent with paragraphs 1-4 of the Accusation.

Board Action:

Motion: Chanyis Taylor moved to make Findings of Fact consistent with paragraphs 1-4 of the Accusation.

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Kandt requested that the Board make Conclusions of Law consistent with paragraphs 5-10 of the Accusation, to find Respondent guilty on Counts One and Two, and to find that Respondent was properly noticed.

Board Action:

Motion: Chanyis Taylor moved to make Conclusions of Law consistent with

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paragraphs 5-10 of the Accusation, to find Respondent guilty on Counts One and Two, and to find that Respondent was properly noticed.

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Kandt requested that the memorandum of attorney's fees and costs in the amount of $1,268.54 be entered into the record as Exhibit 3.

President Park entered the memorandum of attorney's fees and costs into the record as Exhibit 3.

Mr. Kandt requested the Board revoke Respondent's Certificate of Registration No. PT27744 for a period of one (1) year from the effective date of the Order, to assess Respondent with attorney's fees and costs in the amount of $1,268.54 as reasonable, necessary and actually incurred to be paid within thirty (30) days of the order.

Board Action:

Motion: Krystal Freitas moved to revoke Respondent's Certificate of Registration No. PT27744 for a period of one (1) year; to assess Respondent with attorney's fees and costs in the amount of $1,268.54 as reasonable, necessary and actually incurred and to be paid within thirty (30) days of the order.

Second: Chanyis Taylor

Action: Passed unanimously.

G. Raley's Pharmacy #123 (24-366-PH-N)

Timothy Kuhls, Esq., was present on behalf of Raley's Pharmacy #123.

Gregory Zunino, Senior General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Raley's Pharmacy #123, alleging that as pharmacy/pharmacy owner, Raley's Pharmacy #123 is responsible for the acts of its employees who failed to document whether counseling was offered or provided for a dispensed prescription as required by state regulation.

The proposed stipulated penalties for Raley's Pharmacy #123, License No. PH00999, are the following: 1) Respondent fined $750 for the violations; 2) Respondent assessed $500 in attorney's fees and costs, both to be due and payable by July 31, 2026; and 3) Respondent agrees that it will continue to cooperate with the Board's inspectors in terms of explaining and/or demonstrating how its systems for documenting patient

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counseling operates and to make reasonable changes or modifications to that system, as appropriate, to address any compliance concerns that the Board may have.

Board discussion ensued.

Adam Porath noted that the April 2026 Board Meeting minutes reflect that the other Respondent in this case was fined $1,000 instead of the correct amount of $750.

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, stated that the April 2026 Board meeting minutes would be amended to reflect a fine of $750 for Respondent Patrick Awa.

Board Action:

Motion: Adam Porath moved to approve the Stipulation and Order for Raley's Pharmacy #123 as presented by Mr. Zunino.

Second: Krystal Freitas

Action: Passed unanimously.

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

    A. Amazon Pharmacy #051 – North Las Vegas, NV

Luis Lanz, Esq., (Counsel) and Joelvis Cuadros (Managing Pharmacist) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Nevada pharmacy license for Amazon Pharmacy #051.

Second: Adam Porath

Action: Passed unanimously.

17. Executive Secretary Report

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

16. General Counsel Report

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Gregory Zunino, Senior General Counsel for the Nevada Board of Pharmacy, and Brett Kandt, General Counsel for the Nevada Board of Pharmacy, presented.

Chanyis Taylor was excused from the meeting at 11:45 AM.

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

H. PharMerica (24-370-PH-N)

Lyn Beggs, Esq., was present on behalf of PharMerica.

Gregory Zunino, Senior General Counsel for the Nevada Board of Pharmacy, prosecuted the case against PharMerica, alleging that as pharmacy/pharmacy owner, PharMerica is responsible for the acts of its employees who failed to correct a data entry error related to a prescription for a maintenance medication needed by a patient of the MorningStar assisted living facility. The failure to correct the error caused a lengthy interruption to the patient's medication therapy and resulted in a negative medical outcome to the patient.

Ms. Beggs gave her opening statement.

Mr. Zunino and Ms. Beggs stipulated as to the admissibility of Exhibits 1-5 and their entry into the record.

President Park admitted Exhibits 1-5 into the record.

Mr. Zunino called Monica Segedy as a witness.

Monica Segedy, Investigator for the Nevada Board of Pharmacy, appeared and was sworn in by President Park.

Mr. Zunino questioned Ms. Segedy on the exhibits.

Ms. Segedy answered questions and gave testimony.

Ms. Beggs cross-examined Ms. Segedy.

Mr. Zunino called Donna Fischer as a witness.

Donna Fischer appeared and was sworn in by President Park.

Mr. Zunino questioned Ms. Fischer.

Ms. Fischer answered questions and gave testimony.

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Ms. Beggs called Scott Clark as a witness.

Scott Clark, Chief Clinical Officer for PharMerica, appeared and was sworn in by President Park.

Ms. Beggs questioned Mr. Clark.

Mr. Zunino cross-examined Mr. Clark.

The Board questioned Mr. Clark.

Mr. Clark answered questions and gave testimony.

Ms. Beggs called Bill Deane as a witness.

Bill Deane, Chief Pharmacy Officer for PharMerica, appeared and was sworn in by President Park.

Ms. Beggs questioned Mr. Deane.

Mr. Zunino cross-examined Mr. Deane.

The Board questioned Mr. Deane.

Mr. Deane answered questions and gave testimony.

Mr. Zunino gave his closing statement.

Ms. Beggs gave her closing statement.

Mr. Zunino gave his rebuttal.

Ms. Beggs gave her rebuttal.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to find respondent guilty on Count Four with the amendments to strike line 61 of the accusation, as well as the reference to Count Two in line 62 of the accusation, along with the corresponding Nevada law references.

Second: Anna Carr

Action: Passed unanimously.

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Board Action:

Motion: Krystal Freitas moved to find respondent not guilty on Count Three.

Second: Adam Porath

Action: Passed unanimously.

Board Action:

Motion: Adam Porath moved to find respondent not guilty on Count Two.

Second: Krystal Freitas

Action: Passed unanimously.

The Board wanted to hear Camilla Kim's cases and will return back to PharMerica.

I. Camilla Kim (24-370-RPH-N)
J. Camilla Kim (26-084-RPH-N)

Lyn Beggs, Esq., was present on behalf of Camilla Kim.

Gregory Zunino, Senior General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Camilla Kim, alleging that in Case No. 24-370-RPH-N, Respondent Kim failed to correct a data entry error related to a prescription for a maintenance medication needed by a patient of the MorningStar assisted living facility. The failure to correct the error caused a lengthy interruption to the patient's medication therapy and resulted in a negative medical outcome to the patient. Additionally, in Case No. 26-084-RPH-N, Respondent Kim was found to be intoxicated while on duty.

The proposed stipulated penalties for Camilla Kim, Certificate of Registration No. 19338, are the following: Respondent's Certificate of Registration No. 19338 is revoked, however the revocation is stayed and respondent's license is placed on probation until June 30, 2028, subject to the following conditions: 1) Respondent fined $1,000 for the violations; 2) Respondent assessed $1,500 in attorney's fees and costs, both to be due and payable by August 31, 2026; 3) Respondent shall participate in a professional monitoring program in accordance with the recommendations of Dr. Mark Chase and shall cause Dr. Chase, or his designee, to transmit quarterly reports to the Board's staff; and 4) Respondent agrees to appear at a meeting of the Board to answer questions concerning her progress and participation in the professional monitoring program, if requested by Board prior to the renewal of her certificate of registration in 2027.

Mr. Zunino stated that upon approval of the stipulation and order, Count Two of the first amended accusation shall be dismissed as it pertains to Respondent Kim.

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Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Stipulation and Order for Camilla Kim as presented by Mr. Zunino.

Second: Adam Porath

Action: Passed unanimously.

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

H. PharMerica (24-370-PH-N)

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to make the Findings of Fact consistent with paragraphs 3-5, 7-8, 10-17 and 19-27 of the Accusation while striking paragraphs 6, 9, and 18 of the Accusation.

Second: Krystal Freitas

Action: Passed unanimously.

Board Action:

Motion: As to the Board's conclusions of law, Adam Porath moved to strike enumerated statements of law, as identified by counsel, based upon the Board's findings of not guilty on counts two and three of the first amended accusation.

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Zunino requested that memorandum of attorney's fees and costs in the total amount of $2,732, with $1,000 of the memorandum allocated to be paid by Camilla Kim; so, the remaining balance of $1,732 shall be directed to PharMerica.

Board discussion ensued.

Board Action:

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Motion: Adam Porath moved to impose a $1,500 fine on Respondent Kim and assessed $1,732 in attorney's fees and costs as reasonable necessary and actually incurred, both to be due and payable within thirty (30) days of the order.

Second: Anna Carr

Action: Passed unanimously.

A. Modern Rx (20-019-PH-S)

This matter was continued.

L. Chad Antonie (24-424-CS-A-S)

This matter was continued.

N. Mary Miller-Wilson (24-424-CS-C-S)

This matter was continued.

O. Ashley Thomas (24-424-PT-S)

This matter was continued.

P. Irene Benliro (25-266-PD-A-S)

This matter was continued.

Q. Joanne Mosqueda (25-266-PD-B-S)

This matter was continued.

T. Viridiana Martinez (25-362-RPH-B-S)

This matter was dismissed.

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

A. Kent Holtorf (25-289-C-O)

Chandon Alexander, Esq., was present on behalf of Kent Holtorf.

Laura Tucker, General Counsel for the Nevada Board of Pharmacy, stated that there is an outstanding stipulated agreement to a continuance of the hearing on the appeal of

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Respondent Holtorf's citation-and-fine order and the hearing on the motion to dismiss, which was not signed by the Respondent Holtorf prior to the start of the meeting.

Mr. Alexander stated that he was unable to reach Respondent Holtorf to obtain his signature on the stipulated agreement before the meeting began; however, his client was in agreement with the stipulated conditions.

Ms. Tucker read the stipulated conditions into the record.

Mr. Alexander stated that he is in agreement to the stipulated conditions on behalf of Respondent Holtorf.

President Park stated that this matter will be heard at the July 15, 2026, Board meeting.

Todd Weiss, Senior Deputy for the Attorney General Office, stated that the stipulated terms do not prevent Mr. Alexander from petitioning for a continuance in the future, but reminded him that such request would be subject to the President's discretion.

This matter was continued.

B. Oxus America, Inc (25-470-O)

This matter was continued.

C. Prime Plus Lakeview Pharmacy (25-110-V-O)

Chandon Alexander, Esq., was present on behalf of Prime Plus Lakeview Pharmacy.

Laura Tucker, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Prime Plus Lakeview Pharmacy alleging that Prime Plus Lakeview Pharmacy engaged in unlawful wholesale distribution of prescription drugs in Nevada. She stated that this is an appeal to a citation and fine order that the respondent received.

Mr. Alexander requested that the President grant the motion to dismiss that was filed on behalf of Prime Plus Lakeview Pharmacy.

Ms. Tucker requested that the Board deny the motion to dismiss.

Mr. Alexander gave his rebuttal.

Ms. Tucker gave her rebuttal.

President Park denied the motion to dismiss the case.

Ms. Tucker gave her opening argument and requested that the Board uphold the

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citation and fine order.

Mr. Alexander gave his opening argument.

Ms. Tucker called Dena McClish as a witness.

Dena McClish, Investigator for the Nevada Board of Pharmacy, appeared and was sworn in by President Park.

Ms. Tucker questioned Ms. McClish.

Ms. Tucker requested that an invoice be admitted into the record as Exhibit 1.

Mr. Alexander stipulated that Exhibit 1 can be entered into the record.

President Park admitted Exhibit 1 into the record.

Ms. McClish answered questions and gave testimony.

Mr. Alexander re-crossed Ms. McClish.

Mr. Alexander objected to Ms. Tucker's question stating irrelevance.

President Park overruled the objection.

Ms. Tucker gave her closing statement.

Mr. Alexander gave his closing statement.

Board discussion ensued.

Board Action:

Motion: President Park made the motion to uphold the original citation and fine of $5,000.

Second: Adam Porath

Action: Passed unanimously.

Public comment at June 3, 2026, at 4:32 PM:

There was no public comment.

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

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Board Members Present:

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

Board Members Absent:

Richard Tomasso

Board Staff Present:

David Wuest	Yenh Long	Gregory Zunino	Brett Kandt
Laura Tucker	Skylar Young	Todd Weiss	Darlene Nases
Erin Miller	Dena McClish	Darla Zarley	Jessette Phaynarikone
Joe Dodge	John Castaldo	Clayton Bailey	William Kuykendall
Michael Castaneda			

Call to Order and Roll Call – Establishment of Quorum

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

Public comment at June 4, 2026, at 9:02 AM:

David Harriman II, Nevada Pharmacist.

◈ WORKSHOP ◈

Thursday, June 4, 2026 – 9:00 am

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

    A. Amendment to Nevada Administrative Code (NAC) 639. The proposed amendments establishes record keeping requirements of controlled substances by a pharmacy and other matters properly relating thereto.

Yenh Long, Deputy Secretary for the Nevada Board of Pharmacy, presented the proposed regulation workshop to the Board.

The Board questioned Ms. Long.

President Park opened the floor for public comment.

The following person(s) offered public comment:

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Liz McMenamin, Retail Association of Nevada.

Dani Ottoson, Director of Pharmacy Advocacy and Regulatory Affairs for CVS Pharmacy.

President Park closed the period for public comment.

Board discussion ensued.

President Park reopened the floor for public comment.

The following person(s) offered public comment:

Liz McMenamin, Retail Association of Nevada.

President Park closed the period for public comment.

This matter was tabled.

B. Amendment to Nevada Administrative Code (NAC) 639. The proposed amendment requires packaging used to ship prescriptions to contain a device which monitors the temperature of the prescription and alerts the patient if the prescription is exposed to temperatures outside the temperature range listed in the manufacturer's package insert.

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, presented the proposed regulation workshop to the Board.

President Park opened the floor for public comment.

The following person(s) offered public comment:

Liz McMenamin, Retail Association of Nevada.

Dani Ottoson, Director of Pharmacy Advocacy and Regulatory Affairs for CVS Pharmacy.

Spencer Roach, Director of Government Affairs for Empower Pharmacy.

Harmony Aker, Pharmacist/Representative from Walgreens Pharmacy.

Anonymous Patient Advocate.

President Park closed the period for public comment.

Board discussion ensued.

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This matter was tabled.

◈ PUBLIC HEARING ◈

Thursday, June 4, 2026 – 9:00 am

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

A. Amendment to Nevada Administrative Code (NAC) 453. The proposed amendments relate to controlled substances adding N-pyrrolidino metonitazene and N-pyrrolidino protonitazene to the controlled substances listed in Schedule I. (LCB File No. R038-26)

Darla Zarley, Grant and Project Analyst for Nevada Board of Pharmacy, presented background information regarding the proposed regulation to the Board.

President Park opened the floor for public comment.

There was no public comment.

President Park closed the period for public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt LCB File No. R038-26 as presented by Dr. Zarley.

Second: Krystal Freitas

Action: Passed unanimously.

B. Amendment to Nevada Administrative Code (NAC). The proposed amendments establish standards for licensees relating to staffing, supervision, duties of a pharmacy, duties of a pharmacist and requirements related to the timing of dispensing prescription drugs and devices. (LCB File No. R072-25)

This matter was tabled.

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

C. Samantha Turcotte

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Samantha Turcotte was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Advance Practice Registered Nurse - Prescribe registration for Samantha Turcotte.

Second: Adam Porath

Action: Passed unanimously.

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

A. AA Medical – Las Vegas, NV

Hymon Johnson (MDEG Administrator), Billie Nute (Vice President, PAP Operations), Tanja Takacs (Director of Sales), Mary Menck Burr (Vice President of Regional Sales), Kelli Ore (Vice President of Intake Processing), Diane Siegel (Director of Licensing and Governmental Credentialing), and Natascha Amster (Lead Licensing & Governmental Credentialing Specialist) and was present.

Chanyis Taylor recused herself from this matter due to conflict of interest.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Nevada Medical, Devices, Equipment and Gases registration for AA Medical, pending an updated application to include respiratory equipment and respiratory therapists.

Second: Jade Jacobo

Action: Motion passed (Taylor recused).

B. Progressive Recovery – Las Vegas, NV

Chaz Harris (Chief Operating Officer) and James Cox (MDEG administrator) were

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present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Nevada Medical, Devices, Equipment and Gases registration for Progressive Recovery, pending an updated application for Mario Sanchez as the new MDEG administrator and a favorable inspection.

Second: Chanyis Taylor

Action: Passed unanimously.

8. Applications for Nevada Outsourcing Facility (NRS 639.100) – Appearance (**FOR POSSIBLE ACTION**)

    A. Bespoke Pharmaceuticals, LLC – Las Vegas, NV

This matter was tabled.

    B. Orion Specialty Labs, LLC – Henderson, NV

John Hartwig (Vice President of Technical Operations), Justin Curnutt (Pharmacist in Charge) and Christopher Musser (Vice President of Pharmacy Operations) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

This application was tabled.

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

    A. Helping Hands Rx, LLC – Crystal River, FL

Alison Koskos, Pharmacist in Charge, was present.

The Board heard testimony and asked questions of the applicant.

Chanyis Taylor was excused from the meeting at 12:00 PM.

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Stephanie Robinson, Owner, was present.

The Board heard testimony and asked questions of the applicants.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Out-of-State Compounding Pharmacy registration for Helping HandsRx, LLC, pending a favorable inspection at the pharmacy's expense.

Second: Krystal Freitas

Action: Passed unanimously.

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

    A. Alto Pharmacy – Lewisville, TX

Salma Abdulghani, managing pharmacist, was present.

The Board heard testimony and asked questions of the applicants.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Out-of-State Pharmacy registration for Alto Pharmacy.

Second: Jade Jacobo

Action: Passed unanimously.

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

    A. Ben Boyer

Ben Boyer was present.

The Board heard testimony and asked questions of the applicants.

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Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Advance Practice Registered Nurse – Prescribe registration for dangerous drugs only for Ben Boyer.

Second: Krystal Freitas

Action: Passed unanimously.

B. Kate Cordisco

Kate Cordisco was present.

The Board heard testimony and asked questions of the applicants.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Advance Practice Registered Nurse – Prescribe registration for Kate Cordisco for Schedules III-V only, with the understanding that if discipline occurs in her pending case that she reports it to the Board.

Second: Jade Jacobo

Action: Passed unanimously.

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

B. Janus Rx – Virginia Beach, VA

Krystal Mims (Chief Administrative Officer) and Derek Sapone (Pharmacist in Charge) were present.

The Board heard testimony and asked questions of the applicants.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Out-of-State Pharmacy registration for Janus Rx.

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Second: Adam Porath

Action: Passed unanimously.

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

   B. Pharmko, Inc – Lawrence, NY

This application was tabled.

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

   B. Genuine Care Pharmacy – Las Vegas, NV

This application was tabled.

   C. Patient Care Pharmacy – Las Vegas, NV

This application was tabled.

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

   A. Biowound Solutions – Las Vegas, NV - Background Check Not Required by Law

This application was tabled.

19. Public Comment on June 3, 2026, at 2:00PM

There was no public comment.

18. Date and Location of Next Scheduled Board Meeting:

   July 15-16, 2026 – Las Vegas, NV

20. Adjournment

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NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☐ New MDEG	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
■ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*	M 03045	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

MDEG Physical Address: 2200 Cornerstone Parkway

City: Grayslake State: IL Zip: 60030

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 224-327-8800 Website: medline.com

Email: ralicensing@medline.com

Name of MDEG Administrator (NAC 639.694): Jose Gallegos

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

0045

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8:00a- 5:00p	■ Tue: 8:00a- 5:00p	■ Wed: 8:00a- 5:00p	■ Thurs: 8:00a- 5:00p	■ Fri: 8:00a- 5:00p
☐ Sat:	☐ Sun:	☐ Holidays:		

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

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

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

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

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Medline Inc.

Corporation Name: See Attached Ownership Information

Mailing Address: 3 Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: (847) 949-5500 Email: ralicensing@medline.com

Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025	SEC Registration Number: 0002046386	Stock Exchange Symbol: MDLN

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Daniel Stevens

Print Name of Authorized Person Submitting Application

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

04/15/26

Date

PAID

Board Use Only	Date Received: 4/21/26	Amount: $811.00

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

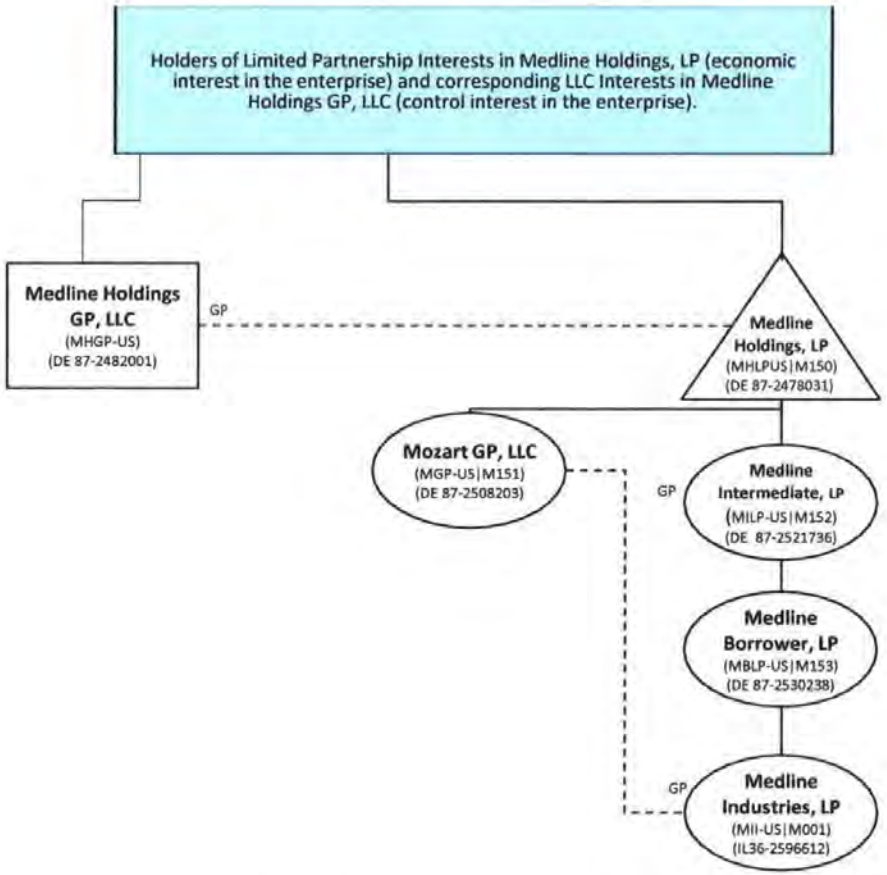
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

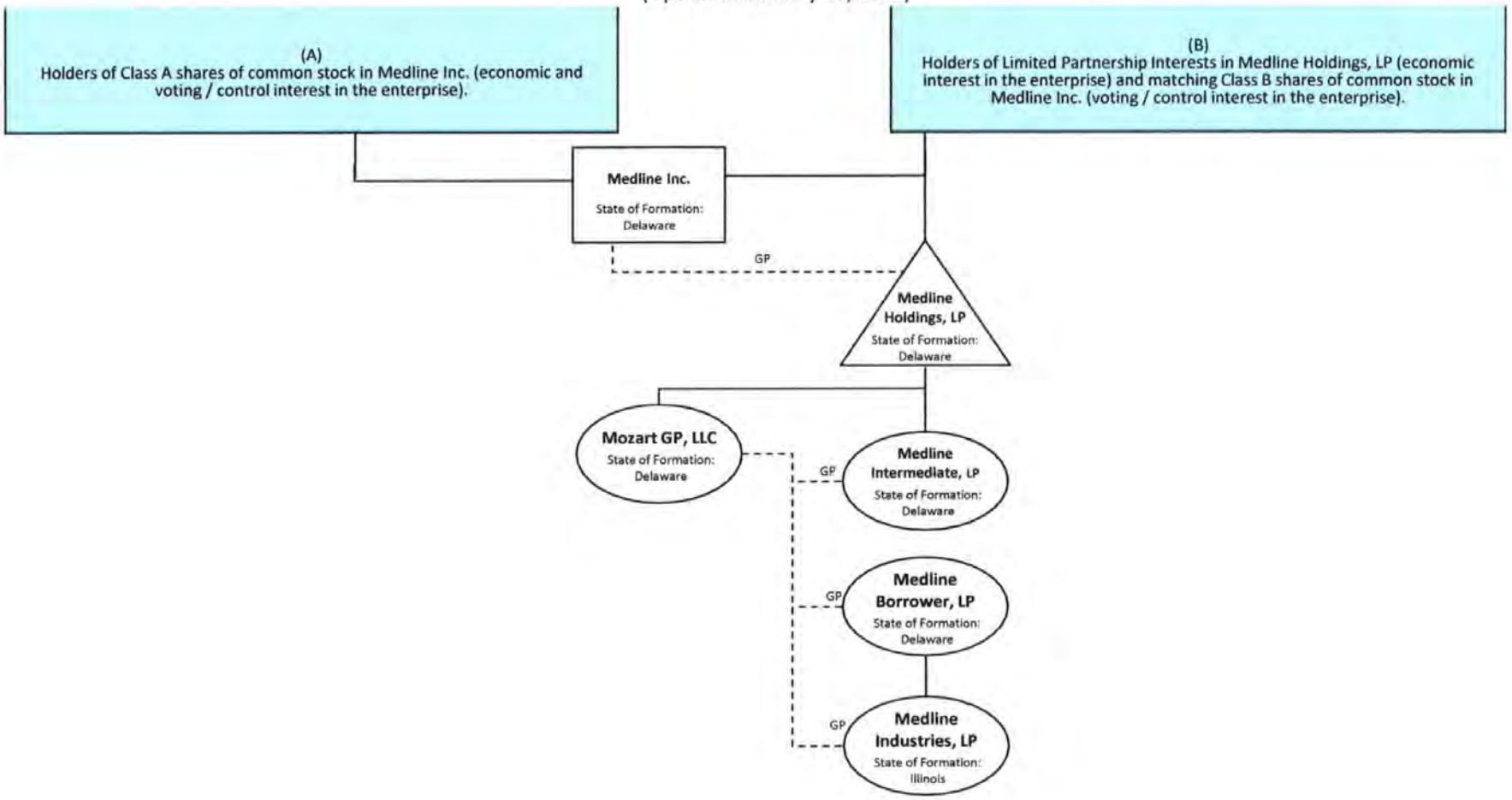


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

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

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5143163 8300

SR# 20261572157

Authentication: 203550646

Date: 04-03-26

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

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

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

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : N/A	N/A
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries LP
Excelsior Medical, LLC
Attn: Risk Management
Three Lakes Drive
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-28 **REVISION NUMBER:** 7

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY**			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	4,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	SEE BELOW
	OTHER:							$	
A	**AUTOMOBILE LIABILITY**			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	
	DED RETENTION $							$	
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y	N / A		PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

Products/Completed Operations Liability Carrier Participation
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

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The ACORD name and logo are registered marks of ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

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

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

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	2,000,000
							GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
							BODILY INJURY (Per person)	$	
							BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
								$	
B	X **UMBRELLA LIAB** X OCCUR **EXCESS LIAB** CLAIMS-MADE DED X RETENTION $ 10,000			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
							AGGREGATE	$	10,000,000
								$	
A A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2025 07/01/2025	07/01/2026 07/01/2026	X PER STATUTE OTH-ER		
							E.L. EACH ACCIDENT	$	1,000,000
							E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S . Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St, Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Medline Industries, LP MDEG License # (if applicable) MP03045

Physical Address 2200 Cornerstone Parkway

City Grayslake State IL Zip 60030

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-643-3801 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Jose Middle Luis Last Gallegos

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

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

Mailing Address [redacted]

City Grayslake State IL Zip [redacted]

Telephone [redacted] Email jgallegos@medline.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
College of Lake County		2008 - 2011	
Address	**City**	**State**	**Zip**
19351 W. Washington Street	Grayslake	IL	60030
Diploma/Degree obtained, if any			
Associates Degree in Mechanical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Mundelein High School		1999-2003	
Address	**City**	**State**	**Zip**
1350 W. Hawley St.	Mundelein	IL	60060
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/19 - Current	[redacted]	Grayslake	IL	[redacted]
From - To (MM/YY – MM/YY)		City	State	
07/18 - 08/19		Louisville	KY	
From - To (MM/YY – MM/YY)		City	State	
05/15 - 07/18		Lake Villa	IL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			11/22 - Present	
Business Address		**City**	**State**	**Zip**
2200 Cornerstone Parkway		Grayslake	IL	60030
Phone	**Title**		**Number of Employed Hours**	
224-327-8800	Sr. Manager of Operations		6,800+	
Description of Duties				
Oversee the facility to ensure proper receiving, distribution, storage, shipping and dispensing of prescreption drugs and medical devices. Manage multiple team members to ensure proper record keeping, inventory, storage and product security.				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

Jose Gallegos — 04/10/2026

Original Signature (electronic, copies or stamps not accepted) — Date

I, Jose Gallegos, **certify that as the MDEG Administrator for**

Medline Industries, LP,

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

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

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

Jose Gallegos
Print Name (First, Last)

Jose Gallegos
Original Signature (electronic, copies or stamps not accepted)

04/10/2026
Date

Board Use Only	Date Received: 4/12/26

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
203.002748

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
03/31/2027

HOME MEDICAL EQUIPMENT AND SERVICES PROVIDER

MEDLINE INDUSTRIES LP
2200 CORNERSTONE PKWY
GRAYSLAKE, IL 60030-9712

MARIO TRETO, JR.
SECRETARY

CAMILE LINDSAY
ACTING DIRECTOR

The official status of this license can be verified at IDFPR.illinois.gov

19069428

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4523788

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
MO Board of Pharmacy/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Lora Simmons

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
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800-735-2466 Voice Relay Missouri

Kimberly A. Grimston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
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Kevin E. Kinkade, R.Ph.
Executive Director

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e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ REQUESTS

_____ DOES NOT REQUEST

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____
Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____
Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____
Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____
Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
N/A		Florida Department of Health		
Reason/Charge				
Medline's Florida Certified Designated Representative unexpectedly resigned.				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Florida Department of Health/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

_____ February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

_____ February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2008006		Louisiana Board of Wholesale Drug Distributors		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
LA Board of WDD/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingerman

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman
William Crates, Vice-Chairman
Randall Brooks, Secretary/Treasurer
John Liggio, Executive Director/Inspector
Hershal Paul, Board Member
Andy Milligan, Board Member
Wayne Gremillion, Board Member
Eric Voitier, Board Member
Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
1-14A
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

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

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

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

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

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

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

B. REPRESENTATIONS BY RESPONDENT:

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

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

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

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

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

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

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

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

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

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

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

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

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

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 0 8 2008.

Bobbi'wy Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of July, 2007, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C+I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

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

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08 PHM 037	Wisconsin Department of Regulation and Licensing

Reason/Charge
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WI DSPS/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 1 day of February, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

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

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 19 A 9:4

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

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2009-7-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
Respondent.	)	

241092407

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

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

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

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

B. REPRESENTATIONS BY RESPONDENT:

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

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

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

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

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

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

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

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

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

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

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

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

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

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

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

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Jack V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller
Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2009

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	: :	
MEDLINE INDUSTRIES INC. RESPONDENT.	: :	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

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POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

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

(c) Has violated:

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

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

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

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dana N. Simmons Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Dana N. Simmons, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller
Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

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

Done and effective this 19th day of January, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
27278		NY State Education Department- Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
NY Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: A. Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

---X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

---X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

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

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

Willis Ingalls, on behalf of,
Medline Industries, Respondent

1-5-21

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer M. Rudell, RPh

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

1-6-2021

Date of Signature

Henry Appel

Henry Appel, Ohio Assistant Attorney General

1-6-2021

Date of Signature

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. **The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.**

2. **Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.**

3. **Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.**

4. **The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.**

5. **Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.**

6. **Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.**

7. **Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.**

8. **Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.**

9. **This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.**

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

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

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2022-0333		FL DBPR- Div. of Drugs, Devices, and Cosmetics		
Reason/Charge				
Customer Licenses, Record Keeping				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
FL DBPR / Medline Industries, LP			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____
Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
09 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

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

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

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

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — Oct - 27 - 2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 OCT 16 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

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

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

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

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

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

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

B. REPRESENTATIONS BY RESPONDENT:

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

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

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

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

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

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

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

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

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

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

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

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

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

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

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____

IVY Y. E. KIM
Attorney for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE
Chair

December 21, 2023
DATE

PATRICK ADAMS
Vice Chair

MARK BROWN

CATALINA CROSS

Kent Kikuchi
KENT KIKUCHI

BRANDON RABANG

SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

4B

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☐ New MDEG ■ Ownership Change* ☐ Name Change* ☐ Location Change*	* If making a change, provide current license number: M 03604	■ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

MDEG Physical Address: 239 Belvidere Rd

City: Perryville State: MD Zip: 21903

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 410-642-2020 Website: medline.com

Email: ralicensing@medline.com

Name of MDEG Administrator (NAC 639.694): Mark Rizzo

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

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8:00a- 4:30p	■ Tue: 8:00a- 4:30p	■ Wed: 8:00a- 4:30p	■ Thurs: 8:00a- 4:30p	■ Fri: 8:00a- 4:30p
☐ Sat:	☐ Sun:	☐ Holidays:		

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

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

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

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Medline Inc.

Corporation Name: See Attached Ownership Information

Mailing Address: 3 Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: (847) 949-5500 Email: ralicensing@medline.com

Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025	SEC Registration Number: 0002046386	Stock Exchange Symbol: MDLN

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Daniel Stevens

Print Name of Authorized Person Submitting Application

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

4/14/20

Date

PAID

Board Use Only	Date Received: 4/17/20	Amount: $400.00

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

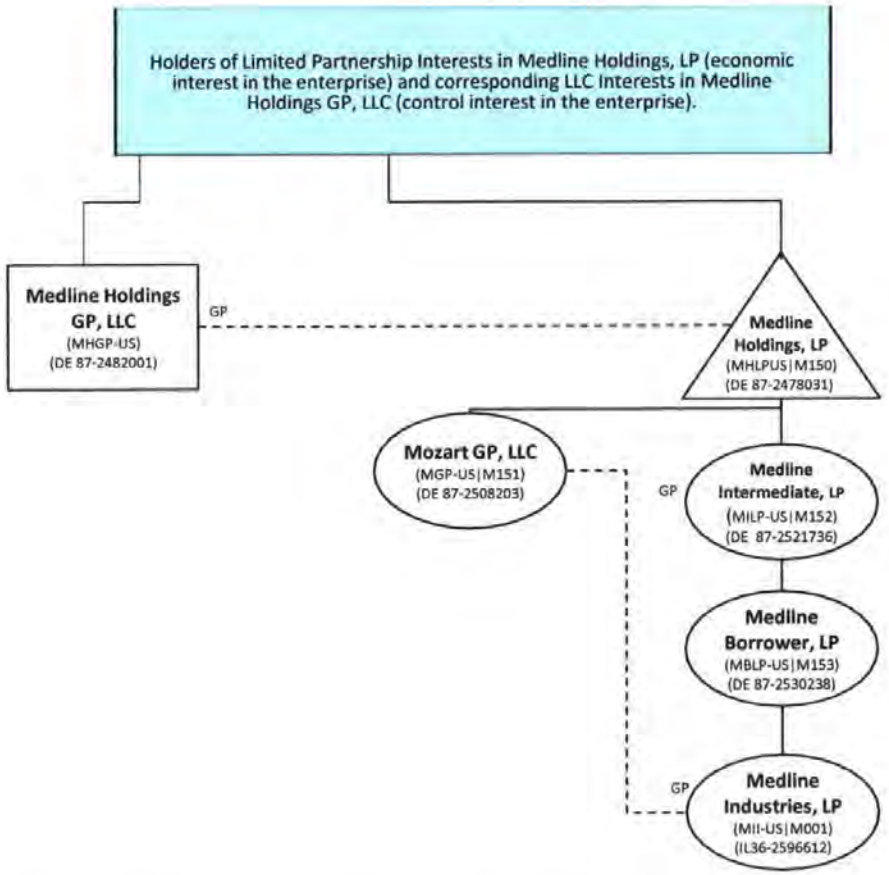
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

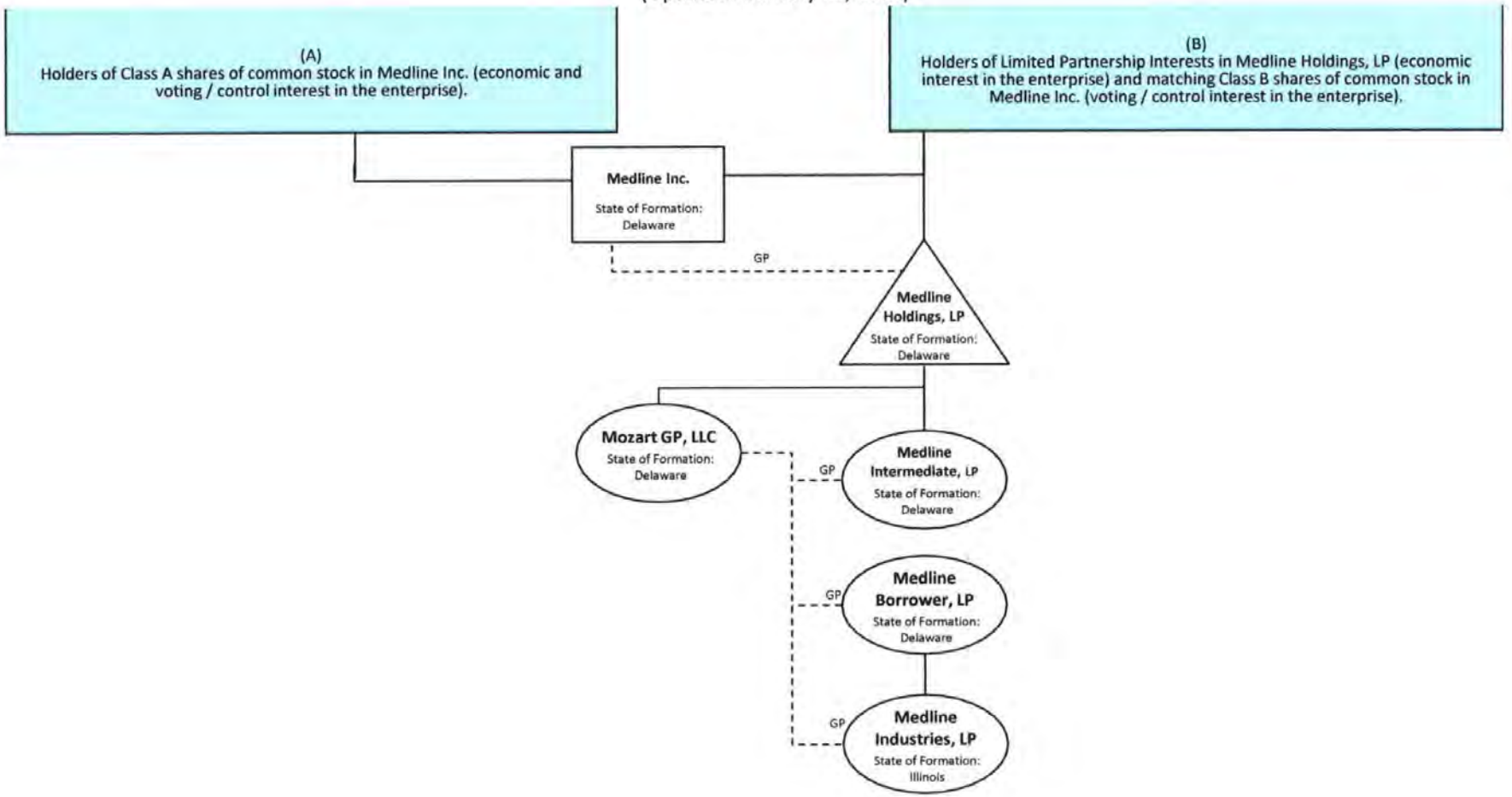


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

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

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5143163 8300

SR# 20261572157

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

Authentication: 203550646

Date: 04-03-26

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/14/2025

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

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

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : N/A	N/A
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries LP
Excelsior Medical, LLC
Attn: Risk Management
Three Lakes Drive
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-28 **REVISION NUMBER:** 7

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	4,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	SEE BELOW
	OTHER:							$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	
	DED RETENTION $							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y N / A			PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

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

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

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	4,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	SEE BELOW
	OTHER:							$	
A	**AUTOMOBILE LIABILITY**			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X **UMBRELLA LIAB** X OCCUR			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY**			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? Y/N Y N/A **(Mandatory in NH)**			PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S . Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St, Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP — MDEG License # (if applicable): MP03604

Physical Address: 239 Belvidere Road

City: Perryville — State: MD — Zip: 21903

Mailing Address (if different from physical address): Three Lakes Drive, #3D

City: Northfield — State: IL — Zip: 60093

Telephone: 410-642-2020 — Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Mark — Middle: — Last: Rizzo

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

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

Mailing Address: Three Lakes Drive, #3D

City: Northfield — State: IL — Zip: 60093

Telephone: [redacted] — Email: MRizzo@Medline.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Port Jervis High School		2000-2004	
Address	**City**	**State**	**Zip**
10 US-209	Port Jervis	NY	12771
Diploma/Degree obtained, if any			
Diploma			

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

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2023-Current	[redacted]	Port Deposit	MD	[redacted]
11/2022-07/2023		Charlestown	MD	
08/2018-11/2022		Milford	PA	
08/2015-08/2018		Matamoras	PA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			09/2022 - Current	
Business Address		**City**	**State**	**Zip**
239 Belvidere Rd		Perryville	MD	21903
Phone	**Title**		**Number of Employed Hours**	
(410) 642-2020	Operations Manager		7,000+	
Description of Duties				
Oversee the facility to ensure proper receiving, distribution, storage, shipping and dispensing of prescription drugs and medical devices. Manage multiple team members to ensure proper record keeping, inventory, storage, & product security				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Mark R

Original Signature (electronic, copies or stamps not accepted)

4-7-26

Date

I, Mark Rizzo, **certify that as the MDEG Administrator for**

Medline Industries, LP,

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

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

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

Mark Rizzo
Print Name (First, Last)

Mark Rizzo
Original Signature (electronic, copies or stamps not accepted)

4-7-26
Date

Board Use Only	Date Received: 4/21/26

DISTRIBUTOR REGISTRATION

Maryland Board of Pharmacy

4201 Patterson Avenue
Baltimore, Maryland 21215

Medline Industries, Lp
239 Belvidere Road
Perryville MD 21903

STATE OF MARYLAND
DEPARTMENT OF HEALTH

~~194996~~ 194997

THE MARYLAND STATE BOARD OF PHARMACY CERTIFIES THAT
Medline Industries, Lp
IS A REGISTERED **Active**
Distributor (exp.: 05/31/2027)

In accordance with the Health Occupations Article of the Annotated Code of Maryland

LIC. REG. PERM. NO.	EXPIRATION DATE
D07062	05/31/2027

SIGNATURE OF BEARER

194996

State of Maryland 194997

DEPARTMENT OF HEALTH

THE MARYLAND STATE BOARD OF PHARMACY
CERTIFIES THAT Medline Industries, Lp
IS A REGISTERED **Active**
Distributor (exp.: 05/31/2027)

SIGNATURE OF BEARER

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. REG. PERM. NO.	EXPIRATION DATE
D07062	05/31/2027

SECRETARY MDH

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

Distributor Change of Information

A Distributor must report changes in their names, addresses, place of employment or other contact information in order to receive renewal notices, newsletters and other important information. A copy of a legal document, such as a Marriage Certificate, must accompany name changes.

To report changes, submit a completed Change of Information form. The form may be downloaded from the Board's website at http://dhmh.maryland.gov/pharmacy/Pages/ChangeRequest.aspx, or contact the Board to have the form sent to you.

Return the completed form by mail, fax or email to:

Maryland Board of Pharmacy
P.O. Box 2051
Baltimore, Maryland 21203-2051
Toll Free: (800)-542-4964 Fax: (410) 358-6207
Email: dhmh.mdbop@maryland.gov

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091 PHONE
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grunston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ REQUESTS

_____ DOES NOT REQUEST

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____

Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____

Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____

Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____

Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Florida Department of Health

Reason/Charge
Medline's Florida Certified Designated Representative unexpectedly resigned.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

_____ February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

_____ February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Medline Industries, Inc., Case #2007-37412

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2008006		Louisiana Board of Wholesale Drug Distributors		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
LA Board of WDD/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingerman

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman
William Crates, Vice-Chairman
Randall Brooks, Secretary/Treasurer
John Liggio, Executive Director/Inspector
Hershal Paul, Board Member
Andy Milligan, Board Member
Wayne Gremillion, Board Member
Eric Voitier, Board Member
Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
HI DCCA / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
119A
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

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

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

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

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

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

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

B. REPRESENTATIONS BY RESPONDENT:

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

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

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

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

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

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

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

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

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

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

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

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

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

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 0 8 2008.

Bobbi W.Y. Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of July, 2007, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C&I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

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

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08 PHM 037	Wisconsin Department of Regulation and Licensing

Reason/Charge
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WI DSPS/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

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

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 29 A 9:4

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

In the Matter of the Wholesale Prescription Drug Distributor's License of MEDLINE INDUSTRIES INC., Respondent.	PHA 2009-7-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"

241092407

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

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

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

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

B. REPRESENTATIONS BY RESPONDENT:

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

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

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

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

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

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

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

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

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

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

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

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

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

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

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

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Lacy V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2009

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

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POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

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

(c) Has violated:

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

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

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

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dana N. Simmons Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Dana N. Simmons, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller
Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

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

Done and effective this 19th day of January, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
27278	NY State Education Department- Board of Pharmacy

Reason/Charge
Discipline incurred in another jurisdiction

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NY Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: A. Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

---X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

---X

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

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

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

1-5-21

Willis Ingalls, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer M. Rudell, RPh

1-6-2021

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

1-6-2021

Henry Appel, Ohio Assistant Attorney General

Date of Signature

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

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1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. **The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.**

2. **Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.**

3. **Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.**

4. **The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.**

5. **Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.**

6. **Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.**

7. **Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.**

8. **Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.**

9. **This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.**

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

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

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2022-0333		FL DBPR- Div. of Drugs, Devices, and Cosmetics		
Reason/Charge				
Customer Licenses, Record Keeping				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
FL DBPR / Medline Industries, LP			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____

Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
09 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

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

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

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

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

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

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — Oct - 27 - 2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 DEC 15 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

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

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

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

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

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

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

B. REPRESENTATIONS BY RESPONDENT:

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

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

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

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

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

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

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

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

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

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

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

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

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

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

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____
IVY Y. E. KIM
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE
Chair

December 21, 2023
DATE

PATRICK ADAMS
Vice Chair

MARK BROWN

CATALINA CROSS

Kent Kikuchi
KENT KIKUCHI

BRANDON RABANG

SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

4C

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☐ New MDEG	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
■ Ownership Change*	M 0319G	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

MDEG Physical Address: 264 S 5750 W

City: Salt Lake City State: UT Zip: 84104

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 385-217-7203 Website: medline.com

Email: ralicensing@medline.com

Name of MDEG Administrator (NAC 639.694): Joseph Morozin

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

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8:00a- 5:00p	■ Tue: 8:00a- 5:00p	■ Wed: 8:00a- 5:00p	■ Thurs: 8:00a- 5:00p	■ Fri: 8:00a- 5:00p
☐ Sat:	☐ Sun:	☐ Holidays:		

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

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

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

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Medline Inc.

Corporation Name: See Attached Ownership Information

Mailing Address: 3 Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: (847) 949-5500 Email: ralicensing@medline.com

Contact Person Name: Daniel Stevens (916) 292-0005

Date of SEC Registration: 12/17/2025	SEC Registration Number: 0002046386	Stock Exchange Symbol: MDLN

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Daniel Stevens

Print Name of Authorized Person Submitting Application

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

4/14/24

Date

Board Use Only	Date Received: 4/22/24	Amount: $500.00

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

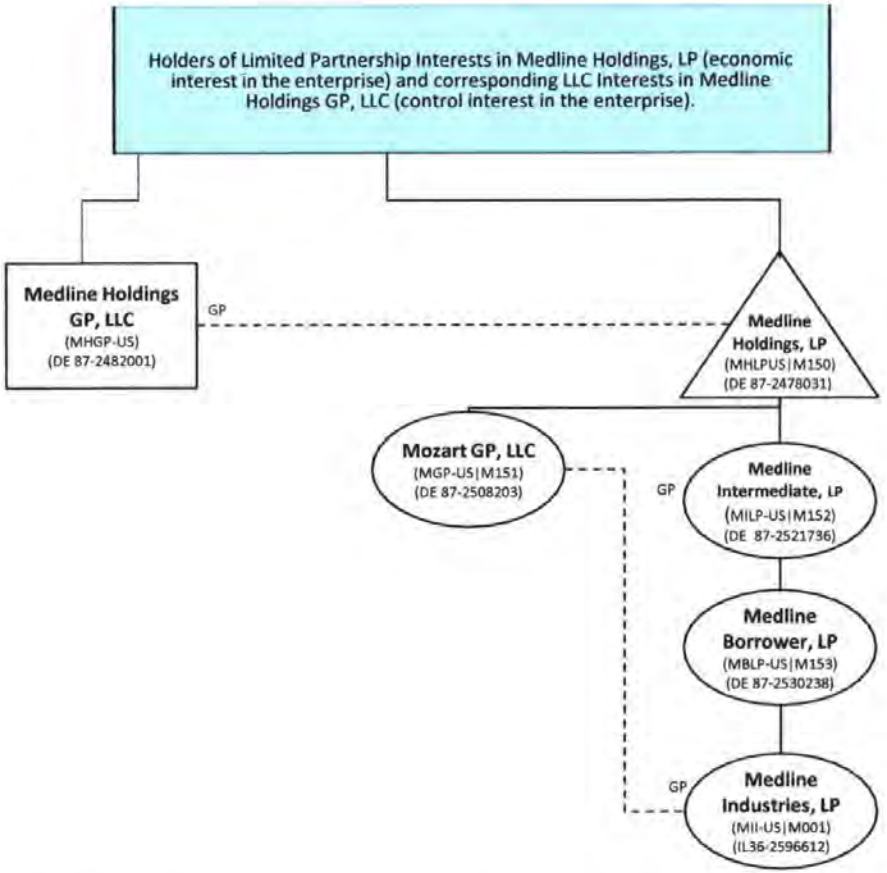
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

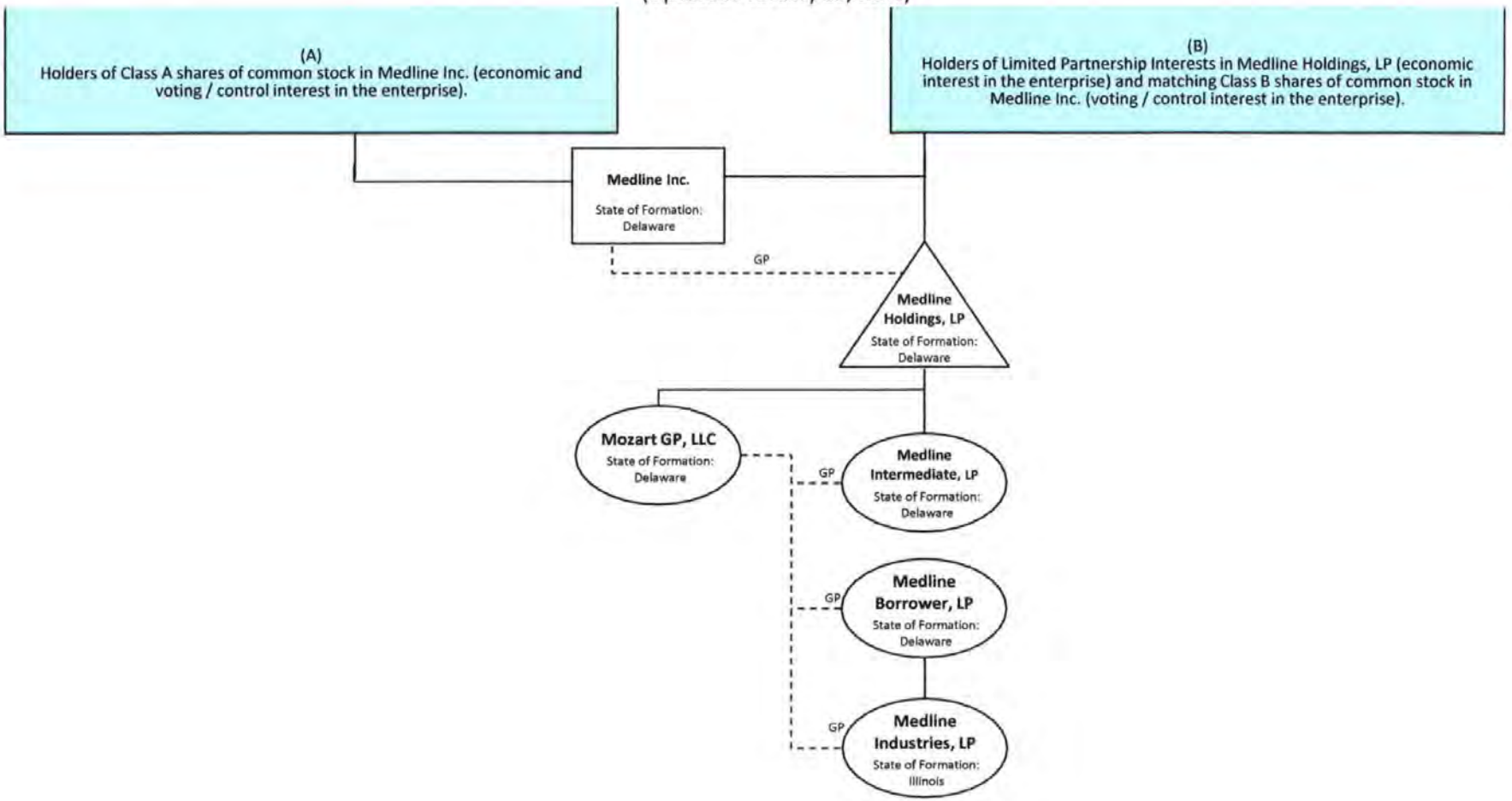


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	54	Chief Executive Officer and Director
James M. Pigott	55	President
Michael B. Drazin	51	Chief Financial Officer
Stephen L. Miller	55	Chief Operating Officer
Alex M. Liberman	61	Chief Legal Officer
Douglas P. Golwas	57	Chief Commercial Officer
Christopher P. Shryock	44	Chief Human Resources Officer
Amanda H. Laabs	45	Chief Product Officer
William J. Abrams	61	Executive Vice President, Supply Chain Solutions
Charles N. Mills	64	Chair of the Board of Directors
Joseph P. Baratta	54	Director
Jacob D. Best	41	Director
Todd M. Bluedorn	62	Director Nominee
Richard A. Galanti	69	Director
Patrick J. Healy	59	Director
Andrew J. Mills	64	Director
Robert R. Schmidt	43	Director
Anushka M. Sunder	39	Director
Thomas W. Sweet	66	Director
Stephen H. Wise	53	Director

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

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

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5143163 8300

SR# 20261572157

Authentication: 203550646

Date: 04-03-26

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

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

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

PRODUCER MARSH USA LLC. 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com	
	INSURER(S) AFFORDING COVERAGE	**NAIC #**
INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093	**INSURER A :** Safety National Casualty Corporation	15105
	INSURER B : N/A	N/A
	INSURER C : See Acord 101 for Carrier Participation	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-28 **REVISION NUMBER:** 7

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	2,000,000
							GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
							BODILY INJURY (Per person)	$	
							BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE	$	
							AGGREGATE	$	
								$	
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
							E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

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

RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

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

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

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 	$ $ $ $ $ $ $	2,000,000 2,000,000 10,000 2,000,000 4,000,000 SEE BELOW
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ $ $ $ $	2,000,000
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE AGGREGATE 	$ $ $	10,000,000 10,000,000
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2025 07/01/2025	07/01/2026 07/01/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $	 1,000,000 1,000,000 1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER
Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

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

AUTHORIZED REPRESENTATIVE
Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S. Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St, Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP — MDEG License # (if applicable): MP03196

Physical Address: 264 South 5750 West

City: Salt Lake City — State: UT — Zip: 84104

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield — State: IL — Zip: 60093

Telephone: 801-975-6305 — Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Joseph — Middle: Hans Bauer — Last: Morozin

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

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

Mailing Address: [redacted]

City: Millcreek — State: UT — Zip: [redacted]

Telephone: [redacted] — Email: jmorozin@medline.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Riverton High School		08/03 - 06/07	
Address	**City**	**State**	**Zip**
12476 S. 2700 W.	Riverton	UT	84065
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/17 - Current	[redacted]	Millcreek	UT	[redacted]
04/04 - 06/17		Riverton	UT	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			01/23 - Current	
Business Address		**City**	**State**	**Zip**
264 South 5750 West		Salt Lake City	UT	84104
Phone	**Title**		**Number of Employed Hours**	
801-975-6305	Warehouse Manager		600 Hours	
Description of Duties				
Oversee the facility and involved in the training of all employees, decision making, procedures, policies, record keeping and inventory. Responsible for the accuracy of transactions and monitor processes to ensure accurate product flow.				

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			02/20 - 05/25	
Business Address		**City**	**State**	**Zip**
1820 South 5200 West		Salt Lake City	UT	84104
Phone	**Title**		**Number of Employed Hours**	
801-975-6305	Warehouse Manager		13,000 + Hours	
Description of Duties				
Oversee the facility and involved in the training of all employees, decision making, procedures, policies, record keeping and inventory. Responsible for the accuracy of transactions and monitor processes to ensure accurate product flow.				

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 2 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
08/29/09	10/16/09	Idaho	Burley	Cassia County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CR-2009-6754		Cassia County Magistrate Court		
Reason/Charge				
Driving without Privileges				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Joseph Morozin				
Name of Business/Industry/Entity				

Provide explanation below:

I was driving to Idaho to visit family while on a suspended license.
I was pulled over and detained for driving without privileges.

Original Signature (electronic, copies or stamps not accepted)

4/9/26
Date

I, Joseph Morozin, **certify that as the MDEG Administrator for**

Medline Industries, LP,

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

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

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

Joseph Morozin
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/9/26
Date

Board Use Only	Date Received: 4/21/26

CERTIFIED

CASSIA COUNTY MAGISTRATE COURT

CASE SUMMARY

CASE NO. CR-2009-6754

State of Idaho
vs.
Joseph Hans Morozin

§
§
§ Location: **Cassia County Magistrate Court**
§ Judicial Officer: **Bollar, Rick L.**
§ Filed on: **09/21/2009**
§ Appear by: **09/21/2009**

CASE INFORMATION

Offense	Citation	Statute	Deg	Date	Case Type: **Criminal**
Jurisdiction: **State**					
1. Driving Without Privileges	1382455	I18-8001	MIS	08/29/2009	

TCN: 1601000953

Statistical Closures
10/03/2014 Closed

Bonds
Surety Bond #FCS3-479603 $2,000.00
10/16/2009 Exonerated
08/31/2009 Posted
Counts: 1

DATE — CASE ASSIGNMENT

Current Case Assignment

Case Number	CR-2009-6754
Court	Cassia County Magistrate Court
Date Assigned	09/22/2009
Judicial Officer	Bollar, Rick L.

PARTY INFORMATION

		Lead Attorneys
State	**State of Idaho**	**Cassia County Prosecutor**
Defendant	**Morozin, Joseph Hans**	**Cassia County Public Defender** *Public Defender*

DATE	EVENTS & ORDERS OF THE COURT	INDEX
08/31/2009	Bond Posted - Surety (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *Bond Posted - Surety (Amount 2000.00)*	
09/21/2009	New Case - Criminal (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *New Case Filed - Misdemeanor*	
09/21/2009	Arraignment (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *Arraignment Sheet*	
09/21/2009	Order (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *Order and Notice of Hearing*	

CASE SUMMARY

CASE NO. CR-2009-6754

09/21/2009	A Plea is entered for Charge:* (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *A Plea is entered for charge - NG (118-8001 Driving Without Privileges)*
09/21/2009	**Plea** 1. Driving Without Privileges Not Guilty TCN: 1601000953 :
09/22/2009	Affidavit of Probable Cause (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *Affidavit Of Probable Cause*
09/22/2009	Hearing Scheduled (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *(Pretrial Conference 10/16/2009 08:30 AM)*
10/16/2009	Court Minutes (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *Court Minutes*
10/16/2009	Judgment of Conviction & Order of Commitment (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *Judgment of Conviction, Order of Commitment*
10/16/2009	Court Accepts Guilty Plea (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *Court Accepts Guilty Plea (118-8001 Driving Without Privileges)*
10/16/2009	Sentenced to Incarceration (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *Sentenced To Incarceration (118-8001 Driving Without Privileges) Confinement terms: Jail: 30 days. Suspended jail: 29 days. Credited time: 1 day.*
10/16/2009	Probation Ordered (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *Probation Ordered (118-8001 Driving Without Privileges) Probation term: 0 years 12 months 0 days. (Supervised Prob-Level II)*
10/16/2009	Bond Exonerated (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *Bond Exoneruted (Amount 2,000.00)*
10/16/2009	Miscellaneous (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *Written Plea of Guilty*
10/16/2009	Miscellaneous (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *Pretrial Scheduling Order*
10/16/2009	**Disposition** 1. Driving Without Privileges Guilty TCN: 1601000953 :
10/16/2009	**Sentence** (Judicial Officer: Bollar, Rick L.) 1. Driving Without Privileges Misdemeanor Sentence

CASSIA COUNTY MAGISTRATE COURT

CASE SUMMARY

CASE NO. CR-2009-6754

Confinement
- Type: County Jail
- Facility: Mini-Cassia Criminal Justice Center
- Term: 30 Days
- Suspended: 29 Days
- Effective Date: 10/16/2009
- Credit Term: 1 Day

Condition - Adult:
1. ZZZDO NOT USE Sup Probation PRIOR TO 7/1/18, 0Y 12M 0D, 10/16/2009 - 10/16/2010, Closed 10/03/2014

DATE	FINANCIAL INFORMATION	
	Defendant Morozin, Joseph Hans	
	Total Charges	275.50
	Total Payments and Credits	275.50
	Balance Due as of 02/14/2023	**0.00**





Printed on 02/14/2023 at 10:44 AM

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LIMITED LICENSE

Medline Industries, LP

EFFECTIVE
09/04/2025

EXPIRATION
09/30/2027

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

14242697-1714 Pharmacy - Class E Business

Durable Medical Equipment Providers

DBA:

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

MEDLINE INDUSTRIES, LP
264 S 5750 W, STE 100
SALT LAKE CITY UT 84104

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

ACTIVE LIMITED LICENSE

EFFECTIVE DATE: **09/04/2025**

EXPIRATION DATE: **09/30/2027**

ISSUED TO: **Medline Industries, LP**
264 S 5750 W, Ste 100
Salt Lake City UT 84104

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

14242697-1714 **Pharmacy - Class E Business**

Durable Medical Equipment Providers

DBA:

Form #1

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091 PHONE
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grinston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> > (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ REQUESTS

_____ DOES NOT REQUEST

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____

Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____

Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____

Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____

Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
N/A		Florida Department of Health		
Reason/Charge				
Medline's Florida Certified Designated Representative unexpectedly resigned.				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Florida Department of Health/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S -MQA
FILED DATE - 2-8-08
Department of Health
By: Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: FW
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

_____ February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

_____ February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Medline Industries, Inc., Case #2007-37412

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2008006		Louisiana Board of Wholesale Drug Distributors		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
LA Board of WDD/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Pike, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingerman

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lara N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Brondus, Chairman | William Crates, Vice-Chairman | Randall Brooks, Secretary/Treasurer | John Liggio, Executive Director/Inspector
Hershal Paul, Board Member | Andy Milligan, Board Member | Wayne Gremillion, Board Member | Eric Vidrine, Board Member | Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
1344
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET SUITE C-210
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

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

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHBITS "1" THROUGH "5"
Respondent.	)	

241092407

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

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

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

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

B. REPRESENTATIONS BY RESPONDENT:

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

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

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

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

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

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

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

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

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

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

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

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

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

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 08 2008.

Bobbi W.Y. Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of July, 2007, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of Sales, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596; Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006; Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166; Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None; Case No. 2008-02011, Permit No.: None; Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).



CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08 PHM 037	Wisconsin Department of Regulation and Licensing

Reason/Charge
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WI DSPS/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick
Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

11-24-08
Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 1 day of February, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

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

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:24 2009 MAY 29 A 9:4

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

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2009-7-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
Respondent.	)	

241092407

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

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

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

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

B. REPRESENTATIONS BY RESPONDENT:

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

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

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

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

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

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

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

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

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

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

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

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

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

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

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

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Lacy V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Mallie Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2009

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	: :	
MEDLINE INDUSTRIES INC. RESPONDENT.	: :	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

---

POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

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

(c) Has violated:

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

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

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

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Asa N. Simms, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

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

Done and effective this 19th day of January, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
27278	NY State Education Department- Board of Pharmacy

Reason/Charge
Discipline incurred in another jurisdiction

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NY Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: Ariana Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

----------X

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

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

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

Willis Ingalls, on behalf of,
Medline Industries, Respondent

1-5-21

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer M. Rudell, RPh

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

1-6-2021

Date of Signature

Henry Appel

Henry Appel, Ohio Assistant Attorney General

1-6-2021

Date of Signature

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

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THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

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1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

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

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	FL DBPR- Div. of Drugs, Devices, and Cosmetics

Reason/Charge
Customer Licenses, Record Keeping

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DBPR / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____

Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
[illegible] 09 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

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

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

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

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

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

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — Oct - 27 - 2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 OCT 16 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

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

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

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

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

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

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

B. REPRESENTATIONS BY RESPONDENT:

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

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

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

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

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

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

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

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

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

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

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

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

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

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

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____
(Signature)

Daniel Stevens
(Print Name)

Its Manager Regulatory Affairs
(Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____
IVY Y. E. KIM
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE
Chair

December 21, 2023
DATE

PATRICK ADAMS
Vice Chair

MARK BROWN

CATALINA CROSS

Kent Kikuchi
KENT KIKUCHI

BRANDON RABANG

SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

4D

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☐ New MDEG	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
■ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*	M 03210	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

MDEG Physical Address: 3446 Highway 51 N

City: Southaven State: MS Zip: 38672

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 662-449-8381 Website: medline.com

Email: ralicensing@medline.com

Name of MDEG Administrator (NAC 639.694): Christopher Hollobaugh

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

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8:00a- 5:00p	■ Tue: 8:00a- 5:00p	■ Wed: 8:00a- 5:00p	■ Thurs: 8:00a- 5:00p	■ Fri: 8:00a- 5:00p
☐ Sat:	☐ Sun:	☐ Holidays:		

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

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

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

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

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Medline Inc.

Corporation Name: See Attached Ownership Information

Mailing Address: 3 Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: (847) 949-5500 Email: ralicensing@medline.com

Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025	SEC Registration Number: 0002046386	Stock Exchange Symbol: MDLN

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Daniel Stevens

Print Name of Authorized Person Submitting Application

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

4/14/20

Date

PAID

Board Use Only	Date Received: 4/21/20	Amount: $520.00

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

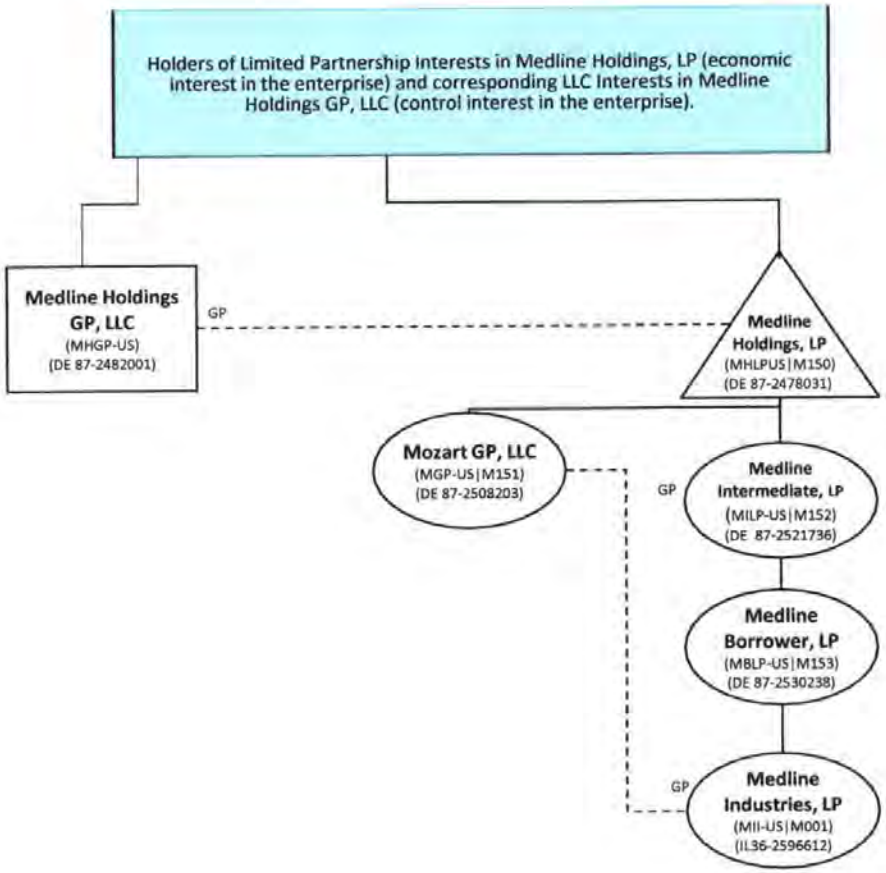
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

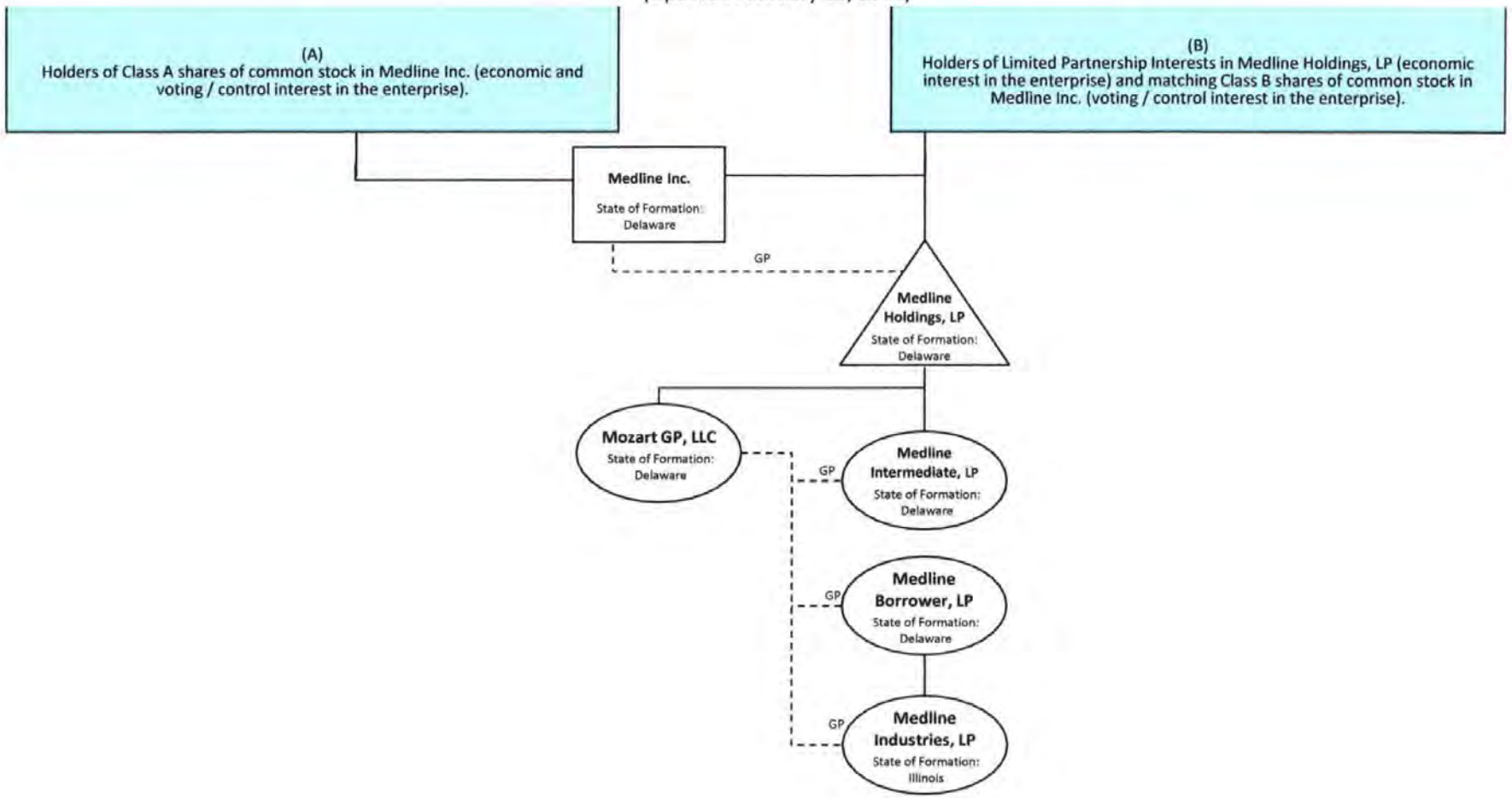


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

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

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5143163 8300

SR# 20261572157

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

Authentication: 203550646

Date: 04-03-26

MISSISSIPPI BOARD OF PHARMACY

LICENSE VERIFICATION

The Mississippi Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, as well as performing hourly updates to the information represented. Therefore, the website is a secure and primary source of credential verification information, as authentic as a direct inquiry to the Board.

Medline Industries, LP

Drug Facility

Permit Status:	Active	**Issued Date:**	09/25/2023	**Discipline on File:**	No
Permit #:	18762	**Effective Date:**	10/09/2025	**Discipline Status:**	No Discipline
Classification:	3rd Party Logistics (In-State)	**Expire Date:**	12/31/2026	**Address:**	3446 Highway 51 N. Southaven, MS 38672
Manager Name:	Christopher Hollobaugh				

Controlled Substance Registration

No controlled substance registration found!

Public Records

No disciplinary documents were found!

Information loaded from this database is current as of 6/26/2026 1:20:07 PM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

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

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

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : N/A	N/A
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries LP
Excelsior Medical, LLC
Attn: Risk Management
Three Lakes Drive
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-26 **REVISION NUMBER:** 7

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	4,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	SEE BELOW
	OTHER:							$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	
	DED RETENTION $							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y	N/A		PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

© 1988-2016 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
MARSH USA LLC.		Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

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

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

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$	10,000
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$	2,000,000
	OTHER:						GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y (Mandatory in NH) N/A			PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

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ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
MARSH USA LLC		Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

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17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE:
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S. Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St, Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP — MDEG License # (if applicable): WH03075

Physical Address: 3446 Highway 51N

City: Southaven — State: MS — Zip: 38672

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield — State: IL — Zip: 60093

Telephone: 662-449-8381 — Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Christopher — Middle: Paul — Last: Hollobaugh

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

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

Mailing Address: [redacted]

City: Olive Branch — State: MS — Zip: [redacted]

Telephone: [redacted] — Email: chollobaugh@medline.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Martin Luther King High School		2005 - 2009	
Address	**City**	**State**	**Zip**
9301 Wood Road	Riverside	CA	92508
Diploma/Degree obtained, if any			
HS Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2021 - Present	[redacted]	Olive Branch	MS	[redacted]
03/2020 - 11/2021		Memphis	TN	
06/1994 - 03/2020		Riverside	CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			07/2020 - Present	
Business Address		**City**	**State**	**Zip**
3446 Highway 51 N		Southaven	MS	38672
Phone	**Title**		**Number of Employed Hours**	
662-449-8381	Warehouse Manager		10,240+	
Description of Duties				
Oversee the facility to ensure proper receiving, distribution, storage, shipping and dispensing of prescription drugs and medical devices. Manage multiple team members to ensure proper record keeping, inventory, storage & product security.				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

C S Blough

Original Signature (electronic, copies or stamps not accepted)

4/8/2026

Date

I, Christopher Hollobaugh, **certify that as the MDEG Administrator for**

Medline Industries, LP,

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

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

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

Christopher Hollobaugh
Print Name (First, Last)

CPH
Original Signature (electronic, copies or stamps not accepted)

4/8/2026
Date

Board Use Only	Date Received: 4/21/26

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
MO Board of Pharmacy/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091 PHONE
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grimston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
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573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ REQUESTS

_____ DOES NOT REQUEST

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____
Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____
Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____
Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

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601 Monroe, Suite 301
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Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Florida Department of Health

Reason/Charge
Medline's Florida Certified Designated Representative unexpectedly resigned.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

_____ February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

_____ February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Medline Industries, Inc., Case #2007-37412

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2008006		Louisiana Board of Wholesale Drug Distributors		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
LA Board of WDD/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingerman

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS

12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman
William Crates, Vice-Chairman
Randall Brooks, Secretary/Treasurer
John Liggio, Executive Director/Inspector
Hershal Paul, Board Member
Andy Milligan, Board Member
Wayne Gremillion, Board Member
Eric Voitier, Board Member
Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
1144
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

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

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

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

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

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

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

B. REPRESENTATIONS BY RESPONDENT:

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

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

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

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

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

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

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

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

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

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

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

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

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

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 0 8 2008.

Bobbi'wy Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of July, 2007, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C&I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

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

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08 PHM 037	Wisconsin Department of Regulation and Licensing

Reason/Charge
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WI DSPS/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 1 day of February, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

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

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 29 A 9:4

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

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2009-7-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
Respondent.	)	

241092407

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

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

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

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

B. REPRESENTATIONS BY RESPONDENT:

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

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

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

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

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

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

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

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

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

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

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

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

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

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

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

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Lacy V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2009

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

---

POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

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

(c) Has violated:

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

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

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

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dana N. Simmons Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Dana N. Simmons, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller

Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

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

Done and effective this 19th day of January, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
27278	NY State Education Department- Board of Pharmacy

Reason/Charge
Discipline incurred in another jurisdiction

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NY Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: A. Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

---X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

---X

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

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

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

Willis Ingalls, on behalf of,
Medline Industries, Respondent

1-5-21

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer McRudell, RPh

1-6-2021

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

1-6-2021

Henry Appel, Ohio Assistant Attorney General

Date of Signature

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

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1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

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

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	FL DBPR- Div. of Drugs, Devices, and Cosmetics

Reason/Charge
Customer Licenses, Record Keeping

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DBPR / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____
Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
0 9 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

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

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

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

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — Oct - 27 - 2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 OCT 16 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

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

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

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

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

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

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

B. REPRESENTATIONS BY RESPONDENT:

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

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

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

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

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

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

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

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

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

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

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

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

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

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

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____
(Signature)

Daniel Stevens
(Print Name)

Its Manager Regulatory Affairs
(Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____
IVY Y. E. KIM
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE Chair	December 21, 2023 DATE
PATRICK ADAMS Vice Chair	MARK BROWN
CATALINA CROSS	Kent Kikuchi KENT KIKUCHI
BRANDON RABANG	SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

4E

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☐ New MDEG	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
■ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*	M 03197	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

MDEG Physical Address: 42500 Winchester Rd.

City: Temecula State: CA Zip: 92590

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 951-296-2600 Website: medline.com

Email: ralicensing@medline.com

Name of MDEG Administrator (NAC 639.694): Cecilia Ramirez

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

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 7:30a- 4:30p	■ Tue: 7:30a- 4:30p	■ Wed: 7:30a- 4:30p	■ Thurs: 7:30a- 4:30p	■ Fri: 7:30a- 4:30p
☐ Sat:	☐ Sun:	☐ Holidays:		

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

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

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

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Medline Inc.

Corporation Name: See Attached Ownership Information

Mailing Address: 3 Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: (847) 949-5500 Email: ralicensing@medline.com

Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025	SEC Registration Number: 0002046386	Stock Exchange Symbol: MDLN

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Daniel Stevens

Print Name of Authorized Person Submitting Application

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

9/16/20

Date

PAID

Board Use Only	Date Received: 9/17/20	Amount: $300.00

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

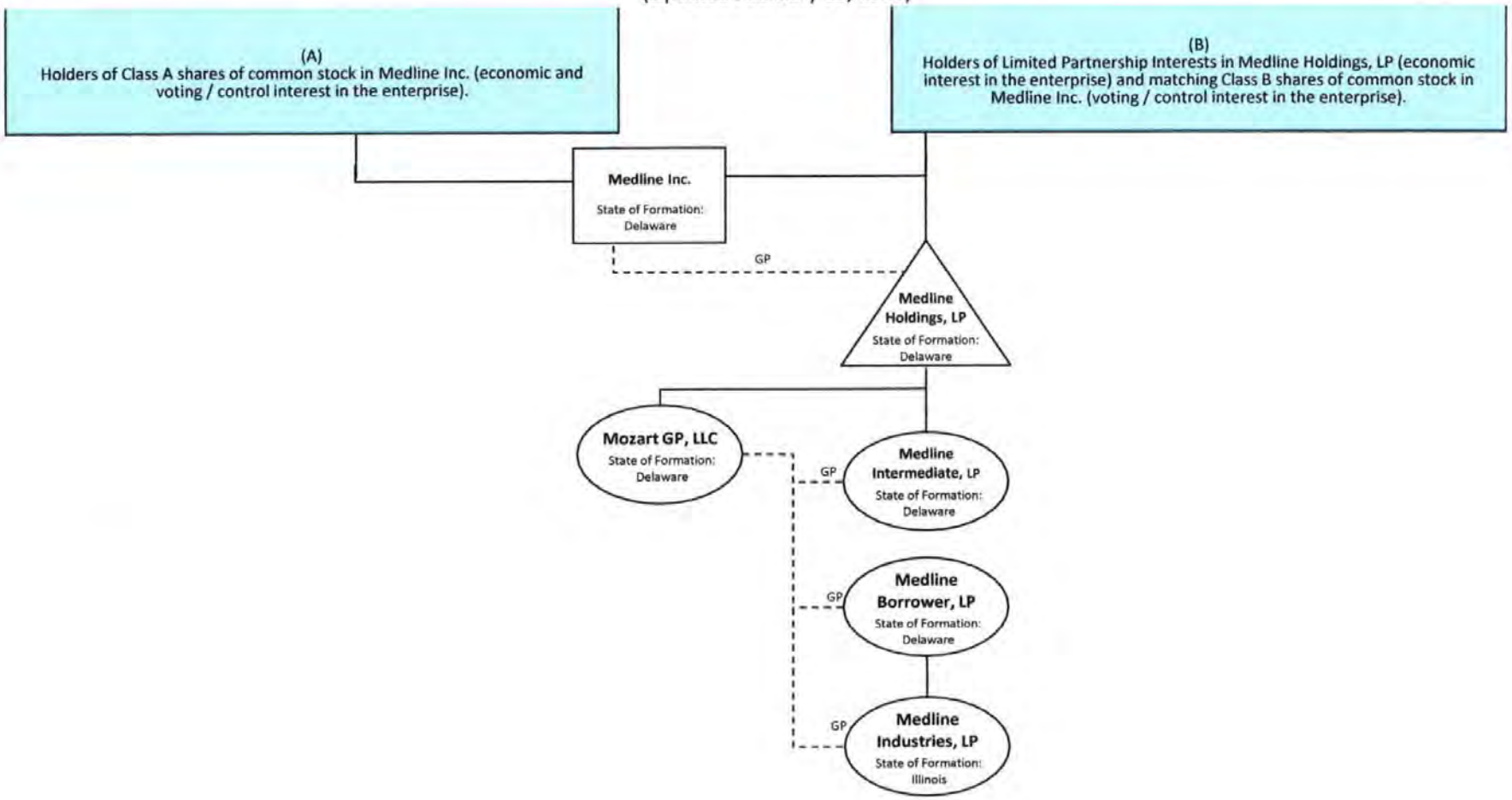
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046385. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

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

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5143163 8300

SR# 20261572157

Authentication: 203550646

Date: 04-03-26

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

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

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

PRODUCER MARSH USA LLC. 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** N/A — N/A **INSURER C :** See Acord 101 for Carrier Participation **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-28 **REVISION NUMBER:** 7

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	2,000,000
							GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
							BODILY INJURY (Per person)	$	
							BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
								$	
	[ ] **UMBRELLA LIAB** [ ] OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$	
							AGGREGATE	$	
								$	
A A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [Y] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2025 07/01/2025	07/01/2026 07/01/2026	X PER STATUTE [ ] OTH-ER		
							E.L. EACH ACCIDENT	$	1,000,000
							E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCC-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

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

RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd, Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

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

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

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	2,000,000 2,000,000 10,000 2,000,000 4,000,000 SEE BELOW
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	2,000,000
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE AGGREGATE	$ $	10,000,000 10,000,000
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2025 07/01/2025	07/01/2026 07/01/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S . Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St, Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP — MDEG License # (if applicable): MP03197

Physical Address: 42500 Winchester Road

City: Temecula — State: CA — Zip: 92590

Mailing Address (if different from physical address): Three Lakes Drive, #3D

City: Northfield — State: IL — Zip: 60093

Telephone: 951-296-2600 — Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Cecilia — Middle: — Last: Ramirez

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

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

Mailing Address: [redacted]

City: Temecula — State: CA — Zip: [redacted]

Telephone: [redacted] — Email: crramirez@medline.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Lake Elsinore High School		1981-1984	
Address	**City**	**State**	**Zip**
21800 Canyon Dr.	Wildomar	CA	92595
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/1999-Present	[redacted]	Temecula	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			02/2014 - Present	
Business Address		**City**	**State**	**Zip**
42500 Winchester Rd		Temecula	CA	92590
Phone	**Title**		**Number of Employed Hours**	
951-296-2600	Warehouse Manager		20,800+	
Description of Duties				
Oversee the facility to ensure proper receiving, distribution, storage, shipping and dispensing of prescription drugs and medical devices. Manage multiple team members to ensure proper record keeping, inventory, storage, & product security				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

N/A

Cecilia Ramirez
Original Signature (electronic, copies or stamps not accepted)

4/7/2026
Date

I, Cecilia Ramirez, **certify that as the MDEG Administrator for**

Medline Industries, LP,

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

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

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

Cecilia Ramirez
Print Name (First, Last)

Cecilia Ramirez
Original Signature (electronic, copies or stamps not accepted)

4/7/2026
Date

Board Use Only	Date Received: 4/7/2026

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

Medline Industries L.P.
42500 Winchester Rd
Temecula, CA 92590

LICENSE NUMBER: 115265
EXPIRATION DATE: 11/22/2026

The person named herein is licensed to operate a Home Medical Device Retail Facility through the expiration date of this license. This annual license is issued in accordance with the California Health and Safety Code and is not transferable to any other person or place. The licensee shall be responsible for assuring compliance with all requirements of this article pertaining to Home Medical Device Retail Facilities.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

Printed: 10/2/2025

OSP 07 10

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091 PHONE
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grimston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ REQUESTS

_____ DOES NOT REQUEST

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____

Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____

Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____

Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____

Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Florida Department of Health

Reason/Charge
Medline's Florida Certified Designated Representative unexpectedly resigned.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

Lara N. Simmons February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

Daisy Kung for February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2008006		Louisiana Board of Wholesale Drug Distributors		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
LA Board of WDD/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingerman

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman
William Crates, Vice-Chairman
Randall Brooks, Secretary/Treasurer
John Liggio, Executive Director/Inspector
Hershal Paul, Board Member
Andy Milligan, Board Member
Wayne Gremillion, Board Member
Eric Voitier, Board Member
Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
HI DCCA / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
119A
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

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

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

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

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

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

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

B. REPRESENTATIONS BY RESPONDENT:

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

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

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

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

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

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

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

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

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

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

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

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

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

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 0 8 2008.

Bobbi'wy Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of July, 2007, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C&I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08 PHM 037	Wisconsin Department of Regulation and Licensing

Reason/Charge
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WI DSPS/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

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

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 29 A 9:4

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

In the Matter of the Wholesale Prescription Drug Distributor's License of MEDLINE INDUSTRIES INC., Respondent.	PHA 2009-7-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"

241092407

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

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

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

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

B. REPRESENTATIONS BY RESPONDENT:

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

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

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

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

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

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

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

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

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

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

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

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

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

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

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

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Lee V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller
Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2009

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF	:	
DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	STIPULATION
MEDLINE INDUSTRIES INC.	:	LS#0902046PHM
RESPONDENT.	:	

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

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POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

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

(c) Has violated:

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

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

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

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Asa N. Simms, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

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

Done and effective this 19th day of March, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
27278		NY State Education Department- Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
NY Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: A. Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

---X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

---X

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

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

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

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

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

Willis Ingalls, on behalf of,
Medline Industries, Respondent

1-5-21

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer McRudell, RPh

1-6-2021

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

1-6-2021

Henry Appel, Ohio Assistant Attorney General

Date of Signature

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

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1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

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

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2022-0333		FL DBPR- Div. of Drugs, Devices, and Cosmetics		
Reason/Charge				
Customer Licenses, Record Keeping				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
FL DBPR / Medline Industries, LP			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____

Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
0 9 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant**. Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

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

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

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

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — Oct - 27 - 2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 DEC 15 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

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

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

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

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

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

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

B. REPRESENTATIONS BY RESPONDENT:

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

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

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

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

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

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

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

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

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

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

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

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

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

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

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____

IVY Y. E. KIM
Attorney for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE
Chair

December 21, 2023
DATE

PATRICK ADAMS
Vice Chair

MARK BROWN

CATALINA CROSS

Kent Kikuchi
KENT KIKUCHI

BRANDON RABANG

SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

4F

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☐ New MDEG	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
■ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M 03198	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

MDEG Physical Address: 8787 W Buckeye Ave

City: Tolleson State: AZ Zip: 85353

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 623-936-5443 Website: medline.com

Email: ralicensing@medline.com

Name of MDEG Administrator (NAC 639.694): Scott Fritsche

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

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8:00a- 5:00p	■ Tue: 8:00a- 5:00p	■ Wed: 8:00a- 5:00p	■ Thurs: 8:00a- 5:00p	■ Fri: 8:00a- 5:00p
☐ Sat:	☐ Sun:	☐ Holidays:		

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

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

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

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

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Medline Inc.

Corporation Name: See Attached Ownership Information

Mailing Address: 3 Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: (847) 949-5500 Email: ralicensing@medline.com

Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025	SEC Registration Number: 0002046386	Stock Exchange Symbol: MDLN

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Daniel Stevens

Print Name of Authorized Person Submitting Application

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

4/16/16

Date

PAID

Board Use Only	Date Received: 4/21/2016	Amount: $500.00

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

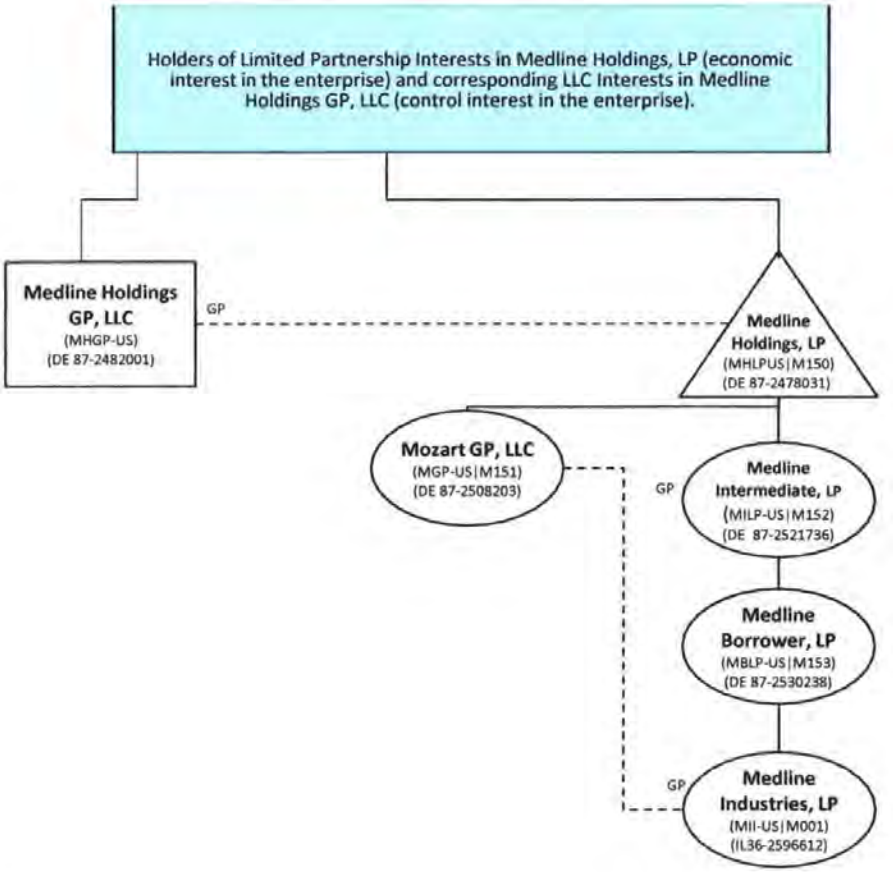
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

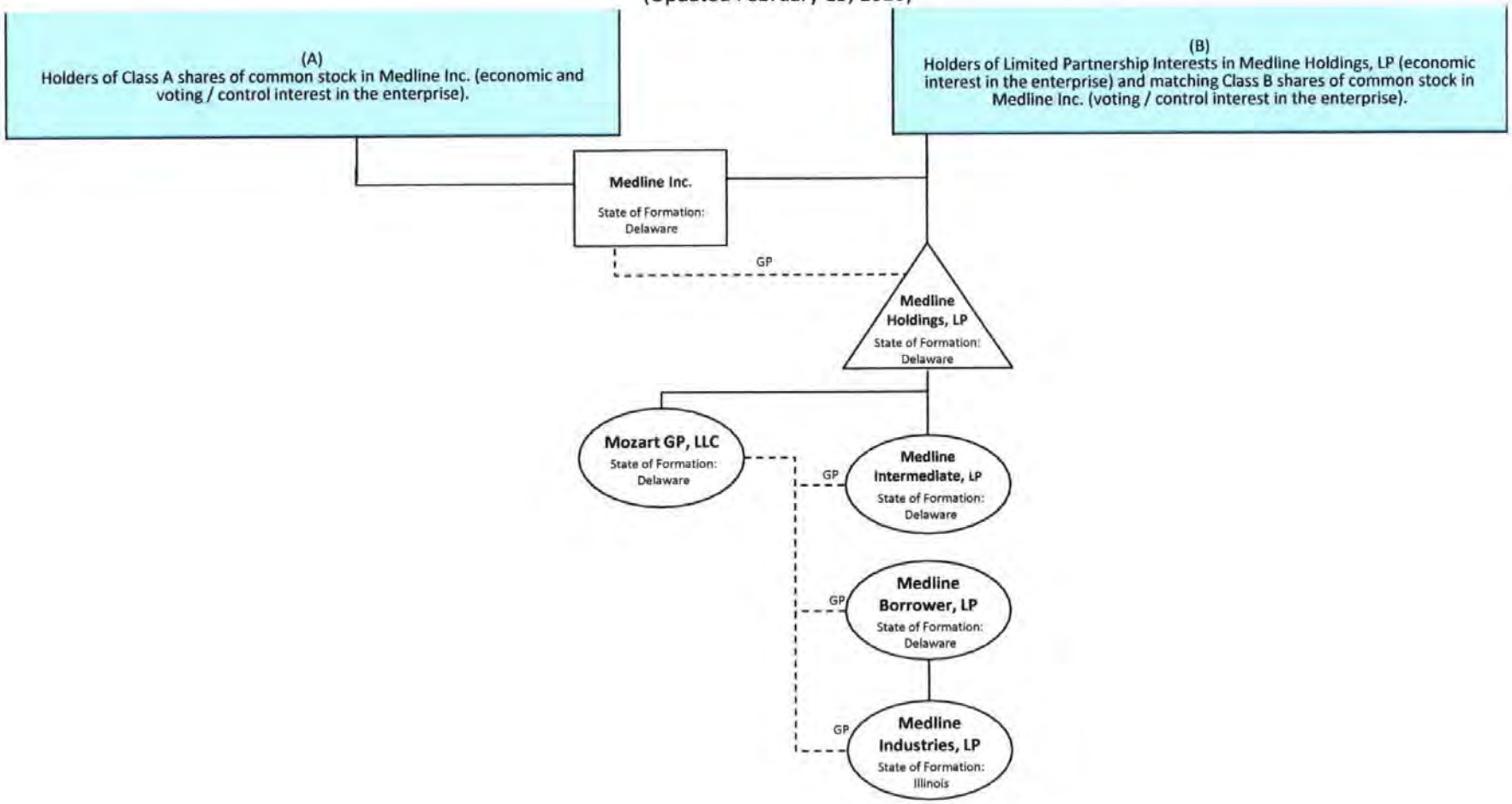


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

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



C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5143163 8300

SR# 20261572157

Authentication: 203550646

Date: 04-03-26

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

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

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

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

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : N/A	N/A
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries LP
Excelsior Medical, LLC
Attn: Risk Management
Three Lakes Drive
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-28 **REVISION NUMBER:** 7

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$	10,000
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$	2,000,000
	OTHER:						GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	**AUTOMOBILE LIABILITY**			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	
	DED RETENTION $							$	
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY**			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? Y/N: Y	N / A		PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
MARSH USA LLC.		Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

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

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

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$	10,000
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$	2,000,000
	OTHER:						GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	**AUTOMOBILE LIABILITY**			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X **UMBRELLA LIAB** X OCCUR			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? Y	N / A		PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S . Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St, Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
MARSH USA LLC.		Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP — MDEG License # (if applicable): MP03198

Physical Address: 8787 W Buckeye Ave.

City: Tolleson — State: AZ — Zip: 85353

Mailing Address (if different from physical address):

City: — State: — Zip:

Telephone: 623-936-5443 — Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Scott — Middle: Jason — Last: Fritsche

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

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

Mailing Address: [redacted]

City: Buckeye — State: AZ — Zip: [redacted]

Telephone: [redacted] — Email: sfritsche@medline.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of Phoenix		04/03-05/05	
Address	**City**	**State**	**Zip**
4035 South Riverpoint Parkway	Phoenix	AZ	85040
Diploma/Degree obtained, if any			
Business Management			

School Name		From - To (MM/YY – MM/YY)	
Milwaukee Area Technical College		01/99-01/01	
Address	**City**	**State**	**Zip**
700 W State St.	Milwaukee	WI	53233
Diploma/Degree obtained, if any			
General Courses			

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin - Milwaukeee		09/95-09/98	
Address	**City**	**State**	**Zip**
3203 N Downer Ave.	Milwaukee	WI	53211
Diploma/Degree obtained, if any			
General Courses			

School Name		From - To (MM/YY – MM/YY)	
John Marshall High School		1990-1995	
Address	**City**	**State**	**Zip**
4141 N 64th St.	Milwaukee	WI	53216
Diploma/Degree obtained, if any			
High School Diploma			

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/16-Present	[redacted]	Buckeye	AZ	[redacted]
09/15-06/16		Buckeye	AZ	

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

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			09/15-Present	
Business Address		**City**	**State**	**Zip**
8787 W Buckeye Ave.		Tolleson	AZ	85353
Phone	**Title**		**Number of Employed Hours**	
623-936-5443	Director of Operations		21,840	
Description of Duties				
Verification of incoming and outgoing shipments, handling and disposition of materials, and keeping warehouse inventory current and accurate. Ensures order fulfillment and production are completed on a daily basis.				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Scott Fritsche, **certify that as the MDEG Administrator for**

Medline Industries, LP,

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

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

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

Scott Fritsche
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Board Use Only	Date Received: 4/21/26

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 09/16/2025
Receipt Number: 2025205167
Receipt Amount $: 100.00

Medical Gas - Durable Medical Equipment

PERMIT NO	EXPIRES
C002195	10/31/2027

Issued to

Medline Industries, L.P.
Medline Industries, L.P.
THREE LAKES DRIVE - 3D
NORTHFIELD, IL 60093

Medline Industries, L.P.
8787 W. BUCKEYE ROAD
TOLLESON, AZ 85353

Ken Bentz
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Medline Industries, L.P.
LICENSE NUMBER : C002195
EXPIRES : 10/31/2027

http://www.azpharmacy.gov

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Lora Simmons

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
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800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grimston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
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800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ REQUESTS

_____ DOES NOT REQUEST

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____
Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____
Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____
Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____
Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Florida Department of Health

Reason/Charge
Medline's Florida Certified Designated Representative unexpectedly resigned.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

_____ February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

_____ February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2008006		Louisiana Board of Wholesale Drug Distributors		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
LA Board of WDD/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingerman

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman
William Crates, Vice-Chairman
Randall Brooks, Secretary/Treasurer
John Liggio, Executive Director/Inspector
Hershal Paul, Board Member
Andy Milligan, Board Member
Wayne Gremillion, Board Member
Eric Voitier, Board Member
Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
HI DCCA / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
113A
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

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

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

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

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

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

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

B. REPRESENTATIONS BY RESPONDENT:

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

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

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

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

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

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

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

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

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

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

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

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

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

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 0 8 2008.

Bobbi'wy Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of July, 2007, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C&I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

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

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08 PHM 037	Wisconsin Department of Regulation and Licensing

Reason/Charge
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WI DSPS/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

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

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

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

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 29 A 9:4

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

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2009-7-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
Respondent.	)	

241092407

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

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

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

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

B. REPRESENTATIONS BY RESPONDENT:

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

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

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

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

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

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Lacy V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2009

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

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POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Asa N. Simms, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of January, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
27278	NY State Education Department- Board of Pharmacy

Reason/Charge
Discipline incurred in another jurisdiction

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NY Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: A. Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

---X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

---X

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

1-5-21

Willis Ingalls, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer M. Rudell, RPh

1-6-2021

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

1-6-2021

Henry Appel, Ohio Assistant Attorney General

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

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THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

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1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2022-0333		FL DBPR- Div. of Drugs, Devices, and Cosmetics		
Reason/Charge				
Customer Licenses, Record Keeping				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
FL DBPR / Medline Industries, LP			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____

Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
0 9 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — Oct - 27 - 2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 DEC 15 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent MEDLINE INDUSTRIES, L.P. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., and C.7. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____

IVY Y. E. KIM
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE
Chair

December 21, 2023
DATE

PATRICK ADAMS
Vice Chair

MARK BROWN

CATALINA CROSS

Kent Kikuchi
KENT KIKUCHI

BRANDON RABANG

SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

4G

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	■ Yes	☐ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☐ New MDEG	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
■ Ownership Change*	M 01384	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

MDEG Physical Address: 5701 Promontory Parkway, Suite 100

City: Tracy State: CA Zip: 95377

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 209-836-7027 Website: medline.com

Email: ralicensing@medline.com

Name of MDEG Administrator (NAC 639.694): Rudy Pena

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
■ Patients by prescriptions	☐ Medical Gases**
■ Pharmacies[a]	☐ Respiratory Equipment**
■ Practitioners[a]	☐ Life-sustaining equipment**
■ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
■ Clinics[a]	■ Assistive Equipment
■ Wholesalers[a]	■ Diabetic Supplies
■ Other business entities (specify)[a]: Heath Plans	☐ Orthotics and Prosthetics
	■ Others: Disposable Supplies
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____ Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8:00a- 5:00p	■ Tue: 8:00a- 5:00p	■ Wed: 8:00a- 5:00p	■ Thurs: 8:00a- 5:00p	■ Fri: 8:00a- 5:00p
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
See attached.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Medline Inc.

Corporation Name: See Attached Ownership Information

Mailing Address: 3 Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: (847) 949-5500 Email: ralicensing@medline.com

Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025	SEC Registration Number: 0002046386	Stock Exchange Symbol: MDLN

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Medical products provider located** outside of this State **must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Stevens

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/16/24

Date

PAID

Board Use Only	Date Received: 4/24/24	Amount: $500.00

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

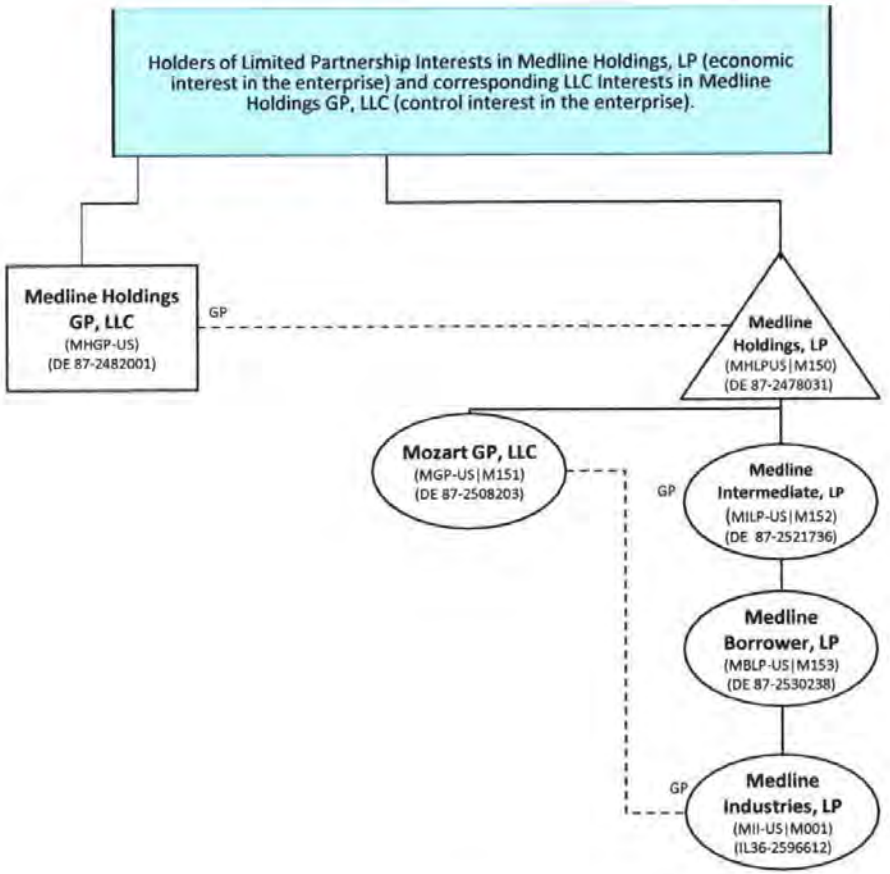
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

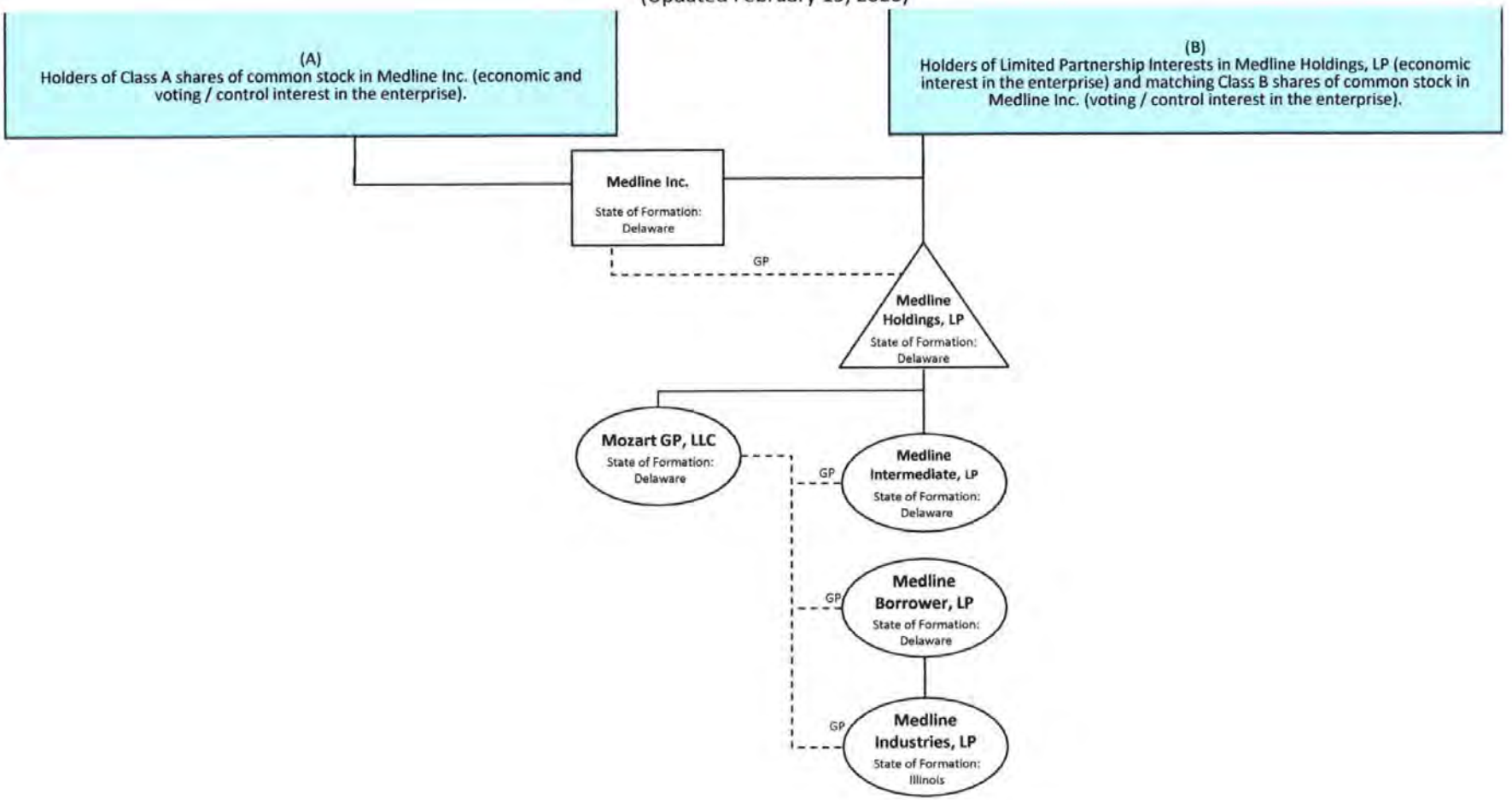


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203550646

Date: 04-03-26

5143163 8300

SR# 20261572157

You may verify this certificate online at corp.delaware.gov/authver.shtml

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC. 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** N/A — N/A **INSURER C :** See Acord 101 for Carrier Participation **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-28 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 2,000,000 $ 10,000 $ 2,000,000 $ 4,000,000 $ SEE BELOW
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2025 07/01/2025	07/01/2026 07/01/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

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The ACORD name and logo are registered marks of ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	4,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	SEE BELOW
	OTHER:							$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y	N / A		PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S . Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St, Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP — MDEG License # (if applicable): MP01384

Physical Address: 5701 Promontory Parkway, Ste 100

City: Tracy — State: CA — Zip: 95377

Mailing Address (if different from physical address): Three Lakes Drive, #3D

City: Northfield — State: IL — Zip: 60093

Telephone: 209-836-7027 — Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Rudy — Middle: Daniel — Last: Pena

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☒ M ☐ F ☐ X

Mailing Address: Three Lakes Drive, #3D

City: Northfield — State: IL — Zip: 60093

Telephone: 209-836-8726 — Email: rpena@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Eisenhower High School		08/2001-06/2005	
Address	**City**	**State**	**Zip**
1321 N Lilac Ave	Rialto	CA	92376
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2024 - Present	[redacted]	Manteca	CA	[redacted]
From - To (MM/YY – MM/YY)		City	State	
10/2022 - 03/2024		Manteca	CA	
From - To (MM/YY – MM/YY)		City	State	
11/2021 - 9/2022		Stockton	CA	
From - To (MM/YY – MM/YY)		City	State	
06/2015 - 11/2021		Lathrop	CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			3/2022 - Present	
Business Address		**City**	**State**	**Zip**
5701 Promontory Parkway, Ste 100		Tracy	CA	95377
Phone	**Title**		**Number of Employed Hours**	
209-836-7027	Sr Mgr Operations		8,000+	
Description of Duties				
Oversee the facility to ensure proper receiving, distribution, storage, shipping and dispensing of prescription drugs and medical devices. Manage multiple team members to ensure proper record keeping, inventory, storage, & product security				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

4/7/26

Date

I, Rudy Pena, **certify that as the MDEG Administrator for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. RP Have a high school diploma or its equivalent;
2. RP Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. RP Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. RP Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rudy Pena
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/7/26
Date

Board Use Only	Date Received: 4/7/26

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

Medline Industries L.P.
5701 Promontory Parkway Suite 100
Tracy, CA 95377

LICENSE NUMBER: 115263
EXPIRATION DATE: 12/30/2026

The person named herein is licensed to operate a Home Medical Device Retail Facility through the expiration date of this license. This annual license is issued in accordance with the California Health and Safety Code and is not transferable to any other person or place. The licensee shall be responsible for assuring compliance with all requirements of this article pertaining to Home Medical Device Retail Facilities.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

Printed: 11/6/2025

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091 PHONE
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grimston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

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800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> > (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ REQUESTS

_____ DOES NOT REQUEST

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____
Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____
Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____
Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____
Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Florida Department of Health

Reason/Charge
Medline's Florida Certified Designated Representative unexpectedly resigned.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2007-37412		Florida Department of Health		
Reason/Charge				
Inspection Deficiencies				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Florida Department of Health / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

Lara N. Simmons February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

Daisy Kung for February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Medline Industries, Inc., Case #2007-37412

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2008006		Louisiana Board of Wholesale Drug Distributors		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
LA Board of WDD/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingsporn

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman; William Crates, Vice-Chairman; Randall Brooks, Secretary/Treasurer; John Liggio, Executive Director/Inspector
Hershal Paul, Board Member; Andy Milligan, Board Member; Wayne Gremillion, Board Member; Eric Vidrine, Board Member; Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
1-14A
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

6. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

9. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

11. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 08 2008.

Bobbi'wy Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of Jan, 2007, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C&I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08 PHM 037	Wisconsin Department of Regulation and Licensing

Reason/Charge
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WI DSPS/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 29 A 9:4

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of MEDLINE INDUSTRIES INC., Respondent.	PHA 2009-7-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Lee V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2209

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	: :	
MEDLINE INDUSTRIES INC. RESPONDENT.	: :	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

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POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Asa N. Simms, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of January, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
27278	NY State Education Department- Board of Pharmacy

Reason/Charge
Discipline incurred in another jurisdiction

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NY Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: A. Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

1-5-21

Willis Ingalls, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer M. Rudell, RPh

1-6-2021

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

1-6-2021

Henry Appel, Ohio Assistant Attorney General

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. **The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.**

2. **Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.**

3. **Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.**

4. **The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.**

5. **Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.**

6. **Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.**

7. **Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.**

8. **Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.**

9. **This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.**

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	FL DBPR- Div. of Drugs, Devices, and Cosmetics

Reason/Charge
Customer Licenses, Record Keeping

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DBPR / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____

Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
09 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

06-29-2023

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 OCT 16 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent MEDLINE INDUSTRIES, L.P. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., and C.7. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____

IVY Y. E. KIM
Attorney for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE
Chair

December 21, 2023
DATE

PATRICK ADAMS
Vice Chair

MARK BROWN

CATALINA CROSS

Kent Kikuchi
KENT KIKUCHI

BRANDON RABANG

SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

4H

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	☑ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	☑ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☑ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: NATIONAL DIABETES CARE, LLC

MDEG Physical Address: 384 S INDUSTRIAL DR, UNIT A

City: ORANGE CITY State: FL Zip: 32763

Mailing Address (if different from physical address): SAME

City: _____ State: _____ Zip: _____

Telephone: 386 873-2911 Website: nationaldiabetescare.com

Email: enrollments@natdiacare.com

Name of MDEG Administrator (NAC 639.694): Thomas Walters

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
☑ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
~~☐ Hospitals/Clinics[a]~~	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☑ Diabetic Supplies
☐ Other business entities (specify)[a]:	☑ Orthotics and Prosthetics
	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
☑ Mon: 830 - 330	☑ Tue: 830 - 330	☑ Wed: 830 - 530	☑ Thurs: 830 - 530	☑ Fri: 830 - 330
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))

MEDICARE : PTAN 8053760001 ; NPI 1083367015

MEDICAID : FL 18405000 ; CT 1083367015; IN 30008117; MO 62014057Z ; MA 1102/5554A ; RI 1083367015 NH 3148664 ; NC 1083367015

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:

   a) A practicing health professional; or

   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: FL

Parent Company (if any): ORTHOFEET INC (DE)

Corporation/Organization Name: NATIONAL DIABETES CARE, LLC

Mailing Address: 384 S INDUSTREAL DR, UNIT A

City: ORANGE CITY State: FL Zip: 32763

Telephone: 386 873 2911 Email: enrollments@natdiacare.com

Contact Person Name: Ashlee Gainey

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

HUNTER TULLY

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/23/2026

Date

Board Use Only	Date Received: 4/28/26	Amount: $500.00

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	VGM Insurance Services, Inc. 1111 Van Miller Way Waterloo IA 50701	CONTACT NAME:	Shawn Joblinske
		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	shawn.joblinske@vgm.com
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: BENCHMARK INSURANCE COMPANY	41394
INSURED	National Diabetes Care LLC 384 S Industrial Dr Unit A Orange City FL 32763	INSURER B: BENCHMARK INSURANCE COMPANY	41394
		INSURER C: PHARMACISTS MUTUAL INSURANCE CO	13714
		INSURER D: COWBELL	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			P1124 P0019-3	10/02/2025	10/02/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Professional Liability						MED EXP (Any one person)	$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$ 1,000,000
	X POLICY PRO-JECT LOC						GENERAL AGGREGATE	$ 3,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$ 3,000,000
								$
B	AUTOMOBILE LIABILITY			P1124 P0019-3	10/02/2025	10/02/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WCC 0161714 02	10/02/2025	10/02/2026	PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
D	Cyber Liability			FLY-CB-YEMFD3AU2-003	10/02/2025	10/02/2026	Aggregate	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

National Provider Enrollment NPE WEST
AG-495 Palmetto GBA
P.O. Box 100142
Columbia SC 29202

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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State of Florida
Department of State

I certify from the records of this office that NATIONAL DIABETES CARE, LLC is a limited liability company organized under the laws of the State of Florida, filed on May 26, 2021.

The document number of this limited liability company is L21000246256.

I further certify that said limited liability company has paid all fees due this office through December 31, 2026, that its most recent annual report was filed on January 9, 2026, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twentieth day of April, 2026



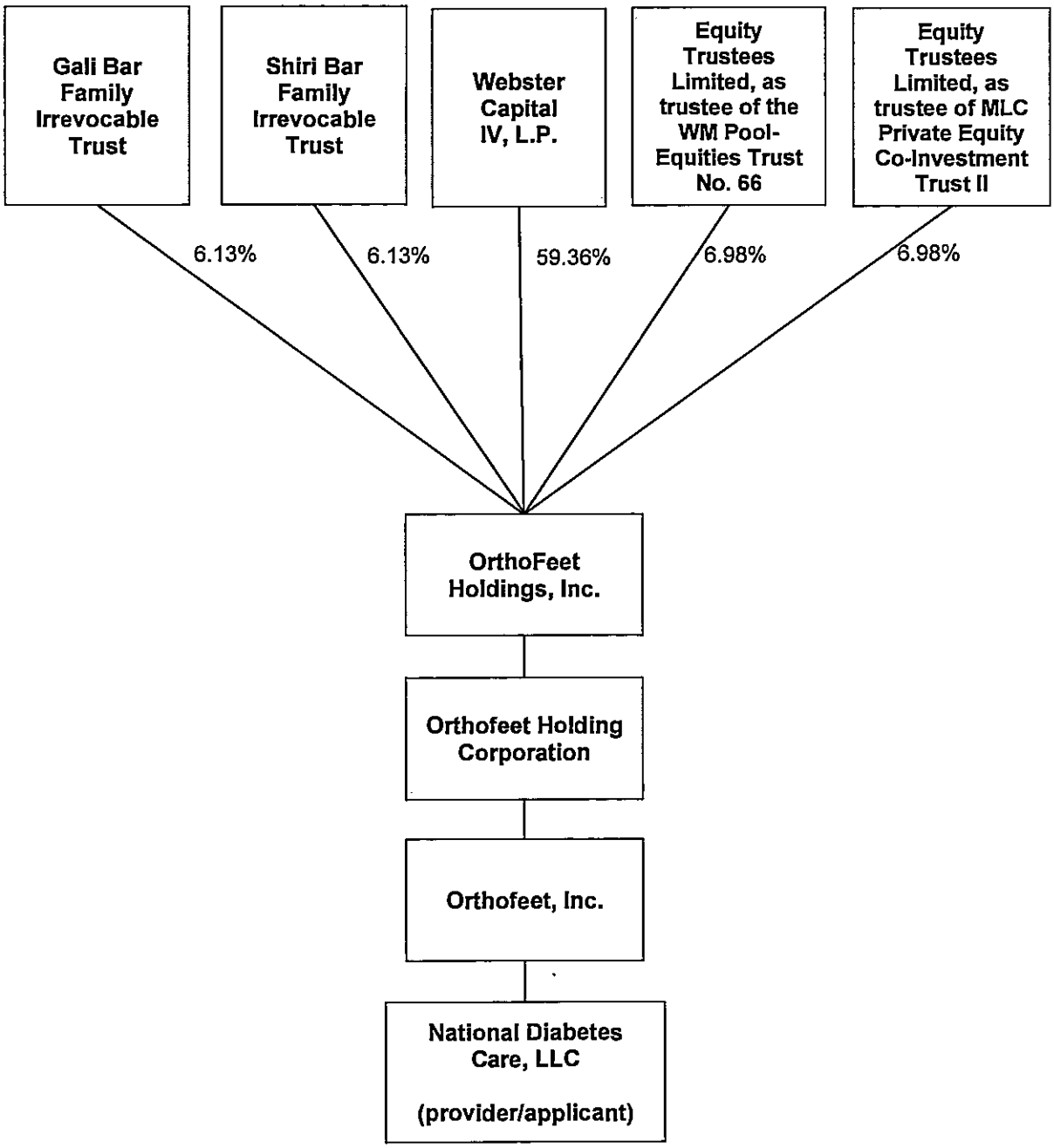
Secretary of State

Tracking Number: 0155234188CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

Organizational Structure of Provider National Diabetes Care, LLC
(As of June 2026)



* Unless otherwise indicated, ownership amounts are 100%

Managers and Executive Officers of National Diabetes Care, LLC

Name and Title of Officer	Date of Birth	Social Security Number	Address
Hunter Tully, Chief Executive Officer	[redacted]	[redacted]	[redacted]
Joseph Casagrande, President	[redacted]	[redacted]	[redacted]
Anat Jackson, Chief Financial Officer	[redacted]	[redacted]	[redacted]

Members

Orthofeet, Inc. is the sole managing member (and 100% direct owner) of the applicant, National Diabetes Care, LLC. Orthofeet Inc.'s EIN is 222608205 and its address is c/o Webster Equity Partners, LLC; 950 Winter Street, North Entrance; Waltham, MA 02451.

In addition, the following grid also reflects 5% or greater indirect owners of National Diabetes Care, LLC. Please see the attached organizational chart for information on the ownership percentages and relationships between these entities.

Name of Direct or Indirect Owner	Date of Birth	Tax ID Number	Address
Orthofeet, Inc.	N/A	22-2608205	c/o Webster Equity Partners, LLC, 950 Winter Street, North Entrance, Waltham, MA 02451
Orthofeet Holding Corporation	N/A	27-4058564	c/o Webster Equity Partners, LLC, 950 Winter Street, North Entrance, Waltham, MA 02451
OrthoFeet Holdings, Inc.	N/A	83-2157462	c/o Webster Equity Partners, LLC, 950 Winter Street, North Entrance, Waltham, MA 02451
Gali Bar Family Irrevocable Trust	N/A	99-6803428	1265 15th Street, 11M Fort Lee NJ 07024
Shiri Bar Family Irrevocable Trust	N/A	99-6797003	1265 15th Street, 11M Fort Lee NJ 07024
Webster Capital IV, L.P	N/A	82-2999820	c/o Webster Equity Partners, LLC, 950 Winter Street, North Entrance, Waltham, MA 02451
Equity Trustees Limited, as trustees of the WM Pool-Equities Trust No. 66	N/A	98-1310362	Level 1, 575 Bourke St, Melbourne, Victoria, 3000, Australia
Equity Trustees Limited, as trustees of the MLC Private Equity Co-Investment Trust II	N/A	98-1942886	Level 1, 575 Bourke St, Melbourne, Victoria, 3000, Australia

National Diabetes Care | health and footcare that's a step ahead

384 S. Industrial Dr. Unit A
Orange City, FL 32763

January 6th, 2025

Florida License Exemption

To Whom it May Concern:

In our change of ownership application efforts, we have been requested to supply a business license and an HME/DME license for our home state of Florida. As a DMEPOS provider of diabetic shoes and supplies, we are not required to maintain any additional licensing in Florida.

Please review the proof of exemption from the HME License provided in Exhibits 1 and 2 attached to the pages following this letter:

- Exhibit 1: Picture of the exemptions outlined by the Florida Agency for Health Care Administration website, found at https://ahca.myflorida.com/health-care-policy-and-oversight/bureau-of-health-facility-regulation/long-term-care-services-unit/home-medical-equipment-providers-faqs
- Exhibit 2: Excerpt from document 59A-25 from the Florida Administrative Code with the exemption line highlighted in yellow. Please visit https://www.flrules.org/gateway/ChapterHome.asp?Chapter=59A-25 to view the entire document if needed.

Please note that since we are exempt from the HME license, we also do not have an inspection report from our local board of pharmacy. However, we have passed inspection from our accreditation organization and have included the accreditation certificate. Below is the list of included documentation following this letter:

- Exhibit 3: Pedorthist License
- Exhibit 4: BOC Accreditation Certificate

While we are not required to have an HME license in our home state, our location is licensed in the following states: AR, CT, IN, KS, KY, LA, MS, NC, SC, and VA. Our licenses can be confirmed with the online license verification tools provided by the respective board of pharmacy for each state.

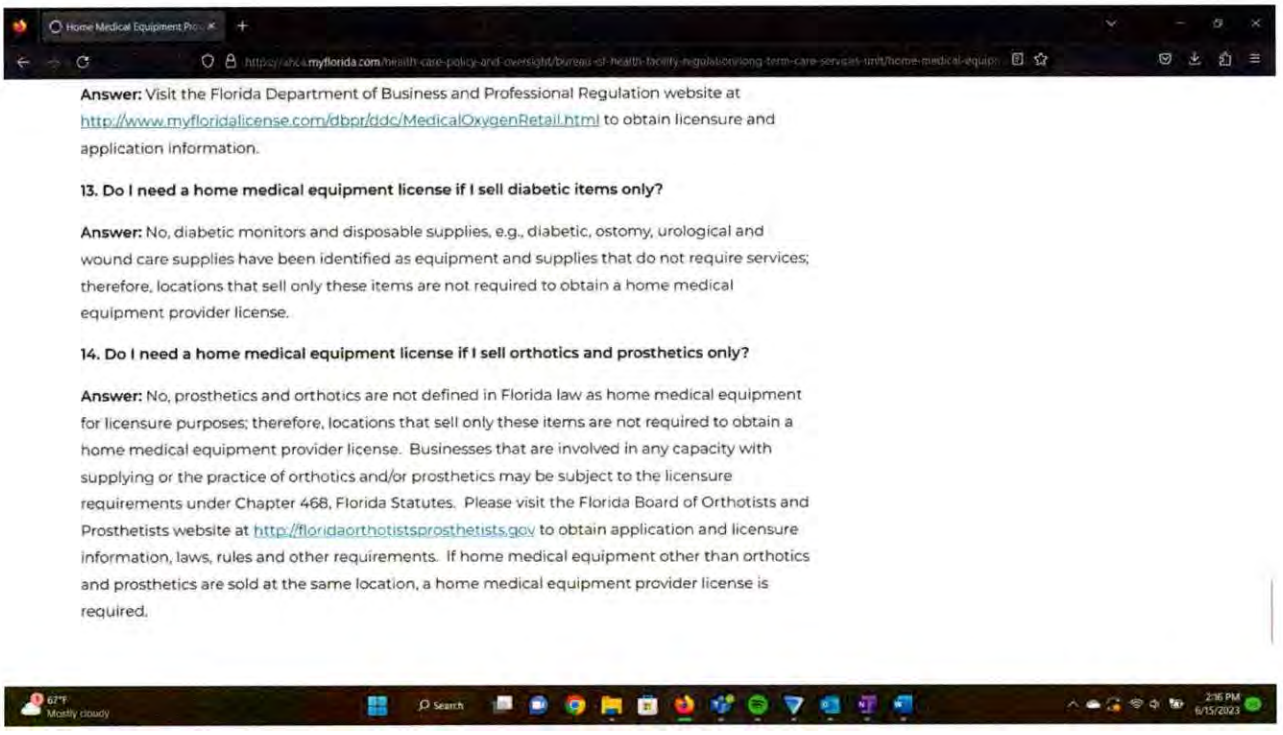
Please contact our in-house credentialing specialist for further information or required documentation:

Ashlee Gainey
Againey@natdiacare.com

Thank you,

Hunter Tully
CEO
htully@natdiacare.com

Exhibit 1: AHCA Website Proof of Exemption



Answer: Visit the Florida Department of Business and Professional Regulation website at http://www.myfloridalicense.com/dbpr/ddc/MedicalOxygenRetail.html to obtain licensure and application information.

13. Do I need a home medical equipment license if I sell diabetic items only?

Answer: No, diabetic monitors and disposable supplies, e.g., diabetic, ostomy, urological and wound care supplies have been identified as equipment and supplies that do not require services; therefore, locations that sell only these items are not required to obtain a home medical equipment provider license.

14. Do I need a home medical equipment license if I sell orthotics and prosthetics only?

Answer: No, prosthetics and orthotics are not defined in Florida law as home medical equipment for licensure purposes; therefore, locations that sell only these items are not required to obtain a home medical equipment provider license. Businesses that are involved in any capacity with supplying or the practice of orthotics and/or prosthetics may be subject to the licensure requirements under Chapter 468, Florida Statutes. Please visit the Florida Board of Orthotists and Prosthetists website at http://floridaorthotistsprosthetists.gov to obtain application and licensure information, laws, rules and other requirements. If home medical equipment other than orthotics and prosthetics are sold at the same location, a home medical equipment provider license is required.

Text in Picture:

13. Do I need a home medical equipment license if I sell diabetic items only?

Answer: No, diabetic monitors and disposable supplies, e.g., diabetic, ostomy, urological and wound care supplies have been identified as equipment and supplies that do not require services; therefore, locations that sell only these items are not required to obtain a home medical equipment provider license.

14. Do I need a home medical equipment license if I sell orthotics and prosthetics only?

Answer: No, prosthetics and orthotics are not defined in Florida law as home medical equipment for licensure purposes; therefore, locations that sell only these items are not required to obtain a home medical equipment provider license. Businesses that are involved in any capacity with supplying or the practice of orthotics and/or prosthetics may be subject to the licensure requirements under Chapter 468, Florida Statutes. Please visit the Florida Board of Orthotists and Prosthetists website at http://floridaorthotistsprosthetists.gov to obtain application and licensure information, laws, rules and other requirements. If home medical equipment other than orthotics and prosthetics are sold at the same location, a home medical equipment provider license is required.

https://ahca.myflorida.com/health-care-policy-and-oversight/bureau-of-health-facility-regulation/long-term-care-services-unit/home-medical-equipment-providers-faqs

Exhibit 2: Excerpt from 59A-25

CHAPTER 59A-25
MINIMUM STANDARDS FOR HOME MEDICAL EQUIPMENT PROVIDERS

59A-25.001 Definitions
59A-25.002 Licensure Requirements
59A-25.003 Scope of Services
59A-25.004 Minimum Qualifications for Personnel
59A-25.005 Compliance
59A-25.006 Emergency Management Planning

59A-25.001 Definitions.
In addition to definitions contained in Chapters 400, Part VII, and 408, Part II, F.S., the following terms shall apply to this rule chapter:

(1) "AHCA" means Agency for Health Care Administration.

(2) "Central Service Center" means the licensed premises that are in charge of taking consumer orders, dispatching the orders to licensed distribution centers owned and operated by the same licensee that provide home medical equipment services, and maintaining consumer and personnel records. The central service center is responsible for the operation of its designated distribution centers.

(3) "Distribution centers" means those licensed premises that are not located at the address of the central service center but are owned and operated by the same licensee, receive orders from the central service center and are utilized to provide home medical equipment services.

(4) "HME" means home medical equipment.

Rulemaking Authority 400.935, 408.819 FS. Law Implemented 400.935, 408.804 FS. History–New 6-4-00, Amended 10-6-02, 3-13-07, 5-4-15.

59A-25.002 Licensure Requirements.

(1) Home medical equipment locations requiring a license are any locations that sell, rent, or distribute, or offer to sell or rent to or for a consumer any home medical equipment that requires services. These locations can be identified as follows:

(a) Any location providing or distributing home medical equipment requiring services to consumers in Florida;

(b) Any location where an intake person takes calls from consumers in Florida and offers to sell or rent home medical equipment requiring services;

(c) Any location where a consumer in Florida may call in response to a provider advertising to sell or rent home medical equipment requiring services, e.g., television advertisements, toll-free telephone numbers, phone books, newspapers, flyers or any other forms of public advertisement;

(d) Any location out of state that offers to sell or rent home medical equipment requiring services to consumers in Florida;

(e) Any location in state or out of state, with sales representatives working in Florida, that offers to sell or rent home medical equipment requiring services to consumers in Florida, i.e., the sales representatives themselves do not need to be licensed; and,

(f) Any buildings, that are not located at the licensed central service center address, called shops, warehouses, distribution centers, or called by any other name, are required to have a license if that site location provides selection (via telephone, showroom or sales representative), delivery, set up, consumer instruction or maintenance of equipment to consumers in Florida.

1. A central service center must provide the names and locations of all of its designated distribution centers on the licensure application.

2. A distribution center must submit a separate licensure application and must specify the name of its central service center on the application.

3. Each licensed distribution center is required to meet all standards for licensure but may be determined to meet the standards through the activities of its designated central service center as referenced in paragraph 59A-25.005(1)(b), F.A.C.

(2) Home medical equipment locations that do not require a license: Diabetic monitors and disposable supplies, e.g., diabetic, ostomy, urological and wound care supplies have been identified as equipment and supplies that do not require services as defined in Section 400.925(9), F.S.; therefore, locations that supply these items only will not require a HME license.

(3) Licensing application and fees:

https://www.flrules.org/gateway/ChapterHome.asp?Chapter=59A-25

Exhibit 4: Pedorthist License



STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/05/2025	PED 203	1660

THE PEDORTHIST
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

EXPIRATION DATE: NOVEMBER 30, 2027

ANTHONY RIVERA
3024 TEAK DR
DELTONA, FL - 32725

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

Scan QR Code for
License Authentication

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/05/2025	PED 203	1660

THE PEDORTHIST
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

ANTHONY RIVERA Expiration Date NOVEMBER 30, 2027

LICENSEE SIGNATURE

Exhibit 5: BOC Accreditation



Board of Certification/Accreditation
Owings Mills, Maryland
Accredited Facility

Practice limited to DMEPOS supplier categories
DM05, DM06, DM20, M01, M05, M10, PE04, S02, S03

The Board of Certification Accreditation attests that the Facility named below complies with all requirements for facility accreditation.

National Diabetes Care, LLC
384 S Industrial Dr Unit A
Orange City, Florida 32763

This accreditation is awarded for meeting the professional standards of BOC, together with all the honors, rights, privileges and responsibilities in pursuit of our mission to assure patients, physicians, professional organizations, the public at large, and government agencies and representatives of the competence and professionalism of BOC-Accredited Facilities.
In witness whereof, we have affixed the seal of the Board and subscribed our names in acknowledgment.

Matthew Gruskin, MBA, BOCO, BOCPO, CBME, Chief Operating Officer

Judi L. Knott, MA, MBA, President & CEO

S62692
Facility Number

February 28, 2028
Accredited Through

Accredited Since: February 24, 2022

BOC is a CMS deemed accrediting organization.

This accreditation is the property of BOC — the certificate holder agrees to abide by the BOC and CMS standards.

Board of Certification/Accreditation

Owings Mills, Maryland

Accredited Facility

Practice linked to OMEPOS supplier categories:
S04

The Board of Certification/Accreditation attests that the Facility named below complies with all requirements for facility accreditation.

National Diabetes Care, LLC
384 S Industrial Dr Unit A
Orange City, Florida 32763

This accreditation is awarded for meeting the professional standards of BOC, together with all the honors, rights, privileges and responsibilities in pursuit of our mission to assure patients, physicians, professional organizations, the public at large, and government agencies and representatives of the competence and professionalism of BOC Accredited Facilities. In witness whereof, we have affixed the seal of the Board and subscribed our names in acknowledgment.

Matthew Gruskin, MBA, BOCO, BOCPD, CDME, Chief Operating Officer

Judi L Knott, MA, MBA, President & CEO

S62692
Facility Number

February 28, 2028
Accredited Through

Accredited Since: September 10, 2025

BOC is a CMS deemed accrediting organization

This accreditation is the property of BOC – the certificate holder agrees to abide by the BOC and CMS standards.

Please refer to prior Accreditation Certificate(s) for complete list of Product Categories.

Board of Certification/Accreditation

Owings Mills, Maryland

Accredited Facility

Practice limited to DMEPOS supplier categories:
S61

The Board of Certification/Accreditation attests that the Facility named below complies with all requirements for facility accreditation.

National Diabetes Care, LLC
384 S Industrial Dr Unit A
Orange City, Florida 32763

This accreditation is awarded for meeting the professional standards of BOC, together with all the honors, rights, privileges and responsibilities in pursuit of our mission to assure patients, physicians, professional organizations, the public at large, and government agencies and regional carriers of the competence and professionalism of BOC-Accredited Facilities. In witness whereof, we have affixed the seal of the Board and subscribed our names in acknowledgment.

Matthew Grusken, MBA, BOCO, BOCPD, CDME, Chief Operating Officer

Julie L. Knott, MA, MBA, President & CEO

S62692
Facility Number

February 28, 2028
Accredited Through

Accredited Since: October 29, 2025

BOC is a CMS deemed accrediting organization

This accreditation is the property of BOC – the certificate holder agrees to abide by the BOC and CMS standards.

Please refer to prior Accreditation Certificate(s) for complete list of Product Categories.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: National Diabetes Care, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): n/a

Physical Address: 384 S Industrial Dr, Unit A

City: Orange City State: FL Zip: 32763

Mailing Address (if different from physical address): same as above

City: State: Zip:

Telephone: 386-873-2911 Website: www.nationaldiabetescare.com

Licensing Company Email: twalters@natdiacare.com

Section 2: Personal Information

First: Thomas Middle: Walters Last: Walters

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Deland State: FL Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Univ. of South Florida		08/86-05/89	
Address	**City**	**State**	**Zip**
4202 E Fowler Ave	Tampa	FL	33620
Diploma/Degree obtained, if any			
none			

School Name		From - To (MM/YY – MM/YY)	
Lecanto High School		08/85-05/86	
Address	**City**	**State**	**Zip**
3810 W Educational Path	Lecanto	FL	34461
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Pearl River High School		08/82-05/85	
Address	**City**	**State**	**Zip**
275 E Central Ave	Pearl River	NY	10965
Diploma/Degree obtained, if any			
none			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/22-current	[redacted]	Deland	FL	[redacted]
04/19-06/22		Bartlett	TN	
07/17-04/19		Clarksville	TN	
04/15-07/17		Nashville	TN	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Care Delivered Inc			08/24-03/26	
Business Address	**City**	**State**	**Zip**	
12082 Anderson Rd	Tampa	FL	33625	
Phone	**Title**			
8137760056	President			
Description of Duties				
Day to day operation of the company.				

Business Name			From - To (MM/YY – MM/YY)	
National Diabetes Care, LLC			04/22/04/23	
Business Address	**City**	**State**	**Zip**	
1431 Orange Camp Rd, Ste 110	Deland	FL	32724	
Phone	**Title**			
386-873-2911	CEO			
Description of Duties				
Responsible for day to day operations				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**	
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**	
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**	
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Thomas Walters

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/12/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Volusia

I, Thomas Walters, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5/12/26

Date

Subscribed and Sworn to before me this 12th day of May 2026

Rita Kozah

Notary Public Signature

Notary Public State of Florida
Rita Kozah
My Commission HH 322042
Expires 10/13/2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: National Diabetes Care, LLC MDEG License # (if applicable): _____

Physical Address: 384 S Industrial Dr, Unit A

City: Orange City State: FL Zip: 32763

Mailing Address (if different from physical address): same as above

City: _____ State: _____ Zip: _____

Telephone: 386-873-2911 Website: www.nationaldiabetescare.com

Licensing Company Email: enrollments@natdiacare.com

Section 2: Personal Information

First: Thomas Middle: Robert Last: Walters

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Deland State: FL Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Univ. of South Florida		08/86-05/89	
Address	City	State	Zip
4202 E Fowler Ave	Tampa	FL	33620
Diploma/Degree obtained, if any			
none			

School Name		From - To (MM/YY – MM/YY)	
Lecanto High School		08/85-05/86	
Address	City	State	Zip
3810 W Educational Path	Lecanto	FL	34461
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Pearl River High School		08/82-05/85	
Address	City	State	Zip
275 E Central Ave	Pearl River	NY	10965
Diploma/Degree obtained, if any			
none			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/22-current	[redacted]	Deland	FL	[redacted]
04/19-06/22		Bartlett	TN	
07/17-04/19		Clarksville	TN	
04/15-07/17		Nashville	TN	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: National Diabetes Care, LLC				From - To (MM/YY – MM/YY): 04/26-current
Business Address: 384 S Industrial Dr, Unit A		City: Orange City	State: FL	Zip: 32763
Phone: 386-873-2911	Title: Operations Director			Number of Employed Hours: 250
Description of Duties: Responsible for CGM product line				

Business Name: Care Delivered Inc				From - To (MM/YY – MM/YY): 08/24-03/26
Business Address: 12082 Anderson Rd		City: Tampa	State: FL	Zip: 33625
Phone: 813-776-0056	Title: President			Number of Employed Hours: 3250
Description of Duties: Responsible for all day to day functions of the company				

Business Name: National Diabetes Care, LLC				From - To (MM/YY – MM/YY): 04/22-04/23
Business Address: 1431 Orange Camp Rd		City: Deland	State: FL	Zip: 32724
Phone: 386-873-2911	Title: CEO			Number of Employed Hours: 2000
Description of Duties: Responsible for all day to day functions of the company				

Business Name: Diabetes Store Inc				From - To (MM/YY – MM/YY): 02/18-11/21
Business Address: 1760 Moriah Woods Blvd, Ste 2		City: Memphis	State: TN	Zip: 38117
Phone: 901-312-3150	Title: General Manager			Number of Employed Hours: 7000
Description of Duties:				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:		City:	State:	Zip:
Phone:	Title:			Number of Employed Hours:
Description of Duties:				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Thomas Walters, **certify that as the MDEG Administrator for**

National Diabetes Care, LLC,

that I (initial that you have read and meet the following requirements):

1. TRW Have a high school diploma or its equivalent;
2. TRW Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. TRW Will be employed by the medical products provider or medical products wholesaler at the *place of business or facility of the employer at least 40 hours per week or during all regular business* hours if the business or facility is regularly open less than 40 hours per week; and
4. TRW Will ensure that the operation of the business or facility complies with all applicable federal, *state and local laws, regulations and rules.*

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Thomas Walters
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/12/2026
Date

Board Use Only	Date Received: 5/18/26

41

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☐ New MDEG ■ Ownership Change* ☐ Name Change* ☐ Location Change*	* If making a change, provide current license number: M P03216	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Noctrix Health, Inc.

MDEG Physical Address: 6700 Koll Center Parkway, Suite 205

City: Pleasanton State: CA Zip: 94566

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 866-327-3757 Website: https://noctrixhealth.com/

Email: justin@noctrixhealth.com

Name of MDEG Administrator (NAC 639.694): Bonnie Chan

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
■ Patients by prescriptions ☐ Pharmacies[a] ☐ Practitioners[a] ☐ Hospitals/Clinics[a] ☐ Clinics[a] ☐ Wholesalers[a] ☐ Other business entities (specify)[a]:	☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Parenteral and Enteral Equipment** ☐ Assistive Equipment ☐ Diabetic Supplies ☐ Orthotics and Prosthetics ■ Others: Neurostimulators and supplies
This application is ONLY required if MDEG products will be sold to patients by prescription. [a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954): Name: _____ Telephone: _____

1300

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon:9am - 4pm	■ Tue:9am - 4pm	■ Wed:9am - 4pm	■ Thurs:9am - 4pm	■ Fri:9am - 4pm
☐ Sat:	☐ Sun:	☐ Holidays:Please see list of holidays attached.		

Section 2: History of Company	Yes	No
1. *Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or* convicted of a felony.or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
831935001

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): ResMed Operations, Inc.

Corporation/Organization Name: Noctrix Health, Inc.

Mailing Address: 6700 Koll Center Parkway, Suite 205

City: Pleasanton State: CA Zip: 94566

Telephone [redacted] Email: justin@noctrixhealth.com

Contact Person Name: Justin Kelly

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Justin Kelly

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/27/2020

Date

Board Use Only	Date Received: 5/4/20	Amount: $500 CK 46058

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/24/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC Marsh & McLennan Ins. Agency LLC PO Box 85638 San Diego CA 92186 License#: 0H18131	CONTACT NAME: Scott Ybarrondo PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: scott.ybarrondo@marshmma.com
INSURED Noctrix Health, Inc. 6700 Koll Center Pkwy Ste 205 Pleasanton CA 94566-7705 NOCTRHEALT	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : Hartford Underwriters Insurance Company — 30104 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 423949479 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY	Y		72SBAAX3BN5	10/29/2025	10/29/2026	EACH OCCURRENCE	$ 1,000,000
	[ ] CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	[X] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$
	[ ] OTHER:							$
A	AUTOMOBILE LIABILITY			72SBAAX3BN5	10/29/2025	10/29/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	[X] UMBRELLA LIAB [ ] OCCUR			72SBAAX3BN5	10/29/2025	10/29/2026	EACH OCCURRENCE	$ 3,000,000
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$ 3,000,000
	[ ] DED [X] RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] PER STATUTE [ ] OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

NP West - Palmetto GBA is named Additional Insured to General Liability coverage if required by written contract, subject to all policy terms, conditions, definitions and exclusions.

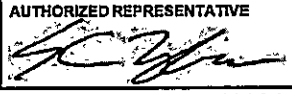
CERTIFICATE HOLDER

NP West - Palmetto GBA
PO Box 100142
Suite 1250
Owings Mills MD 21117-5575

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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INSURED: Noctrix Health, Inc.

POLICY #: 72SBAAX3BN5 POLICY PERIOD: 10/29/2025 TO 10/29/2026

BLANKET ADDITIONAL INSURED BY CONTRACT

THE HARTFORD

This endorsement modifies insurance provided under the following:

BUSINESS LIABILITY COVERAGE FORM

Except as otherwise stated in this endorsement, the terms and conditions of the Policy apply.

A. The following is added to Section **C. WHO IS AN INSURED**:

Additional Insureds When Required By Written Contract, Written Agreement Or Permit

The person(s) or organization(s) identified in Paragraphs **a.** through **f.** below are additional insureds when you have agreed, in a written contract or written agreement, or when required by a written permit issued by a state or governmental agency or subdivision or political subdivision that such person or organization be added as an additional insured on your Coverage Part, provided the injury or damage occurs subsequent to the execution of the contract or agreement, or the issuance of the permit.

A person or organization is an additional insured under this provision only for that period of time required by the contract, agreement or permit.

However, no such person or organization is an additional insured under this provision if such person or organization is included as an additional insured by any other endorsement issued by us and made a part of this Coverage Part.

The insurance afforded to such additional insured will not be broader than that which you are required by the contract, agreement, or permit to provide for such additional insured.

The insurance afforded to such additional insured only applies to the extent permitted by law.

The limits of insurance that apply to additional insureds are described in Section **D. LIABILITY AND MEDICAL EXPENSES LIMITS OF INSURANCE.** How this insurance applies when other insurance is available to an additional insured is described in the Other Insurance Condition in Section **E. LIABILITY AND MEDICAL EXPENSES GENERAL CONDITIONS.**

a. Vendors

Any person(s) or organization(s) (referred to below as vendor), but only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business and only if this Coverage Part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".

(1) The insurance afforded to the vendor is subject to the following additional exclusions:

This insurance does not apply to:

(a) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;

(b) Any express warranty unauthorized by you;

(c) Any physical or chemical change in the product made intentionally by the vendor;

(d) Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;

(e) Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;

(f) Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;

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(g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or

(h) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:

(i) The exceptions contained in Paragraphs (d) or (f); or

(ii) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.

(2) This insurance does not apply to any insured person or organization from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.

b. Lessors Of Equipment

(1) Any person or organization from whom you lease equipment; but only with respect to their liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.

(2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after you cease to lease that equipment.

c. Lessors Of Land Or Premises

(1) Any person or organization from whom you lease land or premises, but only with respect to liability arising out of the ownership, maintenance or use of that part of the land or premises leased to you.

(2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to:

(a) Any "occurrence" which takes place after you cease to lease that land or be a tenant in that premises; or

(b) Structural alterations, new construction or demolition operations performed by or on behalf of such person or organization.

d. Architects, Engineers Or Surveyors

(1) Any architect, engineer, or surveyor, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

(a) In connection with your premises;

(b) In the performance of your ongoing operations performed by you or on your behalf; or

(c) In connection with "your work" and included within the "products-completed operations hazard", but only if:

(i) The written contract, written agreement or permit requires you to provide such coverage to such additional insured; and

(ii) This Coverage Part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".

(2) With respect to the insurance afforded to these additional insureds, the following additional exclusion applies:

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of or the failure to render any professional services, including:

(i) The preparing, approving, or failure to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, designs or drawings and specifications; or

(ii) Supervisory, surveying, inspection, architectural or engineering activities.

This exclusion applies even if the claims allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by an insured, if the "bodily injury", "property

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damage", or "personal and advertising injury" arises out of the rendering of or the failure to render any professional service.

e. **State Or Governmental Agency Or Subdivision Or Political Subdivision Issuing Permit**

(1) Any state or governmental agency or subdivision or political subdivision, but only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit.

(2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to:

(a) "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or

(b) "Bodily injury" or "property damage" included within the "products-completed operations hazard".

f. **Any Other Party**

(1) Any other person or organization who is not in one of the categories or classes listed above in Paragraphs a. through e. above, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

(a) In the performance of your ongoing operations performed by you or on your behalf;

(b) In connection with your premises owned by or rented to you; or

(c) In connection with "your work" and included within the "products-completed operations hazard", but only if:

(i) The written contract, written agreement or permit requires you to provide such coverage to such additional insured; and

(ii) This Coverage Part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".

(2) With respect to the insurance afforded to these additional insureds, the following additional exclusion applies:

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:

(a) The preparing, approving, or failure to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, designs or drawings and specifications; or

(b) Supervisory, surveying, inspection, architectural or engineering activities.

This exclusion applies even if the claims allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by an insured, if the "bodily injury", "property damage", or "personal and advertising injury" arises out of the rendering of or the failure to render any professional service described in Paragraphs **f.(2)(a)** or **f.(2)(b)** above.

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Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOCTRIX HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF MARCH, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. J. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6118478 8300

SR# 20260981158

Authentication: 203228775

Date: 03-02-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	NOCTRIX HEALTH, INC.
Entity No.:	4218373
Registration Date:	12/10/2018
Entity Type:	Stock Corporation - Out of State - Stock
Formed In:	DELAWARE
Status:	Active

The above referenced entity is active on the Secretary of State's records and is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 22, 2026.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 449443948

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

Noctrix Health, Inc.
6700 Koll Center Pkwy Suite # 265
Pleasanton, CA 94566

LICENSE NUMBER: 119342
EXPIRATION DATE: 7/5/2026

This person named herein is licensed to operate a Home Medical Device Retail Facility through the expiration date of this license. This annual license is issued in accordance with the California Health and Safety Code and is not transferable to any other person or place. The licensee shall be responsible for assuring compliance with all requirements of this article pertaining to Home Medical Device Retail Facilities.

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

Home Medical Device Retail Exemptee License

Toomey, Brandon P
Noctrix Health Inc
6700 Koll Center Pkwy Suite # 205
Pleasanton, CA 94566

LICENSE NUMBER: 119366 EXPIRATION DATE: 6/14/2026
FIRM LICENSE NUMBER: 119342

The person named herein is licensed as a Home Medical Device Retail Facility Exemptee from the issue date to and including the expiration date. This license is issued in accordance with the California Health and Safety Code, and is not transferable to any other person.

Food and Drug Branch, 1500 County Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Noctrix Health, Inc. MDEG License # (if applicable): MP03216

Physical Address: 6700 Koll Center Parkway, Suite 205

City: Pleasanton State: CA Zip: 94566

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 925-660-0115 Website: www.noctrixhealth.com

Licensing Company Email: justin@noctrixhealth.com

Section 2: Personal Information

First: Bonnie Middle: Last: Chan

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: 6700 Koll Center Parkway, Suite 205

City: Pleasanton State: CA Zip: 94566

Telephone: [redacted] Email: bonnie.chan@noctrixhealth.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Harvard University			07/2008 - 06/2009	
Address		City	State	Zip
79 John F. Kennedy St.		Cambridge	MA	02139
Diploma/Degree obtained, if any				
Master in Public Adminstration				
School Name			From - To (MM/YY – MM/YY)	
University of New Hampshire			09/1997 - 05/2001	
Address		City	State	Zip
105 Main St.		Durham	NH	03824
Diploma/Degree obtained, if any				
Bachelors of Science, Business Adminstration				
School Name			From - To (MM/YY – MM/YY)	
Memorial High School			09/1994 - 06/1997	
Address		City	State	Zip
1 Crusader Way		Manchester	NH	03103
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2020 - Present	[redacted]	San Leandro	CA	[redacted]
From - To (MM/YY – MM/YY)		City	State	
10/2014 - 07/2020		Houston	TX	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

27 min

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Noctrix Health Inc.			01/2024 - Present	
Business Address		**City**	**State**	**Zip**
6700 Koll Center Parkway, Suite 205		Pleasanton	CA	94566
Phone	**Title**		**Number of Employed Hours**	
866-327-3757	General Manager		2720	
Description of Duties				
Primary administrator and responsible for Noctrix Health, Inc. DME facility's daily operations				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/24/2026
Date

I, Bonnie Chan, **certify that as the MDEG Administrator for**

Noctrix Health, Inc.,

that I (initial that you have read and meet the following requirements):

1. BC Have a high school diploma or its equivalent;
2. BC Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. BC Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. BC Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bonnie Chan
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/24/2026
Date

Board Use Only	Date Received: 5/4/26

6700 Koll Center Parkway, Suite 205
Pleasanton, CA 94566
Tel. 866-327-3757

April 30, 2026

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Ste. 206
Reno, NV 89521

Via Overnight Delivery

RE: Noctrix Health Inc.
MDEG Application – Change of Ownership
Lic. # MP03216 / EIN: 83-2225937

Ladies and Gentlemen:

On or about June 16, 2026, the owners of Noctrix Health Inc. ("Noctrix"), a corporation organized in the state of Delaware, plan to sell of 100% of their equity in Noctrix to ResMed Operations Inc. ("Buyer").

Enclosed is a change of ownership ("CHOW") application for Noctrix's Medical Devices, Equipment, Gas Permit. If you require additional information regarding Nocrtrix or the current owners, please reach out to Justin Kelly at justin@noctrixhealth.com or [redacted] If you require additional information regarding the Buyer, please reach out to Rossanna Madrigal at rmadrigal@bf-law.com or (806) 345-3608.

Regards,

Bonnie Chan
Administrator
Noctrix Health, Inc.

4J

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
■ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Optum Distribution Center, LLC

MDEG Physical Address: 877 Franklin Gateway SE STE 205

City: Marietta State: Georgia Zip: 30067

Mailing Address (if different from physical address): N/A

City: N/A State: _____ Zip: _____

Telephone: (770) 200-6467 Website: N/A

Email: odc_licensing@optum.com

Name of MDEG Administrator (NAC 639.694): Clayton Donaldson

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
■ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	■ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	■ Others: Infusion pump; full list attached
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: Clayton Donaldson
	Telephone: (770) 200-6467

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8 AM - 5 PM	■ Tue: 8 AM - 5 PM	■ Wed: 8 AM - 5 PM	■ Thurs: 8 AM - 5 PM	■ Fri: 8 AM - 5 PM
☐ Sat: Closed	☐ Sun: Closed	☐ Holidays: Closed		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
N/A

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A	Credentials: N/A	%: N/A
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Arizona

Parent Company (if any): _____

Corporation/Organization Name: Optum Distribution Center LLC

Mailing Address: 877 Franklin Gateway SE Ste 205

City: Marietta State: GA Zip: 30067

Telephone: 770-200-6467 Email: clayton.donaldson@optum.com

Contact Person Name: Clayton Donaldson

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

KC GRAY

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/30/2026

Date

Board Use Only	Date Received: 6/1/26	Amount: $500 CK 17160579

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/06/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC 333 South 7th Street, Suite 1400 Minneapolis, MN 55402-2400 Attn: Healthcare.AccountsCSS@marsh.com Fax: 212-948-1307 CN101631729-LEAS*-GAWU-26-28	**CONTACT NAME:** Enterprise Risk Financing & Insurance **PHONE (A/C, No, Ext):** **FAX (A/C, No):** 888-299-6422 **E-MAIL ADDRESS:** eis@uhg.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Old Republic Insurance Company	24147
INSURER B : XL Insurance America, Inc.	24554
INSURER C : Arch Indemnity Insurance Company	30830
INSURER D : Arch Insurance Company	11150
INSURER E :	
INSURER F :	

INSURED
UNITED HEALTHCARE SERVICES, INC.
C/O UNITEDHEALTH GROUP INCORPORATED
1 HEALTH DRIVE
EDEN PRAIRIE, MN 55344

COVERAGES **CERTIFICATE NUMBER:** CHI-011169358-03 **REVISION NUMBER:** 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [X] LOC [ ] OTHER:			MWZY319755	05/01/2026	05/01/2028	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 1,000,000 $ 2,500 $ 2,000,000 $ 4,000,000 $ 4,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			MWTB319849	05/01/2026	05/01/2028	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 10,000,000 $ $ $
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			US00166984LI26A	05/01/2026	05/01/2027	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000
C D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		14WCI8511700 (AOS) 11WCX8511600 (XWC OH) (SIR $2M - XWC OH)	05/01/2026 05/01/2026	05/01/2027 05/01/2027	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 2,000,000 $ 2,000,000 $ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: LEASE ADDRESS - 877 FRANKLIN GATEWAY SE, SUITE 205, MARIETTA, GA 30067 (USAGA027)

CERTIFICATE HOLDER IS INCLUDED AS AN ADDITIONAL INSURED AS RESPECTS THE GENERAL LIABILITY, AUTOMOBILE LIABILITY AND UMBRELLA LIABILITY POLICIES AS REQUIRED BY WRITTEN CONTRACT. WAIVER OF SUBROGATION IS PROVIDED AS RESPECTS THE GENERAL LIABILITY, AUTOMOBILE LIABILITY, UMBRELLA LIABILITY AND WORKERS' COMPENSATION WHERE REQUIRED BY WRITTEN CONTRACT. THE GENERAL LIABILITY, AUTOMOBILE LIABILITY AND UMBRELLA LIABILITY POLICIES ARE PROVIDED ON PRIMARY NON-CONTRI BUTORY BASIS AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER

ALP-ARC IV GATEWAY OAKS OPERATING COMPANY, LLC
C/O ARDEN GROUP
1600 MARKET STREET, SUITE 2600
PHILADELPHIA, PA 19103

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101631729
LOC #: Minneapolis

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	UNITED HEALTHCARE SERVICES, INC. C/O UNITEDHEALTH GROUP INCORPORATED 1 HEALTH DRIVE EDEN PRAIRIE, MN 55344
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

THE NAMED INSURED HAS AGREED THAT, WITHIN 30 DAYS AFTER RECEIPT OF NOTICE OF CANCELLATION OF THE INSURANCE POLICIES REFERENCED ABOVE FROM THE APPLICABLE INSURERS, THE NAMED INSURED OR ITS DESIGNEE WILL SEND A COPY OF SUCH NOTICE TO THE CERTIFICATE HOLDER OF THIS CERTIFICATE. SUCH NOTICE IS NOT A RIGHT OR OBLIGATION WITHIN THE POLICIES, IT DOES NOT ALTER OR AMEND ANY COVERAGE, IT WILL NOT EXTEND ANY POLICY CANCELLATION DATE AND IT WILL NOT NEGATE ANY CANCELLATION OF THE POLICY. FAILURE TO PROVIDE A COPY OF SUCH NOTICE TO THE CERTIFICATE HOLDER SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER OR ITS AGENTS OR REPRESENTATIVES.

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STATE OF ARIZONA
ARIZONA CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

Optum Distribution Center, LLC

ACC Business ID: **23330616**

a **Domestic Limited Liability Company**, was authorized to transact business or conduct affairs in the state of Arizona on 4th day of February, 2022;

That, according to the records of the Arizona Corporation Commission, said Domestic Limited Liability Company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above-named business as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **3rd day of March, 2026**

Douglas R. Clark

DOUGLAS R. CLARK,
EXECUTIVE DIRECTOR

Business ID.: 23330616
Certificate No.: 2603031200156052
Certificate may be verified online at:
arizonabusinesscenter.azcc.gov

Optum Distribution Center, LLC Officers

1 Optum Circle, Eden Prairie, Minnesota 55344

Name	Title	Last Elected
Selko, Jeremy	President	06/30/2025
Hall, Nisha Christine	Secretary	06/30/2025
Hirsch, Marilyn Victoria	Treasurer	06/30/2025
Sritharan, Varnesh	Assistant Secretary	2/18/2026
O'Rourke, Kelly Marie	Assistant Secretary	2/18/2026

Optum Distribution Center, LLC

Product List

Item Number	Description ----------	UM --
CBA-00135	18 X 26 TISSUE-TOWEL BARRIER	EA
CBA-00041	ADHESIVE TAPE REM PADS 100/BX	BX
BAB-00035	ADMIN SET W/DIAL A FLOW 50/CA	EA
MAB-00293	AIMSTRIP URINE US-2 GL & PROTE	BX
HAB-80114	AIR LABEL CARGO AIRCRAFT ONLY	EA
MAB-00184	ALCOHOL PADS (BX/200)	BX
MAB-00059	ALCOHOL PADS (EACH)	EA
MAB-00058	ALCOHOL PREP PAD - LG 200/BX	BX
MAB-00363	ALCOHOL SWABSTICK - SINGLE PK	EA
MAB-00308	ALCOHOL SWABSTICKS - 3 PACK	PK
MAB-00285	ALCOHOL SWABSTICKS-BOX/25 PKS	BX
MAB-00295	ARMBOARD - IV DISPOSABLE 3X9	EA
MAB-00489	AVOSET SYRINGE SET	EA
AAA-00171	AVOSET-OPTUM HOMECARE INFUSION	EA
MAD-00382	BADGE CARD - PAIN ASSESSMENT	EA
BAB-00012	BAG - NURSE	EA
CBA-00028	BAG - RED BIOHAZARD WASTE	PK
BAA-00013	BAND AIDS - 100 PER BOX	BX
MAB-00390	BANDAGE SCISSORS	EA
BAB-00047	BARRIER - TISSUE TOWEL 18 X 26	CA
MAB-00234	BATTERY - 9 VOLT	EA
MAB-00034	BATTERY - AA (4/PK)	PK
MAB-00279	BATTERY - AAA (PK/2)	PK
HAB-80113	BATTERY LABEL - UN3090	EA
HAB-80112	BATTERY LABEL -UN3091	EA
CBA-00052	BOX - PATIENT FILE STORAGE	BX
HBX-00022	BOX KIT - OBH INFUSION PUMP	EA
HBX-00016	BOX KIT - SMALL	EA
MAB-00500	BP CUFF - LARGE AnD UA-291A	EA
MAB-00499	BP MONITOR - A&D UA-651BLE(A)	EA
MAB-00144	BP MONITOR - SEMI AUTO LG CUFF	EA
MAB-00146	BP UNIT - ADULT LARGE	EA
MAB-00148	BP UNIT - REGULAR CUFF	EA
MAB-00361	BP UNIT-XL CUFF 16.5-23.6	EA
MAB-00413	CARRYING CASE-SHARPS 1 GALLON	EA
BAB-00051	CATHETER - BD INSYTE AUTOG 20G	EA
BAB-00050	CATHETER - BD INSYTE AUTOG 22G	EA
BAB-00049	CATHETER - BD INSYTE AUTOG 24G	EA
MAB-00259	CATHETER SECUREMENT - IV ULTRA	EA
CBA-00086	C-FOLD TOWEL WHITE ECOSOFT	PK
MAB-00220	CHLORAPREP APPLICATOR	EA
MAD-00383	CLINICAL CONSIDERATIONS	EA
MAB-00470	COMMAND HOOKS	PK
MAB-00497	CONTROL SOL-ACCU CHEK-2 Level	EA
MAB-00484	CONTROL SOLUTION-CONTOUR	EA
MAB-00384	CPR FACE SHIELD W/ 1 WAY VALVE	EA
MAB-00018	CUPS (PACK/100)	PK
MAB-00125	DOPPLER BATTERY COVER	EA
MAB-00287	DOPPLER CASE	EA
MAB-00300	DRAPE - STERILE 18 X 26	EA
MAB-00156	DRESSING - OPSITE iv 3000 4X5	BX
MAB-00422	DRESSING - SORBAVIEW 3.75 X 5	EA

Optum Distribution Center, LLC

Product List

Item Number	Description ----------	UM --
BAB-00037	DRESSING - TEGADERM 2X3	EA
MAB-00098	DRESSING-TEGADERM 4X4 (50/BOX)	EA
MAD-00100	DVD-WHERE DO I START? DIP	EA
BAB-00048	EXT SET - 14" SMALLBORE BIFUSE	EA
BAC-00006	EXT SET-60" Smallbore w/clamp	EA
BAC-00029	EXTENSION SET - 36" MICRO INF	EA
CBA-00026	EYE - PROTECTIVE WEAR	EA
MAB-00312	GAUZE - SURGILAST TUBE - LARGE	BX
BAB-00006	GAUZE SPONGE COTTON 2X2 100/BX	BX
MAB-00289	GAUZE SURGILAST TUBE - MED.	BX
MAB-00093	GEL - ULTRASOUND DOPPLER SIZE	EA
CBA-00134	GLOVES-NITRILE LARGE 100/BX	BX
CBA-00132	GLOVES-NITRILE MEDIUM 200/BX	BX
CBA-00133	GLOVES-NITRILE SMALL 200/BX	BX
MAB-00321	GLOVES-STERILE NON LATEX 6.5	PR
MAB-00340	GLOVES-STERILE NON LATEX 7.0	PR
MAB-00299	GLOVES-STERILE NON LATEX 7.5	PR
MAB-00498	GLUCOMETER-ACCU CHEK GUIDE ME	EA
MAB-00485	GLUCOMETER-CONTOUR NEXT ONE	EA
MAB-00172	GLUCOSE TABS - ORANGE/TUBE	EA
MAB-00173	GLUCOSE TABS - RASPBERRY/TUBE	EA
CBA-00014	GOWNS (10/PK)	PK
MAB-00490	GREEN CAP 3M CUROS DISINF CAP	EA
MAB-00418	GUARDIVA ANTI-MIC IV DRESSING	EA
BAA-00004	HAMMER - PERCUSSION	EA
CBA-00079	HAND SANITIZER-PURELL 12 OZ.	BT
MAB-00425	HEADLAMP - EASY SEE	EA
MAB-00395	HEMOSTATS - KELLY FORCEPS	EA
MAB-00274	INFUSION SET - ORBIT 42"	EA
MAB-00411	INFUSION SET - SILHOUETTE EACH	EA
HAB-80012	ION BATTERY LABEL-LARGE	EA
HHB-00038	ISO BLOOD PRESS CUFF-LAR	EA
HHB-00035	ISO BLOOD PRESS CUFF-MED	EA
MAB-00276	IV POLE - DISPOSABLE WHEELED	EA
MAB-00476	IV POLE - PROBASIC 2/PR	PR
MMM-00024	KIT - DIABETES 300 COZMO	EA
MMM-00007	KIT - DIABETES STARTER	EA
MMM-00032	KIT - DIABETES SUPPLY	EA
MMM-00022	KIT - IV PERIPHERAL	EA
MMM-00040	KIT - PICC DRESSING CHNG	EA
MMM-00023	KIT - PICC START OF CARE	EA
MMM-00042	KIT-AVOSET INFUSION START OF C	EA
CBA-00003	LABEL - BIOHAZARD	EA
VBL-00003	LABEL - RETURN DEVICE UPS	EA
VBL-00004	LABEL - RETURN DEVICE USPS	EA
MAB-00405	LANCET - #830101	BX
MAB-00406	LANCET DEVICE - #808001	EA
MAB-00483	LANCETS - CONTOUR NEXT ONE	EA
MAB-00496	LANCETS-ACCU CHEK SOFTCLIX	BX
MAD-00410	MANUAL - AVOSET PATIENT ENG	EA
MAD-72410	MANUAL - AVOSET PATIENT SPAN	EA
MAB-00399	MANUAL - LG ADULT CUFF BLADDER	EA

Optum Distribution Center, LLC

Product List

Item Number	Description ----------	UM --
MAB-00398	MANUAL - SPHYGMOMANOMETER	EA
MAB-00400	MANUAL -CHILD CUFF AND BLADDER	EA
CBA-00083	MASK-PROTECTIVE W/EARLOOPS EA	EA
CBA-00029	MASK-RESUSCITATION ADULT MOUTH	EA
GGG-00039	MEAL PLANNING LOG	EA
GGG-00046	MEAL PLANNING LOG Spanish	EA
MAB-00197	MEASURING CUP - 8 OZ. CLEAR	EA
CBA-00145	MICRO KILL ALCOHOL WIPES	PK
MAB-00281	MICROCLAVE CLEAR 15" GRIPLOK	EA
MAB-00416	MICROCLAVE CLEAR 6" GRIPLOK	EA
MAB-00378	MICROCLAVE CLEAR NEEDLESS CONN	EA
GBC-70032	MY FOOD PLAN GEST DIAB SPANISH	EA
GBC-70031	MY FOOD PLAN GESTATIONAL DIAB.	EA
MAB-00414	NEEDLE - 18G 1 1/2 BLUNT	EA
MAB-00375	NEEDLE - 20G 1 1/2 SAFETY	EA
MAB-00430	NEEDLE - 20G 2" SAFETY	EA
MAB-00387	NEEDLE - 21G - 2 INCH	EA
MAB-00415	NEEDLE - 21G 1 1/2 SAFETY	EA
MAB-00231	NEEDLE - 22G 1 1/2 SAFETY	EA
BAC-00028	NEEDLE - FILTER 18G X 1 1/2"	EA
MAB-00488	NEEDLE-23GX1" SAFETY NEEDLE	EA
CBA-00137	NON-SKID SHOE COVERS (PR)	PR
MMM-00034	NURSE SUPPLIES	EA
GBC-80006	NURSING VISIT SUMMARY - OPTUM	PK
AAA-00007	OPTUM HOMECARE PORTAL W/BP	EA
GGG-00055	PACKET - DIABETES - ENGLISH	EA
GGG-00944	PACKET - DIABETES - SPANISH	EA
GGG-00941	PACKET - FETAL LOSS - ENGLISH	EA
GGG-00942	PACKET - FETAL LOSS - SPANISH	EA
GGG-00056	PACKET - HYP THERAPY SPANISH	EA
GGG-00047	PACKET - NVP - INFUSION COMBO	EA
GGG-00050	PACKET - PREECLAMPSIA THERAPY	EA
GGG-00945	PACKET NVP - INFUSION SPANISH	EA
GGG-00051	PACKET-17P ADMIN NURSING SERV	EA
GGG-00946	PACKET-17P ADMIN NURSING SPANI	EA
MAB-00381	PEN LIGHT	EA
MAB-00424	POUCH-INFUSION PUMP	EA
MAD-00390	PPE-OFF-SITE SEQUENCE	EA
GGG-00943	PREG & SELF-ASSESSMENT PL SPAN	EA
GGG-00054	PREGNANCY SELF-ASSESSMENT PTL	EA
MAD-00388	PRE-VISIT ASSESSMENT	EA
MAD-00380	PROTOCOL CARD - BP	EA
MAD-00385	PROTOCOL CARD - SAFETY	EA
MAB-00314	RED CAP - MALE/FEMALE	EA
MAB-00364	SCALE - BABY DIGITAL	EA
MAB-00362	SCALE-up to 400lbs 145KD-41	EA
MAB-00491	SHARPS 1 GAL MAIL BACK	EA
MAB-00438	SHARPS 1.5 QT SHARPS Cont	EA
MAB-00092	SHARPS CONTAINER - 1.4 QT	EA
MAB-00099	SITE SCRUB (100/BOX) EA	EA
MAB-00185	SKIN PREP - EACH	EA
MAB-00060	SKIN PREP (EACH)	EA

Optum Distribution Center, LLC

Product List

Item Number	Description ----------	UM --
MMM-10007	SOC KIT - DMS100/300	EA
MMM-20007	SOC KIT - DMS100/300 - SPANISH	EA
MMM-10032	SOC KIT - DMS200	EA
MMM-20032	SOC KIT - DMS200 - SPANISH	EA
BAB-00038	STATLOCK PICC PLUS VPPCSP	EA
MAB-00280	STERI STRIPS (3 STRIPS/PK)	PK
MAB-00078	STERICYCLE 1 GAL MAIL BACK	EA
MAB-00478	STERICYCLE 1.4 QRT MAILBACK	EA
MAB-00116	STETHOSCOPE	EA
MAB-00360	STETHOSCOPE - PEDIATRIC	EA
MAB-00482	STRIPS - CONTOUR NEXT ONE	EA
MAB-00495	STRIPS-ACCUCHEK GUIDE (100/BX)	BX
BAC-00002	SWABS - POVI IODINE 3/PK	PK
MAB-00258	SYRINGE - 10ML	EA
MAB-00409	SYRINGE - 22G SAFETY NEEDLE	EA
MAB-00412	SYRINGE-3ML MONOJECT LUER LOCK	EA
BAC-00038	SYRINGE-INSULIN-1CC 29G	BX
BAC-00025	TAPE - 1 " X 10 YARDS	EA
MAB-00297	TAPE - 1" X 1 1/2 YD (100/BX)	EA
BAA-00010	TAPE MEASURE-PAPER 24" EA	EA
MAB-00355	TAPE-PAPER-3M 1530-1	EA
BAB-00025	THERMOM SHEATH - ORAL 100/BX	BX
BAB-00023	THERMOMETER - DIGITAL	EA
BAB-00043	TOURNIQUET - LATEX FREE 100/BX	EA
MAB-00205	TOWEL 2 PLY/POLY BACK 500/BX	BX
MAB-00410	TRAINING INSULIN VIALS	PR
MAB-00045	TUBING CLAMP	EA
MAB-00017	URINE STRIP - KETONE AIMSTRIP	BX
AAA-60018	VIVIFY - TAB+BP/WIDE	EA
AAA-60005	VIVIFY - TAB+BP+PULSE OX/WIDE	EA
AAA-60024	VIVIFY - TAB+BSCALE+BP/SM	EA
AAA-60025	VIVIFY - TAB+BSCALE+BP+PULSE/S	EA
AAA-60020	VIVIFY - TAB+SCALE+BP/SM	EA
AAA-60006	VIVIFY - TAB+SCALE+BP+PULSE/MD	EA
AAA-60003	VIVIFY - TAB+SCALE+BP+PULSE/SM	EA
AAA-60035	VIVIFY - TABA+SCALE+BP+P+TH/M	EA
AAA-60031	VIVIFY - TABA+SCALE+BP+P+TH/S	EA
AAA-60011	VIVIFY - TABV ONLY	EA
AAA-60004	VIVIFY - TABV ONLY - HC	EA
AAA-60008	VIVIFY - TABV+BP LG	EA
AAA-60007	VIVIFY - TABV+BP MED	EA
AAA-60034	VIVIFY - TABV+BSCALE	EA
AAA-60023	VIVIFY - TABV+BSCALE+BP/LG	EA
AAA-60022	VIVIFY - TABV+BSCALE+BP/MED	EA
AAA-60027	VIVIFY - TABV+BSCALE+BP+PULS/L	EA
AAA-60026	VIVIFY - TABV+BSCALE+BP+PULS/M	EA
AAA-60021	VIVIFY - TABV+BSCLE+BP/WIDE	EA
AAA-60030	VIVIFY - TABV+BSCLE+BP+P+GLU/S	EA
AAA-60029	VIVIFY - TABV+BSCLE+BP+P+GLU/W	EA
AAA-60016	VIVIFY - TABV+BSCLE+BP+PULSE/W	EA
AAA-60010	VIVIFY - TABV+GLUCOMETER	EA
AAA-60013	VIVIFY - TABV+PULSE OX	EA

Optum Distribution Center, LLC

Product List

Item Number	Description ----------	UM --
AAA-60033	VIVIFY - TABV+SCALE	EA
AAA-60002	VIVIFY - TABV+SCALE+BP WIDE	EA
AAA-60019	VIVIFY - TABV+SCALE+BP/LG	EA
AAA-60017	VIVIFY - TABV+SCALE+BP/MED	EA
AAA-60028	VIVIFY - TABV+SCALE+BP+P+GLU/S	EA
AAA-60012	VIVIFY - TABV+SCALE+BP+P+GLU/W	EA
AAA-60009	VIVIFY - TABV+SCALE+BP+P+TH/W	EA
AAA-60014	VIVIFY - TABV+SCALE+BP+PULSE/L	EA
AAA-60015	VIVIFY - TABV+SCALE+BP+PULSE/M	EA
AAA-60001	VIVIFY - TABV+SCALE+BP+PULSE/W	EA
AAA-60032	VIVIFY - TABV+SCLE+BP+PO+PED/W	EA
GCE-10001	WARNING SIGNS OF PTL - ENG	PK
GCE-10301	WARNING SIGNS OF PTL - SP	PK
MAB-00346	WINGUARD SECUREMENT DEVICE	EA

STATE OF GEORGIA
Georgia Board of Pharmacy
Manufacturing Pharmacy
LICENSE NO. PHMA000669 Status: Active

Optum Distribution Center LLC

877 Franklin Gateway SE
Ste 205
Marietta GA 30067

Expires: 06/30/2027
Issued: 05/19/2026

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Manufacturing Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.
Please notify the Board if you have a change of address.

STATE OF GEORGIA
Georgia Board of Pharmacy
Manufacturing Pharmacy
LICENSE NO. PHMA000669 Status: Active
Optum Distribution Center LLC
877 Franklin Gateway SE
Ste 205
Marietta GA 30067

Expires: 06/30/2027
Issued: 05/19/2026
Real-time license verification is available at gadch.mylicense.com/verification

Licensee Information

Name: Optum Distribution Center LLC

Owner:

DBA:

Address: 877 Franklin Gateway SE
Ste 205
Marietta GA 30067

Primary Source License Information

Profession:	Pharmacy	**License No:**	PHMA000669	**License Status:**	Active
License Type:	Manufacturing Pharmacy	**Obtained By Method:**	Application	**License Subtype:**	
Issue Date:	5/19/2026	**Expiration Date:**	6/30/2027	**Last Renewal Date:**	

Discipline Information

- Public Board Orders -

If a public board order exists, it may be listed below.
Public Board Order means that there is a public document concerning the licensee.
The existence of a public Board order does not necessarily mean the licensee is currently under any type of disciplinary action.

Please understand that the absence of a scanned order linked to this record does not necessarily mean that no public actions exist.

No scanned public board order documents exist.

Associated Licenses

No data available

You may close this window to return to your search results

Data current as of: May 19, 2026 12:35:59

This website is to be used as a primary source verification for licenses issued by the Boards of Dentistry and Pharmacy. Paper verifications are available for a fee. Please contact the Boards of Dentistry and Pharmacy at 404-651-8000.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Optum Distribution Center LLC MDEG License # (if applicable): _____

Physical Address: 877 Franklin Gateway SE STE 205

City: Marietta State: GA Zip: 30067

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 770-200-6467 Website: _____

Licensing Company Email: odc_licensing@optum.com

Section 2: Personal Information

First: Clayton Middle: Felts Last: Donaldson

Alias(es, nicknames, name changes, etc.): Clayton

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: 877 Franklin Gateway STE 205

City: Marietta State: GA Zip: 30067

Telephone: 770-200-6467 Email: clayton.donaldson@optum.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Georgia State University		09/96-03/98	
Address	**City**	**State**	**Zip**
P.O. Box 3965	Atlanta	GA	30302
Diploma/Degree obtained, if any			
BA, English			

School Name		From - To (MM/YY – MM/YY)	
Mount de Sales Academy		09/87-05/93	
Address	**City**	**State**	**Zip**
851 Orange Street	Macon	GA	31201
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/16-04/26	[redacted]	Atlanta	GA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Optum Distribution Center LLC			08/05-04/26	
Business Address		**City**	**State**	**Zip**
877 Franklin Gateway STE 205		Marietta	GA	30067
Phone	**Title**		**Number of Employed Hours**	
770-200-6467	Senior Business Process Analyst		1500+	
Description of Duties				
Quality Management Representative for processes at the Optum Distribution Center LLC.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Clayton Donaldson, **certify that as the MDEG Administrator for**

Optum Distribution Center LLC,

that I (initial that you have read and meet the following requirements):

1. CD Have a high school diploma or its equivalent;
2. CD Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. CD Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. CD Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Clayton Donaldson
Print Name (First, Last)

Clyt Dall
Original Signature (electronic, copies or stamps not accepted)

04/24/2026
Date

Board Use Only	Date Received: 6/11/26

4K

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
■ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Remedy Medical Supply Inc

MDEG Physical Address: 3717 E Thousand Oaks Blvd, Ste 212

City: Westlake Village State: CA Zip: 91362

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 805-456-4800 Website: www.remedymedicalsupply.com

Email: druth@remedymedicalsupply.com

Name of MDEG Administrator (NAC 639.694): Darren Ruth

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
■ Patients by prescriptions	■ Medical Gases**
☐ Pharmacies[a]	■ Respiratory Equipment**
☐ Practitioners[a]	■ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	■ Others: Tracheostomy/Laryngectomy items
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: Tiffany Edmond
	Telephone: 209-676-1865

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 9am-5pm	■ Tue: 9am-5pm	■ Wed: 9am-5pm	■ Thurs: 9am-5pm	■ Fri: 9am-5pm
☐ Sat: Closed	☐ Sun: Closed	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicare CA 6584080001, OK 6584080002
Medicaid CA 1962722322, OK 201294210A, WA 2292715, PA 1034356030001, NB 10028442600, ID 1962722322,

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:

   a) A practicing health professional; or

   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: CA

Parent Company (if any): N/A

Corporation/Organization Name: Remedy Medical Supply Inc

Mailing Address: 3717 E Thousand Oaks Blvd, Ste 212

City: Westlake Village State: CA Zip: 91362

Telephone: 805-456-4800 Email: druth@remedymedicalsupply.com

Contact Person Name: Darren Ruth

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Darren Ruth

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

5/25/2026

Date

Board Use Only	Date Received: 6/11/26	Amount: $500 CK 2488

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/28/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

StateFarm

FISCUS INSURANCE AGENCY INC LIC #0M29549
65 EASY STREET, STE 201
SIMI VALLEY, CA 93065

CONTACT NAME: MIKE FISCUS
PHONE (A/C, No. Ext): 805-520-2300 FAX (A/C, No): 805-520-2303
E-MAIL ADDRESS: MIKE@MIKEFISCUS.COM

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : State Farm General Insurance Company	25151
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

REMEDY MEDICAL SUPPLY INC
3717 E THOUSAND OAKS BLVD., STE 212
WESTLAKE VILLAGE, CA 91362-3607

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Business Prop. $188,000 GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			92-A1-E809-4	04/27/2026	04/27/2027	EACH OCCURRENCE	$ 3,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 3,000,000
							GENERAL AGGREGATE	$ 6,000,000
							PRODUCTS - COMP/OP AGG	$ 6,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A						[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Mike Fiscus

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Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	REMEDY MEDICAL SUPPLY INC.
Entity No.:	3294777
Registration Date:	05/04/2010
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 25, 2026.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 461818831

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

Remedy Medical Supply

5/28/2026

List of Corporate Officers

Darren Ruth - President/CEO
[redacted]
Westlake Village, CA [redacted]
[redacted] Cell

I am the sole officer and owner of Remedy Medical Supply Inc.

Best regards,

Darren Ruth
President
Remedy Medical Supply
3717 E Thousand Oaks Blvd, Ste 212
Westlake Village, CA 91362
805-456-1858 P 805-435-0432 F
druth@remedymedicalsupply.com
www.remedymedicalsupply.com

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

Remedy Medical Supply Inc.
3717 E. Thousand Oaks Blvd, Suite #212
Westlake Village, CA 91362

LICENSE NUMBER: 54664
EXPIRATION DATE: 11/2/2026

The person named herein is licensed to operate a Home Medical Device Retail Facility through the expiration date of this license. This annual license is issued in accordance with the California Health and Safety Code and is not transferable to any other person or place. The licensee shall be responsible for assuring compliance with all requirements of this article pertaining to Home Medical Device Retail Facilities.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

Printed: 11/5/2025

OSP 07 102308

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Remedy Medical Supply Inc

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): MDEG

Physical Address: 3717 E Thousand Oaks Blvd, Ste 212

City: Westlake Village State: CA Zip: 91362

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 805-456-4800 Website: www.remedymedicalsupply.com

Licensing Company Email: druth@remedymedicalsupply.com

Section 2: Personal Information

First: Darren Middle: Last: Ruth

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: 3717 E Thousand Oaks Blvd, Ste 212

City: Westlake Village State: CA Zip: 91362

Telephone: 805-456-4801 Email: druth@remedymedicalsupply.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
California State University Northridge		Sept 1983 - May 1989	
Address	**City**	**State**	**Zip**
18111 Nordhoff St	Northridge	CA	91330
Diploma/Degree obtained, if any			
BA			

School Name		From - To (MM/YY – MM/YY)	
El Camino Real High School		Sept 1980 - May 1983	
Address	**City**	**State**	**Zip**
5440 Valley Circle Blvd	Woodland Hills	CA	91367
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
May 2024 - Current	[redacted]	Westlake Village	CA	[redacted]
From - To (MM/YY – MM/YY)		City	State	
May 2016 - May 24		Westlake Village	CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Remedy Medical Supply Inc			May 2010 - Current	
Business Address		**City**	**State**	**Zip**
3717 E Thousand Oaks Blvd, Ste 212		Westlake Village	CA	91362
Phone	**Title**			
805-456-4801	President			
Description of Duties				
Every function of the business.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case # N/A		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/27/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Darren Ruth

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/27/2026

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

See Attached

Original Signature

Date

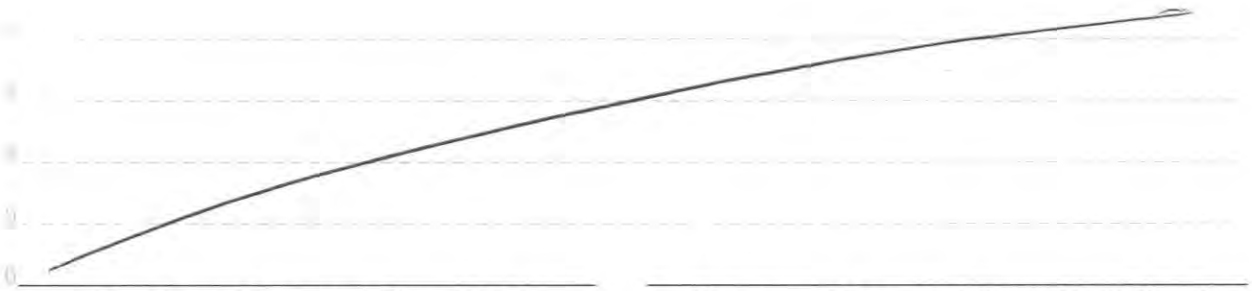
Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☑ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)



Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Ventura

Subscribed and sworn to (or affirmed) before me on this 27 day of May, 2026,
Date *Month* *Year*
by
(1) Darren Ruth
(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____
Signature of Notary Public

RHONDA G. MARTINSON
Notary Public - California
Ventura County
Commission # 2448996
My Comm. Expires Jun 30, 2027

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ **Document Date:** _____

Number of Pages: _____ **Signer(s) Other Than Named Above:** _____

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Remedy Medical Supply Inc MDEG License # (if applicable): _____

Physical Address: 3717 E Thousand Oaks Blvd, Ste 212

City: Westlake Village State: CA Zip: 91362

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 805-456-4800 Website: www.remedymedicalsupply.com

Licensing Company Email: druth@remedymedicalsupply.com

Section 2: Personal Information

First: Darren Middle: _____ Last: Ruth

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 3717 E Thousand Oaks Blvd, Ste 212

City: Westlake Village State: CA Zip: 91362

Telephone: 805-456-4801 Email: druth@remedymedicalsupply.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
California State University Northridge		Sept 1983 - May 1989	
Address	**City**	**State**	**Zip**
18111 Nordhoff St	Northridge	CA	91330
Diploma/Degree obtained, if any			
BA			

School Name		From - To (MM/YY – MM/YY)	
El Camino Real High School		Sept 1980 - May 1983	
Address	**City**	**State**	**Zip**
5440 Valley Circle Blvd	Woodland Hills	CA	91367
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
May 2024 - Current	[redacted]	Westlake Village	CA	[redacted]
May 2016 - May 24		Westlake Village	CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Remedy Medical Supply Inc			May 2010 - Current	
Business Address		**City**	**State**	**Zip**
3717 E Thousand Oaks Blvd, Ste 212		Westlake Village	CA	91362
Phone	**Title**		**Number of Employed Hours**	
805-456-4801	President		12480	
Description of Duties				
Running the company and every job related to it.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge N/A				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/25/2026
Date

I, Darren Ruth, **certify that as the MDEG Administrator for**

Remedy Medical Supply Inc,

that I (initial that you have read and meet the following requirements):

1. DR Have a high school diploma or its equivalent;
2. DR Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. DR Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. DR Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Darren Ruth
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/25/2026
Date

Board Use Only	Date Received: 6/1/26

4L

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
■ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	■ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Velo Rehab LLC

MDEG Physical Address: [redacted]

City: Wellsville State: UT Zip: [redacted]

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 385-329-9776 Website: _____

Email: benson.mcconkie@velorehab.com

Name of MDEG Administrator (NAC 639.694): James Benson McConkie

Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
■ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	■ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 9am - 5pm	■ Tue: 9am - 5pm	■ Wed: 9am - 5pm	■ Thurs: 9am - 5pm	■ Fri: 9am - 5pm
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
N/A

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: James Benson McConkie

Business Name: Velo Rehab LLC

Business Address: [redacted]

City: Wellsville State: UT Zip: [redacted]

Telephone: 385-329-9776 Email: benson.mcconkie@velorehab.com

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Benson McConkie

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

5/19/26

Date

Board Use Only	Date Received: 5/20/26	Amount: Check $500 01179751

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/18/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	PHONE (A/C, No, Ext): (855) 222-5919	FAX (A/C, No):
	E-MAIL ADDRESS: support@nextinsurance.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Next Insurance US Company	16285
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Velo Rehab LLC
[redacted]
Wellsville, UT [redacted]

COVERAGES **CERTIFICATE NUMBER:** 219312862 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			NXT3DQDHYF-00-GL	08/25/2025	08/25/2026	EACH OCCURRENCE	$1,000,000.00
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000.00
							MED EXP (Any one person)	$10,000.00
							PERSONAL & ADV INJURY	$1,000,000.00
							GENERAL AGGREGATE	$1,000,000.00
							PRODUCTS - COMP/OP AGG	$1,000,000.00
								$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A						PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof of Insurance.

CERTIFICATE HOLDER

Velo Rehab LLC
[redacted]
Wellsville, UT [redacted]

LIVE CERTIFICATE
Click or scan to view

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

UTAH DEPARTMENT OF COMMERCE
Division of Corporations and Commercial Code

MARGARET W. BUSSE
Executive Director

G. SCOTT WHITTAKER
Division Director

May 01, 2026

CERTIFICATE OF EXISTENCE

Registration Number:	14546667-0160
Business Name:	VELO REHAB LLC
Principal Office Address:	[redacted] WELLSVILLE, UT [redacted]
Registered Date:	02/06/2025
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Current Status:	ACTIVE - CURRENT

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division unless the status above is delinquent; and, that Articles of Dissolution have not been filed.

Scott Whittaker

G. Scott Whittaker
Director
Division of Corporations and Commercial Code

Certificate Number: 202605011000356
Enter the certificate number at https://businessregistration.utah.gov/ to verify this certification.

May 19, 2026

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Re: **Statement of Sole Ownership and Operation**

I am the 100% sole owner, operator and officer of Velo Rehab LLC, a Utah Limited Liability Company. There are no other members, partners, officers, or directors.

Date: 5/19/26

James Benson McConkie
Sole Member and Manager
Velo Rehab LLC
[redacted]
Wellsville, UT [redacted]
385-329-9776
benson.mcconkie@velorehab.com

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LIMITED LICENSE

VELO Rehab LLC

EFFECTIVE **11/20/2025**

EXPIRATION **09/30/2027**

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

14260324-1714 Pharmacy - Class E Business

Durable Medical Equipment Providers

DBA:

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

VELO REHAB LLC
[redacted]
WELLSVILLE UT [redacted]

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

ACTIVE LIMITED LICENSE

EFFECTIVE DATE: **11/20/2025**

EXPIRATION DATE: **09/30/2027**

ISSUED TO: **VELO Rehab LLC**
[redacted]
Wellsville UT [redacted]

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

14260324-1714 **Pharmacy - Class E Business**

Durable Medical Equipment Providers

DBA:

Form #1

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Velo Rehab LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address [redacted]

City Wellsville State UT Zip [redacted]

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 385-329-9776 Website VeloRehab.com

Licensing Company Email benson.mcconkie@velorehab.com

Section 2: Personal Information

First James Middle Benson Last McConkie

Alias(es, nicknames, name changes, etc.) Benson McConkie

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Wellsville State UT Zip [redacted]

Telephone 385-329-9776 Email benson.mcconkie@velorehab.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Utah State University		1/22 - 12/23	
Address	**City**	**State**	**Zip**
0500 Old Main Hill	Logan	UT	84321
Diploma/Degree obtained, if any			
None - partial MBA coursework, no degree conferred			
School Name		**From - To (MM/YY – MM/YY)**	
Goldey-Beacom College		8/09 - 5/17	
Address	**City**	**State**	**Zip**
4701 Limestone Rd.	Wilmington	DE	19808
Diploma/Degree obtained, if any			
Bachelor of Science, Business Administration			
School Name		**From - To (MM/YY – MM/YY)**	
Goldey-Beacom College		8/09 - 5/13	
Address	**City**	**State**	**Zip**
4701 Limestone Rd.	Wilmington	DE	19808
Diploma/Degree obtained, if any			
Associate of Science, Business Administration			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/26 - Present	[redacted]	Logan	UT	[redacted]
7/23 - 9/26		Logan	UT	
8/22 - 7/23		Wellsville -	UT	
6/21 - 8/22		Spanish Fork	UT	
10/19 - 6/21		Chadds Ford	PA	
9/18 - 9/19		Kennett Square	PA	
2/17 - 9/18		Wilmington	DE	
8/16 - 2/17		Wilmington	DE	
8/14 - 8/16		Cantonments, Accra	Ghana	
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Velo Rehab LLC			2/25 - Present
Business Address	City	State	Zip
[redacted]	Wellsville	UT	[redacted]
Phone	Title		
385-329-9776	Manager		

Description of Duties

Manage delivery service of durable medical equipment devices within Utah.

Business Name			From - To (MM/YY – MM/YY)
Scaled LLC			1/24 - 1/25
Business Address	City	State	Zip
[redacted]	Logan	UT	[redacted]
Phone	Title		
385-329-9776	Business Consultant		

Description of Duties

Consultant for small businesses in Utah.

Business Name			From - To (MM/YY – MM/YY)
Pegasystems			4/22 - 12/23
Business Address	City	State	Zip
1 Main Street	Cambridge	MA	02142
Phone	Title		
888-734-2669	Associate Project Delivery Leader		

Description of Duties

Managed enterprise software projects for government, banking, and healthcare clients.

Business Name			From - To (MM/YY – MM/YY)
Walker Funeral Home			5/21 - 8/22
Business Address	City	State	Zip
[redacted]	Spanish Fork	UT	[redacted]
Phone	Title		
801-798-2169	Funeral Home Assistant		

Description of Duties

On-call decedent transport during off-business hours (evenings and weekends).

Business Name			From - To (MM/YY – MM/YY)
Chatham Financial			3/19 - 3/21
Business Address	City	State	Zip
235 Whitehorse Lane	Kennett Square	PA	19348
Phone	Title		
610-925-3120	Analyst		

Description of Duties

Analysis and project support for financial risk management advisory firm.

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Agilent Technologies			9/18 - 3/19
Business Address	**City**	**State**	**Zip**
2850 Centerville Rd.	Wilmington	DE	19808
Phone	**Title**		
800-227-9770	Business Process Analyst		
Description of Duties			
Software support and projects for the customer service operations center.			

Business Name			From - To (MM/YY – MM/YY)
Corporation Service Company (CSC)			3/17 - 9/18
Business Address	**City**	**State**	**Zip**
251 Little Falls Drive	Wilmington	DE	19808
Phone	**Title**		
302-636-5400	Business Analyst		
Description of Duties			
Gathered software requirements for software development team, including testing and support.			

Business Name			From - To (MM/YY – MM/YY)
The Church of Jesus Christ of Latter-day Saints			8/14 - 8/16
Business Address	**City**	**State**	**Zip**
50 E North Temple St.	Salt Lake City	UT	84150
Phone	**Title**		
801-240-1000	Full-time, volunteer missionary		
Description of Duties			
Full-time volunteer missionary service in Ghana, West Africa. Two-year ecclesiastical assignment.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

5/19/26
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James McConkie

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) — Date: 5/19/26

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Cache

I, Gilberto Nieves, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature — **Date:** 5/19/26

Subscribed and Sworn to before me this 19th day of May 2026

Notary Public Signature

GILBERTO NIEVES
Notary Public - State of Utah
Comm. No. 724951
My Commission Expires on
May 31, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Velo Rehab LLC MDEG License # (if applicable) _____

Physical Address [redacted]

City Wellsville State UT Zip [redacted]

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 385-329-9776 Website _____

Licensing Company Email benson.mcconkie@velorehab.com

Section 2: Personal Information

First James Middle Benson Last McConkie

Alias(es, nicknames, name changes, etc.) Benson McConkie

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Wellsville State UT Zip [redacted]

Telephone 385-329-9776 Email benson.mcconkie@velorehab.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Utah State University		1/22 - 12/23	
Address	**City**	**State**	**Zip**
0500 Old Main Hill	Logan	UT	84321
Diploma/Degree obtained, if any			
None - partial MBA coursework, no degree conferred			

School Name		From - To (MM/YY – MM/YY)	
Goldey-Beacom College		8/09 - 5/17	
Address	**City**	**State**	**Zip**
4701 Limestone Rd.	Wilmington	DE	19808
Diploma/Degree obtained, if any			
Bachelor of Science, Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Goldey-Beacom College		8/09 - 5/13	
Address	**City**	**State**	**Zip**
4701 Limestone Rd.	Wilmington	DE	19808
Diploma/Degree obtained, if any			
Associate of Science, Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/26 - Present	[redacted]	Logan	UT	[redacted]
7/23 - 9/26		Logan	UT	
8/22 - 7/23		Wellsville	UT	
6/21 - 8/22		Spanish Fork	UT	
10/19 - 6/21		Chadds Ford	PA	
9/18 - 9/19		Kennett Sqaure	PA	
2/17 - 9/18		Wilmington	DE	
8/16 - 2/17		Wilmington	DE	
8/14 - 8/16		Cantonments, Accra, Ghana	N/A	
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Velo Rehab LLC			2/25 - Present
Business Address	**City**	**State**	**Zip**
[redacted]	Wellsville	UT	[redacted]
Phone	**Title**	**Number of Employed Hours**	
385-329-9776	Manager	1800	
Description of Duties			
Manage delivery service of durable medical equipment devices within Utah.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A – answered 'No' to all above

Ben McCain

Original Signature (electronic, copies or stamps not accepted)

5/19/26

Date

I, James Benson McConkie, certify that as the MDEG Administrator for

Velo Rehab LLC,

that I (initial that you hava read and meet the following requirements):

1. JBM Have a high school diploma or its equivalent;
2. JBM Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JBM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JBM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Benson McConkie
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/19/26
Date

Board Use Only	Date Received:

4M

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	☒ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
■ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Venture OneSource, LLC

MDEG Physical Address: 211 N Higgins Ave, Suite 303

City: Missoula State: MT Zip: 59802-4490

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (833) 307-3550 Website: None

Email: ventureonesource@venturemedical1.com

Name of MDEG Administrator (NAC 639.694): Karlee Trebesch

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
■ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	■ Others: Surgical Dressings
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 9:00 AM - 12:00 PM, 1:00 PM - 4:00 PM	■ Tue: 9:00 AM - 12:00 PM, 1:00 PM - 4:00	■ Wed: 9:00 AM - 12:00 PM, 1:00 PM - 4:00 PM	■ Thurs: 9:00 AM - 12:00 PM, 1:00 PM - 4:00 PM	■ Fri: 9:00 AM - 12:00 PM, 1:00 PM - 4:00 PM
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
NPI: 1710858683 / Medicare PTAN: 8407380001

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: NA Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Montana

Parent Company (if any): Venture Medical LLC

Corporation/Organization Name: Venture OneSource, LLC

Mailing Address: 211 N Higgins Ave, Suite 303

City: Missoula State: MT Zip: 59802-4490

Telephone: (833) 307-3550 Email: ventureonesource@venturemedical1.com

Contact Person Name: Karlee Trebesch

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Karlee Trebesch

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

3/23/26

Date

Board Use Only	Date Received: 4/22/26	Amount: $500cc

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/13/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: VGM Insurance Services, Inc. 1111 Van Miller Way Waterloo IA 50701	CONTACT NAME: Michelle Newman PHONE (A/C, No, Ext): (800) 507-5736 FAX (A/C, No): E-MAIL ADDRESS: Michelle.Newman@vgm.com
INSURED: Venture OneSource, LLC 211 N Higgens Ave Ste 303 Missoula MT 59802	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : BENCHMARK INSURANCE COMPANY — 41394 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			D1025 G7505-1	10/10/2025	10/10/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Professional Liability						MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

EVIDENCE OF INSURANCE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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MONTANA

SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

I, **CHRISTI JACOBSEN**, Secretary of State for the State of Montana, do hereby certify that:

Venture OneSource, LLC

duly filed its **Articles of Organization for Domestic Limited Liability Company** in this office on **July 31, 2025,** and on that date was authorized to transact business in this state **for a term of perpetual duration.**

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

No articles of dissolution have been placed on the record in this office by said limited liability company and the records indicate the limited liability company is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on the tax status.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 20th day of March, 2026.

Christi Jacobsen
Montana Secretary of State

Certificate Number: 86184637

Venture OneSource Ownership

John Schroeder, CEO - Owner (90%)

Phone: [redacted]

Address: [redacted] Missoula, MT [redacted]

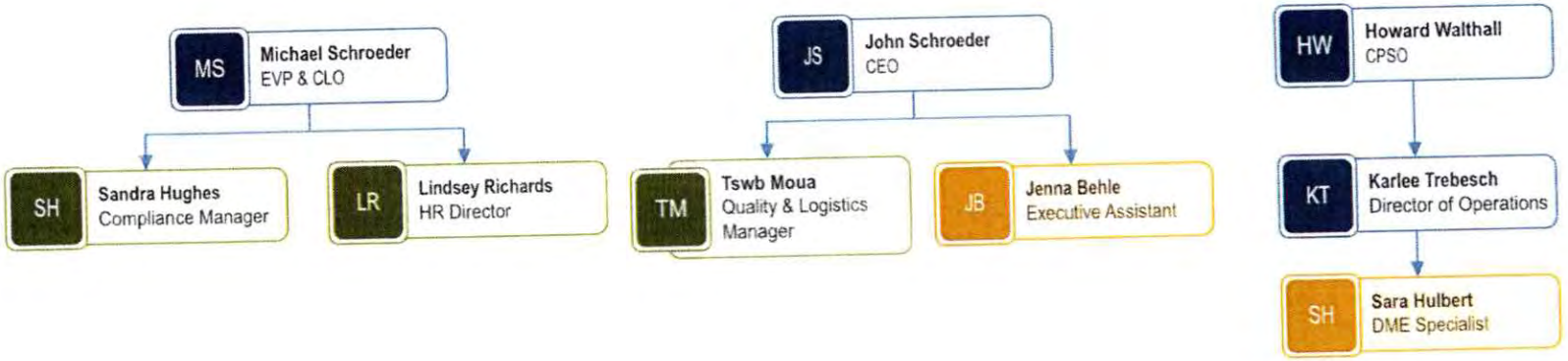
Email: john@venturemedical1.com

Michael Schroeder, EVP CLO- Owner (10%)

Phone: [redacted]

Address: [redacted] Monticello FL [redacted]

Email: michael@venturemedical1.com


MS
Michael Schroeder
EVP & CLO
SH
Sandra Hughes
Compliance Manager
LR
Lindsey Richards
HR Director
JS
John Schroeder
CEO
TM
Tswb Moua
Quality & Logistics Manager
JB
Jenna Behle
Executive Assistant
HW
Howard Walthall
CPSO
KT
Karlee Trebesch
Director of Operations
SH
Sara Hulbert
DME Specialist

Venture OneSource
211 N Higgins Ave, STE 303
Missoula, MT 59801
To Whom It May Concern:

The State of Montana does not require Board of Pharmacy licenses for DME providers supplying only disposable surgical dressings and lymphedema compression treatments. These codes S01 and S04 can be seen in the table below provided by Palmetto GBA. These are the only categories of supplies and treatments offered by Venture OneSource, LLC.

Montana's wholesale distributor licensing framework (MCA Title 37, Chapter 7, Part 6) applies only to prescription drugs and legend devices — those required to bear an "Rx only" label (ARM 24.174.301(14); MCA 37-7-602(7)). S01 surgical dressings and S04 lymphedema compression garments do not bear and are not required to bear an Rx-only label.

Surgical Dressings	S01	No License Required	No	N/A	No	No
TENS and/or Supplies	DM22	Certified Pharmacy License	Yes	Montana Board of Pharmacy	Yes	Yes
Tracheostomy Supplies	PD08	Certified Pharmacy License	Yes	Montana Board of Pharmacy	Yes	Yes
Traction Equipment	DM21	No License Required	No	N/A	No	No
Ultraviolet Light Devices and/or Supplies	DM23	No License Required	No	N/A	No	No
Urological Supplies	PD09	Wholesale Drug Distributor license	Yes	Montana Board of Pharmacy	Yes	No
Vacuum Erection/ Penile Pumps	OR04	No License Required	No	N/A	No	No
Ventilators: All Types - Not CPAP or RAD	R12	No License Required	No	N/A	No	No
Voice Prosthetics	PD10	No License Required	No	N/A	No	No
Walkers	M05	No License Required	No	N/A	No	No
Wheelchair Seating/Cushions	M10	No License Required	No	N/A	No	No
Wheelchairs (Complex Rehab Manual Rel Accessories)	M08A	No License Required	No	N/A	No	No
Wheelchairs (Complex Rehab Power Rel Accessories)	M09A	No License Required	No	N/A	No	No
Wheelchairs (Complex Rehabilitative Manual)	M08	No License Required	No	N/A	No	No
Wheelchairs (Complex Rehabilitative Power)	M09	No License Required	No	N/A	No	No
Wheelchairs (Standard Manual) Related Accessories and Repair	M06A	No License Required	No	N/A	No	No
Wheelchairs (Standard Manual)	M06	No License Required	No	N/A	No	No
Wheelchairs (Standard Power Related Accessories and Repair	M07A	No License Required	No	N/A	No	No
Wheelchairs (Standard Power)	M07	No License Required	No	N/A	No	No
Lymphedema Compression Treatment Items	S04	No License Required	No	N/A	No	No

I have reviewed this memorandum and attest that its contents accurately reflect Venture One Source's compliance position regarding Montana DME licensure requirements as of the date signed below.

Printed Name: Sara Hulbert

Title: DME Specialist

Signature: [signature]

Date: 3/26/26

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Venture OneSource LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 211 N Higgins Ave Suite 303

City Missoula State MT Zip 59802

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Jacob Middle Michael Last Schroeder

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☐ F ☐ X

Mailing Address 211 N Higgins Ave Suite 305

City Missoula State MT Zip 59802

Telephone 800-881-1809 Email michael@venturemedical1.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Duke University School of Law		08/90 - 05/93	
Address	**City**	**State**	**Zip**
210 Science Dr	Durham	NC	27708
Diploma/Degree obtained, if any			
JD			

School Name		From - To (MM/YY – MM/YY)	
University of Colorado at Boulder			
Address	**City**	**State**	**Zip**
Regent Administrative Center, 552 UCB	Boulder	CO	80309
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/23 - present	[redacted]	Monticello	FL	[redacted]
08/20 - 08/23		Delray Beach	FL	
08/19 - 08/20		Delray Beach	FL	
06/15 - 08/19		North Oaks	MN	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Venture Medical LLC			12/23 - present	
Business Address		**City**	**State**	**Zip**
211 N Higgins Ave Ste 305		Missoula	MT	59802
Phone	**Title**			
800-881-1809	Executive Vice President and Chief Legal Officer			
Description of Duties				
Manage and oversee legal, compliance, finance, logistics, quality, and human resources functions.				

Business Name			From - To (MM/YY – MM/YY)	
Venture OneSource LLC			06/25 - present	
Business Address		**City**	**State**	**Zip**
211 N Higgins Ave Ste 303		Missoula	MT	59802
Phone	**Title**			
833-307-3550	Secretary & Treasurer			
Description of Duties				
Legal and administrative functions.				

Business Name			From - To (MM/YY – MM/YY)	
Vireo Growth Inc (f/k/a Goodness Growth Holdings Inc.)			06/18 - 12/23	
Business Address		**City**	**State**	**Zip**
207 S Ninth St		Minneapolis	MN	55402
Phone	**Title**			
612-999-1606	General Counsel, Corporate Secretary & Chief Compliance Officer			
Description of Duties				
Managed and oversaw legal, compliance, and inventory management functions. Served as corporate secretary.				

Business Name			From - To (MM/YY – MM/YY)	
Deluxe Corporation			07/14 - 02/18	
Business Address		**City**	**State**	**Zip**
3680 N. Victoria St		Shoreview	MN	55126
Phone	**Title**			
651-483-7111	General Counsel & Corporate Secretary			
Description of Duties				
Managed and oversaw legal and compliance functions. Served as corporate secretary.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

I have been an executive officer of a variety of businesses for most of the past 27 years. These include: Great Wolf Resorts, Inc. f/k/a The Great Lakes Companies, Inc. (1999-2011), Millard Refrigerated Services, Inc. (2011-2014), Deluxe Corporation (2014-2018), Vireo Growth Inc. f/k/a Vireo Health Inc. (2018-2023) and Venture Medical, LLC (2023-present). Each of these companies except Millard Refrigerated Services was a party to multiple lawsuits. Great Wolf Resorts, Inc. litigated contract disputes with other commercial parties, insurance coverage with a carrier, wrongful termination claims by discharged employees, and personal injury claims brought by hotel guests. Deluxe corporation was a party to contract disputes with other commercial parties, a putative class action lawsuit based upon an alleged breach of California environmental disclosure laws, and several wrongful termination claims. Vireo Growth was party to a contract dispute with another company in the same industry and a personal injury claim by a pedestrian walking outside one of its locations during the winter. Venture Medical LLC is currently litigating breach of contract lawsuits against non-paying customers in Texas and Minnesota.

Original Signature (electronic, copies or stamps not accepted)

4/19/2020
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jacob Schroeder

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/19/2026

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, Jacob Michael Schroeder, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/19/2026

Date

Subscribed and Sworn to before me this 19 day of April 2026.

Notary Public Signature

LARRY V. HALL
Commission # HH 313297
Expires September 19, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 -- Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Venture OneSource, LLC.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 211 N Higgins Ave STE 303

City Missoula State MT Zip 59801

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 833-307-3550 Website www.venturemedical1.com

Licensing Company Email venturemedical1@venturemedical1.com

Section 2: Personal Information

First John Middle Andrew Last Schroeder

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 211 N Higgins Avenue #305

City Missoula State MT Zip 59802

Telephone 1-800-881-1809 Email john@venturemedicall.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Montana		9-1995 → 12-1997	
Address	City	State	Zip
	Missoula	MT	59802
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Arizona State University		8/1988 – 12/1991	
Address	City	State	Zip
	Tempe	AZ	85264
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Brophy College Prepatory		8/1984 → 5/1987	
Address	City	State	Zip
	Phoenix	AZ	85202
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
Dec 2022 - Present	[redacted]	Missoula	MT	[redacted]
From - To (MM/YY – MM/YY)	A [redacted]	City	State	
April 2007 - Dec 22		Missoula	MT	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Venture Medical LLC			From - To (MM/YY – MM/YY): August 2010 – [illegible]
Business Address: [illegible] 211 N Higgins	City: Missoula	State: MT	Zip: 59802
Phone: 800 881 1809	Title: CEO		
Description of Duties: all			

Business Name: LCSS, INC dba Secure Warrant			From - To (MM/YY – MM/YY): 5-2017 → Present
Business Address: 211 N. Higgins #303	City: Missoula	State: MT	Zip: 59802
Phone	Title: President		
Description of Duties: oversee growth			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	N/A	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

3.23.2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Schroeder

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3-23-2026

Date

Please have this section completed in the presence of a Notary Public.

State of Montana, ss. County of Missoula

I, John A. Schroeder, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3-23-2026

Date

Subscribed and Sworn to before me this 23 day of March.

Notary Public Signature

SHYANNE HETLAND
NOTARY PUBLIC for the
State of Montana
Residing at Missoula, Montana
My Commission Expires
January 15, 2029

SHYANNE HETLAND NOTARIAL SEAL STATE OF MONTANA

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Venture OneSource, LLC MDEG License # (if applicable) _____

Physical Address 211 N Higgins Ave STE303

City Missoula State MT Zip 59802

Mailing Address (if different from physical address) "

City " State " Zip "

Telephone 833-307-3550 Website www.VentureOneSource.com

Licensing Company Email ventureonesource@venturemedical1.com

Section 2: Personal Information

First Karlee Middle Jo Last Trebesch

Alias(es, nicknames, name changes, etc.) na

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City Missoula State MT Zip [redacted]

Telephone [redacted] Email karlee@venturemedical1.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: University of montana			From - To (MM/YY – MM/YY): 08/17 – 05/22
Address: 32 Campus Dr	City: missoula	State: MT	Zip: 59812
Diploma/Degree obtained, if any: Bs Biology			
School Name: Sentinel High School			From - To (MM/YY – MM/YY): 08/14 – 05/17
Address: 901 South Ave W	City: missoula	State: MT	Zip: 59802
Diploma/Degree obtained, if any: high school diploma			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/24 - present	[redacted]	missoula	MT	[redacted]
06/23 - 01/24		missoula	MT	
01/23 - 06/23		missoula	MT	
05/22 - 01/23		Lolo	MT	
08/17 - 05/22		missoula	MT	
01/15 - 08/17		missoula	MT	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: Venture Medical, LLC			From - To (MM/YY – MM/YY): 03/23 - present
Business Address: 211 N. Higgins Ave STE 305	City: Missoula	State: MT	Zip: 59802
Phone: 800-881-1809	Title: Director of Digital Operations		Number of Employed Hours: ~6,000 hrs
Description of Duties: handling, distribution, packing, site visits			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) _____ Date _____

I, Karlee Jo Trebesch, **certify that as the MDEG Administrator for** Venture OneSource, LLC,

that I (initial that you have read and meet the following requirements):

1. KT Have a high school diploma or its equivalent;
2. KT Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. KT Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. KT Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Karlee Trebesch
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/31/26
Date

Board Use Only	Date Received: 4/22/26

4N

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
■ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	■ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Warrior Service Company LLC

MDEG Physical Address: 6137 W Corporal Ln

City: Boise State: ID Zip: 83704

Mailing Address (if different from physical address): 2112 S Congress Ave , Ste 200

City: Palm Springs State: Fl Zip: 33406

Telephone: (888) 724-4344 Website: https://www.warriorservicecompany.org/

Email: angelica.extramil@warriorservices.org

Name of MDEG Administrator (NAC 639.694): Angelica Extramil

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
■ Patients by prescriptions	■ Medical Gases**
☐ Pharmacies[a]	■ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: TBD
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8 A.M.-5 P.M.	■ Tue: 8 A.M.-5 P.M.	■ Wed: 8 A.M.-5 P.M.	■ Thurs: 8 A.M.-5 P.M.	■ Fri: 8 A.M.-5 P.M.
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
N/A

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: Alex Presman

Business Name: Warrior Service Company LLC

Business Address: 2112 S Congress Ave, Ste 205.

City: Palm Springs State: FL Zip: 33406

Telephone: (917) 693-2330 Email: alex.presman@warriorservices.org

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Angelica Extramil

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

01/22/26

Date

Board Use Only	Date Received: 4/27/26	Amount: $[illegible] 191.61

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/26/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Keyes Coverage Insurance 5900 Hiatus Road Tamarac FL 33321	**CONTACT NAME:** Carlos Cardozo **PHONE (A/C, No, Ext):** 954-724-7000 **FAX (A/C, No):** 954-724-7024 **E-MAIL ADDRESS:** ccardozo@keyescoverage.com
INSURED 15970 Warrior Service Company, LLC 2112 S Congress Ave Suite 200 Palm Springs FL 33406	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** State National Insurance Company Inc — 12831 **INSURER B :** SOMPO America Insurance Company **INSURER C :** Wesco Insurance Co — 25011 **INSURER D :** Endurance Assurance Corporation — 11551 **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 1732377038 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X **COMMERCIAL GENERAL LIABILITY** [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			VGM D1024 G7411-2	5/20/2026	5/20/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Medical Prof. Liab.	$ 2,000,000 $ 100,000 $ 10,000 $ 2,000,000 $ 3,000,000 $ 3,000,000 $ Included
B	**AUTOMOBILE LIABILITY** X ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			LAM30088471901	5/20/2026	5/20/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
D	X **UMBRELLA LIAB** [ ] OCCUR **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			LUM0088469501	5/20/2026	5/20/2027	EACH OCCURRENCE AGGREGATE	$ 3,000,000 $ 3,000,000
C	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WWC3865471	6/15/2026	6/15/2027	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
B	Professional Liability			GPM30003744301	5/20/2026	5/20/2027	General aggregate	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Durable Medical Equipment Sales and Rentals

CERTIFICATE HOLDER

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 206
Reno NV 89521

CANCELLATION 30 Days Notice / 10 Days for Non-Pay

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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STATE OF IDAHO

Phil McGrane | Secretary of State
Business Office
450 North 4th Street
PO Box 83720
Boise, ID 83702

April 29, 2026

Request Type: Certificate of Existence/Filing
Request #: 0006771321
Receipt #: 001318181

Issuance Date: 04/29/2026
Copies Requested: 0

Regarding:	**WARRIOR SERVICE COMPANY LLC**		
Filing Type:	Foreign Limited Liability Company	File # :	5471329
Formation/Qualification Date:	11/08/2023	Delayed Effective Date:	
Status:	Active-Existing	Formation Locale:	NEW YORK
Duration Term:	Perpetual	Inactive Date:	

Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

WARRIOR SERVICE COMPANY LLC

is a Limited Liability Company formed in the jurisdiction set forth above and is authorized to transact business in this State.

Phil McGrane
Idaho Secretary of State

Processed By: Business Division

Verification #: 039679034

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	WARRIOR SERVICE COMPANY LLC
DOS ID Number:	4204745
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	02/17/2012
Statement Status:	CURRENT
Statement Due Date:	02/29/2028

No information is available from this office regarding the financial condition, business activity or practices of this entity.

STATE OF NEW YORK ★ DEPARTMENT OF STATE ★ EXCELSIOR E PLURIBUS UNUM

WITNESS my hand and official seal of the Department of State, at the City of Albany, on April 16, 2026 at 01:35 P.M.

WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100010085025 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

Division of Occupational and Professional Licenses
11341 W Chinden Blvd. Boise, ID 83720-0063
dopl.idaho.gov

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Idaho Board of Pharmacy statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

WARRIOR SERVICE COMPANY, LLC

Durable Medical Equipment Outlet License
DME71752

Issued: 03-Nov-2025 Expires: 31-Dec-2026

Renewal Required

Russell S. Barron
Administrator

Printed: 03-Nov-2025

Board of Pharmacy

WARRIOR SERVICE COMPANY, LLC
Durable Medical Equipment Outlet License
DME71752

Expires: 31-Dec-2026

Russell S. Barron
Administrator

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Warrior Service Company LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 6137 W Corporal Ln

City: Boise State: ID Zip: 83704

Mailing Address (if different from physical address): 2112 S Congress Ave, Ste 200

City: Palm Springs State: FL Zip: 33406

Telephone: (888) 724-4344 Website: https://www.warriorservicecompany.org/

Licensing Company Email: ap@warriorservices.org

Section 2: Personal Information

First: Alex Middle: Last: Presman

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: 2112 S Congress Ave, Ste 200

City: Palm Springs State: FI Zip: 33406

Telephone: (888) 724-4344 Email: alex.presman@warriorservices.org

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Edward R Murrow High School		08/92 - 06/96	
Address	**City**	**State**	**Zip**
1600 Avenue L	Brooklyn	NY	11230
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Stony Brook University		08/96 - 08/97	
Address	**City**	**State**	**Zip**
100 Nicolls Rd	Stony Brook	NY	11749
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Pace university		08/97 - 08/98	
Address	**City**	**State**	**Zip**
One Pace Plaza	New York	NY	10038
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/16 - 02/17	[redacted]	Aventura	FL	[redacted]
02/17 - Current		Aventura	FL	

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Warrior Service Company LLC			02/12-Current	
Business Address		**City**	**State**	**Zip**
2112 S Congress Ave, Ste 200		Palm Springs	FL	33406
Phone	**Title**			
(917) 693-2330	Chief Executive Officer			
Description of Duties				
Responsible for overall management and strategic direction of the company, including operational oversight, regulatory compliance, financial performance, and execution of business objectives.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

A. Peckman

Original Signature (electronic, copies or stamps not accepted)

4-23-2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ALEX PRESMAN

Print Name (First, Last)

A Presman

Original Signature (electronic, copies or stamps not accepted)

4-23-2026

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach

I, Alex Presman, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

A Presman

Original Signature

4-23-2026

Date

Subscribed and Sworn to before me this 23 day of April.

Notary Public Signature

Notary Public State of Florida
Nicole M Dwyer
My Commission HH 399597
Expires 5/17/2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Warrior Service Company LLC MDEG License # (if applicable): _____

Physical Address: 6137 W Corporal Ln

City: Boise State: ID Zip: 83704

Mailing Address (if different from physical address): 2112 S Congress Ave , Ste 200

City: Palm Springs State: FI Zip: 33406

Telephone: (888) 724-4344 Website: https://www.warriorservicecompany.org/

Licensing Company Email: ap@warriorservices.org

Section 2: Personal Information

First: Kristian Middle: Kelly Last: Boren

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Nampa State: ID Zip: [redacted]

Telephone: [redacted] Email: kristian.boren@warriorservices.org

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)		
Northwest Nazarene University	08/01 - 05/03		
Address	**City**	**State**	**Zip**
623 S University Blvd	Nampa	ID	83686
Diploma/Degree obtained, if any			
Psychology, BA			
School Name	**From - To (MM/YY – MM/YY)**		
Treasure Valley Community College	08/98 - 05/01		
Address	**City**	**State**	**Zip**
650 College Blvd	Ontario	OR	97914
Diploma/Degree obtained, if any			
Associates			
School Name	**From - To (MM/YY – MM/YY)**		
Emmett High School	08/87 - 05/91		
Address	**City**	**State**	**Zip**
721 W 12th St	Emmett	ID	83617
Diploma/Degree obtained, if any			
Diploma			
School Name	**From - To (MM/YY – MM/YY)**		
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name	**From - To (MM/YY – MM/YY**		
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/22 - Current	[redacted]	Nampa	ID	[redacted]
05/21 - 02/22		Nampa	ID	
12/15 - 05/21		Nampa	ID	

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Warrior Service Company LLC			01/24 - Current
Business Address	**City**	**State**	**Zip**
6137 W Corporal Ln	Boise	ID	83704
Phone	**Title**		**Number of Employed Hours**
(888) 724-4344	National Service Manager		4,480

Description of Duties

I oversee all oxygen technicians company-wide, ensuring performance, accountability, and strict adherence to QASP metrics, VA contract requirements, and company SOPs. I enforce consistent, accurate execution of daily operations while maintaining a culture of high standards and discipline.

Business Name			From - To (MM/YY – MM/YY)
Apria Healtcare			02/18 - 01/24
Business Address	**City**	**State**	**Zip**
11880 W President Drive	Boise	ID	83713
Phone	**Title**		**Number of Employed Hours**
(208) 322-2372	Branch/Warehouse Logistics Manager		11,520

Description of Duties

I managed logistics and warehouse operations across multiple branch locations in two states, ensuring the timely and accurate delivery of durable medical equipment (DME) to patients. I oversaw daily operations, including staff management, workflow planning, route optimization, and inventory control, while maintaining compliance with DOT, OSHA, and applicable state and federal healthcare regulations.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Kristian Boren / Kristian Boren, **certify that as the MDEG Administrator for**

Warrior Service Company LLC,

that I (initial that you have read and meet the following requirements):

1. KB/KB Have a high school diploma or its equivalent;
2. KB/KB Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. KB/KB Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. KB/KB Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kristian Boren
Print Name (First, Last)

KBoren
Original Signature (electronic, copies or stamps not accepted)

5/7/26
Date

Board Use Only	Date Received: 5/11/26

April 23, 2026

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206, Reno, NV 89521

RE: Medical Products Provider – Medical Devices, Equipment and Gases (MDEG) Application

We respectfully submit this application for registration as an out-of-state Medical Products Provider to support home oxygen therapy services for U.S. military veterans in the State of Nevada under contract with the U.S. Department of Veterans Affairs (VA).

Our organization is headquartered in Florida and operates an additional licensed facility in Idaho, where we are registered as a home medical device supplier under the Idaho Board of Pharmacy. We are a federally contracted VA provider delivering medically necessary oxygen equipment and home respiratory support services across multiple jurisdictions.

In Nevada, all services will be provided exclusively under VA authorization and clinical care coordination. The VA serves as the sole payer, and no direct billing is issued to individual patients.

Scope of Operations in Nevada:

- Distribution and servicing of home oxygen systems
- Provision of oxygen concentrators and related respiratory support equipment
- Direct delivery to patient residences in accordance with VA care plans

Compliance Program:
We maintain a comprehensive compliance program, including:

- Device tracking and chain-of-custody documentation
- Standard operating procedures for oxygen handling, storage, and delivery safety
- Equipment maintenance and servicing protocols
- Recall and incident reporting procedures
- Recordkeeping and delivery verification processes

Our organization is accredited by The Joint Commission, reflecting compliance with nationally recognized healthcare quality and safety standards.

We understand that Nevada requires registration for out-of-state entities that supply medical devices directly to residents, and we submit this application to ensure full compliance with the Nevada State Board of Pharmacy's requirements.

We respectfully request review of our application and remain available to provide any additional information required.

Sincerely,

Alex Prešman
Chief Executive Officer (CEO)

Warrior Service Company, LLC / FEIN: 45-4680712
Address: 2112 S. Congress Ave, Ste 200, Palm Springs, Florida 33406 / Phone: (888) 724-4344
Email: AP@Warriorservices.org / Website: https://www.warriorservicecompany.org/

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH N/A	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Axogen Corporation

Physical Address: 13631 Progress Blvd., Suite 400

City: Alachua State: FL Zip: 32615

Mailing Address (if different from physical address): Same as physical address.

City: State: Zip:

Telephone: (386) 462-6800 Website: www.axogeninc.com

Name of Designated Representative (DR): Nathaniel Long

Licensing Company Email: nlong@axogeninc.com DR Email: nlong@axogeninc.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☑ Pharmacies	☑ Dangerous Drugs	☑ Manufacturer (Virtual)
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: Surgical Centers, Clinics		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attachment A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Axogen, Inc.

Corporation Name: Axogen Corporation

Mailing Address: 13631 Progress Blvd., Suite 400

City: Alachua State: FL Zip: 32615

Telephone: 386-462-6832 Email: nlong@axogeninc.com

Contact Person Name: _____

Date of SEC Registration: 01/10/2025 | SEC Registration Number: 001-36046 | Stock Exchange Symbol: AXGN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration See Attachment B 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. N/A - Applicant is a wholly-owned subsidiary of a publicly traded company.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment C	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** N/A	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment C		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment D	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - Wholy owned by parent company.		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) See Attachment E	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment F	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment G	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Axogen Corporation

Facility Name

Nathaniel Long

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

15JUL2025

Date

Board Use Only	Date Received: 12/11/25	Amount: $1,000 ck 2662

Attachment A

Nature of Business

Axogen Corporation ("Axogen") is a virtual manufacturer of own-labeled prescription products located in Alachua, FL. Axogen will manufacture all products at its Vandalia, OH and Burleson, TX facilities. Axogen will distribute to wholesalers, physicians, pharmacies, hospitals, clinics, and surgical centers nationwide. Provided below are the addresses for the manufacturing facilities:

Manufacturing Locations:

Axogen Corporation
913 Industrial Park Drive, Vandalia, OH 45377

Axogen Corporation
300 Boone Road, Suite A3, Burleson, TX 76028

Attachment B

Regarding the FDA Registration

Please find enclosed a copy of the FDA BLA Approval letter to classify Axogen Corporation's product, Avance Nerve allograft, as a prescription biologic.

STN: BL 125816/0

BLA APPROVAL
December 3, 2025

Axogen Corporation
Attention: Jesse Bishop
13631 Progress Boulevard, Suite 400
Alachua, FL 32615

Dear Jesse Bishop:

Please refer to your Biologics License Application (BLA) received September 5, 2024, submitted under section 351(a) of the Public Health Service Act (PHS Act) for acellular nerve allograft-arwx.

LICENSING

We are issuing Department of Health and Human Services U.S. License No. 2340 to Axogen Corporation, Alachua, Florida under the provisions of section 351(a) of the Public Health Service Act controlling the manufacture and sale of biological products and pursuant to section 506(c) of the Federal Food, Drug, and Cosmetic Act (FDCA) and the regulations for accelerated approval, 21 CFR 601.41. The license authorizes you to introduce or deliver for introduction into interstate commerce, those products for which your company has demonstrated compliance with establishment and product standards.

Under this license, you are authorized to manufacture the product acellular nerve allograft-arwx, indicated for the treatment of adult and pediatric patients aged one month and older with:

- Traditional Approval for sensory nerve discontinuity ≤25mm and
- Accelerated Approval for sensory nerve discontinuity >25mm, as well as mixed and motor nerve discontinuity.

The review of this product was associated with the following National Clinical Trial (NCT) numbers: NCT01809002, NCT00948025, and NCT01526681.

ACCELERATED APPROVAL REQUIREMENTS

Under accelerated approval statutory provisions and regulations we may grant marketing approval for a biological product on the basis of adequate and well-controlled Study ANG-CP-007 (RECON) establishing that the biological product has an effect on an endpoint that is reasonably likely, based on epidemiologic, therapeutic, pathophysiologic, or other evidence, to predict clinical benefit or on the basis of an effect on a clinical endpoint other than survival or irreversible morbidity. This approval requires you to study the biological product further, to verify and describe its clinical

benefit, where there is uncertainty as to the relation of the surrogate endpoint to clinical benefit, or of the observed clinical benefit to ultimate outcome.

Approval under these statutory provisions and regulations requires, among other things, that you conduct adequate and well-controlled study(ies) to verify and describe clinical benefit attributable to this product. Clinical benefit is evidenced by effects such as increased motor strength and improvement of sensation measured by Medical Research Council Classification (MRCC) motor and sensory at Month 24.

Accelerated Approval Required Studies

We remind you of your postmarketing requirement specified in your submission of Amendment 110, December 3, 2025.

1. Conduct a prospective, randomized, assessor-blinded, multicenter study (Protocol ANG-CP-013) to evaluate the clinical benefit of AVANCE (acellular nerve allograft-arwx) compared to sural nerve autograft for functional recovery following mixed and motor peripheral nerve injury. The study targets adults ≥18 years of age with mixed or motor nerve repairs in nerve gaps greater than 25 mm. The participants will be followed for 24 months post-surgical repair. The final study report will be submitted within 6 months of study completion, anticipated by 2031, including primary efficacy endpoints of Medical Research Council Classification (MRCC) motor and sensory recovery scores at Month 24.

   Final Protocol Submission: February 5, 2026

   Study Completion: December 5, 2030

   Final Report Submission: June 5, 2031

We expect you to complete design, initiation, accrual, completion, and reporting of these studies within the framework described in your letter of December 3, 2025.

Please submit the protocol to your IND 15419, with a cross-reference letter to this BLA, STN BL 125816 explaining that Protocol ANG-CP-013 was submitted to the IND. Please refer to the sequential number for each clinical trial and the submission number as shown in this letter.

You must conduct Study ANG-CP-013 with due diligence. If this required postmarketing study fails to verify that clinical benefit is conferred by acellular nerve allograft-arwx, or is not conducted with due diligence, including with respect to the conditions set forth below, we may withdraw this accelerated approval.

You must submit reports of the progress of Study ANG-CP-013 listed above as required under section 506(c) of the FDCA to this BLA 180 days after the date of approval of this

BLA and approximately every 180 days thereafter (see section 506B(a)(2) of the FDCA) (hereinafter "180-day reports").

You are required to submit two 180-day reports per year for each open study or clinical trial required under 506(c) of the FDCA. The initial report will be a standalone submission, and the subsequent report will be combined with your application's annual status report required under section 506B(a)(1) of the FDCA and 21 CFR 601.70. The standalone 180-day report will be due 180 days after the date of approval (with a 60-day grace period). Submit the subsequent 180-day report with your application's annual status report. Submit both of these 180-day reports each year until the final report for the corresponding study or clinical trial is submitted.

Your 180-day report must include the information listed in 21 CFR 601.70(b) and:

- Expected trial completion and final report submission dates;
- Any changes in plans since the last report, with rationale for any changes; and
- The current number of patients enrolled into each trial.

FDA recommends that you use form FDA 3989 PMR/PMC Annual Status Report for Drugs and Biologics, to submit your 180-day reports. Form FDA 3989, along with instructions for completing this form, is available on the FDA Forms web page at https://www.fda.gov/about-fda/reports-manuals-forms/forms.

Your 180-day reports, including both the standalone 180-day report submitted 180 days after the date of approval and the 180-day report submitted with your annual status report, must be clearly designated as **180-Day AA PMR Progress Report.**

FDA will consider the submission of your annual status report under section 506B(a)(1) of the FDCA and 21 CFR 601.70, in addition to the submission of reports 180 days after the date of approval each year (subject to a 60-day grace period), to satisfy the periodic reporting requirement under section 506B(a)(2) of the FDCA. You are also required to submit information related to your confirmatory trial as part of your annual reporting requirement under section 506B(a)(1) of the FDCA until the FDA notifies you, in writing, that the Agency concurs that the study requirement has been fulfilled or that the study either is no longer feasible or would no longer provide useful information.

Label your annual report as an **Annual Status Report of Postmarketing Requirements/Commitments** and submit it to the FDA each year within 60 calendar days of the anniversary date of this letter until all Postmarketing Requirements and 506B Commitments are fulfilled or released.

Please submit final study report(s) as a supplement to this BLA, STN BL 125816. For administrative purposes, all submissions related to this postmarketing study requirement must be clearly designated as "**Subpart E Postmarketing Study Requirements**."

MANUFACTURING LOCATIONS

Under this license, you are approved to manufacture acellular nerve allograft-arwx at your facility located in (b) (4) facility in (b) (4) . You may label your product with the proprietary name AVANCE and market it in 16 size combinations (lengths of 15 mm to 70 mm and diameters of 1 to 5 mm).

Pursuant to 21 CFR 610.12(h)(2), an exception to sterility testing is approved under this license, because the data submitted in the BLA establish that the route of administration, the method of preparation, or any other aspect of the product precludes or does not necessitate a sterility test to assure the safety, purity, and potency of the product. If, at any time after approval, we obtain new information that indicates that a sterility test would be necessary to assure the safety, purity, and potency of acellular nerve allograft-arwx, we may provide written notice revoking approval of the exception to sterility testing.

ADVISORY COMMITTEE

We did not refer your application to the Cellular, Tissue, and Gene Therapies Advisory Committee because our review of information submitted in your BLA, including the clinical study design and trial results, did not raise concerns or controversial issues which would have benefited from an advisory committee discussion.

DATING PERIOD

The dating period for acellular nerve allograft-arwx shall be 36 months from the date of manufacture when stored at ≤ -40°C. The date of manufacture shall be defined as the date of terminal sterilization.

FDA LOT RELEASE

Please submit protocols showing results of all applicable tests. You may not distribute any lots of nerve allograft-arwx until you receive a notification of release from the Director, Center for Biologics Evaluation and Research (CBER).

BIOLOGICAL PRODUCT DEVIATIONS

You must submit reports of biological product deviations under 21 CFR 600.14. You should identify and investigate all manufacturing deviations promptly, including those associated with processing, testing, packaging, labeling, storage, holding and distribution. If the deviation involves a distributed product, may affect the safety, purity, or potency of the product, and meets the other criteria in the regulation, you must submit a report on Form FDA 3486 to the Director, Office of Compliance and Biologics Quality, electronically through the eBPDR web application or at the address below.

Links for the instructions on completing the electronic form (eBPDR) may be found on CBER's web site at https://www.fda.gov/vaccines-blood-biologics/report-problem-center-biologics-evaluation-research/biological-product-deviations :

Food and Drug Administration
Center for Biologics Evaluation and Research
Document Control Center
10903 New Hampshire Ave.
WO71-G112
Silver Spring, MD 20993-0002

MANUFACTURING CHANGES

You must submit information to your BLA for our review and written approval under 21 CFR 601.12 for any changes in, including but not limited to, the manufacturing, testing, packaging or labeling of acellular nerve allograft-arwx, or in the manufacturing facilities.

LABELING

We hereby approve the draft content of labeling including the Package Insert, submitted under amendment 101, dated November 19, 2025, and the draft package and container labels submitted under amendment 99, dated November 19, 2025.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, please submit the final content of labeling (21 CFR 601.14) in Structured Product Labeling (SPL) format via the FDA automated drug registration and listing system, (eLIST) as described at http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm. Content of labeling must be identical to the Package Insert submitted on November 19, 2025. Information on submitting SPL files using eLIST may be found in the guidance for industry *SPL Standard for Content of Labeling Technical Qs and As* at http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf.

The SPL will be accessible via publicly available labeling repositories.

PACKAGE AND CONTAINER LABELS

Please electronically submit final printed package and container labels identical to the package and container labels submitted on November 19, 2025, according to the guidance for industry *Providing Regulatory Submissions in Electronic Format — Certain Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications* at https://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm333969.pdf.

All final labeling should be submitted as Product Correspondence to this BLA, STN BL 125816 at the time of use and include implementation information on Form FDA 356h.

PROMOTIONAL MATERIALS

Please note that the accelerated approval regulation concerning promotional materials (21 CFR 601.45) stipulates that all advertising and promotional labeling items that you wish to distribute in the first 120 days following approval, must have been received by FDA prior to the approval date. After approval, promotional items intended for dissemination after the first 120 days following approval must be submitted to the FDA at least 30 days prior to the anticipated distribution date. Please submit draft materials with a cover letter noting that the items are for accelerated approval, and an accompanying FORM FDA 2253 to the Advertising and Promotional Labeling Branch at the following address:

Food and Drug Administration
Center for Biologics Evaluation and Research
Document Control Center
10903 New Hampshire Ave.
WO71-G112
Silver Spring, MD 20993-0002

You must submit copies of your final advertisement and promotional labeling at the time of initial dissemination or publication, accompanied by FORM FDA 2253 (21 CFR 601.12(f)(4)).

Alternatively, you may submit promotional materials for accelerated approval products electronically in eCTD format. For more information about submitting promotional materials in eCTD format, see the draft guidance for industry *Providing Regulatory Submissions in Electronic and Non-Electronic Format—Promotional Labeling and Advertising Materials for Human Prescription Drugs* at https://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM443702.pdf.

All promotional claims must be consistent with and not contrary to approved labeling. You should not make a comparative promotional claim or claim of superiority over other products unless you have substantial evidence or substantial clinical experience to support such claims (21 CFR 202.1(e)(6)).

ADVERSE EVENT REPORTING

You must submit adverse experience reports in accordance with the adverse experience reporting requirements for licensed biological products in 21 CFR 600.80, and you must submit distribution reports as described in 21 CFR 600.81. For information on adverse experience reporting, please refer to the guidance for industry *Providing Submissions in Electronic Format —Postmarketing Safety Reports* at

https://www.fda.gov/regulatory-information/search-fda-guidance-documents/providing-submissions-electronic-format-postmarketing-safety-reports and FDA's Adverse Event reporting System website at http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Surveillance/AdverseDrugEffects/ucm115894.htm. For information on distribution reporting, please refer to the guidance for industry *Electronic Submission of Lot Distribution Reports* at http://www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Post-MarketActivities/LotReleases/ucm061966.htm.

PEDIATRIC REQUIREMENTS

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients, new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication in pediatric patients unless this requirement is waived, deferred, or inapplicable.

We are waiving the pediatric study requirement for neonates (birth to one month) because necessary studies are impossible or highly impracticable in this patient population. We note that you have fulfilled the pediatric study requirement for patients aged one month and older for this application.

POST APPROVAL FEEDBACK MEETING

New biological products qualify for a post approval feedback meeting. Such meetings are used to discuss the quality of the application and to evaluate the communication process during drug development and marketing application review. The purpose is to learn from successful aspects of the review process and to identify areas that could benefit from improvement. If you would like to have such a meeting with us, please contact the Regulatory Project Manager for this application.

Sincerely,

Melissa Mendoza, JD
Director
Office of Compliance and Biologics Quality
Center for Biologics Evaluation and Research

Asha Das, MD
Acting Director
Office of Clinical Evaluation
Office of Therapeutic Products
Center for Biologics Evaluation and Research

Attachment C

Corporate Officer and Director Information

Axogen Corporation

Corporate Officers:

Michael Dale
Chief Executive Officer

Marc Began
Executive VP & General Counsel

Lindsey Hartley
Chief Financial Officer

Directors:

Michael Dale
Paul G. Thomas
Amy Wendell
William Burke
John H. Johnson
Alan M. Levine
Guido J. Neels
Joseph A. Tyndall, M.D., M.P.H
Kathy Weiler

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AXOGEN CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AXOGEN CORPORATION" WAS INCORPORATED ON THE THIRTEENTH DAY OF JUNE, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 202907462

Date: 01-24-26

4173936 8300

SR# 20260277954

You may verify this certificate online at corp.delaware.gov/authver.shtml

Ron DeSantis, Governor

Melanie S. Griffin, Secretary

Florida dbpr

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS

THE Prescription Drug Manufacturer - Virtual HEREIN HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 499, FLORIDA STATUTES

AXOGEN CORPORATION

13631 PROGRESS BLVD
SUITE 400
ALACHUA FL 32615

LICENSE NUMBER: 4549

EXPIRATION DATE: MAY 31, 2028

Always verify licenses online at MyFloridaLicense.com

ISSUED: 05/12/2026

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

Full Name	Last Name	First Name	Job Title
Friedman, Mark L.	Friedman	Mark	Senior Advisor
Gatson, Jon	Gatson	Jon	Sr. Engineer, Manufacturing & Processing
Jurs, Jennifer M.	Jurs	Jennifer	Sr. Manager, Procurement
Leiner, John W.	Leiner	John	Manager, Accounting
Carrillo-Briggs, Sara P.	Carrillo-Briggs	Sara	Sr. Licensing & Compliance Analyst
Douglas, Heidi M.	Douglas	Heidi	Sr. Manager, Customer Care
McKee, Lisa J.	McKee	Lisa	Quality Specialist
Yordon, Ryan	Yordon	Ryan	Sr. Compliance Specialist
Kabra, Shashank S.	Kabra	Shashank	Staff Engineer II, Manufacturing & Processing
Rivera, Ray A.	Rivera	Ray	Lead, Clinical Research Associate
Silver, Xeve S.	Silver	Xeve	Sr. Director, Medical Affairs Operations
McDavid, Dalton C.	McDavid	Dalton	Sr. Treasury Analyst
White, Jonathan	White	Jonathan	Sr. Manager, Regulatory
Cortez, Xavier E.	Cortez	Xavier	Director, Quality Engineering
Engemann, Anne L.	Engemann	Anne	Sr. Director, Scientific Affairs & Medical Comms
Taylor, Candace V.	Taylor	Candace	Program Manager
Long, Nathaniel	Long	Nathaniel	Sr. Director, Operations
Lane, Anna E.	Lane	Anna	Sr. Director, Marketing Communications
Wilkinson, Matthew S.	Wilkinson	Matthew	Sr. Inventory Specialist
Emokpae, Michael O.	Emokpae	Michael	Sr. Manager, Business Analytics
Jordan, Tina M.	Jordan	Tina	Customer Care Specialist II
Zheng, Donghang	Zheng	Donghang	Scientist, Clinical Research
Wooden, Angela K.	Wooden	Angela	Executive Assistant
Mosquera, Daniel E.	Mosquera	Daniel	Microsurgical Instructor
Grover, Elizabeth M.	Grover	Elizabeth	Director, Tissue Services Quality
Bunkley, Dana J.	Bunkley	Dana	Lead, Quality Specialist
McIvor, Lori A.	McIvor	Lori	Financial Services Coordinator
Strange, Stacee M.	Strange	Stacee	Quality Specialist
Pesce, Paul	Pesce	Paul	Sr. Area Sales Manager
Burnett, Sierra M.	Burnett	Sierra	Customer Care Specialist II
Mangual, Enid M.	Mangual	Enid	Sr. Program Manager
Logan, Eric D.	Logan	Eric	Data Entry Specialist
Meloro, Raphaela M.	Meloro	Raphaela	Medical Communication Systems Coordinator
McCain, Daniel C.	McCain	Daniel	Director, Quality Systems
Dawkins, William T.	Dawkins	William	Sr. Engineer, Supplier Quality
Pilkin, Wesley E.	Pilkin	Wesley	Cybersecurity Application Administrator
Hagen, Sam	Hagen	Sam	Inventory Specialist
Smart Ploucher, Samantha R.	Smart Ploucher	Samantha	Customer Care Specialist II
Boukari, Kaytlin	Boukari	Kaytlin	Customer Care Specialist I
Zertuche, David	Zertuche	David	Quality Assurance Records Specialist
Godwin, Monica P.	Godwin	Monica	Customer Care Specialist I

Nair, Nandita	Nair	Nandita	Intern
Rifenberg, Kristen E.	Rifenberg	Kristen	Engineer I, Quality Systems
Simmons, Preston A.	Simmons	Preston	Customer Care Specialist I
Blackwell, Crystal	Blackwell	Crystal	Quality Specialist
Bishop, Jesse M.	Bishop	Jesse	VP, Regulatory Affairs
Rievley, Jessica	Rievley	Jessica	Quality Specialist
Horey, Maria C.	Horey	Maria	Intern
Dupee, Zana	Dupee	Zana	Director, Regulatory Affairs
Vidile, Kristin	Vidile	Kristin	Area Sales Manager
Nan, Amanda	Nan	Amanda	Lab Specialist

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

Form 8-K

Current Report
Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 10, 2025

AXOGEN, INC.

(Exact Name of Registrant as Specified in Charter)

Minnesota	001-36046	41-1301878
(State or Other Jurisdiction of Incorporation or Organization)	(Commission File Number)	(I.R.S. Employer Identification No.)

13631 Progress Boulevard, Suite 400 Alachua, Florida	32615
(Address of principal executive offices)	(Zip Code)

(386) 462-6800
(Registrant's telephone number, including area code)

N/A
(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

- ☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- ☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- ☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- ☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e- 4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of exchange on which registered
Common Stock, $0.01 par value	AXGN	The Nasdaq Stock Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02 Results of Operations and Financial Condition

On January 10, 2025, Axogen, Inc. (the "Company") issued a press release announcing its preliminary, unaudited fourth quarter and full year 2024 financial performance. A copy of the press release is furnished as Exhibit 99.1

The information furnished pursuant to Item 2.02 of this Current Report on Form 8-K, including Exhibit 99.1 hereto, shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liability of such section, nor shall it be incorporated by reference into future filings by the Company under the Securities Act of 1933, as amended (the "Securities Act"), or under the Exchange Act, unless the Company expressly sets forth in such future filing that such information is to be considered "filed" or incorporated by reference therein.

Item 7.01 Regulation FD Disclosure.

The information in this Item 7.01, including Exhibit 99.1 , is being furnished and shall not be deemed to be "filed" for purposes of Section 18 of the Exchange Act or otherwise subject to the liabilities of that section and shall not be deemed incorporated by reference into any filing under the Securities Act or Exchange Act, except as shall be expressly set forth by specific reference in such filing.

Item 9.01. Financial Statements and Exhibits

(d) Exhibits	See the Exhibit index below, which is incorporated herein by reference.

Exhibit No.	Description
99.1	Axogen Inc. Press Release dated January 10, 2025, regarding Preliminary 2024 Financial Results
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Exchange Act, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

AXOGEN, INC.

Dated: January 10, 2025

By: /s/ Marc Began

Marc Began

Executive Vice President, General Counsel and Chief Compliance Officer

Axogen Reports Preliminary Unaudited Revenue for Fourth Quarter and Full-Year 2024

ALACHUA and TAMPA, Fla., January 10, 2025 (GLOBE NEWSWIRE) -- Axogen, Inc. (NASDAQ: AXGN), a global leader in developing and marketing innovative surgical solutions for peripheral nerve injuries, today announced preliminary unaudited fourth quarter and full-year 2024 key financials.

Preliminary Fourth Quarter and Year-End Key Business Highlights

- Fourth quarter revenue is expected to be approximately $49.4 million, which represents a 15.1% increase over the fourth quarter of 2023 driven by solid performance across the product portfolio.
- Full-year 2024 revenue is expected to be approximately $187.3 million, which represents a 17.8% increase over the full-year of 2023.
- Our positive performance reflects continued improvements in the execution of our commercial strategies, including a focus on high-potential accounts in Extremities and OMF-Head & Neck applications, adoption of Axogen's complete peripheral nerve surgical algorithm across all procedures, and continued adoption of Resensation® as an expectation for post mastectomy breast reconstruction procedures.
- We expect full year gross margin to be above 75.5%.
- Total balance of cash, cash equivalents and investments on December 31, 2024, is expected to be approximately $39.5 million, representing an increase of approximately $2.5 million over that balance at the end of 2023.

"We are pleased with our fourth-quarter and full-year 2024 performance, which reflects continued improvements in effectiveness and efficiency across the business," said Michael Dale, President and Chief Executive Officer of Axogen. "Looking to the future, on March 4th, 2025, we look forward to hosting an Investor Day at which we will share our strategic priorities for the future and the work we believe will best advance our mission to make peripheral nerve care, standard-of-care for all patients."

The results disclosed in this press release are preliminary and unaudited. The Company expects to report full, audited results for the fourth quarter and year ended December 31, 2024, on or before Investor Day.

About Axogen

Axogen (AXGN) is the leading Company focused specifically on the science, development, and commercialization of technologies for peripheral nerve regeneration and repair. Axogen employees are passionate about helping to restore peripheral nerve function and quality of life to patients with physical damage or transection to peripheral nerves by providing innovative, clinically proven, and economically effective repair solutions for surgeons and health care providers. Peripheral nerves provide the pathways for both motor and sensory signals throughout

the body. Every day, people suffer traumatic injuries or undergo surgical procedures that impact the function of their peripheral nerves. Physical damage to a peripheral nerve, or the inability to properly reconnect peripheral nerves, can result in the loss of muscle or organ function, the loss of sensory feeling, or the initiation of pain.

Axogen's platform for peripheral nerve repair features a comprehensive portfolio of products that are used across two primary application categories: scheduled, non-trauma procedures and emergent trauma procedures. Scheduled procedures are generally characterized as those where a patient is seeking relief from conditions caused by a nerve defect or surgical procedure. These procedures include providing sensation for women seeking breast reconstruction following a mastectomy, nerve reconstruction following the surgical removal of painful neuromas, oral and maxillofacial procedures, and nerve decompression. Emergent procedures are generally characterized as procedures resulting from injuries that initially present in an ER. These procedures are typically referred to and completed by a specialist either immediately or within a few days following the initial injury.

Axogen's product portfolio includes Avance® Nerve Graft, a biologically active off-the-shelf processed human nerve allograft for bridging severed peripheral nerves without the comorbidities associated with a second surgical site; Axoguard Nerve Connector®, a porcine submucosa ECM coaptation aid for tensionless repair of severed peripheral nerves; Axoguard Nerve Protector®, a porcine submucosa ECM product used to wrap and protect damaged peripheral nerves and reinforce the nerve reconstruction while preventing soft tissue attachments; Axoguard HA+ Nerve Protector™, a porcine submucosa ECM base layer coated with a proprietary hyaluronate-alginate gel, a next-generation technology designed to provide short- and long-term protection for peripheral nerve injuries; and Axoguard Nerve Cap®, a porcine submucosa ECM product used to protect a peripheral nerve end and separate the nerve from the surrounding environment to reduce the development of symptomatic or painful neuroma. The Axogen portfolio of products is available in the United States, Canada, Germany, the United Kingdom, Spain, South Korea, and several other countries.

Cautionary Statements Concerning Forward-Looking Statements

This press release contains "forward-looking" statements as defined in the Private Securities Litigation Reform Act of 1995. These statements are based on management's current expectations or predictions of future conditions, events, or results based on various assumptions and management's estimates of trends and economic factors in the markets in which we are active, as well as our business plans. Words such as "expects," "anticipates," "intends," "plan(s)," "believes," "seeks," "estimates," "projects," "forecasts," "continue," "may," "should," "will," "goals," and variations of such words and similar expressions are intended to identify such forward-looking statements. Forward-looking statements include, but are not limited to, statements regarding our preliminary, unaudited fourth quarter and full year 2024 performance, statements related to our mission of making peripheral nerve care, standard of care for all patients, and statements related to our expectations regarding adoption of breast Resensation®, as well as statements under the subheading " Preliminary Fourth Quarter and Year-End Key Business Highlights." Actual results or events could differ materially from those described in any forward-looking statements as a result of various factors, including, without limitation, potential disruptions caused by leadership transitions, global supply chain issues, record inflation, hospital staffing issues, product development, product potential, expected clinical enrollment timing and outcomes, regulatory process and approvals, APC transition timing and expense, financial performance, sales growth, surgeon and product adoption, market awareness of our products, data validation, our visibility at and sponsorship of conferences and educational events, global business disruption caused by

Russia's invasion of Ukraine and related sanctions, geopolitical conflicts in the Middle East, as well as those risk factors described under Part I, Item 1A., "Risk Factors," of our Annual Report on Form 10-K for the most recently ended fiscal year and Part II, Item 1A., "Risk Factors," for our Quarterly Report on Form 10-Q for the most recently ended fiscal quarter. Forward-looking statements are not a guarantee of future performance, and actual results may differ materially from those projected. The forward-looking statements are representative only as of the date they are made and, except as required by applicable law, we assume no responsibility to publicly update or revise any forward-looking statements.

Investor Contact:
Axogen, Inc.
InvestorRelations@axogeninc.com

4P

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03548	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 2100 Industrial Park Road

City: Hammond State: LA Zip: 70401

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 985-542-2082 Website: medline.com

Name of Designated Representative (DR): Hunter Felder

Licensing Company Email: ralicensing@medline.com DR Email: hfelder@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Corporate Discipline History

Original Signature (electronic, copies or stamps not accepted)

4/15/26

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer, Inc.
Address: 66 Hudson Blvd E City: New York State: NY Zip: 10001

Name: ICU Medical Inc.
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare Inc.
Address: One Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Avenue City: Bethlehem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Medline Inc.
Corporation Name: See Attached Ownership Information
Mailing Address: 3 Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: (847) 949-5500 Email: ralicensing@medline.com
Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025 | SEC Registration Number: 0002046386 | Stock Exchange Symbol: MDLN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

Lora Simmons

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091 PHONE
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grimston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
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573-751-0091
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ REQUESTS

_____ DOES NOT REQUEST

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____

Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____

Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____

Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____

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601 Monroe, Suite 301
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Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Florida Department of Health

Reason/Charge
Medline's Florida Certified Designated Representative unexpectedly resigned.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

Lara N. Simmons February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

Daisy Kung for February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2008006	Louisiana Board of Wholesale Drug Distributors

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
LA Board of WDD/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingsporn

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lara N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman
William Crates, Vice-Chairman
Randall Brooks, Secretary/Treasurer
John Liggio, Executive Director/Inspector
Hershal Paul, Board Member
Andy Milligan, Board Member
Wayne Gremillion, Board Member
Eric Voitier, Board Member
Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
HI DCCA / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
1314
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

6. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

9. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

11. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 0 8 2008.

Bobbi'wy Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of July, 2007, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C&I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08 PHM 037	Wisconsin Department of Regulation and Licensing

Reason/Charge
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WI DSPS/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 19 A 9:4

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2009-7-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Lacy V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2009

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

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POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dana N. Simmons Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Dana N. Simmons, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller
Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of January, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
27278		NY State Education Department- Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
NY Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: A. Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

Willis Ingalls, on behalf of,
Medline Industries, Respondent

1-5-21

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer McRudell, RPh

1-6-2021

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

1-6-2021

Henry Appel, Ohio Assistant Attorney General

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2022-0333		FL DBPR- Div. of Drugs, Devices, and Cosmetics		
Reason/Charge				
Customer Licenses, Record Keeping				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
FL DBPR / Medline Industries, LP			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____

Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
0 9 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — Oct - 27 - 2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 OCT 16 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent MEDLINE INDUSTRIES, L.P. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., and C.7. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____
IVY Y. E. KIM
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE Chair	December 21, 2023 DATE
PATRICK ADAMS Vice Chair	MARK BROWN
CATALINA CROSS	Kent Kikuchi KENT KIKUCHI
BRANDON RABANG	SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Daniel Stevens

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9/15/24

Date

PAID

Board Use Only	Date Received: 9/27/24	Amount: $1600.00

Power of Attorney

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

POWER OF ATTORNEY

EXCELSIOR MEDICAL, LLC, an Illinois limited liability company, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Excelsior Medical, LLC

By: Medline Industries, LP
Its: Manager
By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Medline Industries, LP, as Manager of Excelsior Medical, LLC.

Natalie D Paulov
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

POWER OF ATTORNEY

Centurion Medical Products, LP, an Delaware limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Centurion Medical Products, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Centurion Medical Products, LP.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

Ownership Information

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

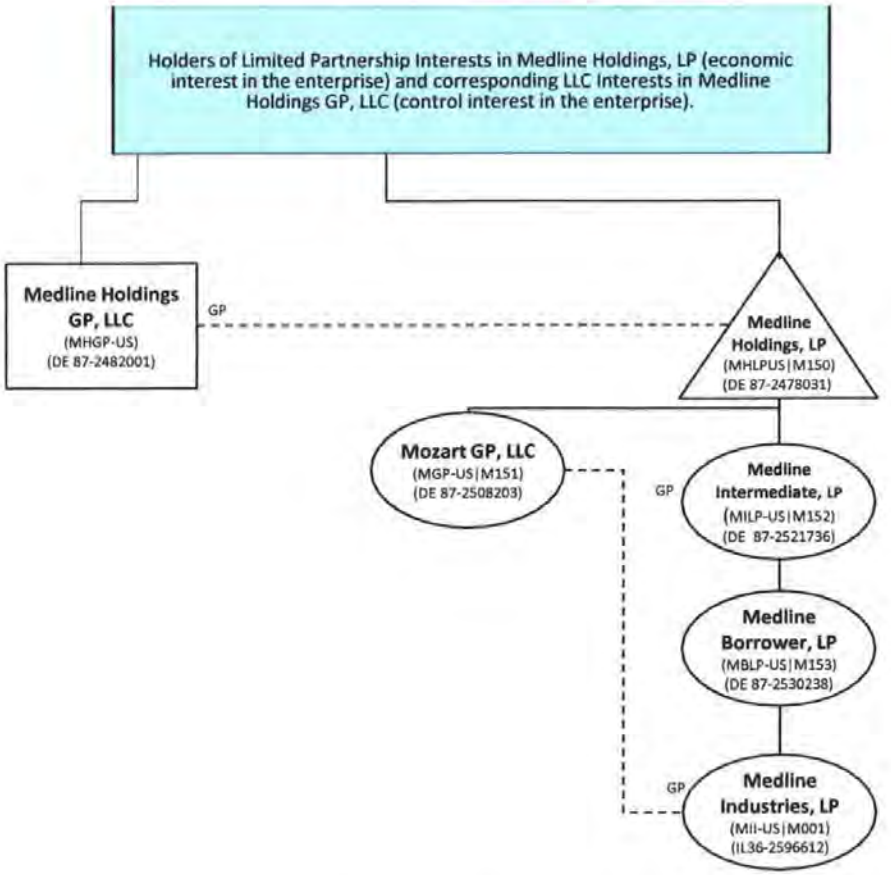
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

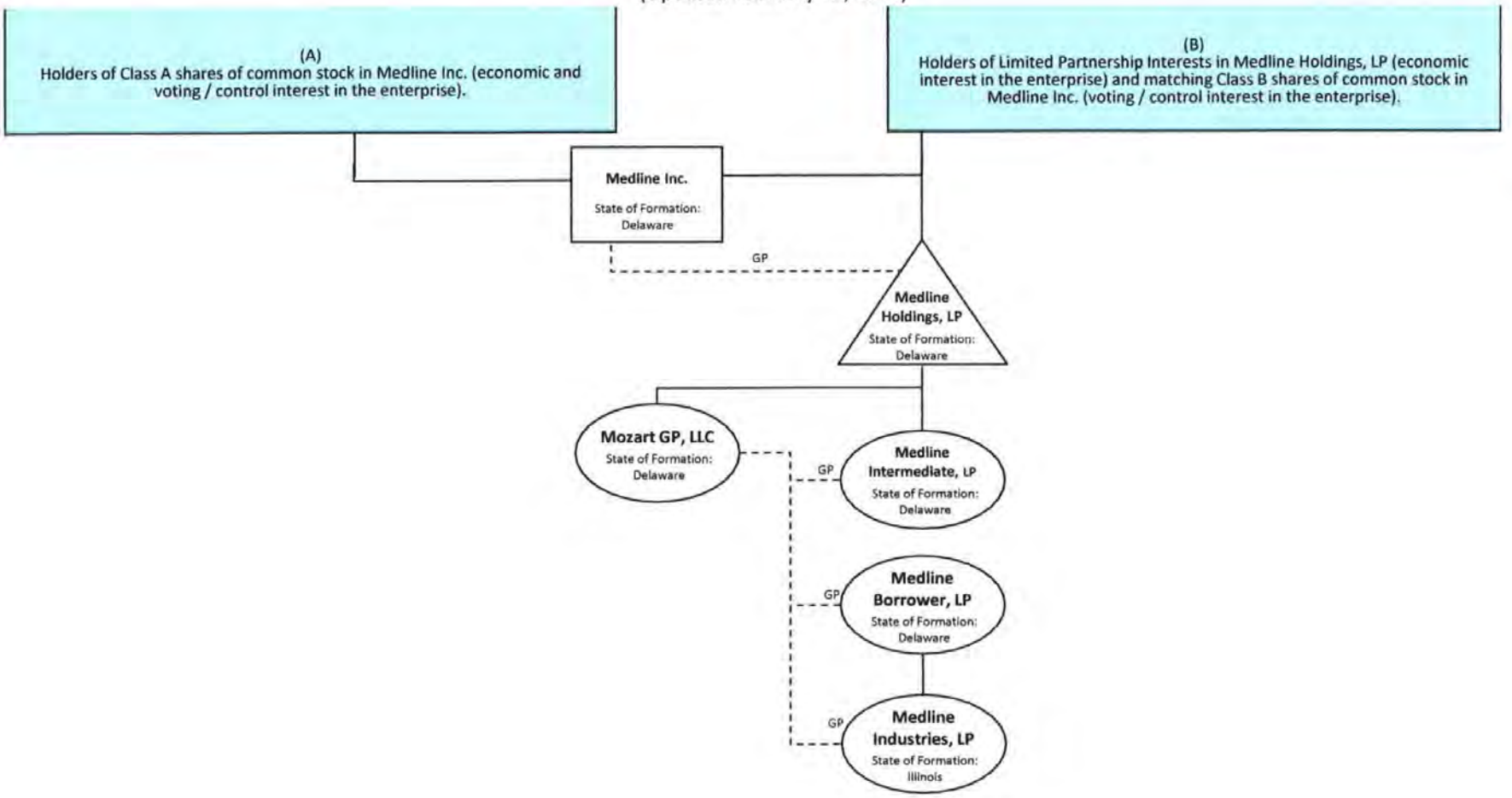


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046366. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

List of Officers, Directors, and Partners

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Centurion Medical Products, LP

FEIN: 38-1659420
A Delaware Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Industries, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	36-2596612
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC

FEIN: 32-0473772
An Illinois Limited Liability Company

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Member and Manager of LLC:

Medline Industries, LP
FEIN: 36-2596612

Officers:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC is a member managed LLC with the sole member and manager being Medline Industries, LP. Medline Industries, LP is a limited partnership and does not appoint corporate officers. Medline reports the officers for its general partner, Mozart GP, LLC, which retains 100% control of Medline Industries, LP.

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

Certificates of Good Standing

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 2610502528 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURION MEDICAL PRODUCTS, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTURION MEDICAL PRODUCTS, LP" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203646965

Date: 04-15-26

6213666 8300

SR# 20261791715

You may verify this certificate online at corp.delaware.gov/authver.shtml

File Number 0543231-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

EXCELSIOR MEDICAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502534 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5143163 8300

SR# 20261572157

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203550646

Date: 04-03-26

Certificates of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC. 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** N/A — N/A **INSURER C :** See Acord 101 for Carrier Participation **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-28 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	2,000,000
							GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
							BODILY INJURY (Per person)	$	
							BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
								$	
	[ ] **UMBRELLA LIAB** [ ] OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$	
							AGGREGATE	$	
								$	
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE [ ] OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y	N/A		PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:

57.86% of the layer is insured by Lloyds of London

17.14% of the layer is insured by AXA XL UK Ltd. (A+)

25% of the layer is insured by Harleysville Insurance Company of NY (A)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$	10,000
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$	2,000,000
	OTHER:						GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y	N/A		PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr. Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S . Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St. Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd. Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **105625536**

Current Billing Term From **July 20, 2025** to **July 20, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **July 20, 2011**, in the amount of **One Hundred Thousand** (**$100,000.00**) on behalf of **MEDLINE INDUSTRIES, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **June 25, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 105625536 **Principal: MEDLINE INDUSTRIES, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25 day of June, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 25th day of June, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Oscar F. Rincon

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #105625536

Current Information as of 04/14/2026

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 5: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 6: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 7: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 8: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 9: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 10: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 11: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 12: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 13: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Location 14: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 15: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 16: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 17: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 18: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 19: (C71)
Medline Industries, LP
264 S 5750 W
Salt Lake City, UT 84104

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

Location 23: (ANG)
Medline Industries, LP
10 Glen Falls Techinical Park
Glen Falls, NY 12801

Location 24: : (EXC-TF)
Excelsior Medical, LLC
1470 Shafto Road
Tinton Falls, NJ 07712

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **108030426**

Current Billing Term From **September 03, 2025** to **September 03, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **September 03, 2024**, in the amount of **Twenty Five Thousand** (**$25,000.00**) on behalf of **CENTURION MEDICAL PRODUCTS, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **July 23, 2025**

Travelers Casualty and Surety Company of America

By: _____
Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108030426 **Principal: CENTURION MEDICAL PRODUCTS, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

SEAL SEAL SEAL SEAL

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

NOTARY PUBLIC

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 23 day of July, 2025.

SEAL SEAL SEAL SEAL

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 23rd day of July, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #108030426

Current Information as of 04/14/2026

Location 1: (B01)
Centurion Medical Products, LP
301 Catrell Drive
Howell, MI 48843

LOUISIANA BOARD OF DRUG AND DEVICE DISTRIBUTORS

DISTRIBUTOR OF LEGEND DRUGS OR LEGEND DEVICES

SUB-TYPES: Standard Distributor, Wholesale Distributor, Third-Party Logistic Provider Distributor

MEDLINE INDUSTRIES, LP

License No. **10624** effective **01/01/2026** *(Original issue date: 06/02/2022)*, Expiring **12/31/2026**
distributing from **2100 Industrial Park Road, Hammond, LA 70401**
BUSINESS ADDRESS: 2100 INDUSTRIAL PARK ROAD, HAMMOND, LA 70401
is duly licensed in the State of Louisiana with this Board under the provisions of Act 852 of 1988 (as amended).
This license is subject to regulation in the state of Louisiana
in accordance with La. R.S. 37:3461 through 3482 and LAC 46:XXXIV.101 through 1503.

Additional Third-Party Logistics Providers:
NA

Board Secretary

ORIGINAL LICENSE — DISTRIBUTOR
This License is NOT TRANSFERABLE and must be Conspicuously Displayed. This license must be renewed annually.

Louisiana Board of Drug and Device Distributors 12091 Bricksome Avenue, Suite B Baton Rouge, LA 70816	Phone: (225) 295-8567 Fax: (225) 295-8568	www.drugboard.la.gov Email: admin@drugboard.la.gov

SUB-TYPES:

Standard Distributor: Any entity that sales or facilitates the delivery of legend drugs or legend devices to persons other than the consumer or patient; including, but not limited to, manufacturers, repackagers, own-label distributors, jobbers, retail pharmacy warehouses, pharmacies, brokers, agents, freight forwarders, ship chandlers, reverse distributors, compounders/503b, and nuclear pharmacies.

Wholesale Distributor: Any entity that sales or facilitates the delivery of drug product (as defined by FDA) to persons other than the consumer or patient; not to include (not limited to) manufacturers, repackagers, third-party logistic providers, distributors of devices, medical gases, intravenous drugs for replenishment or irrigation, blood or blood components; radioactive drugs or biologicals, imaging drugs, homeopathic drugs, and compounded drugs.

Third-party Logistics Provider: Any entity that provides or coordinates warehousing, facilitates the delivery of, or other logistic services for a legend drug or legend device interstate and intrastate commerce on behalf of a manufacturer, distributor, or dispenser of a legend drug or legend device but does not take ownership of the legend drug or legend device nor have responsibility to direct the sale or disposition of the legend drug or legend device.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Medline Industries, LP MDEG License # (if applicable) _____

Physical Address 2100 Industrial Park Road

City Hammond State LA Zip 70401

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-643-3801 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Hunter Middle Zeb Last Felder

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Addre[redacted]

City Madisonville State LA Zip [redacted]

Telephone [redacted] Email hfelder@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Jones County Junior College		2013 - 2015	
Address	**City**	**State**	**Zip**
900 S. Court St.	Ellisville	MS	39437
Diploma/Degree obtained, if any			
Associates Degree			

School Name		From - To (MM/YY – MM/YY)	
Bay High School		2009-2013	
Address	**City**	**State**	**Zip**
750 Blue Meadow Rd.	Bay St. Louis	MS	39520
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/20 - Present	[redacted]	Madisonville	LA	[redacted]
01/05 - 11/20		Bay St. Louis	MS	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			04/24 - Present	
Business Address		**City**	**State**	**Zip**
2100 Industrial Park Road		Hammond	LA	70401
Phone	**Title**		**Number of Employed Hours**	
985-542-2082	Warehouse Manager		4,160	
Description of Duties				
Oversee the facility to ensure proper receiving, distribution, storage, shipping and dispensing of prescription drugs and medical devices. Manage multiple team members to ensure proper record keeping, inventory, storage and product security.				

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			01/20 - 04/24	
Business Address		**City**	**State**	**Zip**
2100 Industrial Park Road		Hammond	LA	70401
Phone	**Title**		**Number of Employed Hours**	
985-542-2082	Warehouse Supervisor		8,320	
Description of Duties				
Oversee the facility to ensure proper receiving, distribution, storage, shipping and dispensing of prescription drugs and medical devices. Manage multiple team members to ensure proper record keeping, inventory, storage and product security.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:** N/A

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

HCF
Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

I, Hunter Felder, **certify that as the MDEG Administrator for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. HZF Have a high school diploma or its equivalent;
2. HZF Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. HZF Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. HZF Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Hunter Felder
Print Name (First, Last)

HZF
Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Board Use Only	Date Received: 4/21/26

List of Employees
Medline Industries, LP
C59 - Hammond, LA

Worker	Business Title
Adam Garner	Supv Warehouse
Adryanna Thompson (On Leave)	Warehouse Operator Operations
AJ Johnson	Driver II
ALAN CARDENAS	Delivery Driver
Alyse Gordon	Trainer Branch
Anaira Otero	Warehouse Operator Operations
ANDREW BELL	Warehouse Operator Operations
Andrew Bellott	Warehouse Operator Operations
Angelica Walton	Warehouse Operator Operations
Anthony Chandler	Supv MedTrans
Anthony Dixon	Warehouse Operator Operations
Ardreama Casnave	Warehouse Operator Operations
Armando Garcia	Driver II
Arnold Strawder Jr	Warehouse Operator Operations
Ashanti Ussin	Warehouse Operator Operations
Ashley Oviatt	Warehouse Operator Operations
Augie Trebucq Iii	Warehouse Operator Operations
August Johnson	Warehouse Operator Operations
August Trebucq	Trainer Branch
Austin Evans	Warehouse Operator Operations
AYANA LAWRENCE	Dispatcher
Bambi Marsters (On Leave)	Warehouse Operator Operations
Benjamin Jones	Warehouse Operator Operations
Bentley Smith	Warehouse Operator Operations
Beth Townley	Trainer Branch
Bradley Ball (On Leave)	Warehouse Operator Operations
Brandon Bellazan	Driver II
Brandon Boihem	Warehouse Operator Operations
Brandon Jennings	Warehouse Operator Operations
Brandon Sanford	Mgr MedTrans
Brett Boudreaux	Warehouse Operator Operations
Brett Naylor	Warehouse Operator Operations
Brian Newman	Warehouse Operator Operations
Brian Welch	Maintenance Planner Ld
Brion Frazier	Warehouse Operator Operations
Brion Frazier	Warehouse Operator Operations
Bruce Wheat	Driver Ld
Bryan Drago	Maintenance Tech II
Cameron Wilson	Driver I
Carzhelyn French	Warehouse Operator Operations
Celeste Stenson	Warehouse Operator Operations
Chad Marques (On Leave)	Warehouse Operator Operations
Chad Owens	Driver II
Chanteau Magee	Driver II
Charles James	Warehouse Operator Operations
Chris Hunt	Warehouse Operator Operations
Chris Tyndall	Supv Warehouse
Christopher Cook	Warehouse Operator Operations
Christopher Hart	Warehouse Operator Operations
Clayton Bethel	Warehouse Operator Operations
Clovis Kreyssig	Warehouse Operator Operations
Cody Chiasson	Trainer Branch
Corey Brown	Driver II
CRAIG KYLE	Driver I
Craig Revere	Warehouse Ld Operations
Crystal Munoz	Transportation Coord
Dakota Hulin	Driver Ld
Dakota Savignol	Driver II
Dalvasha Honor	Delivery Driver
Damion Forney	Warehouse Operator Operations
Danea Johnson	Driver II
Daniel Mcgregor	Driver Ld
Darlisa Harris	Warehouse Operator Operations
Darrell Havard (On Leave)	Supv Warehouse
Darryl Rogers	Warehouse Operator Operations
David McCoy	Warehouse Operator Operations
Davonte Carter	Warehouse Operator Operations
Dawn MORSE	Driver II
Dayona Bell	Warehouse Operator Operations
Demyrio Barze	Warehouse Operator Operations
Dennis Cafarella	Warehouse Operator Operations
Denzel Williams	Driver II
Devin Courtade	Delivery Driver
Devin Johnson	Warehouse Operator Operations
Diamond Wilson	Driver II
Donald Chiasson	Warehouse Operator Operations
Donald Ecklund	Maintenance Tech I
Donald Strate	Driver II
Donna Adamson	Warehouse Operator Operations
Douglas Franklin	Warehouse Operator Operations
Drew Townley	Warehouse Operator Operations
DUSTIN MCGHEE	Warehouse Operator Operations
Dylan Clement	Warehouse Operator Operations
Ed Glazier	Maintenance Tech II
Elaine Kagler	Inventory Coord Operations
Eldrid Palmer	Warehouse Ld Operations
Elliott Mccoy	Inventory Coord Operations
ERNEST HARRIS	Driver II
Ernest Vaughn	Warehouse Operator Operations
Fabian Cardenas	Delivery Driver
Frederick Conley	Warehouse Operator Operations
Gerald Joseph	Warehouse Operator Operations
Gina Cutrer	HR Coord
Gina Norton	Warehouse Operator Operations
Giston Cates	Warehouse Operator Operations
Gregory Eames	Warehouse Operator Operations
Gregory Parke	Mgr Warehouse
Gustavo Montes	Warehouse Operator Operations

Habib Ruffin	Warehouse Operator Operations	Mark Abron	Driver II
Harold Rogers	Warehouse Operator Operations	Mark Black	Warehouse Operator Operations
Hershal Dunn	Maintenance Tech II	Mark Marino	Driver II
Hunter Felder	Mgr Warehouse	Mark Wheeler	Warehouse Operator Operations
Ian Gardner	Warehouse Operator Operations	Marvionna Thompson	Warehouse Operator Operations
Irma Stewart	Warehouse Operator Operations	Matthew Mier	Warehouse Ld Operations
Ivory Morris	Warehouse Operator Operations	Maurice Addison	Warehouse Operator Operations
Ivynekia Thomas	Warehouse Operator Operations	May Reese	Warehouse Ld Operations
Jack Morse	Warehouse Operator Operations	Melvin Huland	Driver II
Jaden Blaise	Warehouse Operator Operations	Michael Higginbotham	Warehouse Operator Operations
Jailand Rogers	Warehouse Operator Operations	Michael Lamartiniere	Inventory Control Ld Operations
Jaiquan Rogers	Warehouse Operator Operations	Michael Ogden	Driver II
Jamaal Lilly	Warehouse Operator Operations	Michael Peterson	Warehouse Operator Operations
James Lewis	Driver II	Michael Trahan	Maintenance Ld
James Thigpen	Trainer Branch	Myeisha Lott	Warehouse Operator Operations
Jamie Mattire	Maintenance Tech II	Nakaria Gallo	Warehouse Operator Operations
Jamya Norman	Warehouse Operator Operations	Nicholas Latino	Dir Operations
Jared Bourque	Supv Warehouse	Nick Parks	Warehouse Ld Operations
Jarod Descant	Warehouse Operator Operations	Nico Romano	Warehouse Operator Operations
Jason Reeves	Driver II	Nikki Mosely	Warehouse Operator Operations
Javion Haywood	Warehouse Operator Operations	Noah Gonzales	Warehouse Operator Operations
Jesse Matthews	Mgr HR	Omunike Warren	Warehouse Operator Operations
Jesse Strecker	Warehouse Operator Operations	Pamela Cyprian	Warehouse Operator Operations
Joel Watts	Delivery Driver	Pamela Gordon	Warehouse Operator Operations
John Campbell	Warehouse Operator Operations	Preston Tate	Warehouse Operator Operations
John Rowe	Warehouse Operator Operations	Quantavia McClendon	Warehouse Operator Operations
Jonathan Mcelveen	Warehouse Operator Operations	Rafeal Newton	Warehouse Operator Operations
Jonathan Williams	Warehouse Operator Operations	Randy Edgar	Warehouse Operator Operations
Jordan Coslan	Warehouse Operator Operations	RAUNJI GRANISION	Warehouse Operator Operations
Jordan Trammel	Warehouse Operator Operations	Rejhoni Nelson	Warehouse Operator Operations
Joseph Barreca	Warehouse Operator Operations	Richard Cotton	Driver I
Joshua Armstrong	Warehouse Operator Operations	Robert Cox	Maintenance Tech I
Julio Garcia	Supv Warehouse	Robert Cox	Warehouse Operator Operations
Julio Gonzales	Warehouse Operator Operations	Roger Brooks	Driver II
Justin Price	Onsite Support Tech III	Romero Johnson	Warehouse Operator Operations
Jyrese White	Warehouse Operator Operations	Ronda Mcmillan	Warehouse Operator Operations
Kadon James	Warehouse Operator Operations	Rudy Crawford	Supv Warehouse
Kevin Laue	Supv Training Branch	Russell Patterson	Driver I
Kiana Anderson	Warehouse Operator Operations	Ryanesha Hart (On Leave)	Warehouse Operator Operations
Kim Beard	Driver II	Sam Reno	Warehouse Operator Operations
Koi Malarcher	Warehouse Operator Operations	samantha rudolph	Warehouse Operator Operations
Kylan Pittman	Warehouse Operator Operations	Scott Sattler	Supv Warehouse
Kyle Hunt	Driver II	Sean Pardo	Warehouse Operator Operations
Laquita Thomas	Warehouse Operator Operations	Sean Steadman	Warehouse Ld Operations
Lawrence Mckinley	Warehouse Operator Operations	Shakonda Belvin	Quality Control Inspector II
Leroy Johnson	Warehouse Operator Operations	Sharie Gutter	Warehouse Operator Operations
Lionel Primas	Driver II	Stephanie Blackwell	Quality Control Inspector III
Logan Link	Warehouse Ld Operations	Steven Collins	Warehouse Operator Operations
Lorenzo Williams	Driver II	Taniyah Warren	Warehouse Operator Operations
Lucian Gluege	Warehouse Operator Operations	Tee Jackson	Warehouse Operator Operations
Mackenna Rainey	Driver II	Telly Leblanc	Warehouse Operator Operations
Macy Steen	Warehouse Operator Operations	Tenia Heller	Warehouse Operator Operations
Madelyn Smith-Stafford	Training Coord Sr	Terran Cole	Driver II
Marcus Rainey	Driver II	Tharnell Bullock	Warehouse Operator Operations

Tommy Lee Anderson	Warehouse Operator Operations
Tony Brown	Warehouse Operator Operations
Tony Smith	Warehouse Operator Operations
Torian Jackson	Warehouse Operator Operations
Tracy Jefferson	Warehouse Operator Operations
Traidarius Buggage	Warehouse Operator Operations
Trayon Johnson	Warehouse Operator Operations
Trese Bakker (On Leave)	Trainer Branch
Tyler Barnes	Warehouse Operator Operations
Tyler Johnson	Warehouse Operator Operations
Tyler Mixon	Warehouse Operator Operations
Tyquion Nichols	Warehouse Operator Operations
Tyra Jones	Warehouse Operator Operations
Tyree Steib	Warehouse Operator Operations
Tyren Keller	Warehouse Operator Operations
Vance Erwin	Warehouse Operator Operations
Vashawn Allbritton	Warehouse Operator Operations
Vic Groomer	Mgr Maintenance
Whittley Ficher	Driver II
William Clouse	Warehouse Operator Operations
William Lind	Warehouse Operator Operations
Willie Landry	Warehouse Operator Operations
Zachary Duncan	Warehouse Operator Operations
Zachary McCarter	Warehouse Operator Operations
Zachary Russell	Warehouse Operator Operations
Zack Montgomery	Warehouse Operator Operations
Zameal Weatherspoon	Warehouse Operator Operations

Copy of SEC 10K

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2025

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-43022

Medline Inc.

(Exact name of registrant as specified in its charter)

Delaware	**33-1845288**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
3 Lakes Drive Northfield, Illinois	**60093**
(Address of principal executive offices)	(Zip Code)

(847) 949 5500
Registrant's telephone number, including area code

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A common stock, par value $0.0001 per share	MDLN	Nasdaq Global Select Market

Securities registered pursuant to section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements.

☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b).

☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the Class A common stock held by non-affiliates of the registrant, based on the closing price of a share of Class A common stock on December 17, 2025, as reported by The Nasdaq Global Select Market on such date was approximately $13.0 billion. The registrant has elected to use December 17, 2025, which was the initial trading date of the registrant's Class A common stock on The Nasdaq Global Select Market, as the calculation date because on June 30, 2025 (the last business day of the registrant's most recently completed second fiscal quarter) the registrant was a privately held company. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose.

As of February 23, 2026, there were 811,647,534 shares of the registrant's Class A common stock and 502,045,878 shares of the registrant's Class B common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement related to its 2026 Annual Meeting of Stockholders to be filed with the U.S. Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2025 are incorporated by reference into Part III of this Annual Report on Form 10-K.

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Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K (this "Annual Report") contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Forward-looking statements include all statements that are not historical facts. Words such as "anticipate," "assume," "believe" "contemplate," "continue," "could," "estimate," "expect," "foreseeable," "intend," "may," "plan," "potentially," "predict," "project," "seek," "should," "will," or "would," or similar words or phrases that convey uncertainty of future events or outcomes, are intended to identify forward-looking statements in this Annual Report. These forward-looking statements relate to matters such as our industry, business strategy, costs, and costs savings, impacts of accounting standards and guidance, goals and expectations, market position, future operations, margins, profitability, capital expenditures, liquidity and capital resources, legal matters, trends, and other financial and operating information. The forward-looking statements are based on management's current expectations and are subject to various risks, uncertainty, and changes in circumstances, many of which are beyond our control, that could cause actual results to differ materially. Although we believe that the assumptions underlying the forward-looking statements are reasonable, we cannot guarantee future results, level of activity, performance, or achievements. Factors that may cause actual results to differ from expected results include those described in Part I, "Item 1A—Risk Factors" and Part II, "Item 7—Management's Discussion and Analysis of Financial Condition and Results of Operations". The forward-looking statements included in this Annual Report speak only as of the date of this Annual Report or as of the date they are made, as applicable. Except as otherwise required by law, we disclaim any intent or obligation to update any "forward-looking statement" made in this Annual Report to reflect changed assumptions, the occurrence of unanticipated events, or changes to future operating results over time.

INTRODUCTORY NOTE

Medline Inc. was incorporated as a Delaware corporation on November 6, 2024. Prior to the completion of its initial public offering (the "IPO") on December 18, 2025, Medline Inc. undertook certain reorganization transactions (the "Reorganization") such that Medline Inc. is now a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP ("Medline Holdings"). Following the IPO, Medline Holdings is the predecessor of Medline Inc. for financial reporting purposes. As the general partner of Medline Holdings, Medline Inc. now operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts its business. The Reorganization lacks economic substance and therefore is accounted for in a manner consistent with a reorganization of entities under common control. As a result, the consolidated financial statements of Medline Inc. recognize the assets and liabilities received in the Reorganization at their historical carrying amounts, as reflected in the historical financial statements of Medline Holdings. Medline Inc. will consolidate Medline Holdings on its consolidated financial statements and record a non-controlling interest related to the Units (as defined herein) held by the Continuing Unitholders (as defined herein) on its consolidated balance sheets and statements of comprehensive income.

Medline Inc. had no significant business transactions or activities prior to the Reorganization, and, as a result, the historical financial information reflects that of Medline Holdings.

Basis of Presentation

The consolidated financial statements and accompanying notes included herein are prepared in accordance with United States generally accepted accounting principles ("GAAP"). The results of businesses acquired or disposed of are included in the consolidated financial statements from the date of the acquisition or up to the date of disposal, respectively. All adjustments, in the opinion of management, necessary to a fair statement of the results for the annual periods presented have been made.

Certain monetary amounts, percentages, and other figures included in this Annual Report have been subject to rounding adjustments. Percentage amounts included in this Annual Report have been calculated, in some cases, not on the basis of such rounded figures, but on the basis of such amounts prior to rounding. For this reason, percentage amounts in this Annual Report may vary from those obtained by performing the same calculations using the figures, on the face of our consolidated financial statements included elsewhere in this Annual Report. Certain other amounts that appear in this Annual Report may not sum due to rounding.

In December 2024, we changed the name of Medline Holdings from Mozart Holdings, LP to Medline Holdings, LP. We will not distinguish between the prior and current name of Medline Holdings and will refer to the current name of Medline Holdings throughout this Annual Report. References in this Annual Report to "Medline," the "Company," "we," "us," and "our" refer (1) prior to the consummation of the IPO, to Medline Holdings, LP and its consolidated subsidiaries and (2) after the IPO to Medline Inc. and its consolidated subsidiaries.

CERTAIN DEFINITIONS

As used in this Annual Report, unless otherwise noted or the context requires otherwise, the following terms have the following meanings:

- "Class A Units" refers to the interests in Medline Holdings called "Class A Units" that were outstanding prior to the Reclassification. In connection with the Reclassification, (i) Class A Units held by Common Unitholders were converted into Common Units and (ii) Class A Units held by Exchanging Class A Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Class B Units" refers to the interests in Medline Holdings called "Class B Units" that were outstanding prior to the Reclassification, and does not include CUPI Units. In connection with the Reclassification, (i) Class B Units held by Incentive Unitholders were converted into Incentive Units and (ii) Class B Units held by Exchanging Class B Unitholders were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units).

- "Common Units" refers to the new class of units of Medline Holdings created by the Reclassification and does not include Incentive Units.
- "Common Unitholders" refers to certain pre-IPO holders of Class A Units and/or CUPI Units who hold Common Units following the Reclassification.
- "Incentive Unitholders" refers to certain pre-IPO holders of Class B Units who will hold Incentive Units following the Reclassification, as described under "Organizational Structure."
- "Continuing Unitholders" refers collectively to Common Unitholders and Incentive Unitholders.
- "CUPI Units" refers to the interests in Medline Holdings that were designated as "Catch-Up Class B Units" and outstanding prior to the Reclassification. In connection with the Reclassification, (i) CUPI Units held by Common Unitholders were converted into Common Units and (ii) CUPI Units held by Exchanging CUPI Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Designating Stockholder" refers to each of our Principal Stockholders with whom we entered into separate director nomination agreements.
- "Exchanging Class A Unitholder" refers to pre-IPO holders of Class A Units whose Class A Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Class B Unitholder" refers to pre-IPO holders of Class B Units whose Class B Units were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units) following the Reclassification.
- "Exchanging CUPI Unitholder" refers to pre-IPO holders of CUPI Units whose CUPI Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Unitholders" refers collectively to Exchanging Class A Unitholders, Exchanging CUPI Unitholders, and Exchanging Class B Unitholders.
- "Incentive Units" refers to the new class of units of Medline Holdings created by the reclassification of the Class B Units in the Reclassification. The Incentive Units are "profit interests" having economic characteristics similar to stock appreciation rights and having the right to share in any equity value of Medline Holdings above specified participation thresholds. Vested Incentive Units may be converted to Common Units and be subsequently exchanged for shares of Class A common stock.
- "Principal Stockholders" refers collectively to investment funds associated with Blackstone Inc., The Carlyle Group Inc. and Hellman & Friedman LLC, and members of the Mills family.
- "Reclassification" refers to the reclassification of the partnership interests of Medline Holdings prior to the IPO.
- "Sponsors" refers collectively to Blackstone Inc., The Carlyle Group Inc., and Hellman & Friedman LLC.
- "Units" refers collectively to Common Units and Incentive Units.

Summary of Risk Factors

The following is a summary of the principal factors that make an investment in our securities speculative or risky, all of which are more fully described below. This summary should be read together with the risk factors described under Part I, "Item 1A—Risk Factors" and should not be relied upon as an exhaustive summary of the material risks facing our business. In addition to the following summary, you should consider the information set forth below and the other information contained in this Annual Report before investing in our securities.

- Our global operations are subject to inherent risks that could materially adversely affect our business, results of operations, and financial condition.
- We may be unable to derive fully the anticipated benefits from our existing or future acquisitions, joint ventures, investments, dispositions, or other strategic transactions.
- Consolidation in the healthcare industry could have an adverse effect on our business, results of operations, and financial condition.
- We operate in a highly competitive industry, with accelerating pricing pressure and changes in technology.
- Changes to the U.S. and global healthcare environments may not be favorable to us.
- Increases in shipping costs or service issues with our third-party shippers could harm our business.

- Significant challenges or delays in our sourcing of new products and technologies could have an adverse impact on our long-term success.
- We have concentration in and dependence on certain healthcare provider customers and GPOs.
- Our business and operations depend on the proper functioning of our critical facilities and distribution networks and could be negatively impacted by events outside our control.
- Quality problems and product liability claims have in the past led, and could in the future lead, to recalls or safety alerts, reputational harm, adverse verdicts, or costly settlements, and could have a material adverse effect on our business, results of operations, and financial condition.
- Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline.
- If we experience increased pressure to maintain or decrease the price of our goods and services and we are unable to reduce our expenses, there may be a material adverse effect on our business, results of operations, and financial condition.
- Any failure by or loss of a third-party manufacturer or supplier or other manufacturing or supply-related impacts could result in delays and increased costs, which may adversely affect our business.
- We rely on the proper function, security, and availability of our information technology systems and data, as well as those of third parties throughout our global supply chain, to operate our business.
- We are subject to extensive and complex laws and governmental regulations and any adverse regulatory action may materially adversely affect our business, results of operations, and financial condition both inside and outside the United States.
- We are subject to complex and rapidly evolving data privacy, security, and data protection laws and regulations and the costs to comply with such laws and regulations or any ineffective compliance efforts with such laws and regulations may adversely impact our business.
- Our use or our third-party service providers' or business partners' use of AI, automated decision-making and machine learning technologies and the evolving regulatory framework in this area may subject us to risks or heightened costs that could adversely affect business, results of operation and financial condition.
- Our failure to comply with laws and regulations relating to reimbursement of healthcare goods and services may subject us to penalties and adversely impact our reputation, business, results of operations, financial condition, and cash flows.
- Uncertain global and domestic macro-economic and political conditions could materially adversely affect our business, results of operations, and financial condition.
- Our substantial indebtedness could adversely affect our financial condition, our ability to operate our business or react to changes in the economy or our industry, prevent us from fulfilling our obligations under our debts, and divert our cash flow from operations for debt payments.
- The credit agreement that governs the Senior Secured Credit Facilities and the indentures that govern the Senior Notes will each impose significant operating and financial restrictions on our subsidiaries, which may prevent us from capitalizing on business opportunities.
- Medline Inc. is a holding company and its only material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, and it is accordingly dependent upon distributions from Medline Holdings to pay taxes, make payments under the tax receivable agreement, and pay any dividends.
- The Designating Stockholders hold a significant percentage of our stock, and their interests may conflict with ours or yours in the future.
- Our amended and restated certificate of incorporation does not limit the ability of our Sponsors, the Mills family, and certain other pre-IPO investors to compete with us, and they may have investments in businesses whose interests conflict with ours.

The market price of shares of our Class A common stock may be volatile or may decline regardless of our operating performance, which could cause the value of your investment to decline.

Market and Industry Data

Unless otherwise indicated, information contained in this Annual Report concerning our industry, competitive position, and the markets in which we operate is based on information from independent industry and research organizations, other third-party sources and management estimates. Although we believe that these third-party sources are reliable, we do not guarantee the accuracy or completeness of this information, and we have not independently verified this information. Management estimates are derived from information obtained from surveys, reports by market research firms, our customers, distributors, suppliers, trade and business organizations, and other contacts in the markets in which we operate and have not been verified by independent sources, and are based on assumptions made by us upon reviewing such data, and our experience in, and knowledge of, such industry and markets, which we believe to be reasonable. In addition, assumptions and estimates of our and our industry's future performance are subject to a high degree of uncertainty and risk due to a variety of factors, including those described in Part I, "Item 1A—Risk Factors" and "Cautionary Note Regarding Forward-Looking Statements." These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

Statements regarding our market position (including statements that we are the largest company in a particular market), unless otherwise noted, are based on our 2025 net sales in the relevant market relative to the publicly reported net sales of our competitors in such market, including with respect to our statement of being the largest provider of med-surg products and supply chain solutions serving all points of care, as that statement is based on our 2025 net sales relative to the publicly reported net sales of med-surg products by companies that are both med-surg manufacturers and distributors.

Trademarks

We own or have the right to use trademarks, trade names, and service marks used in connection with our business, including, but not limited to, Medline, Curad, Microtek, Hudson, and Proxima. All trademarks, trade names, and service marks referred to in this Annual Report are the property of their respective owners. We do not intend our use or display of other companies' trade names, trademarks, or service marks to imply a relationship with, or endorsement or sponsorship of us by, these other companies. Solely for convenience, our trademarks, trade names, and service marks referred to in this Annual Report may appear without the ®, ™ or SM symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks, trade names, and service marks.

PART I

Item 1. Business

General

Medline Inc. (together with its subsidiaries, "Medline", "the Company", "we", "ours" and "us") is the largest provider of medical-surgical ("med-surg") products and supply chain solutions serving all points of care, based on total net sales of med-surg products. Medline was founded in 1966 and today delivers mission-critical products used daily across the full range of care settings, from hospitals and surgery centers to physician offices and post-acute facilities. Our mission is to make healthcare run better by delivering improved clinical, financial, and operational outcomes.

We have two reportable segments, Medline Brand and Supply Chain Solutions, the combination of which addresses critical needs in the market through a comprehensive solution. They are both supported by our Prime Vendor model, differentiated distribution network, and robust commercial platform. Through our two segments, we offer approximately 335,000 med-surg products, including surgical and procedural kits, gloves and protective apparel, urological and incontinence care, wound care, and consumable lab and diagnostics products. We distribute these products through our expansive network of global distribution facilities and our owned fleet of MedTrans trucks.

Medline Brand

As of December 31, 2025, we offer our customers approximately 190,000 med-surg products through our Medline Brand segment and hold leading positions across many key product families for our Medline Brand products. Our Medline Brand products are organized into three product categories: Front Line Care, Surgical Solutions, and Laboratory and Diagnostics.

- *Front Line Care* offers mission-critical med-surg products for patient-facing needs, including wound care products, exam gloves, skin care and incontinence products, environment cleaning supplies, textiles, hand sanitizer, durable medical equipment, patient plastics, and decolonization and infection control products.
- *Surgical Solutions* offers operating room and perioperative environment product solutions, including surgical procedure trays, drapes and gowns, personal protective equipment, sterile wraps, surgical instruments, surgeon's gloves, procedure kits, and orthopedic implants.
- *Laboratory and Diagnostics* offers a full range of laboratory and diagnostic product solutions, including point of care testing, analyzers and instrumentation, lab and diagnostic consumables, diagnostic instruments, vital signs monitors, and anatomic pathology and phlebotomy products.

Our product development approach incorporates customer feedback and ongoing innovation. We are also committed to delivering products of the highest standard, which is reflected by our robust quality team embedded across our manufacturing and sourcing locations. The expertise of our research and development team and quality team helps ensure products bearing the Medline brand meet both our rigorous quality standards and our customers' expectations.

Supply Chain Solutions

As of December 31, 2025, we offer approximately 145,000 med-surg products from over 1,300 third-party suppliers, including nearly all leading national brands, through our Supply Chain Solutions segment. We also provide our customers with supply chain optimization services such as consulting engagements, outsourced warehouse and technology management, put-away-ready packaging, third-party logistics, inventory rationalization, and route planning. Our third-party suppliers are primarily responsible for costs related to import and inbound freight, whereas we are primarily responsible for costs related to outbound freight from our distribution centers. Our supply chain expertise allows us to provide additional service offerings to optimize our customers' supply chain and inventory workflows, helping these customers cost-effectively manage their supply chain while building strong relationships and enhancing retention.

Our Prime Vendor Model

A Prime Vendor relationship is a relationship for which there is a multi-year distribution agreement between Medline and a customer, whereby the customer agrees to use Medline for the vast majority of its med-surg product needs.

In our Prime Vendor relationships, we enter into long-term agreements, typically structured with five-year terms, to act as the primary consolidated logistics partner for these customers' med-surg product needs. These agreements have been and are expected to continue to be a key contributor to our growth. Our customers realize efficiencies by partnering with one supply chain partner to consolidate their med-surg purchase volume. Prior to the market adoption of the Prime Vendor model, customers sourced such products individually from a highly fragmented base of suppliers. The Prime Vendor model instead centralizes procurement and distribution, which in turn drives efficiency and higher service levels.

As Prime Vendor, we drive significant cost savings to our customers. Our scale allows us to deliver consistently lower prices and better service levels on Medline Brand products relative to third-party alternatives, while also lowering the distribution cost for delivery of the full range of med-surg products. This often motivates customers to purchase more Medline Brand products over time. The opportunity is even greater in certain non-acute settings, where we sell a more focused product portfolio. Our Prime Vendor model allows us to provide cost savings to Prime Vendor customers, which, over time, supports incremental purchasing of our Medline Brand products and greater scale across our operations. As our scale grows, we are able to realize further efficiencies by offering superior or similar quality to third-party products at a more cost-effective price. We believe that Medline Brand conversion is mutually beneficial for both our customers and us-the value we provide customers at the outset of a Prime Vendor agreement meaningfully increases over time, as they accrue savings by purchasing our lower cost Medline Brand products, while our profitability grows given the enhanced margin profile of Medline Brand products. This compelling value proposition and supply chain relationship with our customers supports our greater than 98% average Prime Vendor retention rate over the past five years.

A portion of Supply Chain Solutions products sold to existing Prime Vendor customers has like-for-like Medline Brand product equivalents, representing a potential gross profit uplift consistent with our historical margin differentials if such products were converted for Medline Brand products. While we historically have earned higher margins upon conversion from third-party national brand products to like-for-like Medline Brand products, because of the lower average prices for Medline Brand products, there is typically a negative impact on net sales upon the conversion of Supply Chain Solutions products to like-for-like Medline Brand products if volume is assumed to be constant. For additional information on potential risks relating to this conversion opportunity, please see Part I, "Item 1A—Risk Factors—Risks Related to Our Business, Industry and Operations—Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline."

Our Distribution Network

We have a differentiated distribution network of 70 global distribution centers, warehouses, cross-docks, and transship facilities, 45 of which are in the United States, strategically located to provide next-day delivery to 95% of our U.S. customer base. We utilize artificial intelligence ("AI") and robotics technology in over 26 million square feet of warehouse space in the United States to improve efficiency and capacity to optimize distribution logistics and maximize utilization. The products we distribute are packaged to meet each customer's individual needs and to be "put-away-ready," which streamlines the customer's unloading and shelving process. We also operate our own fleet of more than 2,100 MedTrans trucks that deliver our products across care settings within the United States. As of December 31, 2025, we had approximately 25% in incremental capacity across our platform to support our long-term growth.

Our Commercial Platform

Our deep connectivity to our customers is driven by the strength of our dedicated and tenured commercial team. We have a U.S. commercial team of approximately 4,000 people across all points of care, which includes account managers, product specialists, specialized clinical resources, customer service representatives, supply chain specialists, Prime Vendor analysts, and a robust leadership team dedicated to driving efficiencies for our customers through their teams. We have created an entrepreneurial environment that empowers our salesforce to work with our product managers to create innovative products that meet market demand. We have a team devoted to each channel in the United States and each region or country internationally, which allows our salesforce teams to develop market-specific knowledge.

Research and Development

We have a track record of successfully bringing new products to market, with more than 2,300 granted patents and more than 450 U.S. Food and Drug Administration ("FDA") 510(k) clearances. Over the last three years, we have successfully launched more than 250 new products.

Competition

Our value proposition is derived from our integrated business model, the breadth of our Medline Brand portfolio, our differentiated supply chain, and the overall quality and cost of our products. As a result of our integrated business model, our competitors include both other leading med-surg product manufacturers and distributors.

Similar to us, other leading med-surg product manufacturers produce a wide range of med-surg supplies. However, unlike us, many of these competitors are reliant upon third-party distributors to deliver their products to customers. By nature of being a distributor, Medline has direct access to and manages the end customer relationships. This enables us to offer a complete solution as a manufacturer and a distributor, offering our customers what we believe to be best-in-class supply chain logistics, and driving value through our brand.

Additionally, other distributors of med-surg products similarly connect the fragmented supplier and provider bases and aggregate inventory from suppliers to deliver products to customers, such as McKesson, Cardinal Health, Owens & Minor, and Henry Schein. These distribution companies compete with us for Prime Vendor agreements. However, we believe that many of these competitors do not benefit from the scale and scope of our vertical integration or commercial excellence, and thus are not able to provide the same magnitude of cost savings, value, and holistic solutions that we deliver for our customers.

Production and Raw Materials

We manufacture approximately one-third of our Medline Brand products, which are primarily Class I and II medical devices, through our 30 manufacturing facilities, of which 24 are in North America. We purchase many of the components and raw materials used in manufacturing our products from numerous suppliers. We focus our manufacturing capabilities on products where we can leverage technology and automation to drive higher quality and lower costs to better serve our customers. For the vast majority of the other two-thirds of our Medline Brand products, we work closely with our network of more than 600 global partners across approximately 40 countries, many of whom have decades-long exclusive relationships with us. The breadth of our global sourcing partnerships provides diversification and strengthens our resiliency, with no single sourcing partner accounting for more than 5% of total spend as of December 31, 2025.

We also have plans and measures in place to help ensure continuity of supply while maintaining high quality and reliability. Generally, we have been able to obtain adequate supplies of such raw materials and components. However, due to the FDA's manufacturing requirements and those of other regulatory authorities, we may not be able to quickly establish additional or replacement sources for certain components, materials or processes if we experience a sudden or unexpected reduction or interruption in supply or services and are unable to develop alternative sources.

Human Capital Resources

At Medline, our relentless focus on the customer drives our human capital strategy, which revolves around attracting, developing, and retaining employees to provide the best products and services for our customers. We have developed a strong foundation that drives our recruitment, retention and development efforts. We are committed to supporting the personal and professional development of our employees, as well as providing competitive benefits and a safe, inclusive workplace.

As of December 31, 2025, we employed over 45,000 employees worldwide, with over 26,000 located in the United States. Our largest non-U.S. employee populations are in Mexico, Dominican Republic, India, Canada, Slovakia, France, China, Japan, Germany, and Australia. None of our employees in the United States are unionized, though some of our employees in Mexico belong to unions. In Germany and the Netherlands, employees are represented through Works Councils; in France and Spain, employees are represented through both Works Councils and industry-wide collective bargaining agreements; and in Belgium and Italy, employees are also represented through industry-wide collective bargaining agreements. In Australia, certain employees are represented by an enterprise bargaining agreement; in Japan, employees are represented through a Work Council; and in Vietnam, employees are represented through a collective bargaining agreement. We believe that our positive employee relations and total employee experience drive the continual growth of our workforce.

Culture and Values

Our culture is grounded in a customer-focused, collaborative, and performance-driven approach, guided by core values emphasizing relentless customer focus, agility and flexibility, problem-solving, drive to succeed, purposeful candor, and the importance of relationships. Employees are encouraged to exercise judgment, work transparently with customers, and contribute meaningfully to our mission to make healthcare run better.

Talent Attraction and Development

We seek to attract employees whose skills, experience, and motivation align with our operational and technical needs. Through continual improvement of internal processes, an awareness of market and candidate driven trends, and in partnership with vendors and other outside organizations, our talent acquisition programs focus on efficient hiring processes, market awareness, and building a diverse pipeline of candidates. We support development through consistent performance management processes and early career opportunities to take on additional responsibilities to demonstrate their competencies and drive to succeed and on-the-job responsibility augmented by formal training and development to refine technical and leadership skills. New sales representatives participate in comprehensive training programs, and product managers have targeted development pathways through all stages of their careers, from mandatory onboarding offerings to advanced classes that provide the necessary skills with increasing levels of responsibility, to support progression over time.

Employee Engagement and Inclusion

We believe our employees' ability to communicate and cooperate effectively across functional and departmental teams positively impacts our performance. We engage in various listening strategies and foster engagement through survey feedback mechanisms, anonymous employee feedback platform, focus groups, increased attention to onboarding and offboarding feedback, pulse surveys on remote work needs, and other listening strategies. Insights from these efforts inform workplace improvements. We also support an inclusive environment through Employee Resource Groups and leadership training initiatives designed to reduce bias in talent decisions and strengthen representation across the company.

Health, Safety, and Well-Being

We are committed to maintaining a safe workplace and supporting the physical, emotional, and financial well-being of our employees. We provide competitive health and benefits programs, access to assistance resources where available, and opportunities for community involvement through charitable giving, including financial giving and in-kind giving such as product donations.

Intellectual Property

We rely upon patents, trademarks, copyrights, trade secrets and other intellectual property rights to maintain and improve our competitive position. We have a large portfolio of intellectual property, including more than 2,300 granted patents as well as trademark registrations protecting our notable brands, including Medline, Curad, Microtek, Hudson, and Proxima.

We consider the trademarks and know-how that we own to be material to our business. However, other than the Medline mark, we do not consider our business to be materially dependent upon any individual trademark registration or trade secret. In the aggregate, we consider our more than 2,300 granted patents to be material to our business. However, no single patent or group of related patents is material to our business as a whole or any segment of our business.

We believe that we have taken all necessary steps to protect our intellectual property rights, but no assurance can be given that we will be able to successfully enforce or protect our rights in the event that they are infringed upon or challenged by a third party. See Part I, "Item 1A —Risk Factors—Risks Related to Regulation and Legal Proceedings—Any failure to obtain, maintain, protect and enforce our intellectual property rights, or the failure of the strength or scope of our intellectual property rights, could harm our business, financial condition, and results of operations" and "—Risks Related to Regulation and Legal Proceedings—We may become subject to litigation brought by third parties claiming infringement, misappropriation, or other violation by us of their intellectual property rights."

Government Regulation

Our operations and products are subject to extensive regulation by numerous governmental regulatory authorities, including U.S. and other international regulatory authorities, and other government agencies inside and outside the United States. To varying degrees, each of these agencies requires us to comply with laws and regulations governing the development, design, materials, testing, safety, efficacy, quality, purity, manufacturing, methods, controls, testing, screening, recordkeeping, reporting, processing, storage, registration, authorization, licensing, permitting, labeling, advertising, marketing, distribution, offer for sale, sale, use, expiration, pricing, reimbursement, import, export, clinical trials, post-marketing surveillance of our products, the registration of our facilities, and the claims that we make about our products. The United States and other countries where we sell healthcare and other regulated products, including drugs, human cell and tissue products, dietary supplements, cosmetics, certain foods, and consumer products subject such products to their own clearance, authorization, approval, registration, listing, labeling, manufacturing, recordkeeping, reporting, and other regulatory requirements regarding the performance, safety, and quality of such products. We are also subject to healthcare and other regulations and enforcement by the federal government and the states and foreign governments and authorities in the locations in which we conduct our business. The U.S. governmental and regulatory authorities that enforce such laws and rules, and that issue guidance on compliance with such laws and rules include, without limitation, the FDA, the Centers for Medicare & Medicaid Services ("CMS"), other divisions of the U.S. Department of Health and Human Services ("HHS"), the HHS Office of Inspector General, U.S. Environmental Protection Agency ("EPA"), the Federal Trade Commission ("the FTC"), Consumer Product Safety Commission ("CPSC"), the U.S. Department of Justice ("DOJ") and individual U.S. Attorney offices within the DOJ, as well as state and local governments. Our business is also affected by patient and data privacy and security laws, government payer cost containment initiatives, government reimbursement laws and regulations, environmental, health, and safety laws and regulations, as well as laws and regulations with respect to the sale, transportation, storage, handling, and disposal of hazardous or potentially hazardous substances, and safe working conditions. Our business also maintains contracts with governmental agencies and such contracts are subject to various government procurement laws and regulations, required contract provisions, and other requirements relating to contract formation, administration and performance. Failure to comply with applicable laws and regulations or with contractual or other requirements may result in monetary damages and criminal or civil penalties as well as termination of our government contracts or our suspension or debarment from government contract work.

The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, including through the offering of new products and services or entering into new geographic areas, we may be subject to new and additional regulatory requirements. The foreign, federal, state, and local regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products, suspend, revoke, or terminate our product and facility licenses, permits, and authorizations, request the cessation of distribution and shipments of certain products due to regulatory, safety, or other issues, seize or order the recall of our products, issue safety, quality, or other communications to the public or healthcare providers, enforce laws related to marketing, including promotion of off-label uses of products, and impose injunctions and significant criminal, civil, and administrative sanctions for violations of laws and regulations. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, may impact our business practices and operations, including by limiting our ability to effectively market, ship, and sell our products, affecting the production and distribution of products by our manufacturing facilities, subjecting us to significant liability, and limiting our ability to obtain future authorizations. Although we are subject to international government regulations in the international end markets where we operate and/or provide our products, these regulations do not have a material impact on our products as no international market represents more than 3% of our net sales.

Government Regulation of Medical Devices

Our medical devices are subject to regulation by numerous government agencies, including the FDA and comparable state and foreign agencies. Regulations of the FDA and other regulatory agencies in and outside the United States impose extensive compliance and monitoring obligations on portions of our business. The FDA and other U.S. and foreign governmental agencies regulate, among other things, with respect to medical devices: design, development, and manufacturing; testing, registration, listing, labeling, content, and language of instructions for use and storage; clinical trials; product safety; marketing, sales, and distribution; licensing and permit requirements; premarket clearance, approval and authorization; record keeping procedures; advertising and promotion; recalls and field safety corrective actions; post-market surveillance, including reporting of deaths or serious injuries and malfunctions that, if they were to recur, could lead to death or serious injury; post-market approval studies; and product import and export. The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, we may be subject to new and additional regulatory requirements. The FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers; seize or order the recall of products; terminate, suspend, or revoke licenses and permits; and impose significant criminal, civil, and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers. In addition, the FDA and other governmental and regulatory authorities, both in and outside the United States (including the FTC, the HHS Office of the Inspector General, the DOJ, and various state Attorneys General), monitor the promotion and advertising of our products. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, depending on its magnitude, may limit our ability to effectively market, ship, and sell our products, limit our ability to obtain future premarket authorizations, or result in a substantial modification to our business practices and operations.

FDA Premarket Clearance and Approval Requirements

Each medical device we wish to distribute commercially in the United States requires marketing authorization from the FDA prior to distribution, unless the device is exempt from premarket notification requirements. The type of marketing authorization necessary is generally linked to the classification of the device. The FDA classifies medical devices into one of three classes-Class I, II, or III-based on the degree of risk associated with a device and the level of regulatory control deemed necessary to ensure its safety and effectiveness. Class I devices that pose the least risk are subject only to General Controls applicable to all devices, such as requirements for device labeling, premarket notification, and adherence to current good manufacturing practices for devices as set forth in the Quality System Regulation ("QSR"). Class II devices that pose a moderate risk are subject to General Controls and may also be subject to Special Controls, such as performance standards, product-specific guidance documents, special labeling requirements, patient registries, or post-market surveillance. Class III devices are those for which insufficient information exists to assure safety and effectiveness solely through General and Special Controls, including devices that support or sustain human life, are of substantial importance in preventing impairment of human health, or which present a potential unreasonable risk of illness or injury.

Most Class I devices and some Class II devices are exempted by regulation from the 510(k) clearance requirement and can be marketed without prior authorization from the FDA. Class I and II devices that are not exempted are eligible for marketing through the 510(k) clearance pathway. By contrast, devices placed in Class III generally require premarket approval ("PMA") or de novo clearance prior to commercial marketing. The PMA approval process is more stringent, time-consuming and expensive than the 510(k) clearance process; however, the 510(k) clearance process has also become increasingly stringent and expensive. None of our products are currently approved under a PMA, and we have no plans for any indication or system improvement or extension that we believe would require a PMA. If, in the future, we were to file a PMA, we may be subject to additional regulatory requirements.

510(k) Clearance Process

To obtain 510(k) clearance, we must submit a premarket notification to the FDA demonstrating the proposed device to be substantially equivalent to a predicate device. A device is substantially equivalent if, with respect to the predicate device, it has the same intended use and it has either the same technological characteristics, or it has different technological characteristics, but the information provided in the 510(k) submission demonstrates that the device does not raise new questions of safety or effectiveness. The standard review process for 510(k)s is between six to nine months, dependent upon the type of 510(k) filing submitted. Although many 510(k) premarket notifications are cleared without clinical data, in some cases, the FDA may require clinical data to support substantial equivalence. In reviewing a premarket notification, the FDA may request additional information, including clinical data, which may significantly prolong the review process and clearance is never assured. Clinical trials generally require the submission of an investigational device exemption ("IDE") to the FDA for a specified number of patients and study sites, unless the product is deemed a non-significant risk device eligible for more abbreviated IDE requirements. Clinical trials are subject to numerous requirements and institutional review board approval, oversight, and monitoring. Even if a trial is conducted, the results of clinical testing may not adequately demonstrate the safety and effectiveness of the device or be sufficient to obtain FDA clearance or approval for marketing.

After a device receives 510(k) clearance, any subsequent modification of the device that could significantly affect its safety or effectiveness, or that would constitute a major change in its intended use, requires a new 510(k) clearance or could require submission and approval of a de novo 510(k) or a PMA application in cases where new indications are sought for which there is no predicate. Non-significant changes are handled via internal documentation by the Company. Each manufacturer must judge the significance of modifications based on FDA 510(k) regulatory requirements and guidance documents. The FDA may review any such decision and may disagree with a manufacturer's determination. If the FDA disagrees with a manufacturer's determination, the FDA may require the manufacturer to cease marketing and distribution and/or recall the modified device until 510(k) clearance or PMA approval is obtained. In the future, we may make modifications to our products after they have received FDA clearance and, in appropriate circumstances, determine that new clearance is unnecessary. However, the FDA may disagree with our determination, and, if the FDA requires us to seek 510(k) clearance or submit new PMA applications for any modifications to a previously cleared product, we may be required to cease marketing or distributing or recall the modified device until we obtain the required clearance or approval. We may also market or acquire products that are marketed without a 510(k) clearance, appropriate labeling, or that otherwise are marketed in violation of FDA requirements, since medical devices can be marketed only for the indications for which they are cleared or approved. Under these circumstances, we may also be subject to warning letters, significant regulatory fines, or other penalties, and we may no longer be able to market particular products for which a 510(k) clearance is required.

Post-Marketing Requirements

Numerous FDA regulatory requirements apply to devices we manufacture and distribute, including: compliance with the QSR, which require manufacturers and their suppliers to follow the applicable design, testing, processes, control, documentation, labeling, and other quality assurance procedures during the manufacturing process; establishment registration, which requires establishments involved in the production and distribution of medical devices intended for commercial distribution in the United States to register with the FDA; medical device listing, which requires manufacturers to list the devices they have in commercial distribution with the FDA; labeling regulations, which prohibit "misbranded" devices from entering the market, as well as prohibit the promotion of products for unapproved or off-label uses and impose other restrictions on labeling; post-market surveillance, including medical device reporting requirements which requires manufacturers to report to the FDA if their device may have caused or contributed to a death or serious injury, or malfunctioned in a way that would likely cause or contribute to a death or serious injury if it were to recur; and corrections and removal reporting regulations, which require that manufacturers report to the FDA field corrections and product recalls or removals if undertaken to reduce a risk to health posed by the device or to remedy a violation of the Federal Food, Drug, and Cosmetic Act that may present a risk to health. The FDA and other governmental and regulatory authorities actively enforce the laws and regulations prohibiting the promotion of off-label uses, and a company that is found to have improperly promoted off-label uses may be subject to significant liability.

The FDA enforces these requirements by inspection and market surveillance. Domestic facility records and manufacturing processes are subject to periodic unscheduled inspections by the FDA. The FDA may also inspect foreign facilities that export products to the United States. Failure to comply with applicable regulatory requirements may result in enforcement action or other actions by the FDA, which may include one or more of the following sanctions: adverse press releases and safety communications; requests to stop shipments; untitled letters or warning letters; fines, injunctions, and civil penalties; mandatory recall or seizure of our products; customer notifications and repairs or replacements; administrative detention or banning of our products; consent decrees; operating restrictions, partial suspension or total shutdown of production; refusing our request for 510(k) clearances for new product versions or modifications to existing product versions; revocation of 510(k) clearances previously granted; refusal to grant export approval for our products; and criminal prosecution and penalties. If any of these events were to occur, they could have a material adverse effect on our business, financial condition, and results of operations.

International Regulation of Medical Devices

Sales of medical devices outside the United States are subject to foreign government regulations, which vary substantially from country to country. In order to market our products in other countries, we must comply with applicable regulatory requirements and authorizations and approvals and safety and quality regulations in each country in which the product is marketed. The time required to obtain authorization, approval, or certification by a foreign country may be longer or shorter than that required for FDA clearance, and the requirements may differ significantly.

EU Regulation of Medical Devices

In the European Union ("EU") until May 25, 2021, medical devices were regulated by the Council Directive 93/42/EEC, which has been repealed and replaced by the Medical Device Regulation ("EU MDR"). Unlike directives, regulations are directly applicable in all EU member states without the need for member states to implement into national law. The EU extended the EU MDR transitional periods for certain medical devices until December 31, 2027 or December 31, 2028, depending on a device's risk class and subject to certain conditions to ensure continued access to medical devices for patients and to allow medical devices already placed on the market in accordance with the current legal framework to remain on the market, provided that the requirements of the transitional provisions are fulfilled.

In the EU, there is currently no premarket government review of medical devices. However, all medical devices placed on the EU market must meet general safety and performance requirements, and compliance with the general safety and performance requirements is a prerequisite for European conformity marking without which medical devices cannot be marketed or sold in the EU. EU MDR requirements regarding the distribution, marketing, and sale, including quality systems and post-market surveillance, have to be observed by manufacturers, importers, and distributors as of the application date (i.e., since May 26, 2021), including registration of economic operators and of devices (once the relevant modules of Eudamed are functional), surveillance, and vigilance requirements. The aforementioned EU rules are generally applicable in the European Economic Area which consists of the 27 EU member states plus Norway, Liechtenstein, and Iceland.

The NDA Approval Process

For any new drug products regulated under the Federal Food, Drug, and Cosmetic Act such as our ReadyPrep CHG cloth, a sponsor must submit a New Drug Application ("NDA"), to the FDA for review and approval. The NDA review and approval process may take multiple years and involves steps including the following:

- completion of preclinical studies and analytical and stability testing in accordance with applicable regulations;
- submission to the FDA of an Investigational New Drug ("IND") application, which must become effective before clinical trials may begin and must be updated annually and amended when certain changes are made;
- approval by an institutional review board, or IRB, or independent ethics committee, or IEC, at each clinical trial site before each trial may be initiated;
- performance of adequate and well-controlled clinical trials in accordance with applicable IND regulations, good clinical practice, or GCP, requirements, including informed consent, financial disclosure by investigators, and other clinical trial-related regulations, to establish the safety and efficacy of the investigational product for each proposed indication and other condition of use;
- preparation and submission to the FDA of an NDA;

- satisfactory completion of one or more FDA pre-approval inspections of the manufacturing facility or facilities where the drug will be produced to assess compliance;
- satisfactory completion of FDA inspection of select clinical trial sites involved in conducting pivotal studies that generated the data in support of the NDA;
- payment of user fees for FDA review of the NDA; and
- FDA review and approval of the NDA, including of the proposed prescribing information and, where applicable, consideration of the views of any FDA advisory committee, prior to any commercial marketing or sale of the drug in the United States.

Any approvals that we may ultimately receive could be withdrawn if required post-marketing trials or analyses do not meet the FDA requirements, which could materially harm the commercial prospects for our products.

Even if a product candidate receives regulatory approval, the approval may be limited to specific disease states, patient populations and dosages, or might contain significant limitations on use in the form of warnings, precautions or contraindications, or in the form of onerous risk management plans, restrictions on distribution, or post-marketing study requirements. Further, even after regulatory approval is obtained, later discovery of previously unknown problems with a product may result in restrictions on the product or even complete withdrawal of the product from the market. Delay in obtaining, or failure to obtain, regulatory approval for our candidate products, or obtaining approval but for significantly limited use, would harm our business. In addition, we cannot predict what adverse governmental regulations may arise from future U.S. or foreign governmental action.

Trade Regulations

The movement of products, services, and investment across borders subjects us to extensive trade regulations. A variety of laws and regulations in the countries in which we transact business apply to the sale, shipment, and provision of goods, services, and technology across borders. These laws and regulations govern, among other things, our import, export, and other business activities. We are also subject to the risk that these laws and regulations could change in a way that would expose us to additional costs, penalties, or liabilities. Some governments also impose economic sanctions against certain countries, governments, persons, and entities, both for unlawful or malign conduct and to discourage or prevent entities from abiding by other countries' laws. In addition to our need to comply with such regulations in connection with our direct activities, we also sell and provide goods, technology, and services to agents, representatives, and distributors who may export such items to customers and end-users. If we, or the third parties through which we do business, are not in compliance with applicable import, export control, or economic sanctions laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability. Such actions may disrupt or delay sales of our products or services or result in restrictions on our distribution and sales of products or services that may materially impact our business.

Anti-Boycott Laws

Under U.S. laws and regulations, U.S. companies and their subsidiaries and affiliates are prohibited from participating or agreeing to participate in unsanctioned foreign boycotts in connection with certain business activities, including the sale, purchase, transfer, shipping, or financing of goods or services within the United States or between the United States and countries outside of the United States. If we, or certain third parties through which we sell or provide goods or services, violate U.S. anti-boycott laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability.

4Q

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03478	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 29895 US Hwy 90 Bus

City: Katy State: TX Zip: 77494

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 281-574-2328 Website: medline.com

Name of Designated Representative (DR): Christopher Ashley

Licensing Company Email: ralicensing@medline.com DR Email: cashley@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attached Corporate Discipline History

Original Signature (electronic, copies or stamps not accepted)

01/15/24
Date

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Lora Simmons

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
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P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091 PHONE
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800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grimston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
3605 Missouri Boulevard
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800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ **REQUESTS**

_____ **DOES NOT REQUEST**

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____

Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____

Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____

Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____

Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Florida Department of Health

Reason/Charge
Medline's Florida Certified Designated Representative unexpectedly resigned.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

_____ February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

_____ February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Medline Industries, Inc., Case #2007-37412

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2008006		Louisiana Board of Wholesale Drug Distributors		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
LA Board of WDD/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingerman

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman
William Crates, Vice-Chairman
Randall Brooks, Secretary/Treasurer
John Liggio, Executive Director/Inspector
Hershal Paul, Board Member
Andy Milligan, Board Member
Wayne Gremillion, Board Member
Eric Voitier, Board Member
Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
HI DCCA / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
119A
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

6. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

9. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

11. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 0 8 2008.

Bobbi'wy Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of July, 2007, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C&I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
08 PHM 037		Wisconsin Department of Regulation and Licensing		
Reason/Charge				
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
WI DSPS/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 19 A 9:4

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of MEDLINE INDUSTRIES INC., Respondent.	PHA 2009-7-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Lee V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Mallee Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller
Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2009

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

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POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dana N. Simmons Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Dana N. Simmons, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller
Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of January, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
27278	NY State Education Department- Board of Pharmacy

Reason/Charge
Discipline incurred in another jurisdiction

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NY Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: A. Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

---X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

---X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis Ingalls, on behalf of, Medline Industries, Respondent	1-5-21 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Jennifer M. Rudell, RPh, President, State of Ohio Board of Pharmacy	1-6-2021 Date of Signature
Henry Appel, Ohio Assistant Attorney General	1-6-2021 Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

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THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

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1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2022-0333		Ohio Board of Pharmacy		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, LP			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2022-0333		FL DBPR- Div. of Drugs, Devices, and Cosmetics		
Reason/Charge				
Customer Licenses, Record Keeping				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
FL DBPR / Medline Industries, LP			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____

Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
0 9 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — Oct - 27 - 2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
PHA 2023-9-L	Hawaii Department of Commerce and Consumer Affairs

Reason/Charge
Discipline incurred in another jurisdiction

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
HI DCCA / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 DEC 15 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent MEDLINE INDUSTRIES, L.P. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., and C.7. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____
IVY Y. E. KIM
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE
Chair

December 21, 2023
DATE

PATRICK ADAMS
Vice Chair

MARK BROWN

CATALINA CROSS

Kent Kikuchi
KENT KIKUCHI

BRANDON RABANG

SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer, Inc.
Address: 66 Hudson Blvd E City: New York State: NY Zip: 10001

Name: ICU Medical Inc.
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare Inc.
Address: One Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Avenue City: Bethlehem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Medline Inc.
Corporation Name: See Attached Ownership Information
Mailing Address: 3 Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: (847) 949-5500 Email: ralicensing@medline.com
Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025 | SEC Registration Number: 0002046386 | Stock Exchange Symbol: MDLN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Daniel Stevens

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

01/15/26

Date

PAID

Board Use Only	Date Received: 1/22/26	Amount: $1000.00

Power of Attorney

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28, 2029

POWER OF ATTORNEY

EXCELSIOR MEDICAL, LLC, an Illinois limited liability company, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Excelsior Medical, LLC

By: Medline Industries, LP
Its: Manager
By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Medline Industries, LP, as Manager of Excelsior Medical, LLC.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

POWER OF ATTORNEY

Centurion Medical Products, LP, an Delaware limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Centurion Medical Products, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Centurion Medical Products, LP.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 574045
My Commission Expires November 7, 2027

(Seal)

Ownership Information

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

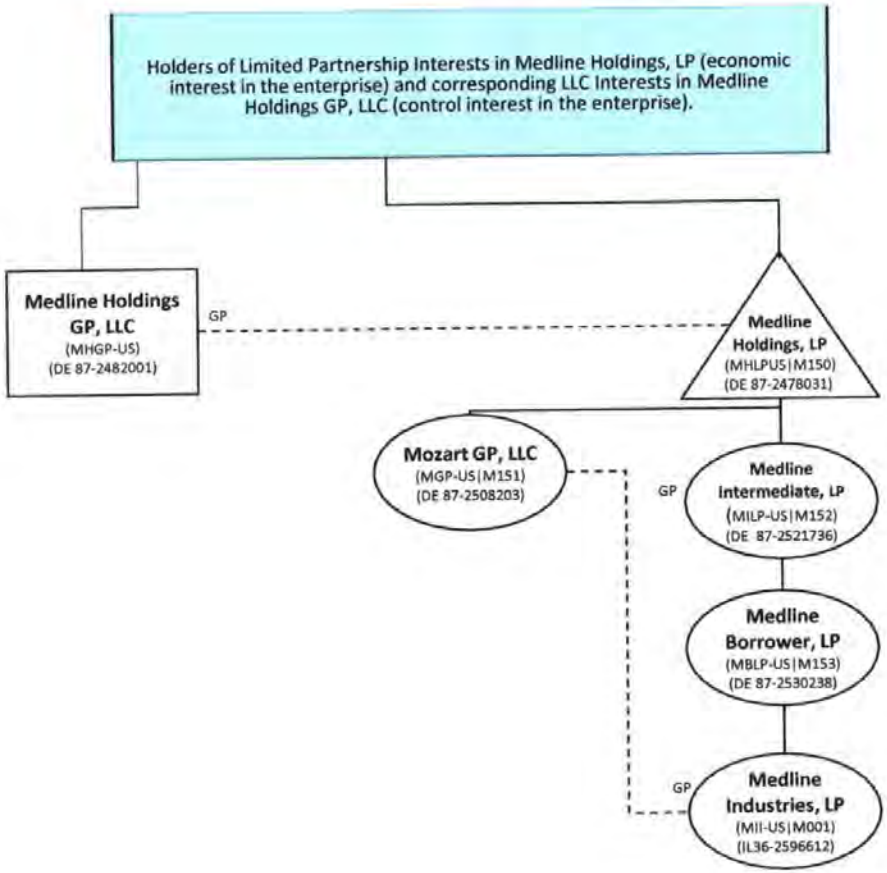
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

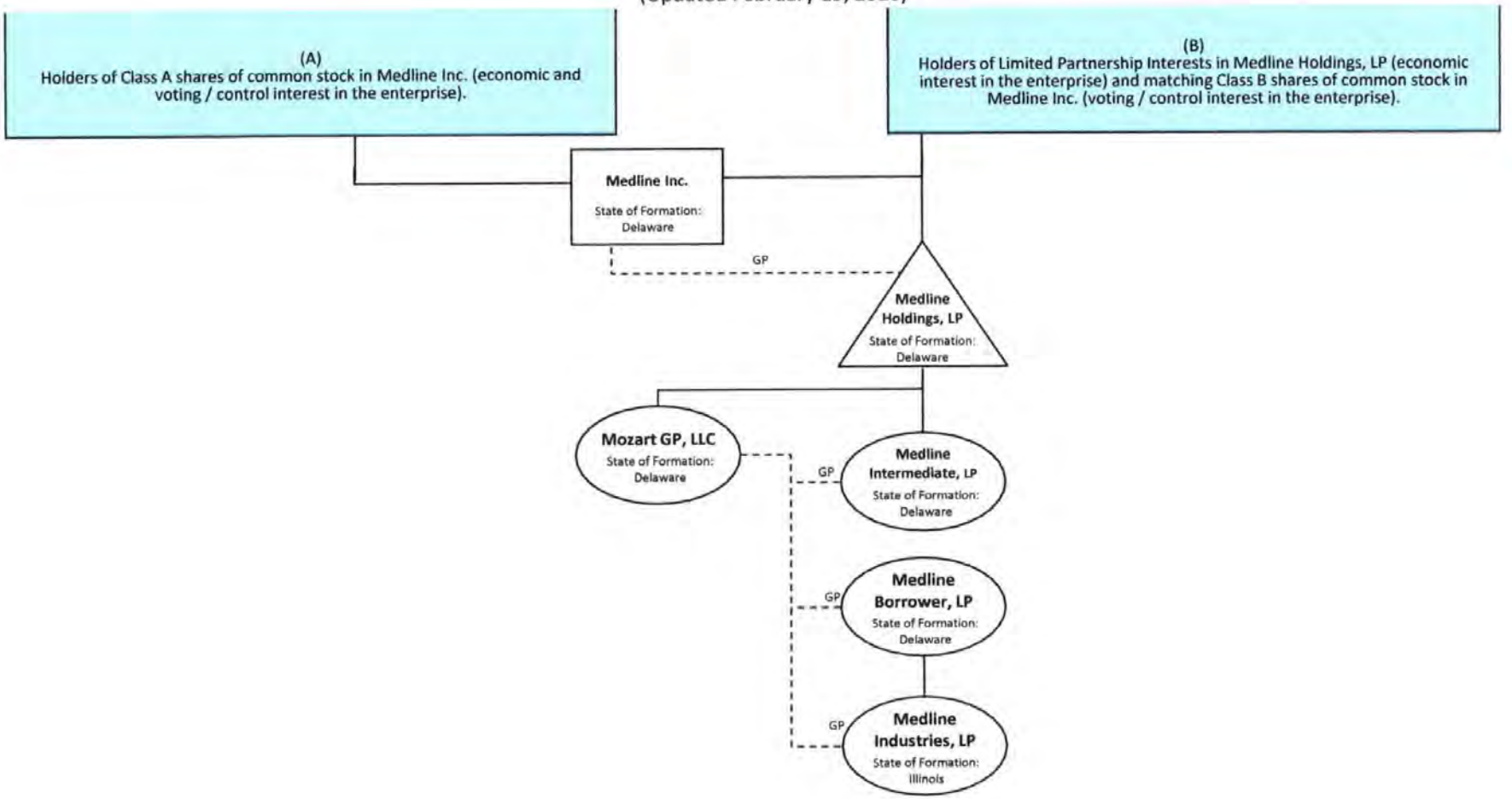


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

List of Officers, Directors, and Partners

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Centurion Medical Products, LP

FEIN: 38-1659420
A Delaware Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Industries, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	36-2596612
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC

FEIN: 32-0473772
An Illinois Limited Liability Company

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Member and Manager of LLC:

Medline Industries, LP
FEIN: 36-2596612

Officers:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC is a member managed LLC with the sole member and manager being Medline Industries, LP. Medline Industries, LP is a limited partnership and does not appoint corporate officers. Medline reports the officers for its general partner, Mozart GP, LLC, which retains 100% control of Medline Industries, LP.

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

Certificates of Good Standing

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

SEAL OF THE STATE OF ILLINOIS — AUG. 26TH 1818

Authentication #: 2610502528 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURION MEDICAL PRODUCTS, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTURION MEDICAL PRODUCTS, LP" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6213666 8300

SR# 20261791715

Authentication: 203646965

Date: 04-15-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

File Number 0543231-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

EXCELSIOR MEDICAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502534 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5143163 8300

SR# 20261572157

Authentication: 203550646

Date: 04-03-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

- Please contact Drugs and Food Safety Licensing Branch at (512) 834-6727 immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **https://www.dshs.texas.gov/drug-manufacturers-distributors/applications-forms-drug-manufacturers-distributor**
- Please submit written notice if you close or sell your business. You can email us at drugs-foodsafety@dshs.texas.gov.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drugs and Food Safety Licensing Branch at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

MEDLINE INDUSTRIES LP
THREE LAKES DR 3D
NORTHFIELD IL 60093

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

MEDLINE INDUSTRIES LP

29895 US HWY 90 BUS
KATY TX 77494

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

License #: 10037561
Expires: November 30, 2027

NON-TRANSFERABLE

Commissioner

520294

TEXAS Health and Human Services | Texas Department of State Health Services

Contact your licensing board or program | Internet Policy

License Details

"License" means a license, certificate, registration, permit, or other form of authorization, including a renewal of the authorization, that: a person must obtain to practice or engage in a particular business, occupation, or profession; or a facility must obtain before a particular business, occupation, or profession is practiced or engaged in within the facility. A "License Rank" is the level of license; a "License Modifier" provides additional information on the scope of the license.

A license may have one or two statuses. The first status is normally "Current" which means the license is in good standing. If the first status is "Expired" or "Null and Void", or if either status shows "Inactive", the licensee may not practice in the profession and/or operate as a licensed business.

For more information regarding this license, including any disciplinary information displayed below, please contact the appropriate board or program office. A list of DSHS licensing board and programs may be found at: http://www.dshs.state.tx.us/Licensee-Registrant-Permittee.aspx or click the link at the bottom of this page.

Press "Previous Record" to display the previous license.

Press "Next Record" to display the next license.

Press "Search Results" to return to the Search Results list.

Press "New Search Criteria" to do another search of this type.

Press "New Search" to start a new search.

License Number: 1003756 ***Current Date: 02/20/2026 07:42 AM***

Name:	MEDLINE INDUSTRIES LP
License Type:	Prescription Drug Distributor
License Status:	Current
Expiry Date:	11/30/2027
Effective Rank Date:	12/19/2023
Modifier(s):	Wholesales Distributor Prescription Non Prescript Veterinary Third Party Logistics Provider

Addresses

Physical Loc	Address	MEDLINE INDUSTRIES LP 29895 US HWY 90 BUS KATY , TX HARRIS 77494 US
Mailing Address	Address	MEDLINE INDUSTRIES LP NORTHFIELD , IL OUT OF STATE/UNKNOWN 60093

Food & Drug Owner

Licensee's Role:	Food & Drug License
Related Party Role:	Food & Drug Owner

Related Party Name	License	Address
MEDLINE INDUSTRIES LP	Owner #A030801 Status: Current Expiration Date:	NORTHFIELD , IL OUT OF STATE/UNKNOWN 60093 US

DSHS Certifications, Licenses and Permits | Disclaimer

Last Updated Mar 27, 2013

Certificates of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC. 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** N/A — N/A **INSURER C :** See Acord 101 for Carrier Participation **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-26 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	2,000,000 2,000,000 10,000 2,000,000 4,000,000 SEE BELOW
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	2,000,000
	[ ] **UMBRELLA LIAB** [ ] OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $	
A A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [Y] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2025 07/01/2025	07/01/2026 07/01/2026	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:

57.86% of the layer is insured by Lloyds of London

17.14% of the layer is insured by AXA XL UK Ltd. (A+)

25% of the layer is insured by Harleysville Insurance Company of NY (A)

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$	10,000
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$	2,000,000
	OTHER:						GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y	N/A		PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr. Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S . Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St. Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

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ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd. Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **105625536**

Current Billing Term From **July 20, 2025** to **July 20, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **July 20, 2011**, in the amount of **One Hundred Thousand** (**$100,000.00**) on behalf of **MEDLINE INDUSTRIES, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **June 25, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 105625536 **Principal: MEDLINE INDUSTRIES, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25 day of June, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 25th day of June, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #105625536

Current Information as of 04/14/2026

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 5: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 6: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 7: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 8: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 9: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 10: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 11: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 12: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 13: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Location 14: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 15: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 16: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 17: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 18: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 19: (C71)
Medline Industries, LP
264 S 5750 W
Salt Lake City, UT 84104

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

Location 23: (ANG)
Medline Industries, LP
10 Glen Falls Techinical Park
Glen Falls, NY 12801

Location 24: : (EXC-TF)
Excelsior Medical, LLC
1470 Shafto Road
Tinton Falls, NJ 07712

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **108030426**

Current Billing Term From **September 03, 2025** to **September 03, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **September 03, 2024**, in the amount of **Twenty Five Thousand** (**$25,000.00**) on behalf of **CENTURION MEDICAL PRODUCTS, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **July 23, 2025**

Travelers Casualty and Surety Company of America

By: _____
Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108030426 **Principal: CENTURION MEDICAL PRODUCTS, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

SEAL SEAL SEAL SEAL

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

NOTARY PUBLIC

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 23 day of July, 2025.

SEAL SEAL SEAL SEAL

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 23rd day of July, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Oscar F. Rincon

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #108030426

Current Information as of 04/14/2026

Location 1: (B01)
Centurion Medical Products, LP
301 Catrell Drive
Howell, MI 48843

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP — MDEG License # (if applicable): WH03478

Physical Address: 29895 US Hwy 90 Bus

City: Katy — State: TX — Zip: 77494

Mailing Address (if different from physical address):

City: — State: — Zip:

Telephone: — Website:

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Christopher — Middle: Devon — Last: Ashley

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Houston — State: TX — [redacted]

Telepho[redacted] — Email: cashley@medline.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Houston		1993-1998	
Address	City	State	Zip
4302 University Dr.	Houston	TX	77004
Diploma/Degree obtained, if any			
Bachelor of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
M.B. Smiley High School		1988-1993	
Address	City	State	Zip
10725 Mesa Dr.	Houston	TX	77078
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY	Address	City	State	Zip
07/02-Present	[redacted]	Houston	TX	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			01/23-Present	
Business Address		**City**	**State**	**Zip**
29895 US Hwy 90 Bus.		Katy	TX	77494
Phone	**Title**		**Number of Employed Hours**	
281-574-2328	Senior Director of Operations		6,760	
Description of Duties				
Direct all warehouse operations for a major Wholesale Drug Distributor. Personally involved in the handling, distribution, shipping and record keeping of prescription drugs at the facility.				

Business Name			From - To (MM/YY – MM/YY)	
DISA Global Solutions			2015-2019	
Business Address		**City**	**State**	**Zip**
10900 Corporate Centre Dr. Suite 250		Houston	TX	77041
Phone	**Title**		**Number of Employed Hours**	
281-673-2400	Director of Operations - Drug Testing Services		10,400	
Description of Duties				
Personally involved in the handling, distribution, shipping and record keeping of prescription drugs at the facility.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Christopher Ashley, **certify that as the MDEG Administrator for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. CA Have a high school diploma or its equivalent;
2. CA Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. CA Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. CA Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher Ashley
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

April 8, 2026
Date

Board Use Only	Date Received: 4/27/26

List of Employees
Medline Industries, LP
C32 - Katy, TX

Worker	Business Title
Aaron Patterson	Driver II
Abraham Solano	Warehouse Operator Operations
Adalberto Brito	Warehouse Operator Operations
Adnan Hadzisabic	Sr Mgr Operations
Adrian Caraballo Vazquez	Maintenance Tech I
Adrian Mcdonald (On Leave)	Warehouse Operator Operations
Afolabi Anjuwon	Warehouse Operator Operations
Ahmad Edwards	Warehouse Operator Operations
Ahmed Glover	Line Haul Driver
Al-armund Edmond	Warehouse Operator Operations
Alan Calles Balderas	Warehouse Operator Operations
Alayjah Norwood	Warehouse Operator Operations
Albert Baez	Inventory Coord Operations
Aldo Godoy	Warehouse Operator Operations
Alejandro Rodriguez	Warehouse Operator Operations
Alejandro Rodriguez	Warehouse Operator Operations
Alex Castro	Supv MedTrans
Alex Masangkay	Training Coord Sr
Alexander Fortenberry	Driver II
Alice Ojeda	Warehouse Operator Operations
Alicia Marin	Warehouse Operator Operations
Alma Prindezis	Warehouse Operator Operations
Altagracia Guizar	Warehouse Operator Operations
Alvaro Menjivar	Warehouse Operator Operations
Amar Kalkura	Warehouse Operator Operations
Amilcar Chaparro Morales	Warehouse Operator Operations
Anabel Campos	Warehouse Clerk Operations
Anas Allah	Warehouse Operator Operations
Andre Franklin	Warehouse Ld Operations
Andre McCoy	Warehouse Operator Operations
Andre Wesley	Inventory Coord Operations
Andrew Julani	Warehouse Operator Operations
Andrew Jurado	Warehouse Operator Operations
Andrew Scollay	Warehouse Ld Operations
Angela Knight	Supv Warehouse
Anthony Boyd	Driver II
Anthony Brito	Warehouse Operator Operations
Anthony Johnson	Driver II
Anthony Murray	Warehouse Operator Operations
Anthony Opiela	Warehouse Operator Operations
Anthony Porter	Warehouse Operator Operations
Anton Lobov	Sr Supv Warehouse
Antoniao Lindsey	Warehouse Operator Operations
Arath Quinones	Warehouse Operator Operations
Ariadna Urbina	Warehouse Operator Operations
Ariel Delgado	Trainer Branch
Arlan Sanchez	Warehouse Operator Operations
Armando Avila	Warehouse Operator Operations
Armando Miloti	Driver II
Armando Torres	Trainer Branch
ARMEL FOTSO	Warehouse Operator Operations
Arthur Jones	Trainer Branch
Arthur Tabe	Warehouse Operator Operations
Arturo Cruz	Driver II
Arturo Troncoso	Warehouse Operator Operations
Ashleigh Lucas	Warehouse Operator Operations
Ashley Escobar	Warehouse Clerk Operations
Ashley Manley	Warehouse Operator Operations
Ashley Nash	Warehouse Operator Operations
Ashley Recendez	Delivery Driver
Ashley Thomas	Warehouse Clerk Operations
Ashley Woodson	Warehouse Operator Operations
Ashston Boyd	Warehouse Operator Operations
Asia Davis	Warehouse Operator Operations
Asia Price	Warehouse Operator Operations
Asif Farooki	Warehouse Operator Operations
Asuncion Granados	Warehouse Operator Operations
Atekeri Opolot	Warehouse Operator Operations
Audriana Cortez	Warehouse Ld Operations
Austin James	Warehouse Operator Operations
Austin Miller	Maintenance Tech I
Autumn Clowers	Warehouse Operator Operations
AuZhane Gebrehiwet	Dispatcher
Bailey Rollo	Warehouse Operator Operations
Bakr Omar	Driver II
Beatriz Pena	Warehouse Operator Operations
Becky Baldwin	Warehouse Operator Operations
Bella Yanez	Warehouse Operator Operations
Benjamin Kibanza	Warehouse Operator Operations
Beranda Briscoe	HR Generalist
Beronica Alvarez	Warehouse Operator Operations
Bianca Flores	Warehouse Operator Operations
Bienvenue Leon	Warehouse Operator Operations
Bill Monjaras	Line Haul Driver
Bobby Cruz	Delivery Driver
Bomi Ol	Warehouse Operator Operations
Bonny Hargrove	Line Haul Driver
Brad Beeler	Driver II
Brady Simpkins	Driver II
Brandis Williams	Warehouse Operator Operations
Brandon Del Angel	Driver II
Brandon Harrison (On Leave)	Trainer Branch
Brandon Jones	Supv Warehouse
Brandon Rodriguez	Supv Warehouse
Braulio Padron	Maintenance Ld
Breana Mulkey	Warehouse Operator Operations
Brenda Linares	Warehouse Operator Operations
Brian Rodriguez	Maintenance Tech II

Brian Santos	Warehouse Operator Operations
Brian Snider	Warehouse Clerk Operations
Brian Tovar	Supv Warehouse
Briana Haro [C]	Temp
Briana Spain	Warehouse Operator Operations
Brianna Porter	Warehouse Operator Operations
Bridgette Straughter	Warehouse Operator Operations
Brien Craft	Supv Warehouse
Brittany Broadway	Warehouse Operator Operations
Bruce Wilson [C]	Contingent Worker
Bryan West	Warehouse Operator Operations
Buford Wilson	Warehouse Operator Operations
Bunny Woodruff	Driver II
Buxiang Tan	Driver II
Calbe Green	Warehouse Operator Operations
Caleb Price	Warehouse Operator Operations
Calvin Wemigwans	Driver II
Camille Zabre	Supv Warehouse
Candon Jackson	Warehouse Operator Operations
Carl Loring	Warehouse Operator Operations
Carl Thigpen	Warehouse Operator Operations
Carl Thornley	Warehouse Clerk Operations
Carl White	Driver II
Carlos Alejandre	Warehouse Operator Operations
Carlos Gramajo	Delivery Driver
Carlos Guadalupe	Warehouse Operator Operations
Carlos Herrera	Inventory Control Ld Operations
Carlos Mas y rubi	Warehouse Operator Operations
Carlos Perez (On Leave)	Driver II
CARLOS RODRIGUEZ	Warehouse Operator Operations
Carlos Romero Castillo	Warehouse Operator Operations
Carlos Sheheb	Warehouse Operator Operations
Carlos Silva	Warehouse Operator Operations
Carrie Beaty	Warehouse Operator Operations
Casey Paz	Warehouse Operator Operations
Cassius Johnson	Warehouse Operator Operations
Cecilio Rodriguez	Trainer Branch
Cedric Shaw	Warehouse Operator Operations
Cesar Castro	Warehouse Operator Operations
Cesar Varon	Driver II
Chad Evans	Warehouse Operator Operations
Chad Varner	Supv Warehouse
Charles Bates	Warehouse Operator Operations
Charles Ho (On Leave)	Warehouse Operator Operations
Charles Moore	Warehouse Operator Operations
Chauncey Rich	Delivery Driver
Chelsea Robinson	Warehouse Operator Operations
Chris Acey	Warehouse Operator Operations
Chris Alvarez	Trainer Branch
Chris Ashley	Sr Dir Operations
Chris Devine	Supv Warehouse
Chris Ivory	Warehouse Operator Operations
Chris Smith	Warehouse Operator Operations
Chris Wilson	Supv Warehouse
Christian Delgado	Driver II
Christian Lewis	Warehouse Operator Operations
Christian Naylor	Warehouse Ld Operations
Christino Caravalho	Driver II
Christopher Brown	Warehouse Operator Operations
Christopher Bujano	Warehouse Operator Operations
Christopher Craddock	Warehouse Operator Operations
Christopher Escotto	Driver II
Christopher Hernandez	Warehouse Operator Operations
CHRISTOPHER TAM	Delivery Driver
Cindy Jones	Mgr Warehouse
Clarence Akons	Warehouse Operator Operations
Claude Limbrick	Warehouse Operator Operations
Claudia Castillo (On Leave)	Inventory Coord Operations
Clifford Henson	Maintenance Tech I
Clifford Senter	Supv Warehouse
Clinton Salisbury	Warehouse Operator Operations
Cody Mcneal	Warehouse Operator Operations
Cody Murphy	Warehouse Operator Operations
Connie Esquivel [C]	Contingent
Corey Cloudy	Warehouse Ld Operations
Coty Brzozowski	Maintenance Tech II
Cristian Olvera	Warehouse Operator Operations
cristina cortez	Warehouse Operator Operations
Curtis Johnson	Warehouse Operator Operations
Daevon Thornton	Delivery Driver
Dameon McKenzie	Warehouse Operator Operations
Damien Lewis	Warehouse Operator Operations
Damien Raughter	Warehouse Operator Operations
Daniel Bennett	Warehouse Operator Operations
Daniel Guillory	Warehouse Operator Operations
Daniel Hood	Supv MedTrans
Danny Alexander	Mgr MedTrans
Darell Green	Warehouse Operator Operations
Darneisha Hill	Warehouse Operator Operations
Darwin Zambrano	Warehouse Operator Operations
David Johnson	Warehouse Operator Operations
David Reyna	Warehouse Operator Operations
David Salinas	Warehouse Operator Operations
David Wooten	Driver II
Davionta Butler	Warehouse Operator Operations
Deandre Ballard	Warehouse Operator Operations
Dedrick Bell	Warehouse Operator Operations
Deejay Johnson	Warehouse Operator Operations
Dejuan Beck	Warehouse Operator Operations
Dejuan Washington	Warehouse Operator Operations
Dekendric Blair	Warehouse Operator Operations
Del Buchanan	Warehouse Operator Operations
Dell Johnson	Warehouse Operator Operations
Dell Trotter	Warehouse Operator Operations
Demarcus Royston	Warehouse Operator Operations
DENEISA JOHNSON	Warehouse Operator Operations
Denerick Henderson	Warehouse Operator Operations
Denia Lopez	Warehouse Operator Operations

Denika Blair	Warehouse Operator Operations
Denise Harris-Starks	Transportation Coord
Dennis Olivero	Warehouse Operator Operations
Derek Acevedo Betancourt	Warehouse Operator Operations
Derek Price	Delivery Driver
Derrick Dean	Driver II
Derrick Mccauley	Warehouse Operator Operations
Derrick Williams	Driver II
Deshon Daniels	Warehouse Operator Operations
Desmond Graham	Warehouse Operator Operations
Detrich Singletary	Warehouse Operator Operations
Dickson Aina	Warehouse Operator Operations
Diego Gonzalez	Warehouse Operator Operations
Diego Rocha	Warehouse Operator Operations
Diego Vanegas	Warehouse Operator Operations
Dimas Lopez Maduro	Warehouse Operator Operations
Divine Monday	Warehouse Operator Operations
Dolly Martin (On Leave)	Warehouse Operator Operations
Donnell Taplin	Trainer Branch
Donnie Wen	Warehouse Operator Operations
Donovan Daniels	Warehouse Operator Operations
DONTA ADDIE	Warehouse Operator Operations
Donwayne Johnson	Driver II
Donye Terell Gage Flowers	Warehouse Operator Operations
Dorian Salinas	Warehouse Operator Operations
Douglas Pekar	Driver II
Dustin Gibbs	Inventory Coord Operations
Dustin Neal	Warehouse Operator Operations
Dustin Riggleman	Warehouse Operator Operations
Dustin Rollo	Warehouse Operator Operations
DWAYNE HERNDON	Warehouse Operator Operations
Dylan Resendiz	Maintenance Tech I
Earl Robinson	Driver II
Eddie Antoine	Warehouse Operator Operations
Edgar Yepez Garzon	Line Haul Driver
Edgardo Recinos	Driver Ld
Edith Sandoval	Warehouse Operator Operations
Edvin Garza	Warehouse Operator Operations
Edward Faria Quintero	Warehouse Operator Operations
Effie Davis-Brackens	Training Coord Sr
Efrain Argueta Perez	Warehouse Operator Operations
Eilyn Licon	Warehouse Operator Operations
Eli Arevalo	Warehouse Operator Operations
Elizabeth Fuentes	Warehouse Operator Operations
Elizabeth Gonzalez	Warehouse Operator Operations
Elka Siolo	Driver II
Elon Fusilier	Warehouse Operator Operations
Elvee Green	Delivery Driver
Elvis McNeal	Driver II
Elvis Vera	Warehouse Operator Operations
Emigdio Escobedo	Training Coord Sr
Emmanuel Fapohunda	Warehouse Operator Operations
Empress Davis	Warehouse Operator Operations
Eneiro Anez	Warehouse Operator Operations
Eric Francis	Warehouse Operator Operations
Eric Liberty	Warehouse Operator Operations
Eric Nikoro	Warehouse Operator Operations
Erick Guzman Flores	Supv Warehouse
Erika Arana	Warehouse Operator Operations
Ethan Odum	Warehouse Operator Operations
Eulonda Hatter	Dispatcher
Everett Anderson	Driver II
Everett Little	Driver I
Federico Urias	Driver II
Feliciano Troncoso	Warehouse Operator Operations
Felix Mendez Soto	Maintenance Tech II
Festus Ehi	Warehouse Operator Operations
Francis Fagbola	Warehouse Operator Operations
Francisco Guevara	Warehouse Operator Operations
FRANCISCO Midero	Warehouse Operator Operations
Francois Pierre	Warehouse Operator Operations
Frank Izaguirre	Warehouse Operator Operations
Frank Williams	Warehouse Operator Operations
Franklyn Le	Warehouse Operator Operations
Freddy Ramirez	Warehouse Operator Operations
Freddy Rojas	Warehouse Operator Operations
Gabriel Golden	Warehouse Operator Operations
Gabriel Gonzalez	Warehouse Operator Operations
Gabriel Rosario	Maintenance Tech I
Gabriela Ordonez	Warehouse Operator Operations
Gamal Jones	Warehouse Operator Operations
Genaro Garza	Warehouse Operator Operations
Genevieve Medina	Warehouse Operator Operations
George Johnson	Warehouse Operator Operations
George Munoz	Warehouse Operator Operations
George Pack	Warehouse Operator Operations
Gerald Lazo Valdivia	Warehouse Operator Operations
Gerald Loston	Warehouse Operator Operations
Gerzon Leiva	Driver I
Geyry Gil	Warehouse Operator Operations
Gianni Aguilar	Warehouse Operator Operations
Glen Siguenza	Supv Warehouse
Glesious Juntilla	Line Haul Driver
Godswill Sam	Sr Supv Warehouse
GOKAY TOHMA	Warehouse Operator Operations
Greg Anthony	Warehouse Operator Operations
Greg Garrido	Warehouse Operator Operations
Greg Hulley	Delivery Driver
Griselda Garcia (On Leave)	Warehouse Operator Operations
Grissel Gutierrez	Quality Control Inspector II
Gustavo Alicea	Warehouse Operator Operations
Gusto Resendiz	Driver II
Hang Dinh	Warehouse Operator Operations
Harjinder Kaur	Line Haul Driver
Harold Lewis	Warehouse Operator Operations
HAROLD SHEPHERD	Warehouse Operator Operations
Heather Terrell	Warehouse Operator Operations
Henrry Estrada Fernandez	Warehouse Operator Operations

HERBER LOPEZ	Warehouse Operator Operations	Joel Acevedo	Warehouse Operator Operations
Hossein Ghaffari	Warehouse Operator Operations	Joel Medina	Warehouse Operator Operations
Hugh Nickerson	Warehouse Operator Operations	John Hernandez	Supv Inventory Control
Ian McFarland	Warehouse Operator Operations	John Pham	Warehouse Operator Operations
Idris Ayanwale Cole	Warehouse Operator Operations	John Pilliner Garcia	Warehouse Operator Operations
Imran Hussain Khel	Warehouse Operator Operations	Johnny Myles (On Leave)	Warehouse Operator Operations
Ines Avila	Warehouse Operator Operations	Johnny Raia	Warehouse Operator Operations
Irteza Hoque	Trainer Branch	Jonathan Aifaro	Warehouse Operator Operations
Isaac Vargas	Warehouse Operator Operations	Jonathan Black	Warehouse Operator Operations
Ismael Roman	Driver II	Jonathan Fratichelli	Warehouse Operator Operations
Ivan Aguilar	Warehouse Operator Operations	Jonathan Gomez Guzman	Warehouse Operator Operations
Izabel Amador	Warehouse Operator Operations	Jonathan Guzman	Warehouse Operator Operations
J Spears	Warehouse Operator Operations	Jonathan Puma	Warehouse Operator Operations
Ja Colby Marshall	Warehouse Operator Operations	Jonathan Tovar	Warehouse Operator Operations
Jacolby Watson	Trainer Branch	Jonathan Zale	Warehouse Operator Operations
Jacquetta Harper	Driver II	Jonathon Freeman (On Leave)	Driver II
Jalen St Julien	Supv Warehouse	Jonathon Guevara	Warehouse Operator Operations
James Brown	Warehouse Operator Operations	Jonathon Lee	Mgr Warehouse
James Townsend	Warehouse Operator Operations	Jordan Robertson-Sledge	Warehouse Operator Operations
James Wiley	Warehouse Operator Operations	Jordany Deaza	Line Haul Driver
Jamie Masters (On Leave)	Warehouse Operator Operations	Jorge Arvizu	Trainer Branch
Jamine Hills	Driver II	Jorge Mederos Tase	Warehouse Operator Operations
Jarrell White [C]	Contingent	Jose Cuevas	Warehouse Operator Operations
Jarrod Baker	Warehouse Operator Operations	Jose Gomez Bolivar	Warehouse Operator Operations
Jarvis Mcneal	Warehouse Operator Operations	Jose Gonzalez	Warehouse Operator Operations
Jashiya Barker	Delivery Driver	Jose Hernandez	Warehouse Operator Operations
Jason Aguilar	Warehouse Operator Operations	Jose Lugo	Warehouse Operator Operations
Javier Sandoval	Driver II	Jose Ochoa Frias	Warehouse Ld Operations
Jay Agudelo	Warehouse Operator Operations	Jose Villalobos Salas	Warehouse Operator Operations
Jay Kim	Warehouse Operator Operations	Joseph Desouza	Warehouse Operator Operations
Jaymar Taa	Warehouse Operator Operations	Joseph Lopez	Driver II
Jean Jimenez	Warehouse Operator Operations	JOSH OLAITAN	Warehouse Operator Operations
Jeff Chavez	Sr Operations Production Controller	Josh Owes	Warehouse Operator Operations
Jeff Johnson (On Leave)	Warehouse Operator Operations	Joshua Bobo	Warehouse Operator Operations
Jeffrey Deleon	Warehouse Operator Operations	Joshua Cajou	Warehouse Operator Operations
Jeffrey Layton (On Leave)	Warehouse Operator Operations	Joshua Morton	Driver II
Jeimi Fuentes	Warehouse Operator Operations	Josue Bajan	Warehouse Operator Operations
Jenna Patterson	Office Coord	Jr Alcorta	Warehouse Operator Operations
Jennifer Jones	Supv Warehouse	Juan Duran	Warehouse Operator Operations
Jenny Ashcraft	Warehouse Operator Operations	Juan Marquez	Warehouse Operator Operations
Jerry Ewing	Driver I	Juan Rosales	Warehouse Operator Operations
Jess Davis	Warehouse Operator Operations	Julian Mendez	Trainer Branch
Jessica Smith	Supv Training Branch	Julie Scott	Driver II
jesus Enriquez	Warehouse Operator Operations	Julio Malambo	Warehouse Operator Operations
Jesus Freitez B	Warehouse Operator Operations	Julius Mhimbira	Warehouse Operator Operations
Jesus Galvan	Driver II	Junior Mosness	Warehouse Operator Operations
Jibril Taylor	Driver II	Justin Fisher	Warehouse Operator Operations
Jimmy Le	Warehouse Operator Operations	Justin Smith	Warehouse Operator Operations
Jimvel Mariposque	Warehouse Operator Operations	K.D. Washington	Warehouse Operator Operations
Joan Nawrath	Warehouse Operator Operations	Kailyn Ware	Driver I
Joan Sebastia Almenar	Delivery Driver	Kamal Gainous	Supv Warehouse
Joao Correa	Warehouse Operator Operations	Kamisa Rankins (On Leave)	Warehouse Operator Operations
Joe Reyes	Warehouse Operator Operations	Kanedra Clark	Inventory Coord Operations

Karen Cruz	Warehouse Operator Operations
Karina Yrazoqui	Transportation Coord
Karol Hurtado	Warehouse Operator Operations
Kathy Athara	Warehouse Operator Operations
Kayla Davis	Warehouse Operator Operations
Kayleb Hickman	Warehouse Operator Operations
Kayleen Wilson	Warehouse Operator Operations
Keith Polk	Warehouse Operator Operations
Keith Ruffin	Warehouse Operator Operations
Keller Paez	Warehouse Operator Operations
Kelsee Mccray	Driver II
Kelsie Griffith	Warehouse Clerk Operations
Kelvin Turner	Warehouse Operator Operations
Kenneth Bell	Warehouse Operator Operations
Kenneth Goodman	Warehouse Operator Operations
Kenneth Saunders	Warehouse Operator Operations
Kenneth Smart	Maintenance Tech II
Kenneth Williams	Warehouse Operator Operations
Kerry Jackson	Driver Ld
Kevin Campos	Trainer Branch
Kevin Cooper	Driver II
Kevin Davis	Driver I
Kevin Jackson	Driver II
Kevin Sadler	Warehouse Operator Operations
Kevon Gibbs	Shuttle Driver
Khadijah Joseph	Trainer Branch
Kharif Tate	Warehouse Operator Operations
Kiara Bryant	Warehouse Operator Operations
Kimberly Vail	Supv Warehouse
King Hem	Warehouse Ld Operations
Krishell Lewis	Warehouse Operator Operations
Kyle Dempsey	Warehouse Operator Operations
Kyle Parko	Mgr EH&S
Lacedric James	Driver II
Landron Williams	Warehouse Operator Operations
Latonya Stredick	Warehouse Operator Operations
Lauren Ledwik	Sr Engineer Process
Leonel Acosta	Driver II
Linda Meza	HR Generalist
Lionel Shaw	Warehouse Operator Operations
Lloyd Chronis	Warehouse Operator Operations
Loel Roberts	Warehouse Operator Operations
Louis Castro	Warehouse Operator Operations
Lu Lu	Warehouse Operator Operations
Lucas Gamez	Warehouse Operator Operations
Luis Becerra Leal	Delivery Driver
Luis Jasso	Spec Technical Support IT
Luis Varas	Warehouse Operator Operations
Luke Seltvedt	Maintenance Tech I
Lyman Collins	Driver II
Lyndel Johnson	Warehouse Operator Operations
Madhavi Sangishetty	Sr Analyst Systems IT
Mahleik Darty	Warehouse Operator Operations
Mailyah Hendricks	Warehouse Operator Operations
Maiquel Nieves	Warehouse Operator Operations
Malia Thomas	Warehouse Operator Operations
Malik Perkins	Warehouse Operator Operations
Manuel Gil Villarreal	Warehouse Operator Operations
Manuel Ortega	Inventory Coord Operations
Marcelo Heredia	Warehouse Operator Operations
MARCKENSON Jerome	Warehouse Operator Operations
Marco Fernandez	Warehouse Operator Operations
Marco Gomez	Warehouse Operator Operations
Marcus White	Warehouse Operator Operations
MARIA ALCAZAR	Warehouse Operator Operations
Maria Lazo	Warehouse Operator Operations
Maria Rios	Warehouse Operator Operations
Maria Romero	Warehouse Operator Operations
Mariangel Aliendres	Warehouse Operator Operations
Maricus Frazier	Warehouse Operator Operations
Marilina Vega Fuemayor [C]	Contingent Worker
Marilyn Yanda	Warehouse Operator Operations
MARIO LOPEZ-FLORIAN	Driver Ld
Marisela Moreno (On Leave)	Warehouse Operator Operations
Marjorie Avila	Inventory Coord Sr
Mark Alves	Supv Warehouse
Mark Dominique	Driver II
Marlisa Braxton	Delivery Driver
Martin Avalos	Warehouse Operator Operations
Martin Hernandez	Inventory Control Ld Operations
Maryann Bracken	Sr Mgr HR
Maryanne Carmichael	Warehouse Operator Operations
Masyah Perkins	Trainer Branch
Maurice Jackson	Warehouse Operator Operations
Maurice Rainey	Driver I
Mauricio Torres	Delivery Driver
Mayeline Dollison	Warehouse Operator Operations
Melanie Crenshaw	Warehouse Operator Operations
Memphis Servantes	Warehouse Operator Operations
Merisa Payne	Warehouse Operator Operations
Michael Boudreaux	Warehouse Operator Operations
Michael Clark	Warehouse Operator Operations
Michael Dixon	Driver II
Michael Edwards	Driver II
Michael Moore	Driver II
Michael Moore	Warehouse Operator Operations
Michael Paredez	Warehouse Ld Operations
Michael Smith	Warehouse Operator Operations
Michael Thompson	Warehouse Operator Operations
Michael Tribbey	Warehouse Operator Operations
Mie Toe	Warehouse Operator Operations
Miguel Garza	Trainer Branch
Mike Moseley (On Leave)	Delivery Driver
Mike Walker	Warehouse Operator Operations
Mishayla Kaendera [C]	Contingent
Mitchell Hammonds	Driver Ld
Mitchell Meeks	Warehouse Ld Operations
Monica Andrews	Warehouse Operator Operations

Monica Zelaya [C]	Contingent	Ralphael Beckworth	Warehouse Operator Operations
Morowa Golden	Warehouse Operator Operations	Ramiro Martinez	Driver II
Muhammad Mian	Warehouse Ld Operations	Ramon Aguilar	Warehouse Operator Operations
Myron Kennedy	Warehouse Operator Operations	Randell Danner	Warehouse Operator Operations
Nadyma Saif	Warehouse Operator Operations	Randy Lindsey	Warehouse Operator Operations
Namal Hanhadige	Warehouse Operator Operations	Randy Sanchez	Warehouse Operator Operations
Nathan Hooks	Warehouse Operator Operations	Rapheal Black	Warehouse Operator Operations
Nathan Quitugua	Quality Control Inspector II	Raquel Moreno	Warehouse Operator Operations
Nathan Webb	Warehouse Operator Operations	Rashad Almurisi	Warehouse Operator Operations
Natthesia Thomas	Warehouse Operator Operations	Rashee Turbe	Driver II
Nick Jenkins	Warehouse Operator Operations	Raymond Pena	Warehouse Operator Operations
Nico Rodriguez Castillo	Driver II	Reginald Washington	Warehouse Operator Operations
Nicolas Hernandez	Warehouse Operator Operations	Rene Agreda Castillo	Warehouse Operator Operations
Nicole Cordero	Warehouse Operator Operations	Rene Salamanca	Warehouse Operator Operations
Njume Njume	Warehouse Operator Operations	Renier Pascual	Warehouse Ld Operations
Nkechi Mapp-Okonkwo	Warehouse Operator Operations	Ricardo Garcia	Warehouse Operator Operations
Noah Campbell	Warehouse Operator Operations	Ricardo Rodriguez	Warehouse Operator Operations
Nosakhare Asowata	Mgr Maintenance	Richard Huezo	Trainer Branch
Obie Wilder	Warehouse Operator Operations	Richard Kayombo	Warehouse Operator Operations
OLAIYA OLOWOOYE	Warehouse Operator Operations	Richard Lake-Roen	Warehouse Operator Operations
Olajuwon franklin	Warehouse Ld Operations	Ricky Darden	Warehouse Operator Operations
Oliver Caldwell	Inventory Coord Operations	Rigoberto Pabon	Inventory Coord Operations
Omar Castro	Warehouse Operator Operations	Rober Morrow	Inventory Coord Operations
Oralia Stewart	Warehouse Operator Operations	Robert Brooks (On Leave)	Delivery Driver
Orlando Smith	Warehouse Operator Operations	Robert Dean	Driver Ld
Oscar Carrillo	Warehouse Operator Operations	Romulo Aguilero	Warehouse Operator Operations
Ose Ediale	Warehouse Operator Operations	Ron Davis	Warehouse Operator Operations
Osmar Pelaez	Warehouse Operator Operations	Ron Messer	Warehouse Operator Operations
Osmin Garcia	Warehouse Operator Operations	Ronald Prince	Driver II
Pablo Ortiz	Warehouse Operator Operations	Rontay Harris	Warehouse Operator Operations
Paul Decarr	Sr Mgr Operations	Rosalind Blair	Warehouse Operator Operations
Paul Houston	Warehouse Operator Operations	Rosanna Garcia Golindano	Warehouse Operator Operations
Paul Lane	Warehouse Operator Operations	Roshard Williams	Warehouse Operator Operations
Paul Vargas	Delivery Driver	Roy Medina	Warehouse Operator Operations
Perseveranda Karene Siemer	Warehouse Operator Operations	Ruben Martinez	Warehouse Operator Operations
Peter Marrocelli	Driver II	Ruben Pelaez	Quality Control Inspector III
Peter Moreno	Warehouse Operator Operations	Ruby Rammer	Warehouse Operator Operations
Peter Walkoviak	Warehouse Operator Operations	Russell Repman	Warehouse Operator Operations
Phillip Baldwin	Driver II	Ruth Pacheco	Inventory Coord Sr
Phillip Hoffart	Supv MedTrans	Ryan Mark Maglaya	Driver II
Phillip Kuhl	Sr Mgr Maintenance	Sama Hayes	Warehouse Operator Operations
Placido Alvarez	Supv Warehouse	Samir Hough [C]	Contingent
Priscilla Carrier	Warehouse Operator Operations	Samuel Awopegba	Warehouse Operator Operations
Promise Ohanyere	Warehouse Operator Operations	Sander Condinato	Warehouse Operator Operations
Prosper Monday	Warehouse Operator Operations	Santos Lopez	Driver II
Quantrell Lennox	Warehouse Operator Operations	Saul Resendiz	Supv Warehouse
Quintin Bryant	Driver II	Saul Rivas	Driver II
Quinton Glover	Warehouse Operator Operations	Saul Romo	Warehouse Operator Operations
Quyen Lam	Warehouse Operator Operations	SEAN HENDERSON (On Leave)	Driver II
Rachaun Washington	Warehouse Operator Operations	Sebastian Gomez	Warehouse Operator Operations
Rachel Deleon	Warehouse Operator Operations	Sebastian Zapata	Driver II
Rafael Montiel	Warehouse Operator Operations	Seder Etienne	Warehouse Operator Operations
Rafael Perdomo	Warehouse Operator Operations	Seh Faulkner (On Leave)	Delivery Driver
Rafael Rendon	Warehouse Operator Operations	Shahara Leonard	Warehouse Operator Operations

Shalonda Kennon (On Leave)	Warehouse Operator Operations
Shaniah Humphrey	Trainer Branch
Shannon Robertson	Warehouse Operator Operations
Shaun Thomas	Inventory Coord Operations
Shawn Bell	Driver II
Sheldon Fair	Maintenance Tech II
Sherman Guillory	Onsite Support Tech III
Shira Gibson	Warehouse Clerk Operations
Shirley Vargas	Warehouse Operator Operations
Sidney Carter	Driver II
Sonia Rodriguez	Delivery Driver
Sonia Sanoja	Warehouse Operator Operations
Starnisha Perry	Driver II
Stefon Moore	Mgr Warehouse
Stephen A Imoudu	Supv Warehouse
Stephen Yuen	Line Haul Driver
Steven Iro	Warehouse Operator Operations
Steven McCullough	Warehouse Operator Operations
Tai Walker	Warehouse Operator Operations
Taiwo Adejumo	Warehouse Operator Operations
Tamadrick Humphrey	Warehouse Operator Operations
Tamara Dowell	Warehouse Clerk Operations
Tamariah Colon (On Leave)	Warehouse Operator Operations
TAMEKA JORDAN	Warehouse Clerk Operations
Tania Medrano	Warehouse Operator Operations
Taofiki Adegoke	Warehouse Operator Operations
TaQuorise Dixon	Warehouse Operator Operations
Taylor Mccants	Warehouse Operator Operations
Taza Williams	Driver II
Tekauita Quitugua	Warehouse Operator Operations
Teofilo Sotelo	Trainer Branch
Terell Green	Driver II
Terrell McGaugh	Driver Ld
Terrence Shepherd	Warehouse Operator Operations
Terry Banks	Driver II
Thaddeus Mishey	Fleet Maintenance Planner
Thomas Fitzgerald	Warehouse Operator Operations
Thomas Simons	Warehouse Operator Operations
Tim Varela	Warehouse Operator Operations
Timothy Matthews	Driver II
Tineka Jones	Warehouse Operator Operations
Titus Malbrough	Warehouse Operator Operations
Tokunboh Egbeyemi	Warehouse Operator Operations
Tony Banks	Warehouse Operator Operations
Toochi Anisiobi	Warehouse Operator Operations
Tracy Calloway	Warehouse Operator Operations
Trang Nhan	Warehouse Operator Operations
Tre'Shawn Smith	Warehouse Operator Operations
Trevon Hamilton	Driver II
Troy Jasek	Warehouse Operator Operations
Tyler Crutchfield	Warehouse Operator Operations
TYREL CARTER	Driver II
Uchechukwu Anoliefo	Warehouse Operator Operations
UCHENNA OGU	Warehouse Operator Operations
Ulysses Jorge	Warehouse Operator Operations
Van Nguyen	Warehouse Operator Operations
Vannak Leng	Warehouse Ld Operations
Victor Barnes	Driver II
Victor Huerta	Maintenance Ld
Victor Medero	Line Haul Driver
Victor Moore	Warehouse Operator Operations
Viri De Leon	Warehouse Operator Operations
Walter Campos	Warehouse Operator Operations
Waynie Samaroo	Warehouse Operator Operations
Whitney Montgomery	Warehouse Operator Operations
Will Thomas	Driver II
William Mcgibeny	Warehouse Operator Operations
William Parker	Warehouse Operator Operations
Williams Uzcategui Rojas	Driver II
Yamilka Garcia Palmero	Warehouse Operator Operations
Yan Carlos Borges perez	Warehouse Operator Operations
Yanathan Solis	Warehouse Operator Operations
Yared Duarte-Franco	Warehouse Operator Operations
Yasmany Campohermoso	Driver II
Yeferson Lazo	Driver II
Yicel Moron	Inventory Coord Operations
Ynalvis Paneque	Warehouse Operator Operations
Yony Flores	Warehouse Operator Operations
Yosvani Pilliner Batista	Warehouse Operator Operations
Yvan Romero	Warehouse Operator Operations
Zachary Anguay	Supv Warehouse
Zachary Hawkins	Warehouse Operator Operations
Zackary Johnson	Driver II
Zakihya Edwards	Warehouse Operator Operations

Copy of SEC 10K

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2025

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-43022

Medline Inc.

(Exact name of registrant as specified in its charter)

Delaware	**33-1845288**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
3 Lakes Drive Northfield, Illinois	**60093**
(Address of principal executive offices)	(Zip Code)

(847) 949 5500
Registrant's telephone number, including area code

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A common stock, par value $0.0001 per share	MDLN	Nasdaq Global Select Market

Securities registered pursuant to section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the Class A common stock held by non-affiliates of the registrant, based on the closing price of a share of Class A common stock on December 17, 2025, as reported by The Nasdaq Global Select Market on such date was approximately $13.0 billion. The registrant has elected to use December 17, 2025, which was the initial trading date of the registrant's Class A common stock on The Nasdaq Global Select Market, as the calculation date because on June 30, 2025 (the last business day of the registrant's most recently completed second fiscal quarter) the registrant was a privately held company. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose.

As of February 23, 2026, there were 811,647,534 shares of the registrant's Class A common stock and 502,045,878 shares of the registrant's Class B common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement related to its 2026 Annual Meeting of Stockholders to be filed with the U.S. Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2025 are incorporated by reference into Part III of this Annual Report on Form 10-K.

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Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K (this "Annual Report") contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Forward-looking statements include all statements that are not historical facts. Words such as "anticipate," "assume," "believe" "contemplate," "continue," "could," "estimate," "expect," "foreseeable," "intend," "may," "plan," "potentially," "predict," "project," "seek," "should," "will," or "would," or similar words or phrases that convey uncertainty of future events or outcomes, are intended to identify forward-looking statements in this Annual Report. These forward-looking statements relate to matters such as our industry, business strategy, costs, and costs savings, impacts of accounting standards and guidance, goals and expectations, market position, future operations, margins, profitability, capital expenditures, liquidity and capital resources, legal matters, trends, and other financial and operating information. The forward-looking statements are based on management's current expectations and are subject to various risks, uncertainty, and changes in circumstances, many of which are beyond our control, that could cause actual results to differ materially. Although we believe that the assumptions underlying the forward-looking statements are reasonable, we cannot guarantee future results, level of activity, performance, or achievements. Factors that may cause actual results to differ from expected results include those described in Part I, "Item 1A—Risk Factors" and Part II, "Item 7—Management's Discussion and Analysis of Financial Condition and Results of Operations". The forward-looking statements included in this Annual Report speak only as of the date of this Annual Report or as of the date they are made, as applicable. Except as otherwise required by law, we disclaim any intent or obligation to update any "forward-looking statement" made in this Annual Report to reflect changed assumptions, the occurrence of unanticipated events, or changes to future operating results over time.

INTRODUCTORY NOTE

Medline Inc. was incorporated as a Delaware corporation on November 6, 2024. Prior to the completion of its initial public offering (the "IPO") on December 18, 2025, Medline Inc. undertook certain reorganization transactions (the "Reorganization") such that Medline Inc. is now a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP ("Medline Holdings"). Following the IPO, Medline Holdings is the predecessor of Medline Inc. for financial reporting purposes. As the general partner of Medline Holdings, Medline Inc. now operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts its business. The Reorganization lacks economic substance and therefore is accounted for in a manner consistent with a reorganization of entities under common control. As a result, the consolidated financial statements of Medline Inc. recognize the assets and liabilities received in the Reorganization at their historical carrying amounts, as reflected in the historical financial statements of Medline Holdings. Medline Inc. will consolidate Medline Holdings on its consolidated financial statements and record a non-controlling interest related to the Units (as defined herein) held by the Continuing Unitholders (as defined herein) on its consolidated balance sheets and statements of comprehensive income.

Medline Inc. had no significant business transactions or activities prior to the Reorganization, and, as a result, the historical financial information reflects that of Medline Holdings.

Basis of Presentation

The consolidated financial statements and accompanying notes included herein are prepared in accordance with United States generally accepted accounting principles ("GAAP"). The results of businesses acquired or disposed of are included in the consolidated financial statements from the date of the acquisition or up to the date of disposal, respectively. All adjustments, in the opinion of management, necessary to a fair statement of the results for the annual periods presented have been made.

Certain monetary amounts, percentages, and other figures included in this Annual Report have been subject to rounding adjustments. Percentage amounts included in this Annual Report have been calculated, in some cases, not on the basis of such rounded figures, but on the basis of such amounts prior to rounding. For this reason, percentage amounts in this Annual Report may vary from those obtained by performing the same calculations using the figures, on the face of our consolidated financial statements included elsewhere in this Annual Report. Certain other amounts that appear in this Annual Report may not sum due to rounding.

In December 2024, we changed the name of Medline Holdings from Mozart Holdings, LP to Medline Holdings, LP. We will not distinguish between the prior and current name of Medline Holdings and will refer to the current name of Medline Holdings throughout this Annual Report. References in this Annual Report to "Medline," the "Company," "we," "us," and "our" refer (1) prior to the consummation of the IPO, to Medline Holdings, LP and its consolidated subsidiaries and (2) after the IPO to Medline Inc. and its consolidated subsidiaries.

CERTAIN DEFINITIONS

As used in this Annual Report, unless otherwise noted or the context requires otherwise, the following terms have the following meanings:

- "Class A Units" refers to the interests in Medline Holdings called "Class A Units" that were outstanding prior to the Reclassification. In connection with the Reclassification, (i) Class A Units held by Common Unitholders were converted into Common Units and (ii) Class A Units held by Exchanging Class A Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Class B Units" refers to the interests in Medline Holdings called "Class B Units" that were outstanding prior to the Reclassification, and does not include CUPI Units. In connection with the Reclassification, (i) Class B Units held by Incentive Unitholders were converted into Incentive Units and (ii) Class B Units held by Exchanging Class B Unitholders were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units).

- "Common Units" refers to the new class of units of Medline Holdings created by the Reclassification and does not include Incentive Units.
- "Common Unitholders" refers to certain pre-IPO holders of Class A Units and/or CUPI Units who hold Common Units following the Reclassification.
- "Incentive Unitholders" refers to certain pre-IPO holders of Class B Units who will hold Incentive Units following the Reclassification, as described under "Organizational Structure."
- "Continuing Unitholders" refers collectively to Common Unitholders and Incentive Unitholders.
- "CUPI Units" refers to the interests in Medline Holdings that were designated as "Catch-Up Class B Units" and outstanding prior to the Reclassification. In connection with the Reclassification, (i) CUPI Units held by Common Unitholders were converted into Common Units and (ii) CUPI Units held by Exchanging CUPI Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Designating Stockholder" refers to each of our Principal Stockholders with whom we entered into separate director nomination agreements.
- "Exchanging Class A Unitholder" refers to pre-IPO holders of Class A Units whose Class A Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Class B Unitholder" refers to pre-IPO holders of Class B Units whose Class B Units were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units) following the Reclassification.
- "Exchanging CUPI Unitholder" refers to pre-IPO holders of CUPI Units whose CUPI Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Unitholders" refers collectively to Exchanging Class A Unitholders, Exchanging CUPI Unitholders, and Exchanging Class B Unitholders.
- "Incentive Units" refers to the new class of units of Medline Holdings created by the reclassification of the Class B Units in the Reclassification. The Incentive Units are "profit interests" having economic characteristics similar to stock appreciation rights and having the right to share in any equity value of Medline Holdings above specified participation thresholds. Vested Incentive Units may be converted to Common Units and be subsequently exchanged for shares of Class A common stock.
- "Principal Stockholders" refers collectively to investment funds associated with Blackstone Inc., The Carlyle Group Inc. and Hellman & Friedman LLC, and members of the Mills family.
- "Reclassification" refers to the reclassification of the partnership interests of Medline Holdings prior to the IPO.
- "Sponsors" refers collectively to Blackstone Inc., The Carlyle Group Inc., and Hellman & Friedman LLC.
- "Units" refers collectively to Common Units and Incentive Units.

Summary of Risk Factors

The following is a summary of the principal factors that make an investment in our securities speculative or risky, all of which are more fully described below. This summary should be read together with the risk factors described under Part I, "Item 1A—Risk Factors" and should not be relied upon as an exhaustive summary of the material risks facing our business. In addition to the following summary, you should consider the information set forth below and the other information contained in this Annual Report before investing in our securities.

- Our global operations are subject to inherent risks that could materially adversely affect our business, results of operations, and financial condition.
- We may be unable to derive fully the anticipated benefits from our existing or future acquisitions, joint ventures, investments, dispositions, or other strategic transactions.
- Consolidation in the healthcare industry could have an adverse effect on our business, results of operations, and financial condition.
- We operate in a highly competitive industry, with accelerating pricing pressure and changes in technology.
- Changes to the U.S. and global healthcare environments may not be favorable to us.
- Increases in shipping costs or service issues with our third-party shippers could harm our business.

- Significant challenges or delays in our sourcing of new products and technologies could have an adverse impact on our long-term success.
- We have concentration in and dependence on certain healthcare provider customers and GPOs.
- Our business and operations depend on the proper functioning of our critical facilities and distribution networks and could be negatively impacted by events outside our control.
- Quality problems and product liability claims have in the past led, and could in the future lead, to recalls or safety alerts, reputational harm, adverse verdicts, or costly settlements, and could have a material adverse effect on our business, results of operations, and financial condition.
- Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline.
- If we experience increased pressure to maintain or decrease the price of our goods and services and we are unable to reduce our expenses, there may be a material adverse effect on our business, results of operations, and financial condition.
- Any failure by or loss of a third-party manufacturer or supplier or other manufacturing or supply-related impacts could result in delays and increased costs, which may adversely affect our business.
- We rely on the proper function, security, and availability of our information technology systems and data, as well as those of third parties throughout our global supply chain, to operate our business.
- We are subject to extensive and complex laws and governmental regulations and any adverse regulatory action may materially adversely affect our business, results of operations, and financial condition both inside and outside the United States.
- We are subject to complex and rapidly evolving data privacy, security, and data protection laws and regulations and the costs to comply with such laws and regulations or any ineffective compliance efforts with such laws and regulations may adversely impact our business.
- Our use or our third-party service providers' or business partners' use of AI, automated decision-making and machine learning technologies and the evolving regulatory framework in this area may subject us to risks or heightened costs that could adversely affect business, results of operation and financial condition.
- Our failure to comply with laws and regulations relating to reimbursement of healthcare goods and services may subject us to penalties and adversely impact our reputation, business, results of operations, financial condition, and cash flows.
- Uncertain global and domestic macro-economic and political conditions could materially adversely affect our business, results of operations, and financial condition.
- Our substantial indebtedness could adversely affect our financial condition, our ability to operate our business or react to changes in the economy or our industry, prevent us from fulfilling our obligations under our debts, and divert our cash flow from operations for debt payments.
- The credit agreement that governs the Senior Secured Credit Facilities and the indentures that govern the Senior Notes will each impose significant operating and financial restrictions on our subsidiaries, which may prevent us from capitalizing on business opportunities.
- Medline Inc. is a holding company and its only material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, and it is accordingly dependent upon distributions from Medline Holdings to pay taxes, make payments under the tax receivable agreement, and pay any dividends.
- The Designating Stockholders hold a significant percentage of our stock, and their interests may conflict with ours or yours in the future.
- Our amended and restated certificate of incorporation does not limit the ability of our Sponsors, the Mills family, and certain other pre-IPO investors to compete with us, and they may have investments in businesses whose interests conflict with ours.

The market price of shares of our Class A common stock may be volatile or may decline regardless of our operating performance, which could cause the value of your investment to decline.

Market and Industry Data

Unless otherwise indicated, information contained in this Annual Report concerning our industry, competitive position, and the markets in which we operate is based on information from independent industry and research organizations, other third-party sources and management estimates. Although we believe that these third-party sources are reliable, we do not guarantee the accuracy or completeness of this information, and we have not independently verified this information. Management estimates are derived from information obtained from surveys, reports by market research firms, our customers, distributors, suppliers, trade and business organizations, and other contacts in the markets in which we operate and have not been verified by independent sources, and are based on assumptions made by us upon reviewing such data, and our experience in, and knowledge of, such industry and markets, which we believe to be reasonable. In addition, assumptions and estimates of our and our industry's future performance are subject to a high degree of uncertainty and risk due to a variety of factors, including those described in Part I, "Item 1A—Risk Factors" and "Cautionary Note Regarding Forward-Looking Statements." These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

Statements regarding our market position (including statements that we are the largest company in a particular market), unless otherwise noted, are based on our 2025 net sales in the relevant market relative to the publicly reported net sales of our competitors in such market, including with respect to our statement of being the largest provider of med-surg products and supply chain solutions serving all points of care, as that statement is based on our 2025 net sales relative to the publicly reported net sales of med-surg products by companies that are both med-surg manufacturers and distributors.

Trademarks

We own or have the right to use trademarks, trade names, and service marks used in connection with our business, including, but not limited to, Medline, Curad, Microtek, Hudson, and Proxima. All trademarks, trade names, and service marks referred to in this Annual Report are the property of their respective owners. We do not intend our use or display of other companies' trade names, trademarks, or service marks to imply a relationship with, or endorsement or sponsorship of us by, these other companies. Solely for convenience, our trademarks, trade names, and service marks referred to in this Annual Report may appear without the ®, ™ or SM symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks, trade names, and service marks.

PART I

Item 1. Business

General

Medline Inc. (together with its subsidiaries, "Medline", "the Company", "we", "ours" and "us") is the largest provider of medical-surgical ("med-surg") products and supply chain solutions serving all points of care, based on total net sales of med-surg products. Medline was founded in 1966 and today delivers mission-critical products used daily across the full range of care settings, from hospitals and surgery centers to physician offices and post-acute facilities. Our mission is to make healthcare run better by delivering improved clinical, financial, and operational outcomes.

We have two reportable segments, Medline Brand and Supply Chain Solutions, the combination of which addresses critical needs in the market through a comprehensive solution. They are both supported by our Prime Vendor model, differentiated distribution network, and robust commercial platform. Through our two segments, we offer approximately 335,000 med-surg products, including surgical and procedural kits, gloves and protective apparel, urological and incontinence care, wound care, and consumable lab and diagnostics products. We distribute these products through our expansive network of global distribution facilities and our owned fleet of MedTrans trucks.

Medline Brand

As of December 31, 2025, we offer our customers approximately 190,000 med-surg products through our Medline Brand segment and hold leading positions across many key product families for our Medline Brand products. Our Medline Brand products are organized into three product categories: Front Line Care, Surgical Solutions, and Laboratory and Diagnostics.

- *Front Line Care* offers mission-critical med-surg products for patient-facing needs, including wound care products, exam gloves, skin care and incontinence products, environment cleaning supplies, textiles, hand sanitizer, durable medical equipment, patient plastics, and decolonization and infection control products.
- *Surgical Solutions* offers operating room and perioperative environment product solutions, including surgical procedure trays, drapes and gowns, personal protective equipment, sterile wraps, surgical instruments, surgeon's gloves, procedure kits, and orthopedic implants.
- *Laboratory and Diagnostics* offers a full range of laboratory and diagnostic product solutions, including point of care testing, analyzers and instrumentation, lab and diagnostic consumables, diagnostic instruments, vital signs monitors, and anatomic pathology and phlebotomy products.

Our product development approach incorporates customer feedback and ongoing innovation. We are also committed to delivering products of the highest standard, which is reflected by our robust quality team embedded across our manufacturing and sourcing locations. The expertise of our research and development team and quality team helps ensure products bearing the Medline brand meet both our rigorous quality standards and our customers' expectations.

Supply Chain Solutions

As of December 31, 2025, we offer approximately 145,000 med-surg products from over 1,300 third-party suppliers, including nearly all leading national brands, through our Supply Chain Solutions segment. We also provide our customers with supply chain optimization services such as consulting engagements, outsourced warehouse and technology management, put-away-ready packaging, third-party logistics, inventory rationalization, and route planning. Our third-party suppliers are primarily responsible for costs related to import and inbound freight, whereas we are primarily responsible for costs related to outbound freight from our distribution centers. Our supply chain expertise allows us to provide additional service offerings to optimize our customers' supply chain and inventory workflows, helping these customers cost-effectively manage their supply chain while building strong relationships and enhancing retention.

Our Prime Vendor Model

A Prime Vendor relationship is a relationship for which there is a multi-year distribution agreement between Medline and a customer, whereby the customer agrees to use Medline for the vast majority of its med-surg product needs.

In our Prime Vendor relationships, we enter into long-term agreements, typically structured with five-year terms, to act as the primary consolidated logistics partner for these customers' med-surg product needs. These agreements have been and are expected to continue to be a key contributor to our growth. Our customers realize efficiencies by partnering with one supply chain partner to consolidate their med-surg purchase volume. Prior to the market adoption of the Prime Vendor model, customers sourced such products individually from a highly fragmented base of suppliers. The Prime Vendor model instead centralizes procurement and distribution, which in turn drives efficiency and higher service levels.

As Prime Vendor, we drive significant cost savings to our customers. Our scale allows us to deliver consistently lower prices and better service levels on Medline Brand products relative to third-party alternatives, while also lowering the distribution cost for delivery of the full range of med-surg products. This often motivates customers to purchase more Medline Brand products over time. The opportunity is even greater in certain non-acute settings, where we sell a more focused product portfolio. Our Prime Vendor model allows us to provide cost savings to Prime Vendor customers, which, over time, supports incremental purchasing of our Medline Brand products and greater scale across our operations. As our scale grows, we are able to realize further efficiencies by offering superior or similar quality to third-party products at a more cost-effective price. We believe that Medline Brand conversion is mutually beneficial for both our customers and us-the value we provide customers at the outset of a Prime Vendor agreement meaningfully increases over time, as they accrue savings by purchasing our lower cost Medline Brand products, while our profitability grows given the enhanced margin profile of Medline Brand products. This compelling value proposition and supply chain relationship with our customers supports our greater than 98% average Prime Vendor retention rate over the past five years.

A portion of Supply Chain Solutions products sold to existing Prime Vendor customers has like-for-like Medline Brand product equivalents, representing a potential gross profit uplift consistent with our historical margin differentials if such products were converted for Medline Brand products. While we historically have earned higher margins upon conversion from third-party national brand products to like-for-like Medline Brand products, because of the lower average prices for Medline Brand products, there is typically a negative impact on net sales upon the conversion of Supply Chain Solutions products to like-for-like Medline Brand products if volume is assumed to be constant. For additional information on potential risks relating to this conversion opportunity, please see Part I, "Item 1A—Risk Factors—Risks Related to Our Business, Industry and Operations—Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline."

Our Distribution Network

We have a differentiated distribution network of 70 global distribution centers, warehouses, cross-docks, and transship facilities, 45 of which are in the United States, strategically located to provide next-day delivery to 95% of our U.S. customer base. We utilize artificial intelligence ("AI") and robotics technology in over 26 million square feet of warehouse space in the United States to improve efficiency and capacity to optimize distribution logistics and maximize utilization. The products we distribute are packaged to meet each customer's individual needs and to be "put-away-ready," which streamlines the customer's unloading and shelving process. We also operate our own fleet of more than 2,100 MedTrans trucks that deliver our products across care settings within the United States. As of December 31, 2025, we had approximately 25% in incremental capacity across our platform to support our long-term growth.

Our Commercial Platform

Our deep connectivity to our customers is driven by the strength of our dedicated and tenured commercial team. We have a U.S. commercial team of approximately 4,000 people across all points of care, which includes account managers, product specialists, specialized clinical resources, customer service representatives, supply chain specialists, Prime Vendor analysts, and a robust leadership team dedicated to driving efficiencies for our customers through their teams. We have created an entrepreneurial environment that empowers our salesforce to work with our product managers to create innovative products that meet market demand. We have a team devoted to each channel in the United States and each region or country internationally, which allows our salesforce teams to develop market-specific knowledge.

Research and Development

We have a track record of successfully bringing new products to market, with more than 2,300 granted patents and more than 450 U.S. Food and Drug Administration ("FDA") 510(k) clearances. Over the last three years, we have successfully launched more than 250 new products.

Competition

Our value proposition is derived from our integrated business model, the breadth of our Medline Brand portfolio, our differentiated supply chain, and the overall quality and cost of our products. As a result of our integrated business model, our competitors include both other leading med-surg product manufacturers and distributors.

Similar to us, other leading med-surg product manufacturers produce a wide range of med-surg supplies. However, unlike us, many of these competitors are reliant upon third-party distributors to deliver their products to customers. By nature of being a distributor, Medline has direct access to and manages the end customer relationships. This enables us to offer a complete solution as a manufacturer and a distributor, offering our customers what we believe to be best-in-class supply chain logistics, and driving value through our brand.

Additionally, other distributors of med-surg products similarly connect the fragmented supplier and provider bases and aggregate inventory from suppliers to deliver products to customers, such as McKesson, Cardinal Health, Owens & Minor, and Henry Schein. These distribution companies compete with us for Prime Vendor agreements. However, we believe that many of these competitors do not benefit from the scale and scope of our vertical integration or commercial excellence, and thus are not able to provide the same magnitude of cost savings, value, and holistic solutions that we deliver for our customers.

Production and Raw Materials

We manufacture approximately one-third of our Medline Brand products, which are primarily Class I and II medical devices, through our 30 manufacturing facilities, of which 24 are in North America. We purchase many of the components and raw materials used in manufacturing our products from numerous suppliers. We focus our manufacturing capabilities on products where we can leverage technology and automation to drive higher quality and lower costs to better serve our customers. For the vast majority of the other two-thirds of our Medline Brand products, we work closely with our network of more than 600 global partners across approximately 40 countries, many of whom have decades-long exclusive relationships with us. The breadth of our global sourcing partnerships provides diversification and strengthens our resiliency, with no single sourcing partner accounting for more than 5% of total spend as of December 31, 2025.

We also have plans and measures in place to help ensure continuity of supply while maintaining high quality and reliability. Generally, we have been able to obtain adequate supplies of such raw materials and components. However, due to the FDA's manufacturing requirements and those of other regulatory authorities, we may not be able to quickly establish additional or replacement sources for certain components, materials or processes if we experience a sudden or unexpected reduction or interruption in supply or services and are unable to develop alternative sources.

Human Capital Resources

At Medline, our relentless focus on the customer drives our human capital strategy, which revolves around attracting, developing, and retaining employees to provide the best products and services for our customers. We have developed a strong foundation that drives our recruitment, retention and development efforts. We are committed to supporting the personal and professional development of our employees, as well as providing competitive benefits and a safe, inclusive workplace.

As of December 31, 2025, we employed over 45,000 employees worldwide, with over 26,000 located in the United States. Our largest non-U.S. employee populations are in Mexico, Dominican Republic, India, Canada, Slovakia, France, China, Japan, Germany, and Australia. None of our employees in the United States are unionized, though some of our employees in Mexico belong to unions. In Germany and the Netherlands, employees are represented through Works Councils; in France and Spain, employees are represented through both Works Councils and industry-wide collective bargaining agreements; and in Belgium and Italy, employees are also represented through industry-wide collective bargaining agreements. In Australia, certain employees are represented by an enterprise bargaining agreement; in Japan, employees are represented through a Work Council; and in Vietnam, employees are represented through a collective bargaining agreement. We believe that our positive employee relations and total employee experience drive the continual growth of our workforce.

Culture and Values

Our culture is grounded in a customer-focused, collaborative, and performance-driven approach, guided by core values emphasizing relentless customer focus, agility and flexibility, problem-solving, drive to succeed, purposeful candor, and the importance of relationships. Employees are encouraged to exercise judgment, work transparently with customers, and contribute meaningfully to our mission to make healthcare run better.

Talent Attraction and Development

We seek to attract employees whose skills, experience, and motivation align with our operational and technical needs. Through continual improvement of internal processes, an awareness of market and candidate driven trends, and in partnership with vendors and other outside organizations, our talent acquisition programs focus on efficient hiring processes, market awareness, and building a diverse pipeline of candidates. We support development through consistent performance management processes and early career opportunities to take on additional responsibilities to demonstrate their competencies and drive to succeed and on-the-job responsibility augmented by formal training and development to refine technical and leadership skills. New sales representatives participate in comprehensive training programs, and product managers have targeted development pathways through all stages of their careers, from mandatory onboarding offerings to advanced classes that provide the necessary skills with increasing levels of responsibility, to support progression over time.

Employee Engagement and Inclusion

We believe our employees' ability to communicate and cooperate effectively across functional and departmental teams positively impacts our performance. We engage in various listening strategies and foster engagement through survey feedback mechanisms, anonymous employee feedback platform, focus groups, increased attention to onboarding and offboarding feedback, pulse surveys on remote work needs, and other listening strategies. Insights from these efforts inform workplace improvements. We also support an inclusive environment through Employee Resource Groups and leadership training initiatives designed to reduce bias in talent decisions and strengthen representation across the company.

Health, Safety, and Well-Being

We are committed to maintaining a safe workplace and supporting the physical, emotional, and financial well-being of our employees. We provide competitive health and benefits programs, access to assistance resources where available, and opportunities for community involvement through charitable giving, including financial giving and in-kind giving such as product donations.

Intellectual Property

We rely upon patents, trademarks, copyrights, trade secrets and other intellectual property rights to maintain and improve our competitive position. We have a large portfolio of intellectual property, including more than 2,300 granted patents as well as trademark registrations protecting our notable brands, including Medline, Curad, Microtek, Hudson, and Proxima.

We consider the trademarks and know-how that we own to be material to our business. However, other than the Medline mark, we do not consider our business to be materially dependent upon any individual trademark registration or trade secret. In the aggregate, we consider our more than 2,300 granted patents to be material to our business. However, no single patent or group of related patents is material to our business as a whole or any segment of our business.

We believe that we have taken all necessary steps to protect our intellectual property rights, but no assurance can be given that we will be able to successfully enforce or protect our rights in the event that they are infringed upon or challenged by a third party. See Part I, "Item 1A —Risk Factors—Risks Related to Regulation and Legal Proceedings—Any failure to obtain, maintain, protect and enforce our intellectual property rights, or the failure of the strength or scope of our intellectual property rights, could harm our business, financial condition, and results of operations" and "—Risks Related to Regulation and Legal Proceedings—We may become subject to litigation brought by third parties claiming infringement, misappropriation, or other violation by us of their intellectual property rights."

Government Regulation

Our operations and products are subject to extensive regulation by numerous governmental regulatory authorities, including U.S. and other international regulatory authorities, and other government agencies inside and outside the United States. To varying degrees, each of these agencies requires us to comply with laws and regulations governing the development, design, materials, testing, safety, efficacy, quality, purity, manufacturing, methods, controls, testing, screening, recordkeeping, reporting, processing, storage, registration, authorization, licensing, permitting, labeling, advertising, marketing, distribution, offer for sale, sale, use, expiration, pricing, reimbursement, import, export, clinical trials, post-marketing surveillance of our products, the registration of our facilities, and the claims that we make about our products. The United States and other countries where we sell healthcare and other regulated products, including drugs, human cell and tissue products, dietary supplements, cosmetics, certain foods, and consumer products subject such products to their own clearance, authorization, approval, registration, listing, labeling, manufacturing, recordkeeping, reporting, and other regulatory requirements regarding the performance, safety, and quality of such products. We are also subject to healthcare and other regulations and enforcement by the federal government and the states and foreign governments and authorities in the locations in which we conduct our business. The U.S. governmental and regulatory authorities that enforce such laws and rules, and that issue guidance on compliance with such laws and rules include, without limitation, the FDA, the Centers for Medicare & Medicaid Services ("CMS"), other divisions of the U.S. Department of Health and Human Services ("HHS"), the HHS Office of Inspector General, U.S. Environmental Protection Agency ("EPA"), the Federal Trade Commission ("the FTC"), Consumer Product Safety Commission ("CPSC"), the U.S. Department of Justice ("DOJ") and individual U.S. Attorney offices within the DOJ, as well as state and local governments. Our business is also affected by patient and data privacy and security laws, government payer cost containment initiatives, government reimbursement laws and regulations, environmental, health, and safety laws and regulations, as well as laws and regulations with respect to the sale, transportation, storage, handling, and disposal of hazardous or potentially hazardous substances, and safe working conditions. Our business also maintains contracts with governmental agencies and such contracts are subject to various government procurement laws and regulations, required contract provisions, and other requirements relating to contract formation, administration and performance. Failure to comply with applicable laws and regulations or with contractual or other requirements may result in monetary damages and criminal or civil penalties as well as termination of our government contracts or our suspension or debarment from government contract work.

The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, including through the offering of new products and services or entering into new geographic areas, we may be subject to new and additional regulatory requirements. The foreign, federal, state, and local regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products, suspend, revoke, or terminate our product and facility licenses, permits, and authorizations, request the cessation of distribution and shipments of certain products due to regulatory, safety, or other issues, seize or order the recall of our products, issue safety, quality, or other communications to the public or healthcare providers, enforce laws related to marketing, including promotion of off-label uses of products, and impose injunctions and significant criminal, civil, and administrative sanctions for violations of laws and regulations. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, may impact our business practices and operations, including by limiting our ability to effectively market, ship, and sell our products, affecting the production and distribution of products by our manufacturing facilities, subjecting us to significant liability, and limiting our ability to obtain future authorizations. Although we are subject to international government regulations in the international end markets where we operate and/or provide our products, these regulations do not have a material impact on our products as no international market represents more than 3% of our net sales.

Government Regulation of Medical Devices

Our medical devices are subject to regulation by numerous government agencies, including the FDA and comparable state and foreign agencies. Regulations of the FDA and other regulatory agencies in and outside the United States impose extensive compliance and monitoring obligations on portions of our business. The FDA and other U.S. and foreign governmental agencies regulate, among other things, with respect to medical devices: design, development, and manufacturing; testing, registration, listing, labeling, content, and language of instructions for use and storage; clinical trials; product safety; marketing, sales, and distribution; licensing and permit requirements; premarket clearance, approval and authorization; record keeping procedures; advertising and promotion; recalls and field safety corrective actions; post-market surveillance, including reporting of deaths or serious injuries and malfunctions that, if they were to recur, could lead to death or serious injury; post-market approval studies; and product import and export. The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, we may be subject to new and additional regulatory requirements. The FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers; seize or order the recall of products; terminate, suspend, or revoke licenses and permits; and impose significant criminal, civil, and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers. In addition, the FDA and other governmental and regulatory authorities, both in and outside the United States (including the FTC, the HHS Office of the Inspector General, the DOJ, and various state Attorneys General), monitor the promotion and advertising of our products. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, depending on its magnitude, may limit our ability to effectively market, ship, and sell our products, limit our ability to obtain future premarket authorizations, or result in a substantial modification to our business practices and operations.

FDA Premarket Clearance and Approval Requirements

Each medical device we wish to distribute commercially in the United States requires marketing authorization from the FDA prior to distribution, unless the device is exempt from premarket notification requirements. The type of marketing authorization necessary is generally linked to the classification of the device. The FDA classifies medical devices into one of three classes-Class I, II, or III-based on the degree of risk associated with a device and the level of regulatory control deemed necessary to ensure its safety and effectiveness. Class I devices that pose the least risk are subject only to General Controls applicable to all devices, such as requirements for device labeling, premarket notification, and adherence to current good manufacturing practices for devices as set forth in the Quality System Regulation ("QSR"). Class II devices that pose a moderate risk are subject to General Controls and may also be subject to Special Controls, such as performance standards, product-specific guidance documents, special labeling requirements, patient registries, or post-market surveillance. Class III devices are those for which insufficient information exists to assure safety and effectiveness solely through General and Special Controls, including devices that support or sustain human life, are of substantial importance in preventing impairment of human health, or which present a potential unreasonable risk of illness or injury.

Most Class I devices and some Class II devices are exempted by regulation from the 510(k) clearance requirement and can be marketed without prior authorization from the FDA. Class I and II devices that are not exempted are eligible for marketing through the 510(k) clearance pathway. By contrast, devices placed in Class III generally require premarket approval ("PMA") or de novo clearance prior to commercial marketing. The PMA approval process is more stringent, time-consuming and expensive than the 510(k) clearance process; however, the 510(k) clearance process has also become increasingly stringent and expensive. None of our products are currently approved under a PMA, and we have no plans for any indication or system improvement or extension that we believe would require a PMA. If, in the future, we were to file a PMA, we may be subject to additional regulatory requirements.

510(k) Clearance Process

To obtain 510(k) clearance, we must submit a premarket notification to the FDA demonstrating the proposed device to be substantially equivalent to a predicate device. A device is substantially equivalent if, with respect to the predicate device, it has the same intended use and it has either the same technological characteristics, or it has different technological characteristics, but the information provided in the 510(k) submission demonstrates that the device does not raise new questions of safety or effectiveness. The standard review process for 510(k)s is between six to nine months, dependent upon the type of 510(k) filing submitted. Although many 510(k) premarket notifications are cleared without clinical data, in some cases, the FDA may require clinical data to support substantial equivalence. In reviewing a premarket notification, the FDA may request additional information, including clinical data, which may significantly prolong the review process and clearance is never assured. Clinical trials generally require the submission of an investigational device exemption ("IDE") to the FDA for a specified number of patients and study sites, unless the product is deemed a non-significant risk device eligible for more abbreviated IDE requirements. Clinical trials are subject to numerous requirements and institutional review board approval, oversight, and monitoring. Even if a trial is conducted, the results of clinical testing may not adequately demonstrate the safety and effectiveness of the device or be sufficient to obtain FDA clearance or approval for marketing.

After a device receives 510(k) clearance, any subsequent modification of the device that could significantly affect its safety or effectiveness, or that would constitute a major change in its intended use, requires a new 510(k) clearance or could require submission and approval of a de novo 510(k) or a PMA application in cases where new indications are sought for which there is no predicate. Non-significant changes are handled via internal documentation by the Company. Each manufacturer must judge the significance of modifications based on FDA 510(k) regulatory requirements and guidance documents. The FDA may review any such decision and may disagree with a manufacturer's determination. If the FDA disagrees with a manufacturer's determination, the FDA may require the manufacturer to cease marketing and distribution and/or recall the modified device until 510(k) clearance or PMA approval is obtained. In the future, we may make modifications to our products after they have received FDA clearance and, in appropriate circumstances, determine that new clearance is unnecessary. However, the FDA may disagree with our determination, and, if the FDA requires us to seek 510(k) clearance or submit new PMA applications for any modifications to a previously cleared product, we may be required to cease marketing or distributing or recall the modified device until we obtain the required clearance or approval. We may also market or acquire products that are marketed without a 510(k) clearance, appropriate labeling, or that otherwise are marketed in violation of FDA requirements, since medical devices can be marketed only for the indications for which they are cleared or approved. Under these circumstances, we may also be subject to warning letters, significant regulatory fines, or other penalties, and we may no longer be able to market particular products for which a 510(k) clearance is required.

Post-Marketing Requirements

Numerous FDA regulatory requirements apply to devices we manufacture and distribute, including: compliance with the QSR, which require manufacturers and their suppliers to follow the applicable design, testing, processes, control, documentation, labeling, and other quality assurance procedures during the manufacturing process; establishment registration, which requires establishments involved in the production and distribution of medical devices intended for commercial distribution in the United States to register with the FDA; medical device listing, which requires manufacturers to list the devices they have in commercial distribution with the FDA; labeling regulations, which prohibit "misbranded" devices from entering the market, as well as prohibit the promotion of products for unapproved or off-label uses and impose other restrictions on labeling; post-market surveillance, including medical device reporting requirements which requires manufacturers to report to the FDA if their device may have caused or contributed to a death or serious injury, or malfunctioned in a way that would likely cause or contribute to a death or serious injury if it were to recur; and corrections and removal reporting regulations, which require that manufacturers report to the FDA field corrections and product recalls or removals if undertaken to reduce a risk to health posed by the device or to remedy a violation of the Federal Food, Drug, and Cosmetic Act that may present a risk to health. The FDA and other governmental and regulatory authorities actively enforce the laws and regulations prohibiting the promotion of off-label uses, and a company that is found to have improperly promoted off-label uses may be subject to significant liability.

The FDA enforces these requirements by inspection and market surveillance. Domestic facility records and manufacturing processes are subject to periodic unscheduled inspections by the FDA. The FDA may also inspect foreign facilities that export products to the United States. Failure to comply with applicable regulatory requirements may result in enforcement action or other actions by the FDA, which may include one or more of the following sanctions: adverse press releases and safety communications; requests to stop shipments; untitled letters or warning letters; fines, injunctions, and civil penalties; mandatory recall or seizure of our products; customer notifications and repairs or replacements; administrative detention or banning of our products; consent decrees; operating restrictions, partial suspension or total shutdown of production; refusing our request for 510(k) clearances for new product versions or modifications to existing product versions; revocation of 510(k) clearances previously granted; refusal to grant export approval for our products; and criminal prosecution and penalties. If any of these events were to occur, they could have a material adverse effect on our business, financial condition, and results of operations.

International Regulation of Medical Devices

Sales of medical devices outside the United States are subject to foreign government regulations, which vary substantially from country to country. In order to market our products in other countries, we must comply with applicable regulatory requirements and authorizations and approvals and safety and quality regulations in each country in which the product is marketed. The time required to obtain authorization, approval, or certification by a foreign country may be longer or shorter than that required for FDA clearance, and the requirements may differ significantly.

EU Regulation of Medical Devices

In the European Union ("EU") until May 25, 2021, medical devices were regulated by the Council Directive 93/42/EEC, which has been repealed and replaced by the Medical Device Regulation ("EU MDR"). Unlike directives, regulations are directly applicable in all EU member states without the need for member states to implement into national law. The EU extended the EU MDR transitional periods for certain medical devices until December 31, 2027 or December 31, 2028, depending on a device's risk class and subject to certain conditions to ensure continued access to medical devices for patients and to allow medical devices already placed on the market in accordance with the current legal framework to remain on the market, provided that the requirements of the transitional provisions are fulfilled.

In the EU, there is currently no premarket government review of medical devices. However, all medical devices placed on the EU market must meet general safety and performance requirements, and compliance with the general safety and performance requirements is a prerequisite for European conformity marking without which medical devices cannot be marketed or sold in the EU. EU MDR requirements regarding the distribution, marketing, and sale, including quality systems and post-market surveillance, have to be observed by manufacturers, importers, and distributors as of the application date (i.e., since May 26, 2021), including registration of economic operators and of devices (once the relevant modules of Eudamed are functional), surveillance, and vigilance requirements. The aforementioned EU rules are generally applicable in the European Economic Area which consists of the 27 EU member states plus Norway, Liechtenstein, and Iceland.

The NDA Approval Process

For any new drug products regulated under the Federal Food, Drug, and Cosmetic Act such as our ReadyPrep CHG cloth, a sponsor must submit a New Drug Application ("NDA"), to the FDA for review and approval. The NDA review and approval process may take multiple years and involves steps including the following:

- completion of preclinical studies and analytical and stability testing in accordance with applicable regulations;
- submission to the FDA of an Investigational New Drug ("IND") application, which must become effective before clinical trials may begin and must be updated annually and amended when certain changes are made;
- approval by an institutional review board, or IRB, or independent ethics committee, or IEC, at each clinical trial site before each trial may be initiated;
- performance of adequate and well-controlled clinical trials in accordance with applicable IND regulations, good clinical practice, or GCP, requirements, including informed consent, financial disclosure by investigators, and other clinical trial-related regulations, to establish the safety and efficacy of the investigational product for each proposed indication and other condition of use;
- preparation and submission to the FDA of an NDA;

- satisfactory completion of one or more FDA pre-approval inspections of the manufacturing facility or facilities where the drug will be produced to assess compliance;
- satisfactory completion of FDA inspection of select clinical trial sites involved in conducting pivotal studies that generated the data in support of the NDA;
- payment of user fees for FDA review of the NDA; and
- FDA review and approval of the NDA, including of the proposed prescribing information and, where applicable, consideration of the views of any FDA advisory committee, prior to any commercial marketing or sale of the drug in the United States.

Any approvals that we may ultimately receive could be withdrawn if required post-marketing trials or analyses do not meet the FDA requirements, which could materially harm the commercial prospects for our products.

Even if a product candidate receives regulatory approval, the approval may be limited to specific disease states, patient populations and dosages, or might contain significant limitations on use in the form of warnings, precautions or contraindications, or in the form of onerous risk management plans, restrictions on distribution, or post-marketing study requirements. Further, even after regulatory approval is obtained, later discovery of previously unknown problems with a product may result in restrictions on the product or even complete withdrawal of the product from the market. Delay in obtaining, or failure to obtain, regulatory approval for our candidate products, or obtaining approval but for significantly limited use, would harm our business. In addition, we cannot predict what adverse governmental regulations may arise from future U.S. or foreign governmental action.

Trade Regulations

The movement of products, services, and investment across borders subjects us to extensive trade regulations. A variety of laws and regulations in the countries in which we transact business apply to the sale, shipment, and provision of goods, services, and technology across borders. These laws and regulations govern, among other things, our import, export, and other business activities. We are also subject to the risk that these laws and regulations could change in a way that would expose us to additional costs, penalties, or liabilities. Some governments also impose economic sanctions against certain countries, governments, persons, and entities, both for unlawful or malign conduct and to discourage or prevent entities from abiding by other countries' laws. In addition to our need to comply with such regulations in connection with our direct activities, we also sell and provide goods, technology, and services to agents, representatives, and distributors who may export such items to customers and end-users. If we, or the third parties through which we do business, are not in compliance with applicable import, export control, or economic sanctions laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability. Such actions may disrupt or delay sales of our products or services or result in restrictions on our distribution and sales of products or services that may materially impact our business.

Anti-Boycott Laws

Under U.S. laws and regulations, U.S. companies and their subsidiaries and affiliates are prohibited from participating or agreeing to participate in unsanctioned foreign boycotts in connection with certain business activities, including the sale, purchase, transfer, shipping, or financing of goods or services within the United States or between the United States and countries outside of the United States. If we, or certain third parties through which we sell or provide goods or services, violate U.S. anti-boycott laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability.

4R

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03450	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 5511 W Ten Rd.

City: Mebane State: NC Zip: 27302

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 636-925-3168 Website: medline.com

Name of Designated Representative (DR): Joseph Peede

Licensing Company Email: ralicensing@medline.com DR Email: jpeede@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Corporate Discipline History

Original Signature (electronic, copies or stamps not accepted)

4/15/26

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer, Inc.
Address: 66 Hudson Blvd E City: New York State: NY Zip: 10001

Name: ICU Medical Inc.
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare Inc.
Address: One Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Avenue City: Bethlehem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Medline Inc.
Corporation Name: See Attached Ownership Information
Mailing Address: 3 Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: (847) 949-5500 Email: ralicensing@medline.com
Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025 | SEC Registration Number: 0002046386 | Stock Exchange Symbol: MDLN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091 PHONE
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grimston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ REQUESTS

_____ DOES NOT REQUEST

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____
Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____
Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____
Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____
Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Florida Department of Health

Reason/Charge
Medline's Florida Certified Designated Representative unexpectedly resigned.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

Lara N. Simmons February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

Daisy Kung for February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Medline Industries, Inc., Case #2007-37412

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2008006		Louisiana Board of Wholesale Drug Distributors		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
LA Board of WDD/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingsporn

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lara N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman
William Crates, Vice-Chairman
Randall Brooks, Secretary/Treasurer
John Liggio, Executive Director/Inspector
Hershal Paul, Board Member
Andy Milligan, Board Member
Wayne Gremillion, Board Member
Eric Voitier, Board Member
Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
HI DCCA / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
1314
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

6. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

9. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

11. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 0 8 2008.

Bobbi'wy Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of July, 2007, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C+I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
08 PHM 037		Wisconsin Department of Regulation and Licensing		
Reason/Charge				
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
WI DSPS/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 1 day of February, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 19 A 9:4

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of MEDLINE INDUSTRIES INC., Respondent.	PHA 2009-7-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Lee V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller
Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2009

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

---

POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Asa N. Simms, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Notary Public

My commission expires: 7-16-2011

2009

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of March, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
27278	NY State Education Department- Board of Pharmacy

Reason/Charge
Discipline incurred in another jurisdiction

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NY Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: Ariana Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

2014

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

---X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

---X

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

2025

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis Ingalls, on behalf of, Medline Industries, Respondent	1-5-21 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Jennifer M. Rudell, RPh, President, State of Ohio Board of Pharmacy	1-6-2021 Date of Signature
Henry Appel, Ohio Assistant Attorney General	1-6-2021 Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

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1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2022-0333		FL DBPR- Div. of Drugs, Devices, and Cosmetics		
Reason/Charge				
Customer Licenses, Record Keeping				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
FL DBPR / Medline Industries, LP			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____

Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
09 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — Oct - 27 - 2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 DEC 15 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent MEDLINE INDUSTRIES, L.P. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., and C.7. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____
(Signature)

Daniel Stevens
(Print Name)

Its Manager Regulatory Affairs
(Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____
IVY Y. E. KIM
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE
Chair

December 21, 2023
DATE

PATRICK ADAMS
Vice Chair

MARK BROWN

CATALINA CROSS

Kent Kikuchi
KENT KIKUCHI

BRANDON RABANG

SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Daniel Stevens

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/13/26

Date

PAID

Board Use Only	Date Received: 4/21/26	Amount: $400.00

Power of Attorney

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

POWER OF ATTORNEY

EXCELSIOR MEDICAL, LLC, an Illinois limited liability company, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Excelsior Medical, LLC

By: Medline Industries, LP
Its: Manager
By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Medline Industries, LP, as Manager of Excelsior Medical, LLC.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

POWER OF ATTORNEY

Centurion Medical Products, LP, an Delaware limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Centurion Medical Products, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Centurion Medical Products, LP.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

Ownership Information

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

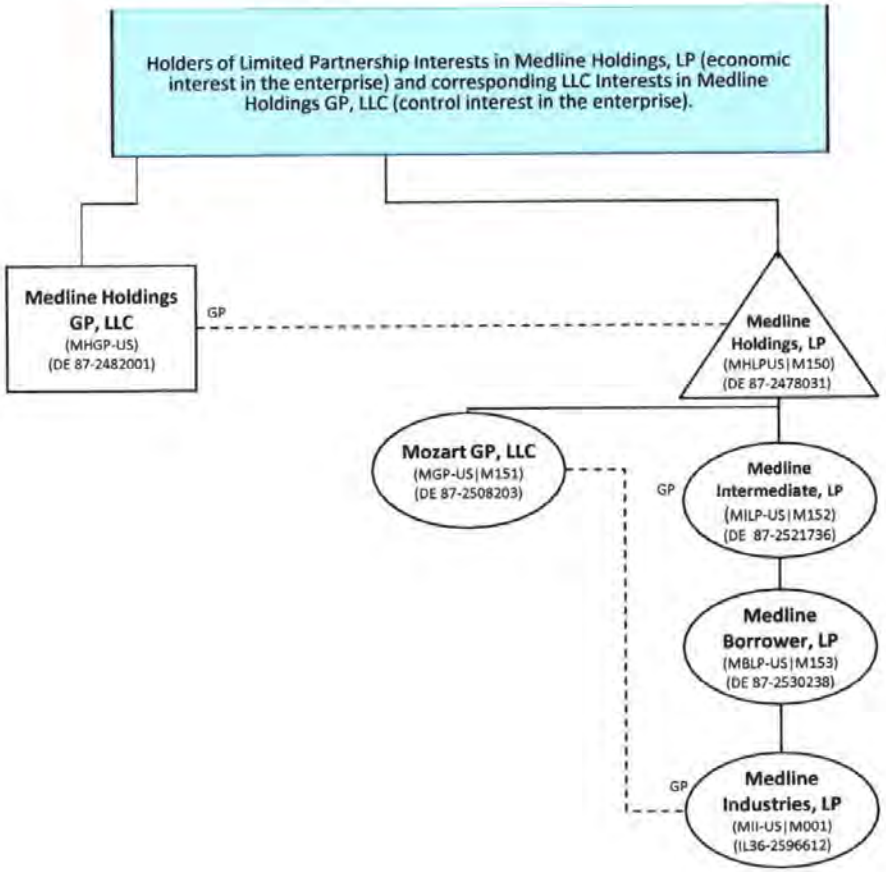
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

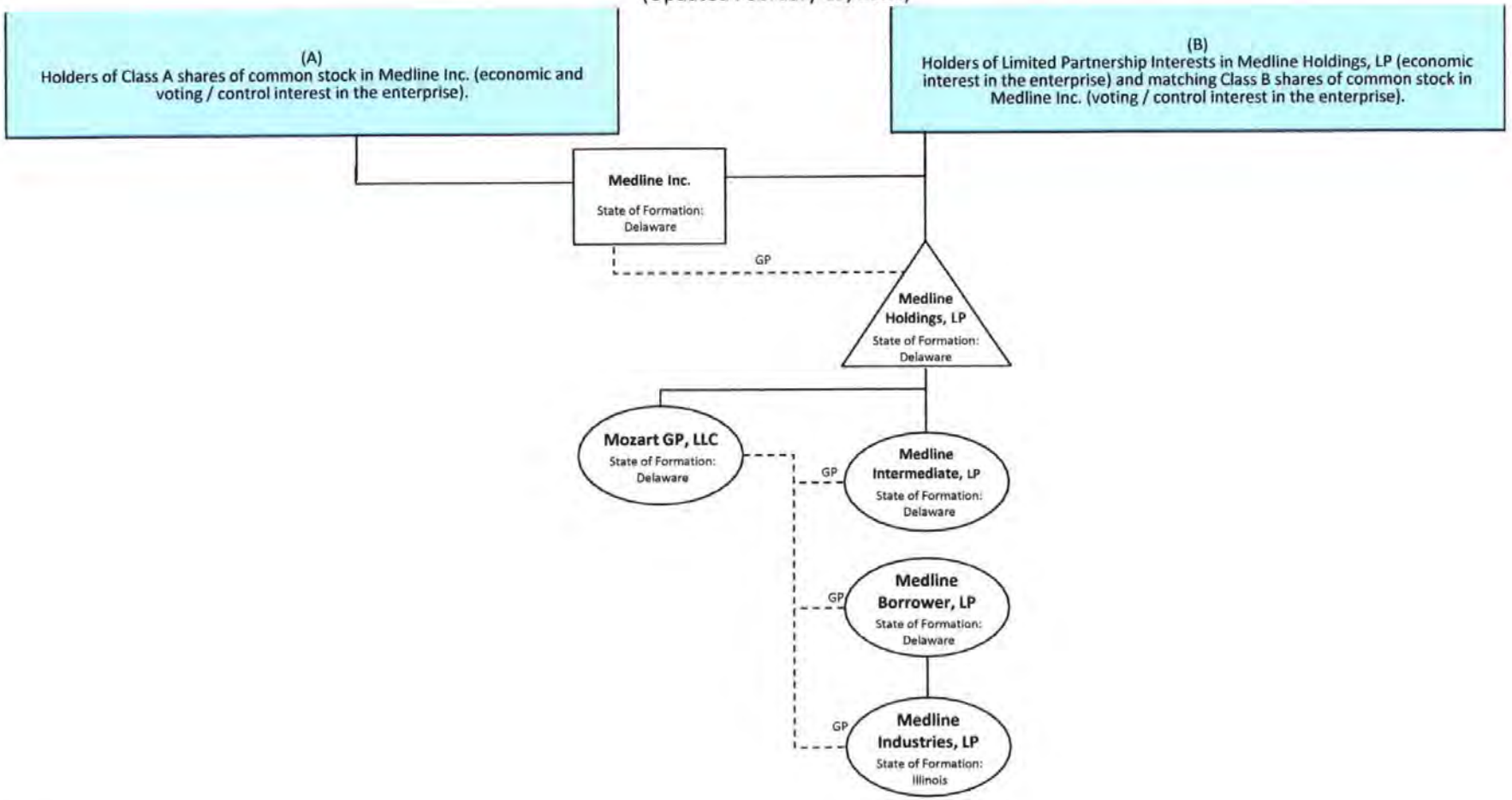


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

List of Officers, Directors, and Partners

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Centurion Medical Products, LP

FEIN: 38-1659420
A Delaware Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Industries, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	36-2596612
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC

FEIN: 32-0473772
An Illinois Limited Liability Company

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Member and Manager of LLC:

Medline Industries, LP
FEIN: 36-2596612

Officers:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC is a member managed LLC with the sole member and manager being Medline Industries, LP. Medline Industries, LP is a limited partnership and does not appoint corporate officers. Medline reports the officers for its general partner, Mozart GP, LLC, which retains 100% control of Medline Industries, LP.

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

Certificates of Good Standing

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502528 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURION MEDICAL PRODUCTS, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTURION MEDICAL PRODUCTS, LP" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6213666 8300

SR# 20261791715

Authentication: 203646965

Date: 04-15-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

File Number 0543231-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

EXCELSIOR MEDICAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502534 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203550646

Date: 04-03-26

5143163 8300

SR# 20261572157

You may verify this certificate online at corp.delaware.gov/authver.shtml

North Carolina Department of Agriculture & Consumer Services

Food and Drug - Prescription Drug

Steve Troxler
Commissioner

Christina L. Waggett
Assistant Commissioner
for Consumer Protection

Anita MacMullan
Division Director

License Details for MEDLINE INDUSTRIES LP

Licensee Details

Firm Name: MEDLINE INDUSTRIES LP

License Type: Distributor

Mailing Address: THREE LAKES DRIVE 3D, NORTHFIELD, IL 60093

Physical Address: 5511 W TEN ROAD, MEBANE, NC 27302

License Status: Active – In good standing

License Number: 546

Current Issue Date: 12/11/2025

Discipline: No

Original Issue Date: 9/7/2021

License Expiration: 12/31/2026

Search URL: https://apps.ncagr.gov/AgRSysPortalV2/licensesearch/fdpd/415306

NCDA&CS
4400 Reedy Creek Road Raleigh, NC 27607-6465
1070 Mail Service Center, Raleigh, North Carolina 27699-1070
Main (984) 236-4820 : Fax: (919) 831-1323

Certificates of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC. 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** N/A — N/A **INSURER C :** See Acord 101 for Carrier Participation **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-26 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	2,000,000
							GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
							BODILY INJURY (Per person)	$	
							BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
								$	
	[ ] **UMBRELLA LIAB** [ ] OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$	
							AGGREGATE	$	
								$	
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE [ ] OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [Y] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
							E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
MARSH USA LLC		Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:

57.86% of the layer is insured by Lloyds of London

17.14% of the layer is insured by AXA XL UK Ltd. (A+)

25% of the layer is insured by Harleysville Insurance Company of NY (A)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$	10,000
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$	2,000,000
	OTHER:						GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y	N/A		PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr. Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S . Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St. Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd. Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **105625536**

Current Billing Term From **July 20, 2025** to **July 20, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **July 20, 2011**, in the amount of **One Hundred Thousand** (**$100,000.00**) on behalf of **MEDLINE INDUSTRIES, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **June 25, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 105625536 **Principal: MEDLINE INDUSTRIES, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25 day of June, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 25th day of June, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #105625536

Current Information as of 04/14/2026

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 5: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 6: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 7: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 8: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 9: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 10: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 11: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 12: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 13: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Location 14: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 15: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 16: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 17: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 18: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 19: (C71)
Medline Industries, LP
264 S 5750 W
Salt Lake City, UT 84104

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

Location 23: (ANG)
Medline Industries, LP
10 Glen Falls Techinical Park
Glen Falls, NY 12801

Location 24: : (EXC-TF)
Excelsior Medical, LLC
1470 Shafto Road
Tinton Falls, NJ 07712

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **108030426**

Current Billing Term From **September 03, 2025** to **September 03, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **September 03, 2024**, in the amount of **Twenty Five Thousand** (**$25,000.00**) on behalf of **CENTURION MEDICAL PRODUCTS, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **July 23, 2025**

Travelers Casualty and Surety Company of America

By: _____
Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108030426 **Principal: CENTURION MEDICAL PRODUCTS, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

SEAL SEAL SEAL SEAL

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

NOTARY PUBLIC

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 23 day of July, 2025.

SEAL SEAL SEAL SEAL

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 23rd day of July, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #108030426

Current Information as of 04/14/2026

Location 1: (B01)
Centurion Medical Products, LP
301 Catrell Drive
Howell, MI 48843

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries LP — MDEG License # (if applicable): WH03450

Physical Address: 5511 W Ten Rd.

City: Mebane — State: NC — Zip: 27302

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield — State: IL — Zip: 60093

Telephone: 919-563-1535 — Website: WWW.MEDLINE.COM

Licensing Company Email: RALICENSING@MEDLINE.COM

Section 2: Personal Information

First: Joseph — Middle: Warren — Last: Peede

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Elon, — State: NC — Zip: [redacted]

Telephone: [redacted] — Email: jpeede@medline.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Lake Worth Community High School		09/80 - 06/84	
Address	**City**	**State**	**Zip**
1701 Lake Worth Rd,	Lake Worth Beach	FL	33460
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Palm Beach Junior College		09/84 - 05/86	
Address	**City**	**State**	**Zip**
4200 S Congress Ave	Lake Worth	FL	33461
Diploma/Degree obtained, if any			
AA - Computer Programming			

School Name		From - To (MM/YY – MM/YY)	
Florida Atlantic University		9/86 - 5/88	
Address	**City**	**State**	**Zip**
777 Glades Rd	Boca Raton	FL	33431
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
3/26/2021 - Present	[redacted]	Elon	NC	[redacted]
8/28/2015 - 3/25/20		Maiden	NC	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries LP			7/01/2021 - Present	
Business Address		**City**	**State**	**Zip**
5511 West Ten Road		Mebane	NC	27302
Phone	**Title**		**Number of Employed Hours**	
919-563-1535 ext. 2221	Director of Operations		1500 +	
Description of Duties				
As the Director of Operations, I oversee the facility and i am involved with decision making, procedures, policies, record keeping and inventory.				

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries LP			10/15/2019- 4/30/2022	
Business Address		**City**	**State**	**Zip**
8475 Automation Drive		Concord	NC	28027
Phone	**Title**		**Number of Employed Hours**	
919-563-1535 ext. 2221	Director of Operations		1500+	
Description of Duties				
As the Director of Operations, I oversee the facility and i am involved with decision making, procedures, policies, record keeping and inventory.				

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries LP			8/2015 - 10/15/2019	
Business Address		**City**	**State**	**Zip**
917 E Powell Drive		Lincolnton	NC	28092
Phone	**Title**		**Number of Employed Hours**	
919-563-1535 ext. 2221	Director of Operations		1500+	
Description of Duties				
As the Director of Operations, I oversee the facility and i am involved with decision making, procedures, policies, record keeping and inventory.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Joseph Peede, **certify that as the MDEG Administrator for**

Medline Industries LP,

that I (initial that you have read and meet the following requirements):

1. JP Have a high school diploma or its equivalent;
2. JP Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JP Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JP Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph Peede
Print Name (First, Last)

Joseph Peede
Original Signature (electronic, copies or stamps not accepted)

4/9/2026
Date

Board Use Only	Date Received: 4/21/26

List of Employees
Medline Industries, LP
C57 - Mebane, NC

Worker	Business Title
Aaron Sloan	Warehouse Operator Operations
Aaron Stabler	Warehouse Operator Operations
Abel Castaneda Gordiano	Warehouse Operator Operations
Adrian Totten	Trainer Branch
Adrienne Lyons	Warehouse Operator Operations
Ahmed Bond	Warehouse Operator Operations
Ahmet Taka	Warehouse Operator Operations
Aiden Walters	Warehouse Operator Operations
Alan Hensley	Warehouse Operator Operations
Alan Wray	Warehouse Ld Operations
Albert Carrillo	Driver II
Aldamond Nance	Warehouse Operator Operations
Alejandro Martinez	Warehouse Operator Operations
Alex Featherston	Warehouse Operator Operations
Alexis Marquina	Warehouse Operator Operations
Alma Marin	Warehouse Operator Operations
Alvaro Torres Amezquita [C]	Warehouse Operator
Amancio Alvarez	Warehouse Operator Operations
Amber White	HR Coord
America Garcia	Warehouse Operator Operations
Amy Payro [C]	Contingent Worker - Honeywell
Anais Palau	Warehouse Operator Operations
Andre Brown	Driver II
Andrew Gutierrez	Warehouse Operator Operations
Andrew White	Warehouse Operator Operations
Angel Fogleman	Warehouse Operator Operations
Angel Saldivar [C]	Contingent Worker - Honeywell
Angela Portee (On Leave)	Driver II
Angeles Mingo	Warehouse Operator Operations
Angelo Anderson	Warehouse Operator Operations
Ann Nottingham	Inventory Coord Operations
Annel Perez Guzman	Warehouse Operator Operations
Antelmo Cisneros [C]	Warehouse Operator
Anthony Banks	Trainer Branch
Anthony Cooper	Driver II
Anthony Freeman	Warehouse Ld Operations
Anthony Richardson	Warehouse Operator Operations
Anthony Travis	Driver I
Antoine Humphrey	Warehouse Operator Operations
Antwon Blue	Driver II
Arielle Wilson	Delivery Driver
Arthur Stutts	Driver II
Aryonna Cervera	Warehouse Operator Operations
Ashley Hernandez	Warehouse Operator Operations
Ashly Roque Franco	Warehouse Operator Operations
Ashly Williamson	Warehouse Operator Operations
Aubrey Cash	Warehouse Operator Operations
Audriana Smith	Warehouse Operator Operations
Ava Curtis	Warehouse Operator Operations

Worker	Business Title
Barry Criswell	Warehouse Operator Operations
Benjamin Heflin	Warehouse Operator Operations
Bennett Compton	Warehouse Operator Operations
Bernard Oduro Kumi	Warehouse Operator Operations
Blake Hall	Warehouse Operator Operations
Brad Warren	Warehouse Ld Operations
Bradley Coulter	Line Haul Driver
Brandon Craig (On Leave)	Warehouse Operator Operations
Brandon Large	Supv Warehouse
Brenda Andress	Inventory Coord Operations
Breon Young	Trainer Branch
Brian Espino	Warehouse Operator Operations
Brian Murillo bustillo	Warehouse Operator Operations
Brian Thayer	Driver Ld
Brianna Jones	Warehouse Operator Operations
Brittany Knight	Warehouse Operator Operations
Brittany Lankhamdaeng	Warehouse Operator Operations
Bryan Ramirez Ramirez	Warehouse Operator Operations
Bryan Yi	Warehouse Operator Operations
Caleb Keller	Sr Supv Warehouse
Cameron Guzman	Warehouse Operator Operations
Carissa Vaughan	Warehouse Operator Operations
Carl Bertrand [C]	Warehouse Operator
Carlito Solis	Warehouse Operator Operations
Carlos Garcia-Garcia	Warehouse Ld Operations
Carlos Herndon	Driver II
Carlos Rivera	Warehouse Operator Operations
Carlous Jones	Warehouse Ld Operations
carrie morrison	Warehouse Operator Operations
CASEY TZINTZUN	Warehouse Operator Operations
Cassandra Conley	Supv Training Branch
Cassandra Perez Sosa	Warehouse Operator Operations
Chad Jordan	Driver I
Chamee Rosales Xiong	Supv Warehouse
Charles Sartin	Warehouse Ld Operations
Charles Summers	Warehouse Operator Operations
Charles Wheeler	Warehouse Operator Operations
Chase Moore	Mgr Warehouse
Cheyan Paul	Warehouse Operator Operations
Chonece Coleman	Warehouse Operator Operations
Chris Jarrett	Warehouse Operator Operations
Christian Axume	Warehouse Operator Operations
Christopher Clyburn	Warehouse Operator Operations
Christopher Mobley	Warehouse Operator Operations
Christopher Summers	Warehouse Operator Operations
Christopher Walker	Warehouse Operator Operations
Christy Garcia	Warehouse Operator Operations
Chuck Bowers	Warehouse Operator Operations
Cindy Douglas (On Leave)	Warehouse Operator Operations

Clevette Steward	Warehouse Operator Operations	Dwan Irby	Warehouse Operator Operations
Cody Albright	Warehouse Operator Operations	Dwayne Craig (On Leave)	Driver II
Cody Gainey	Warehouse Operator Operations	Dylan Hayes	Warehouse Operator Operations
Cody Nowak	Supv Warehouse	Eddie Bolick	Driver Ld
Colby Graves	Warehouse Operator Operations	Eddie Herbin	Warehouse Operator Operations
Cole Hughes	Driver II	Edelmira Sosa	Warehouse Operator Operations
Collin Graves	Warehouse Operator Operations	Edward Schuck	Maintenance Tech I
Corey Cox	Trainer Branch	EJ Moran	Driver II
Corey Sanders	Warehouse Operator Operations	Elizabeth Bautista Jimenez	Warehouse Operator Operations
Cornelia Crisp	Warehouse Operator Operations	Ellie Love-Lowery	Transportation Coord
Crystal Martin	Warehouse Operator Operations	Em Cole	Trainer Branch
Daniel Gordon (On Leave)	Warehouse Operator Operations	Eric Abendroth	Line Haul Driver
Danyale Deablo	Warehouse Operator Operations	Eric Baldwin	Warehouse Operator Operations
Daouda Ndiaye	Inventory Coord Operations	Eric Bruce	Warehouse Ld Operations
DARCELL FINDLAY	Warehouse Operator Operations	Eric Scott	Driver I
Dariss Lindsey	Warehouse Operator Operations	Eric Wilkinson	Warehouse Operator Operations
Darius Dillard	Delivery Driver	Eric Williams	Maintenance Tech I
Daryl Evans	Warehouse Operator Operations	Erick Montoya Giron	Warehouse Operator Operations
Dashawn Mcmillan	Warehouse Operator Operations	Erin Blauvelt	Maintenance Tech II
Davanta Ford	Warehouse Operator Operations	Esiah Jones (On Leave)	Delivery Driver
David Deffendall	Supv Inventory Control	Ethan Clements	Warehouse Operator Operations
David Diaz	Warehouse Operator Operations	Ethel Gray	Warehouse Operator Operations
David Jarquin Ortez [C]	Warehouse Operator	Eufemia Vivar Alvarez	Warehouse Operator Operations
David Manring (On Leave)	Warehouse Operator Operations	Eugenio Reyes Ceja [C]	Warehouse Operator
David White	Driver I	Evan Geise	Mgr HR
Daysi Gonzalez de Costly	Warehouse Operator Operations	Felipe Acosta	Driver I
Deandre Thompson [C]	Warehouse Operator	Felipe Argomaniz	Warehouse Operator Operations
DEDRE KING	Warehouse Operator Operations	Francisco Perez Paz	Warehouse Operator Operations
Demario Taylor	Driver I	Fredra Jones	Warehouse Operator Operations
Denise Fernandez Bello (On Leave)	Warehouse Operator Operations	Fredrick Ponder	Supv Warehouse
Dennis Avila	Warehouse Operator Operations	Gage Justice	Warehouse Operator Operations
Deontae Williams	Warehouse Operator Operations	Genaro Reyes	Inventory Coord Sr
DeQuan Anthony	Warehouse Operator Operations	George Bradley	Driver II
Derrick Leath	Warehouse Operator Operations	George Palethorpe	Driver I
Derrick Rwehumbiza	Warehouse Operator Operations	Gerard Whitaker	Supv Warehouse
Derrick Smith	Delivery Driver	Giselle Sebastian Bautista	Warehouse Operator Operations
Deshawn Sellars	Driver I	Grace Bowles	Warehouse Operator Operations
Destiny Bozeman	Warehouse Operator Operations	Graciela Sebastian	Warehouse Operator Operations
Devon Baken	Warehouse Operator Operations	Grady Blalock	Driver II
Devondre Benton	Warehouse Operator Operations	Gregory Eatmon	Warehouse Operator Operations
Dexter Frierson [C]	Warehouse Operator	Hailey Wesson	Warehouse Operator Operations
Dina Wright	Warehouse Operator Operations	Hamza Aarim	Warehouse Operator Operations
Dmarcus Long	Warehouse Operator Operations	Hassane Boukary (On Leave)	Warehouse Operator Operations
Dominic Vildales [C]	Warehouse Operator	Hector Miramontes	Maintenance Tech I
Dominique Wilder	Warehouse Operator Operations	Hyland Hicks	Warehouse Operator Operations
Don Conner	Driver II	Ingrid Velasco Miranda	Warehouse Operator Operations
Donna Kuhn	Warehouse Operator Operations	Iris Brasington	Warehouse Operator Operations
Donnell Morrow	Warehouse Operator Operations	J'si Bradley	Warehouse Operator Operations
Doris Peele	Warehouse Operator Operations	Jabron Mckinnon	Warehouse Operator Operations
Douglas McCain	Driver II	Jacoby Brown	Warehouse Operator Operations
Duane Lockhart	Warehouse Operator Operations	Jaheim Brown	Warehouse Operator Operations
Dumonta Lynch	Warehouse Operator Operations	Jahmari Parker	Warehouse Operator Operations
Dustin Kohl	Warehouse Operator Operations	Jaiden Long	Warehouse Operator Operations

Jaiwan Beverly	Warehouse Operator Operations	Jordan Rorie	Driver II
Jake Harris	Warehouse Ld Operations	Jordan Troxler	Warehouse Operator Operations
JAMACEIO SWANN	Warehouse Operator Operations	Jose Herrera [C]	Warehouse Operator
Jamar Hines	Warehouse Operator Operations	Joseph Alston	Onsite Support Tech II
Jamar Jones	Warehouse Operator Operations	Joseph Orr	Line Haul Driver
Jamel Watkins	Driver II	Joseph Rivera	Driver II
James Coulter	Line Haul Driver	Josh Mack	Inventory Coord Operations
James Gattis	Driver I	Joshua Jackson	Warehouse Operator Operations
James Hogan	Warehouse Operator Operations	Joshua Nelson	Warehouse Operator Operations
James Jones	Warehouse Operator Operations	Juan Santiago [C]	Warehouse Operator
Jamie Bannerman	Driver II	Julian Smith	Driver I
Janet Ward	HR Generalist	Justin Buquoi	Supv Warehouse
Janeth Mingo Velazquez	Warehouse Operator Operations	Justin Oldham	Warehouse Operator Operations
Janice Pinnix-Bolden	Warehouse Operator Operations	Karissa Corbett	Warehouse Ld Operations
JARELL HARPER	Warehouse Operator Operations	Kaseem Allah	Warehouse Operator Operations
Jasmine McKinnon	Warehouse Operator Operations	Kassiem Pope	Driver II
Jasmine Zavala	Warehouse Operator Operations	Katrina Luckett	Warehouse Operator Operations
Jason Brock	Mgr Warehouse	Kavin Alexander	Driver II
Jason Smith	Warehouse Operator Operations	Kawan Johnson [C]	Warehouse Operator
Javeyon Vaughn	Warehouse Operator Operations	Kaylee Castro	Warehouse Operator Operations
Jaxon Thomas [C]	Warehouse Operator	Keekee Summers	Warehouse Operator Operations
Jayden Coleman	Warehouse Operator Operations	Keil Atwater	Warehouse Operator Operations
Jaylen Partin	Warehouse Operator Operations	Kendall Wright	Warehouse Operator Operations
Jazlyn Combs	Warehouse Ld Operations	Kendrick Evans	Warehouse Operator Operations
Jazmine DeMary	Warehouse Operator Operations	Kendrick Manning	Trainer Branch
Jeff Morgan	Driver II	Kenny Boles	Maintenance Tech II
Jeffrey Bartch	Warehouse Operator Operations	Kenyon Douthit	Warehouse Operator Operations
Jen Saldana-Martinez	Warehouse Operator Operations	Keona Tripp	Warehouse Operator Operations
Jenna Nickerson	Warehouse Operator Operations	Keria Whichard	Warehouse Operator Operations
Jennifer Cobart	Warehouse Operator Operations	Keron Morris	Warehouse Operator Operations
Jennifer McGhee	Warehouse Operator Operations	Kevanel Suarez cano	Warehouse Operator Operations
Jerald Brown	Trainer Branch	Kevin Ramos [C]	TW Services
Jeremy Hermann	Warehouse Operator Operations	Keywon Williamson	Warehouse Operator Operations
Jermaine McCleave	Driver II	Khadijah Johnson	Warehouse Operator Operations
Jesse Alexander	Warehouse Operator Operations	Khaymon Ferguson	Warehouse Operator Operations
Jessica Piedra	Warehouse Operator Operations	Kianna Jackson	Warehouse Operator Operations
Jesus Rodriguez [C]	Warehouse Operator	Kimberly Lopez	Warehouse Operator Operations
Jhayla King	Warehouse Operator Operations	Kimberly Wiley	Warehouse Operator Operations
Jkiland Thompson	Warehouse Operator Operations	Kiya Dixon	Warehouse Operator Operations
Jo Thacker	Warehouse Operator Operations	Kristen Franze	Warehouse Operator Operations
Jocelyn Wilbert	Warehouse Operator Operations	Kyle Deacon	Warehouse Operator Operations
Joe Box	Mgr Maintenance	Kyle Nottingham [C]	Warehouse Operator
Joe Crisp	Warehouse Operator Operations	Kylin Persaud	Warehouse Operator Operations
Joe Peede	Dir Operations	Lakeisha Jones	Warehouse Operator Operations
Joel King	Warehouse Operator Operations	Lakesha Curtis	Warehouse Ld Operations
Joel Simpson	Warehouse Operator Operations	Lamonta Timberlake	Warehouse Operator Operations
Joey Lanier	Supv Warehouse	LASHONDA RUSSELL	Warehouse Operator Operations
John Edwards	Trainer Branch	Latasha Jones	Warehouse Operator Operations
John Moore	Warehouse Operator Operations	Latisha Stephens	Warehouse Operator Operations
John Vaughan	Warehouse Operator Operations	Latoya Williamson	Warehouse Operator Operations
John Womack	Fleet Maintenance Planner	Laura Hernandez	Trainer Branch
JOHNNY DOVE	Driver I	Lauri Cruz Sandoval	Warehouse Operator Operations
Jonathan Rainey	Warehouse Operator Operations	Laurie Smith	Warehouse Ld Operations
Jordan Carr-Daye	Warehouse Operator Operations	Leah Hasty	Warehouse Operator Operations

Leonardo Soria	Warehouse Operator Operations	Nia Turner	Warehouse Operator Operations
Lester Rorie	Driver II	Nicholas Brewer	Warehouse Operator Operations
Lewis Vasquez	Warehouse Operator Operations	Nicholas Brown	Warehouse Operator Operations
Ligia Portillo Lopez	Warehouse Operator Operations	Nicholas Campbell	Warehouse Operator Operations
Liliana Garcia (On Leave)	Warehouse Operator Operations	Nicolas Villeda	Warehouse Operator Operations
Linda Allison	Warehouse Operator Operations	Nikeya Curtis	Warehouse Operator Operations
Lindsay Harris	Driver II	Niya Tate	Warehouse Operator Operations
Logan Vendura	Warehouse Operator Operations	Noel Mercado	Supv Warehouse
Luis Ortega	Supv Warehouse	Omar Medina	Warehouse Operator Operations
Luis Pacheco Jimenez	Warehouse Operator Operations	Otis Clother	Warehouse Operator Operations
Luke Evans	Warehouse Operator Operations	Pamela Willie	Warehouse Operator Operations
Luther Clay	Warehouse Operator Operations	Patricia Navarrete	Warehouse Operator Operations
lynetta draughn	Warehouse Operator Operations	Patricia Soto aleman	Warehouse Operator Operations
Macon Ollis	Warehouse Operator Operations	Patrick Bailey	Warehouse Operator Operations
Magan Mcintyre	Warehouse Operator Operations	Patrick Hagerman	Line Haul Driver
Malisa Dashiell (On Leave)	Warehouse Operator Operations	Pete Woods	Warehouse Operator Operations
Manderius Morrow	Trainer Branch	Preston Jones [C]	Warehouse Operator
Manuel Disla	Inventory Control Ld Operations	Quan McCollum	Warehouse Operator Operations
Marcus Dorsett	Warehouse Operator Operations	Randy Lloyd	Delivery Driver
Marcus Kendrick [C]	TW Services	Randy Swann	Trainer Branch
Mari Bautista Sosa	Office Coord	Raven Combs	Warehouse Operator Operations
Maria Ramirez Gutierrez (On Leave)	Warehouse Operator Operations	Rayshawn Sanders	Warehouse Operator Operations
Mariana Mendoza De La Cruz	Warehouse Operator Operations	Rhonda Miller	Line Haul Driver
Maricruz Arroyo Prieto	Warehouse Operator Operations	Richard Plummer	Inventory Coord Operations
Marlo McNeil	Driver II	Rickey Troxler	Driver II
Marquez Cole	Warehouse Operator Operations	Rico Diodato	Driver II
Marvenia Barksdale	Warehouse Operator Operations	Robert White	Delivery Driver
Mary Walls	Warehouse Operator Operations	Rocio Mendoza Villeda	Warehouse Operator Operations
Matt Amos	Maintenance Tech II	Roderick Tindal	Warehouse Operator Operations
Matthew Reyes	Warehouse Operator Operations	Roderick Warren	Warehouse Operator Operations
Meko Hinds	Warehouse Operator Operations	Rodney Parker	Warehouse Operator Operations
Mel Russell	Warehouse Operator Operations	Romello Madera [C]	TW Services
Melissa Compton	Dispatcher	Ronald Johnson	Warehouse Operator Operations
melvin Murray	Warehouse Operator Operations	Ronald Jordan	Driver II
Mercedes Jacobs	Warehouse Operator Operations	Ronald Page	Driver II
Michael Finn [C]	TW Services	Ronald Williams	Warehouse Operator Operations
Michael Hartman (On Leave)	Driver II	Ronnie Lewis	Warehouse Operator Operations
Michael King	Driver II	RONNY BASNIGHT	Warehouse Operator Operations
Michael Rentrope	Supv Warehouse	Roosevelt Brown	Warehouse Operator Operations
Michael Roberson	Warehouse Operator Operations	Rosa Hernandez	Warehouse Operator Operations
Michael Southers	Driver II	Roxy Spears	Warehouse Operator Operations
Michael Wade	Warehouse Ld Operations	Ryan Carroll	Warehouse Operator Operations
Michael Wade	Driver I	Ryan Dillard	Warehouse Operator Operations
Michael Wooten	Sr Supv Warehouse	Ryan Goods	Warehouse Operator Operations
Miguel Salas Rosas	Warehouse Operator Operations	Sabrina Burnette	Warehouse Operator Operations
Mitchell Mixon	Supv MedTrans	Sade Harris (On Leave)	Warehouse Operator Operations
Monika Smith	Warehouse Operator Operations	Salen Saleh	Warehouse Operator Operations
Mont Vanhook	Warehouse Operator Operations	Sandra Perkins	Warehouse Operator Operations
Mup'Dar Noble	Warehouse Operator Operations	Sascha Cotton	Warehouse Operator Operations
Natalie Hoyt (On Leave)	Warehouse Operator Operations	Savannah Mcfetters	Warehouse Operator Operations
Natashia Mclean	Warehouse Operator Operations	Scott Sherwood	Mgr MedTrans
Nayeli Sebastian Perez	Warehouse Operator Operations	Scott Webb	Supv MedTrans
Nguy Y	Warehouse Operator Operations	Selena Garrett	Warehouse Operator Operations

SEQUOIA EUBANKS	Warehouse Operator Operations
Seretha Jones (On Leave)	Warehouse Operator Operations
Seth Toney	Warehouse Operator Operations
Shamara Stephens	Warehouse Operator Operations
Shanazi Lytch	Warehouse Operator Operations
Shanta Kitt (On Leave)	Warehouse Operator Operations
Sharon Rivero [C]	Contingent Worker - Honeywell
Shawn Andrews	Warehouse Operator Operations
Shawn Campos	Sr Mgr Medtrans
shawn obie	Driver II
Shevonn Hinshaw	Trainer Branch
Skye Sims	Driver II
Stephan Latty	Warehouse Operator Operations
Stephanie Meadows	Warehouse Operator Operations
Stephen Hall	Training Coord Sr
Stephen Lewis	Warehouse Operator Operations
Steven Hayes	Driver I
Sultan Alenezi	Warehouse Operator Operations
Tamia Mitchell	Warehouse Operator Operations
Tammy Sherrill	Supv Warehouse
Teddy Azike	Inventory Coord Operations
Terrell Johnson	Driver II
Terrence Paul	Warehouse Operator Operations
Tevin Strayhorn	Warehouse Operator Operations
Tevis Pritchett	Warehouse Operator Operations
Thom Mccabe	Maintenance Tech I
Thyree Haywood	Driver II
Tim Henseler	Quality Control Inspector I
Tim Parker	Warehouse Operator Operations
Tina Mixon (On Leave)	Warehouse Operator Operations
Tirik Johnson-Morse	Warehouse Operator Operations
TJ Tuttle	Maintenance Tech I
Todd Brown	Driver II
TOMMY SHEREF	Warehouse Operator Operations
Tony Felton	Driver II
Tony Higuera	Mgr Warehouse
Tonya Johnson	Warehouse Operator Operations
Travis Carter	Maintenance Tech I
Travis Dillard	Warehouse Operator Operations
Tre Slade	Warehouse Operator Operations
Tremayne Fowler	Warehouse Operator Operations
Trenton Pearce	Warehouse Operator Operations
Trevon Bowers	Warehouse Operator Operations
Trevor Gregg	Warehouse Operator Operations
Trina Rudd	Warehouse Operator Operations
Trina Thompson	Warehouse Operator Operations
Troy Enoch	Warehouse Operator Operations
Tyler Mcdaniel	Maintenance Tech I
Tyler Rainey	Warehouse Operator Operations
Tyrek Jennings	Warehouse Operator Operations
Tyrel Corbett	Warehouse Operator Operations
Tyrone James	Warehouse Operator Operations
Unique Lindsay	Warehouse Operator Operations
Vanese Brown	Warehouse Operator Operations
Vanessa Gonzalez	Warehouse Operator Operations
Victor Becerra Tiempos	Warehouse Operator Operations
Victor Chingate Salazar	Warehouse Operator Operations
Victor Knott	Warehouse Operator Operations
Victor Pinnix	Driver II
Vivienne Abbott	Warehouse Operator Operations
Walter Henriquez	Warehouse Operator Operations
Wendell Bond jr	Driver II
Will Coleman	Warehouse Operator Operations
Will Maag	Warehouse Operator Operations
Will Nero	Warehouse Operator Operations
William Allen	Warehouse Operator Operations
William Lambert	Driver II
William McCabe	Warehouse Operator Operations
William Reynolds	Driver II
William Smith	Driver I
Willie Holmes	Warehouse Operator Operations
Willie Samuel	Supv Warehouse
Xavier Bridges	Warehouse Operator Operations
Xiomara Torres	Quality Control Inspector II
Yanet Rojas	Warehouse Operator Operations
Yeffri Palada	Warehouse Operator Operations
Yesenia Mazariegos	Warehouse Operator Operations
Yesenia vargas	Warehouse Operator Operations
Yolanda Thomas	Warehouse Operator Operations
Zavina Sosa Bautista	Warehouse Operator Operations

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2025

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-43022

Medline Inc.
(Exact name of registrant as specified in its charter)

Delaware	**33-1845288**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
3 Lakes Drive Northfield, Illinois	**60093**
(Address of principal executive offices)	(Zip Code)

(847) 949 5500
Registrant's telephone number, including area code

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A common stock, par value $0.0001 per share	MDLN	Nasdaq Global Select Market

Securities registered pursuant to section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements.

☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b).

☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the Class A common stock held by non-affiliates of the registrant, based on the closing price of a share of Class A common stock on December 17, 2025, as reported by The Nasdaq Global Select Market on such date was approximately $13.0 billion. The registrant has elected to use December 17, 2025, which was the initial trading date of the registrant's Class A common stock on The Nasdaq Global Select Market, as the calculation date because on June 30, 2025 (the last business day of the registrant's most recently completed second fiscal quarter) the registrant was a privately held company. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose.

As of February 23, 2026, there were 811,647,534 shares of the registrant's Class A common stock and 502,045,878 shares of the registrant's Class B common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement related to its 2026 Annual Meeting of Stockholders to be filed with the U.S. Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2025 are incorporated by reference into Part III of this Annual Report on Form 10-K.

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Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K (this "Annual Report") contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Forward-looking statements include all statements that are not historical facts. Words such as "anticipate," "assume," "believe" "contemplate," "continue," "could," "estimate," "expect," "foreseeable," "intend," "may," "plan," "potentially," "predict," "project," "seek," "should," "will," or "would," or similar words or phrases that convey uncertainty of future events or outcomes, are intended to identify forward-looking statements in this Annual Report. These forward-looking statements relate to matters such as our industry, business strategy, costs, and costs savings, impacts of accounting standards and guidance, goals and expectations, market position, future operations, margins, profitability, capital expenditures, liquidity and capital resources, legal matters, trends, and other financial and operating information. The forward-looking statements are based on management's current expectations and are subject to various risks, uncertainty, and changes in circumstances, many of which are beyond our control, that could cause actual results to differ materially. Although we believe that the assumptions underlying the forward-looking statements are reasonable, we cannot guarantee future results, level of activity, performance, or achievements. Factors that may cause actual results to differ from expected results include those described in Part I, "Item 1A—Risk Factors" and Part II, "Item 7—Management's Discussion and Analysis of Financial Condition and Results of Operations". The forward-looking statements included in this Annual Report speak only as of the date of this Annual Report or as of the date they are made, as applicable. Except as otherwise required by law, we disclaim any intent or obligation to update any "forward-looking statement" made in this Annual Report to reflect changed assumptions, the occurrence of unanticipated events, or changes to future operating results over time.

INTRODUCTORY NOTE

Medline Inc. was incorporated as a Delaware corporation on November 6, 2024. Prior to the completion of its initial public offering (the "IPO") on December 18, 2025, Medline Inc. undertook certain reorganization transactions (the "Reorganization") such that Medline Inc. is now a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP ("Medline Holdings"). Following the IPO, Medline Holdings is the predecessor of Medline Inc. for financial reporting purposes. As the general partner of Medline Holdings, Medline Inc. now operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts its business. The Reorganization lacks economic substance and therefore is accounted for in a manner consistent with a reorganization of entities under common control. As a result, the consolidated financial statements of Medline Inc. recognize the assets and liabilities received in the Reorganization at their historical carrying amounts, as reflected in the historical financial statements of Medline Holdings. Medline Inc. will consolidate Medline Holdings on its consolidated financial statements and record a non-controlling interest related to the Units (as defined herein) held by the Continuing Unitholders (as defined herein) on its consolidated balance sheets and statements of comprehensive income.

Medline Inc. had no significant business transactions or activities prior to the Reorganization, and, as a result, the historical financial information reflects that of Medline Holdings.

Basis of Presentation

The consolidated financial statements and accompanying notes included herein are prepared in accordance with United States generally accepted accounting principles ("GAAP"). The results of businesses acquired or disposed of are included in the consolidated financial statements from the date of the acquisition or up to the date of disposal, respectively. All adjustments, in the opinion of management, necessary to a fair statement of the results for the annual periods presented have been made.

Certain monetary amounts, percentages, and other figures included in this Annual Report have been subject to rounding adjustments. Percentage amounts included in this Annual Report have been calculated, in some cases, not on the basis of such rounded figures, but on the basis of such amounts prior to rounding. For this reason, percentage amounts in this Annual Report may vary from those obtained by performing the same calculations using the figures, on the face of our consolidated financial statements included elsewhere in this Annual Report. Certain other amounts that appear in this Annual Report may not sum due to rounding.

In December 2024, we changed the name of Medline Holdings from Mozart Holdings, LP to Medline Holdings, LP. We will not distinguish between the prior and current name of Medline Holdings and will refer to the current name of Medline Holdings throughout this Annual Report. References in this Annual Report to "Medline," the "Company," "we," "us," and "our" refer (1) prior to the consummation of the IPO, to Medline Holdings, LP and its consolidated subsidiaries and (2) after the IPO to Medline Inc. and its consolidated subsidiaries.

CERTAIN DEFINITIONS

As used in this Annual Report, unless otherwise noted or the context requires otherwise, the following terms have the following meanings:

- "Class A Units" refers to the interests in Medline Holdings called "Class A Units" that were outstanding prior to the Reclassification. In connection with the Reclassification, (i) Class A Units held by Common Unitholders were converted into Common Units and (ii) Class A Units held by Exchanging Class A Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Class B Units" refers to the interests in Medline Holdings called "Class B Units" that were outstanding prior to the Reclassification, and does not include CUPI Units. In connection with the Reclassification, (i) Class B Units held by Incentive Unitholders were converted into Incentive Units and (ii) Class B Units held by Exchanging Class B Unitholders were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units).

- "Common Units" refers to the new class of units of Medline Holdings created by the Reclassification and does not include Incentive Units.
- "Common Unitholders" refers to certain pre-IPO holders of Class A Units and/or CUPI Units who hold Common Units following the Reclassification.
- "Incentive Unitholders" refers to certain pre-IPO holders of Class B Units who will hold Incentive Units following the Reclassification, as described under "Organizational Structure."
- "Continuing Unitholders" refers collectively to Common Unitholders and Incentive Unitholders.
- "CUPI Units" refers to the interests in Medline Holdings that were designated as "Catch-Up Class B Units" and outstanding prior to the Reclassification. In connection with the Reclassification, (i) CUPI Units held by Common Unitholders were converted into Common Units and (ii) CUPI Units held by Exchanging CUPI Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Designating Stockholder" refers to each of our Principal Stockholders with whom we entered into separate director nomination agreements.
- "Exchanging Class A Unitholder" refers to pre-IPO holders of Class A Units whose Class A Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Class B Unitholder" refers to pre-IPO holders of Class B Units whose Class B Units were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units) following the Reclassification.
- "Exchanging CUPI Unitholder" refers to pre-IPO holders of CUPI Units whose CUPI Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Unitholders" refers collectively to Exchanging Class A Unitholders, Exchanging CUPI Unitholders, and Exchanging Class B Unitholders.
- "Incentive Units" refers to the new class of units of Medline Holdings created by the reclassification of the Class B Units in the Reclassification. The Incentive Units are "profit interests" having economic characteristics similar to stock appreciation rights and having the right to share in any equity value of Medline Holdings above specified participation thresholds. Vested Incentive Units may be converted to Common Units and be subsequently exchanged for shares of Class A common stock.
- "Principal Stockholders" refers collectively to investment funds associated with Blackstone Inc., The Carlyle Group Inc. and Hellman & Friedman LLC, and members of the Mills family.
- "Reclassification" refers to the reclassification of the partnership interests of Medline Holdings prior to the IPO.
- "Sponsors" refers collectively to Blackstone Inc., The Carlyle Group Inc., and Hellman & Friedman LLC.
- "Units" refers collectively to Common Units and Incentive Units.

Summary of Risk Factors

The following is a summary of the principal factors that make an investment in our securities speculative or risky, all of which are more fully described below. This summary should be read together with the risk factors described under Part I, "Item 1A—Risk Factors" and should not be relied upon as an exhaustive summary of the material risks facing our business. In addition to the following summary, you should consider the information set forth below and the other information contained in this Annual Report before investing in our securities.

- Our global operations are subject to inherent risks that could materially adversely affect our business, results of operations, and financial condition.
- We may be unable to derive fully the anticipated benefits from our existing or future acquisitions, joint ventures, investments, dispositions, or other strategic transactions.
- Consolidation in the healthcare industry could have an adverse effect on our business, results of operations, and financial condition.
- We operate in a highly competitive industry, with accelerating pricing pressure and changes in technology.
- Changes to the U.S. and global healthcare environments may not be favorable to us.
- Increases in shipping costs or service issues with our third-party shippers could harm our business.

- Significant challenges or delays in our sourcing of new products and technologies could have an adverse impact on our long-term success.
- We have concentration in and dependence on certain healthcare provider customers and GPOs.
- Our business and operations depend on the proper functioning of our critical facilities and distribution networks and could be negatively impacted by events outside our control.
- Quality problems and product liability claims have in the past led, and could in the future lead, to recalls or safety alerts, reputational harm, adverse verdicts, or costly settlements, and could have a material adverse effect on our business, results of operations, and financial condition.
- Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline.
- If we experience increased pressure to maintain or decrease the price of our goods and services and we are unable to reduce our expenses, there may be a material adverse effect on our business, results of operations, and financial condition.
- Any failure by or loss of a third-party manufacturer or supplier or other manufacturing or supply-related impacts could result in delays and increased costs, which may adversely affect our business.
- We rely on the proper function, security, and availability of our information technology systems and data, as well as those of third parties throughout our global supply chain, to operate our business.
- We are subject to extensive and complex laws and governmental regulations and any adverse regulatory action may materially adversely affect our business, results of operations, and financial condition both inside and outside the United States.
- We are subject to complex and rapidly evolving data privacy, security, and data protection laws and regulations and the costs to comply with such laws and regulations or any ineffective compliance efforts with such laws and regulations may adversely impact our business.
- Our use or our third-party service providers' or business partners' use of AI, automated decision-making and machine learning technologies and the evolving regulatory framework in this area may subject us to risks or heightened costs that could adversely affect business, results of operation and financial condition.
- Our failure to comply with laws and regulations relating to reimbursement of healthcare goods and services may subject us to penalties and adversely impact our reputation, business, results of operations, financial condition, and cash flows.
- Uncertain global and domestic macro-economic and political conditions could materially adversely affect our business, results of operations, and financial condition.
- Our substantial indebtedness could adversely affect our financial condition, our ability to operate our business or react to changes in the economy or our industry, prevent us from fulfilling our obligations under our debts, and divert our cash flow from operations for debt payments.
- The credit agreement that governs the Senior Secured Credit Facilities and the indentures that govern the Senior Notes will each impose significant operating and financial restrictions on our subsidiaries, which may prevent us from capitalizing on business opportunities.
- Medline Inc. is a holding company and its only material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, and it is accordingly dependent upon distributions from Medline Holdings to pay taxes, make payments under the tax receivable agreement, and pay any dividends.
- The Designating Stockholders hold a significant percentage of our stock, and their interests may conflict with ours or yours in the future.
- Our amended and restated certificate of incorporation does not limit the ability of our Sponsors, the Mills family, and certain other pre-IPO investors to compete with us, and they may have investments in businesses whose interests conflict with ours.

The market price of shares of our Class A common stock may be volatile or may decline regardless of our operating performance, which could cause the value of your investment to decline.

Market and Industry Data

Unless otherwise indicated, information contained in this Annual Report concerning our industry, competitive position, and the markets in which we operate is based on information from independent industry and research organizations, other third-party sources and management estimates. Although we believe that these third-party sources are reliable, we do not guarantee the accuracy or completeness of this information, and we have not independently verified this information. Management estimates are derived from information obtained from surveys, reports by market research firms, our customers, distributors, suppliers, trade and business organizations, and other contacts in the markets in which we operate and have not been verified by independent sources, and are based on assumptions made by us upon reviewing such data, and our experience in, and knowledge of, such industry and markets, which we believe to be reasonable. In addition, assumptions and estimates of our and our industry's future performance are subject to a high degree of uncertainty and risk due to a variety of factors, including those described in Part I, "Item 1A—Risk Factors" and "Cautionary Note Regarding Forward-Looking Statements." These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

Statements regarding our market position (including statements that we are the largest company in a particular market), unless otherwise noted, are based on our 2025 net sales in the relevant market relative to the publicly reported net sales of our competitors in such market, including with respect to our statement of being the largest provider of med-surg products and supply chain solutions serving all points of care, as that statement is based on our 2025 net sales relative to the publicly reported net sales of med-surg products by companies that are both med-surg manufacturers and distributors.

Trademarks

We own or have the right to use trademarks, trade names, and service marks used in connection with our business, including, but not limited to, Medline, Curad, Microtek, Hudson, and Proxima. All trademarks, trade names, and service marks referred to in this Annual Report are the property of their respective owners. We do not intend our use or display of other companies' trade names, trademarks, or service marks to imply a relationship with, or endorsement or sponsorship of us by, these other companies. Solely for convenience, our trademarks, trade names, and service marks referred to in this Annual Report may appear without the ®, ™ or SM symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks, trade names, and service marks.

PART I

Item 1. Business

General

Medline Inc. (together with its subsidiaries, "Medline", "the Company", "we", "ours" and "us") is the largest provider of medical-surgical ("med-surg") products and supply chain solutions serving all points of care, based on total net sales of med-surg products. Medline was founded in 1966 and today delivers mission-critical products used daily across the full range of care settings, from hospitals and surgery centers to physician offices and post-acute facilities. Our mission is to make healthcare run better by delivering improved clinical, financial, and operational outcomes.

We have two reportable segments, Medline Brand and Supply Chain Solutions, the combination of which addresses critical needs in the market through a comprehensive solution. They are both supported by our Prime Vendor model, differentiated distribution network, and robust commercial platform. Through our two segments, we offer approximately 335,000 med-surg products, including surgical and procedural kits, gloves and protective apparel, urological and incontinence care, wound care, and consumable lab and diagnostics products. We distribute these products through our expansive network of global distribution facilities and our owned fleet of MedTrans trucks.

Medline Brand

As of December 31, 2025, we offer our customers approximately 190,000 med-surg products through our Medline Brand segment and hold leading positions across many key product families for our Medline Brand products. Our Medline Brand products are organized into three product categories: Front Line Care, Surgical Solutions, and Laboratory and Diagnostics.

- *Front Line Care* offers mission-critical med-surg products for patient-facing needs, including wound care products, exam gloves, skin care and incontinence products, environment cleaning supplies, textiles, hand sanitizer, durable medical equipment, patient plastics, and decolonization and infection control products.
- *Surgical Solutions* offers operating room and perioperative environment product solutions, including surgical procedure trays, drapes and gowns, personal protective equipment, sterile wraps, surgical instruments, surgeon's gloves, procedure kits, and orthopedic implants.
- *Laboratory and Diagnostics* offers a full range of laboratory and diagnostic product solutions, including point of care testing, analyzers and instrumentation, lab and diagnostic consumables, diagnostic instruments, vital signs monitors, and anatomic pathology and phlebotomy products.

Our product development approach incorporates customer feedback and ongoing innovation. We are also committed to delivering products of the highest standard, which is reflected by our robust quality team embedded across our manufacturing and sourcing locations. The expertise of our research and development team and quality team helps ensure products bearing the Medline brand meet both our rigorous quality standards and our customers' expectations.

Supply Chain Solutions

As of December 31, 2025, we offer approximately 145,000 med-surg products from over 1,300 third-party suppliers, including nearly all leading national brands, through our Supply Chain Solutions segment. We also provide our customers with supply chain optimization services such as consulting engagements, outsourced warehouse and technology management, put-away-ready packaging, third-party logistics, inventory rationalization, and route planning. Our third-party suppliers are primarily responsible for costs related to import and inbound freight, whereas we are primarily responsible for costs related to outbound freight from our distribution centers. Our supply chain expertise allows us to provide additional service offerings to optimize our customers' supply chain and inventory workflows, helping these customers cost-effectively manage their supply chain while building strong relationships and enhancing retention.

Our Prime Vendor Model

A Prime Vendor relationship is a relationship for which there is a multi-year distribution agreement between Medline and a customer, whereby the customer agrees to use Medline for the vast majority of its med-surg product needs.

In our Prime Vendor relationships, we enter into long-term agreements, typically structured with five-year terms, to act as the primary consolidated logistics partner for these customers' med-surg product needs. These agreements have been and are expected to continue to be a key contributor to our growth. Our customers realize efficiencies by partnering with one supply chain partner to consolidate their med-surg purchase volume. Prior to the market adoption of the Prime Vendor model, customers sourced such products individually from a highly fragmented base of suppliers. The Prime Vendor model instead centralizes procurement and distribution, which in turn drives efficiency and higher service levels.

As Prime Vendor, we drive significant cost savings to our customers. Our scale allows us to deliver consistently lower prices and better service levels on Medline Brand products relative to third-party alternatives, while also lowering the distribution cost for delivery of the full range of med-surg products. This often motivates customers to purchase more Medline Brand products over time. The opportunity is even greater in certain non-acute settings, where we sell a more focused product portfolio. Our Prime Vendor model allows us to provide cost savings to Prime Vendor customers, which, over time, supports incremental purchasing of our Medline Brand products and greater scale across our operations. As our scale grows, we are able to realize further efficiencies by offering superior or similar quality to third-party products at a more cost-effective price. We believe that Medline Brand conversion is mutually beneficial for both our customers and us-the value we provide customers at the outset of a Prime Vendor agreement meaningfully increases over time, as they accrue savings by purchasing our lower cost Medline Brand products, while our profitability grows given the enhanced margin profile of Medline Brand products. This compelling value proposition and supply chain relationship with our customers supports our greater than 98% average Prime Vendor retention rate over the past five years.

A portion of Supply Chain Solutions products sold to existing Prime Vendor customers has like-for-like Medline Brand product equivalents, representing a potential gross profit uplift consistent with our historical margin differentials if such products were converted for Medline Brand products. While we historically have earned higher margins upon conversion from third-party national brand products to like-for-like Medline Brand products, because of the lower average prices for Medline Brand products, there is typically a negative impact on net sales upon the conversion of Supply Chain Solutions products to like-for-like Medline Brand products if volume is assumed to be constant. For additional information on potential risks relating to this conversion opportunity, please see Part I, "Item 1A—Risk Factors—Risks Related to Our Business, Industry and Operations—Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline."

Our Distribution Network

We have a differentiated distribution network of 70 global distribution centers, warehouses, cross-docks, and transship facilities, 45 of which are in the United States, strategically located to provide next-day delivery to 95% of our U.S. customer base. We utilize artificial intelligence ("AI") and robotics technology in over 26 million square feet of warehouse space in the United States to improve efficiency and capacity to optimize distribution logistics and maximize utilization. The products we distribute are packaged to meet each customer's individual needs and to be "put-away-ready," which streamlines the customer's unloading and shelving process. We also operate our own fleet of more than 2,100 MedTrans trucks that deliver our products across care settings within the United States. As of December 31, 2025, we had approximately 25% in incremental capacity across our platform to support our long-term growth.

Our Commercial Platform

Our deep connectivity to our customers is driven by the strength of our dedicated and tenured commercial team. We have a U.S. commercial team of approximately 4,000 people across all points of care, which includes account managers, product specialists, specialized clinical resources, customer service representatives, supply chain specialists, Prime Vendor analysts, and a robust leadership team dedicated to driving efficiencies for our customers through their teams. We have created an entrepreneurial environment that empowers our salesforce to work with our product managers to create innovative products that meet market demand. We have a team devoted to each channel in the United States and each region or country internationally, which allows our salesforce teams to develop market-specific knowledge.

Research and Development

We have a track record of successfully bringing new products to market, with more than 2,300 granted patents and more than 450 U.S. Food and Drug Administration ("FDA") 510(k) clearances. Over the last three years, we have successfully launched more than 250 new products.

Competition

Our value proposition is derived from our integrated business model, the breadth of our Medline Brand portfolio, our differentiated supply chain, and the overall quality and cost of our products. As a result of our integrated business model, our competitors include both other leading med-surg product manufacturers and distributors.

Similar to us, other leading med-surg product manufacturers produce a wide range of med-surg supplies. However, unlike us, many of these competitors are reliant upon third-party distributors to deliver their products to customers. By nature of being a distributor, Medline has direct access to and manages the end customer relationships. This enables us to offer a complete solution as a manufacturer and a distributor, offering our customers what we believe to be best-in-class supply chain logistics, and driving value through our brand.

Additionally, other distributors of med-surg products similarly connect the fragmented supplier and provider bases and aggregate inventory from suppliers to deliver products to customers, such as McKesson, Cardinal Health, Owens & Minor, and Henry Schein. These distribution companies compete with us for Prime Vendor agreements. However, we believe that many of these competitors do not benefit from the scale and scope of our vertical integration or commercial excellence, and thus are not able to provide the same magnitude of cost savings, value, and holistic solutions that we deliver for our customers.

Production and Raw Materials

We manufacture approximately one-third of our Medline Brand products, which are primarily Class I and II medical devices, through our 30 manufacturing facilities, of which 24 are in North America. We purchase many of the components and raw materials used in manufacturing our products from numerous suppliers. We focus our manufacturing capabilities on products where we can leverage technology and automation to drive higher quality and lower costs to better serve our customers. For the vast majority of the other two-thirds of our Medline Brand products, we work closely with our network of more than 600 global partners across approximately 40 countries, many of whom have decades-long exclusive relationships with us. The breadth of our global sourcing partnerships provides diversification and strengthens our resiliency, with no single sourcing partner accounting for more than 5% of total spend as of December 31, 2025.

We also have plans and measures in place to help ensure continuity of supply while maintaining high quality and reliability. Generally, we have been able to obtain adequate supplies of such raw materials and components. However, due to the FDA's manufacturing requirements and those of other regulatory authorities, we may not be able to quickly establish additional or replacement sources for certain components, materials or processes if we experience a sudden or unexpected reduction or interruption in supply or services and are unable to develop alternative sources.

Human Capital Resources

At Medline, our relentless focus on the customer drives our human capital strategy, which revolves around attracting, developing, and retaining employees to provide the best products and services for our customers. We have developed a strong foundation that drives our recruitment, retention and development efforts. We are committed to supporting the personal and professional development of our employees, as well as providing competitive benefits and a safe, inclusive workplace.

As of December 31, 2025, we employed over 45,000 employees worldwide, with over 26,000 located in the United States. Our largest non-U.S. employee populations are in Mexico, Dominican Republic, India, Canada, Slovakia, France, China, Japan, Germany, and Australia. None of our employees in the United States are unionized, though some of our employees in Mexico belong to unions. In Germany and the Netherlands, employees are represented through Works Councils; in France and Spain, employees are represented through both Works Councils and industry-wide collective bargaining agreements; and in Belgium and Italy, employees are also represented through industry-wide collective bargaining agreements. In Australia, certain employees are represented by an enterprise bargaining agreement; in Japan, employees are represented through a Work Council; and in Vietnam, employees are represented through a collective bargaining agreement. We believe that our positive employee relations and total employee experience drive the continual growth of our workforce.

Culture and Values

Our culture is grounded in a customer-focused, collaborative, and performance-driven approach, guided by core values emphasizing relentless customer focus, agility and flexibility, problem-solving, drive to succeed, purposeful candor, and the importance of relationships. Employees are encouraged to exercise judgment, work transparently with customers, and contribute meaningfully to our mission to make healthcare run better.

Talent Attraction and Development

We seek to attract employees whose skills, experience, and motivation align with our operational and technical needs. Through continual improvement of internal processes, an awareness of market and candidate driven trends, and in partnership with vendors and other outside organizations, our talent acquisition programs focus on efficient hiring processes, market awareness, and building a diverse pipeline of candidates. We support development through consistent performance management processes and early career opportunities to take on additional responsibilities to demonstrate their competencies and drive to succeed and on-the-job responsibility augmented by formal training and development to refine technical and leadership skills. New sales representatives participate in comprehensive training programs, and product managers have targeted development pathways through all stages of their careers, from mandatory onboarding offerings to advanced classes that provide the necessary skills with increasing levels of responsibility, to support progression over time.

Employee Engagement and Inclusion

We believe our employees' ability to communicate and cooperate effectively across functional and departmental teams positively impacts our performance. We engage in various listening strategies and foster engagement through survey feedback mechanisms, anonymous employee feedback platform, focus groups, increased attention to onboarding and offboarding feedback, pulse surveys on remote work needs, and other listening strategies. Insights from these efforts inform workplace improvements. We also support an inclusive environment through Employee Resource Groups and leadership training initiatives designed to reduce bias in talent decisions and strengthen representation across the company.

Health, Safety, and Well-Being

We are committed to maintaining a safe workplace and supporting the physical, emotional, and financial well-being of our employees. We provide competitive health and benefits programs, access to assistance resources where available, and opportunities for community involvement through charitable giving, including financial giving and in-kind giving such as product donations.

Intellectual Property

We rely upon patents, trademarks, copyrights, trade secrets and other intellectual property rights to maintain and improve our competitive position. We have a large portfolio of intellectual property, including more than 2,300 granted patents as well as trademark registrations protecting our notable brands, including Medline, Curad, Microtek, Hudson, and Proxima.

We consider the trademarks and know-how that we own to be material to our business. However, other than the Medline mark, we do not consider our business to be materially dependent upon any individual trademark registration or trade secret. In the aggregate, we consider our more than 2,300 granted patents to be material to our business. However, no single patent or group of related patents is material to our business as a whole or any segment of our business.

We believe that we have taken all necessary steps to protect our intellectual property rights, but no assurance can be given that we will be able to successfully enforce or protect our rights in the event that they are infringed upon or challenged by a third party. See Part I, "Item 1A —Risk Factors—Risks Related to Regulation and Legal Proceedings—Any failure to obtain, maintain, protect and enforce our intellectual property rights, or the failure of the strength or scope of our intellectual property rights, could harm our business, financial condition, and results of operations" and "—Risks Related to Regulation and Legal Proceedings—We may become subject to litigation brought by third parties claiming infringement, misappropriation, or other violation by us of their intellectual property rights."

Government Regulation

Our operations and products are subject to extensive regulation by numerous governmental regulatory authorities, including U.S. and other international regulatory authorities, and other government agencies inside and outside the United States. To varying degrees, each of these agencies requires us to comply with laws and regulations governing the development, design, materials, testing, safety, efficacy, quality, purity, manufacturing, methods, controls, testing, screening, recordkeeping, reporting, processing, storage, registration, authorization, licensing, permitting, labeling, advertising, marketing, distribution, offer for sale, sale, use, expiration, pricing, reimbursement, import, export, clinical trials, post-marketing surveillance of our products, the registration of our facilities, and the claims that we make about our products. The United States and other countries where we sell healthcare and other regulated products, including drugs, human cell and tissue products, dietary supplements, cosmetics, certain foods, and consumer products subject such products to their own clearance, authorization, approval, registration, listing, labeling, manufacturing, recordkeeping, reporting, and other regulatory requirements regarding the performance, safety, and quality of such products. We are also subject to healthcare and other regulations and enforcement by the federal government and the states and foreign governments and authorities in the locations in which we conduct our business. The U.S. governmental and regulatory authorities that enforce such laws and rules, and that issue guidance on compliance with such laws and rules include, without limitation, the FDA, the Centers for Medicare & Medicaid Services ("CMS"), other divisions of the U.S. Department of Health and Human Services ("HHS"), the HHS Office of Inspector General, U.S. Environmental Protection Agency ("EPA"), the Federal Trade Commission ("the FTC"), Consumer Product Safety Commission ("CPSC"), the U.S. Department of Justice ("DOJ") and individual U.S. Attorney offices within the DOJ, as well as state and local governments. Our business is also affected by patient and data privacy and security laws, government payer cost containment initiatives, government reimbursement laws and regulations, environmental, health, and safety laws and regulations, as well as laws and regulations with respect to the sale, transportation, storage, handling, and disposal of hazardous or potentially hazardous substances, and safe working conditions. Our business also maintains contracts with governmental agencies and such contracts are subject to various government procurement laws and regulations, required contract provisions, and other requirements relating to contract formation, administration and performance. Failure to comply with applicable laws and regulations or with contractual or other requirements may result in monetary damages and criminal or civil penalties as well as termination of our government contracts or our suspension or debarment from government contract work.

The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, including through the offering of new products and services or entering into new geographic areas, we may be subject to new and additional regulatory requirements. The foreign, federal, state, and local regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products, suspend, revoke, or terminate our product and facility licenses, permits, and authorizations, request the cessation of distribution and shipments of certain products due to regulatory, safety, or other issues, seize or order the recall of our products, issue safety, quality, or other communications to the public or healthcare providers, enforce laws related to marketing, including promotion of off-label uses of products, and impose injunctions and significant criminal, civil, and administrative sanctions for violations of laws and regulations. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, may impact our business practices and operations, including by limiting our ability to effectively market, ship, and sell our products, affecting the production and distribution of products by our manufacturing facilities, subjecting us to significant liability, and limiting our ability to obtain future authorizations. Although we are subject to international government regulations in the international end markets where we operate and/or provide our products, these regulations do not have a material impact on our products as no international market represents more than 3% of our net sales.

Government Regulation of Medical Devices

Our medical devices are subject to regulation by numerous government agencies, including the FDA and comparable state and foreign agencies. Regulations of the FDA and other regulatory agencies in and outside the United States impose extensive compliance and monitoring obligations on portions of our business. The FDA and other U.S. and foreign governmental agencies regulate, among other things, with respect to medical devices: design, development, and manufacturing; testing, registration, listing, labeling, content, and language of instructions for use and storage; clinical trials; product safety; marketing, sales, and distribution; licensing and permit requirements; premarket clearance, approval and authorization; record keeping procedures; advertising and promotion; recalls and field safety corrective actions; post-market surveillance, including reporting of deaths or serious injuries and malfunctions that, if they were to recur, could lead to death or serious injury; post-market approval studies; and product import and export. The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, we may be subject to new and additional regulatory requirements. The FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers; seize or order the recall of products; terminate, suspend, or revoke licenses and permits; and impose significant criminal, civil, and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers. In addition, the FDA and other governmental and regulatory authorities, both in and outside the United States (including the FTC, the HHS Office of the Inspector General, the DOJ, and various state Attorneys General), monitor the promotion and advertising of our products. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, depending on its magnitude, may limit our ability to effectively market, ship, and sell our products, limit our ability to obtain future premarket authorizations, or result in a substantial modification to our business practices and operations.

FDA Premarket Clearance and Approval Requirements

Each medical device we wish to distribute commercially in the United States requires marketing authorization from the FDA prior to distribution, unless the device is exempt from premarket notification requirements. The type of marketing authorization necessary is generally linked to the classification of the device. The FDA classifies medical devices into one of three classes-Class I, II, or III-based on the degree of risk associated with a device and the level of regulatory control deemed necessary to ensure its safety and effectiveness. Class I devices that pose the least risk are subject only to General Controls applicable to all devices, such as requirements for device labeling, premarket notification, and adherence to current good manufacturing practices for devices as set forth in the Quality System Regulation ("QSR"). Class II devices that pose a moderate risk are subject to General Controls and may also be subject to Special Controls, such as performance standards, product-specific guidance documents, special labeling requirements, patient registries, or post-market surveillance. Class III devices are those for which insufficient information exists to assure safety and effectiveness solely through General and Special Controls, including devices that support or sustain human life, are of substantial importance in preventing impairment of human health, or which present a potential unreasonable risk of illness or injury.

Most Class I devices and some Class II devices are exempted by regulation from the 510(k) clearance requirement and can be marketed without prior authorization from the FDA. Class I and II devices that are not exempted are eligible for marketing through the 510(k) clearance pathway. By contrast, devices placed in Class III generally require premarket approval ("PMA") or de novo clearance prior to commercial marketing. The PMA approval process is more stringent, time-consuming and expensive than the 510(k) clearance process; however, the 510(k) clearance process has also become increasingly stringent and expensive. None of our products are currently approved under a PMA, and we have no plans for any indication or system improvement or extension that we believe would require a PMA. If, in the future, we were to file a PMA, we may be subject to additional regulatory requirements.

510(k) Clearance Process

To obtain 510(k) clearance, we must submit a premarket notification to the FDA demonstrating the proposed device to be substantially equivalent to a predicate device. A device is substantially equivalent if, with respect to the predicate device, it has the same intended use and it has either the same technological characteristics, or it has different technological characteristics, but the information provided in the 510(k) submission demonstrates that the device does not raise new questions of safety or effectiveness. The standard review process for 510(k)s is between six to nine months, dependent upon the type of 510(k) filing submitted. Although many 510(k) premarket notifications are cleared without clinical data, in some cases, the FDA may require clinical data to support substantial equivalence. In reviewing a premarket notification, the FDA may request additional information, including clinical data, which may significantly prolong the review process and clearance is never assured. Clinical trials generally require the submission of an investigational device exemption ("IDE") to the FDA for a specified number of patients and study sites, unless the product is deemed a non-significant risk device eligible for more abbreviated IDE requirements. Clinical trials are subject to numerous requirements and institutional review board approval, oversight, and monitoring. Even if a trial is conducted, the results of clinical testing may not adequately demonstrate the safety and effectiveness of the device or be sufficient to obtain FDA clearance or approval for marketing.

After a device receives 510(k) clearance, any subsequent modification of the device that could significantly affect its safety or effectiveness, or that would constitute a major change in its intended use, requires a new 510(k) clearance or could require submission and approval of a de novo 510(k) or a PMA application in cases where new indications are sought for which there is no predicate. Non-significant changes are handled via internal documentation by the Company. Each manufacturer must judge the significance of modifications based on FDA 510(k) regulatory requirements and guidance documents. The FDA may review any such decision and may disagree with a manufacturer's determination. If the FDA disagrees with a manufacturer's determination, the FDA may require the manufacturer to cease marketing and distribution and/or recall the modified device until 510(k) clearance or PMA approval is obtained. In the future, we may make modifications to our products after they have received FDA clearance and, in appropriate circumstances, determine that new clearance is unnecessary. However, the FDA may disagree with our determination, and, if the FDA requires us to seek 510(k) clearance or submit new PMA applications for any modifications to a previously cleared product, we may be required to cease marketing or distributing or recall the modified device until we obtain the required clearance or approval. We may also market or acquire products that are marketed without a 510(k) clearance, appropriate labeling, or that otherwise are marketed in violation of FDA requirements, since medical devices can be marketed only for the indications for which they are cleared or approved. Under these circumstances, we may also be subject to warning letters, significant regulatory fines, or other penalties, and we may no longer be able to market particular products for which a 510(k) clearance is required.

Post-Marketing Requirements

Numerous FDA regulatory requirements apply to devices we manufacture and distribute, including: compliance with the QSR, which require manufacturers and their suppliers to follow the applicable design, testing, processes, control, documentation, labeling, and other quality assurance procedures during the manufacturing process; establishment registration, which requires establishments involved in the production and distribution of medical devices intended for commercial distribution in the United States to register with the FDA; medical device listing, which requires manufacturers to list the devices they have in commercial distribution with the FDA; labeling regulations, which prohibit "misbranded" devices from entering the market, as well as prohibit the promotion of products for unapproved or off-label uses and impose other restrictions on labeling; post-market surveillance, including medical device reporting requirements which requires manufacturers to report to the FDA if their device may have caused or contributed to a death or serious injury, or malfunctioned in a way that would likely cause or contribute to a death or serious injury if it were to recur; and corrections and removal reporting regulations, which require that manufacturers report to the FDA field corrections and product recalls or removals if undertaken to reduce a risk to health posed by the device or to remedy a violation of the Federal Food, Drug, and Cosmetic Act that may present a risk to health. The FDA and other governmental and regulatory authorities actively enforce the laws and regulations prohibiting the promotion of off-label uses, and a company that is found to have improperly promoted off-label uses may be subject to significant liability.

The FDA enforces these requirements by inspection and market surveillance. Domestic facility records and manufacturing processes are subject to periodic unscheduled inspections by the FDA. The FDA may also inspect foreign facilities that export products to the United States. Failure to comply with applicable regulatory requirements may result in enforcement action or other actions by the FDA, which may include one or more of the following sanctions: adverse press releases and safety communications; requests to stop shipments; untitled letters or warning letters; fines, injunctions, and civil penalties; mandatory recall or seizure of our products; customer notifications and repairs or replacements; administrative detention or banning of our products; consent decrees; operating restrictions, partial suspension or total shutdown of production; refusing our request for 510(k) clearances for new product versions or modifications to existing product versions; revocation of 510(k) clearances previously granted; refusal to grant export approval for our products; and criminal prosecution and penalties. If any of these events were to occur, they could have a material adverse effect on our business, financial condition, and results of operations.

International Regulation of Medical Devices

Sales of medical devices outside the United States are subject to foreign government regulations, which vary substantially from country to country. In order to market our products in other countries, we must comply with applicable regulatory requirements and authorizations and approvals and safety and quality regulations in each country in which the product is marketed. The time required to obtain authorization, approval, or certification by a foreign country may be longer or shorter than that required for FDA clearance, and the requirements may differ significantly.

EU Regulation of Medical Devices

In the European Union ("EU") until May 25, 2021, medical devices were regulated by the Council Directive 93/42/EEC, which has been repealed and replaced by the Medical Device Regulation ("EU MDR"). Unlike directives, regulations are directly applicable in all EU member states without the need for member states to implement into national law. The EU extended the EU MDR transitional periods for certain medical devices until December 31, 2027 or December 31, 2028, depending on a device's risk class and subject to certain conditions to ensure continued access to medical devices for patients and to allow medical devices already placed on the market in accordance with the current legal framework to remain on the market, provided that the requirements of the transitional provisions are fulfilled.

In the EU, there is currently no premarket government review of medical devices. However, all medical devices placed on the EU market must meet general safety and performance requirements, and compliance with the general safety and performance requirements is a prerequisite for European conformity marking without which medical devices cannot be marketed or sold in the EU. EU MDR requirements regarding the distribution, marketing, and sale, including quality systems and post-market surveillance, have to be observed by manufacturers, importers, and distributors as of the application date (i.e., since May 26, 2021), including registration of economic operators and of devices (once the relevant modules of Eudamed are functional), surveillance, and vigilance requirements. The aforementioned EU rules are generally applicable in the European Economic Area which consists of the 27 EU member states plus Norway, Liechtenstein, and Iceland.

The NDA Approval Process

For any new drug products regulated under the Federal Food, Drug, and Cosmetic Act such as our ReadyPrep CHG cloth, a sponsor must submit a New Drug Application ("NDA"), to the FDA for review and approval. The NDA review and approval process may take multiple years and involves steps including the following:

- completion of preclinical studies and analytical and stability testing in accordance with applicable regulations;
- submission to the FDA of an Investigational New Drug ("IND") application, which must become effective before clinical trials may begin and must be updated annually and amended when certain changes are made;
- approval by an institutional review board, or IRB, or independent ethics committee, or IEC, at each clinical trial site before each trial may be initiated;
- performance of adequate and well-controlled clinical trials in accordance with applicable IND regulations, good clinical practice, or GCP, requirements, including informed consent, financial disclosure by investigators, and other clinical trial-related regulations, to establish the safety and efficacy of the investigational product for each proposed indication and other condition of use;
- preparation and submission to the FDA of an NDA;

- satisfactory completion of one or more FDA pre-approval inspections of the manufacturing facility or facilities where the drug will be produced to assess compliance;
- satisfactory completion of FDA inspection of select clinical trial sites involved in conducting pivotal studies that generated the data in support of the NDA;
- payment of user fees for FDA review of the NDA; and
- FDA review and approval of the NDA, including of the proposed prescribing information and, where applicable, consideration of the views of any FDA advisory committee, prior to any commercial marketing or sale of the drug in the United States.

Any approvals that we may ultimately receive could be withdrawn if required post-marketing trials or analyses do not meet the FDA requirements, which could materially harm the commercial prospects for our products.

Even if a product candidate receives regulatory approval, the approval may be limited to specific disease states, patient populations and dosages, or might contain significant limitations on use in the form of warnings, precautions or contraindications, or in the form of onerous risk management plans, restrictions on distribution, or post-marketing study requirements. Further, even after regulatory approval is obtained, later discovery of previously unknown problems with a product may result in restrictions on the product or even complete withdrawal of the product from the market. Delay in obtaining, or failure to obtain, regulatory approval for our candidate products, or obtaining approval but for significantly limited use, would harm our business. In addition, we cannot predict what adverse governmental regulations may arise from future U.S. or foreign governmental action.

Trade Regulations

The movement of products, services, and investment across borders subjects us to extensive trade regulations. A variety of laws and regulations in the countries in which we transact business apply to the sale, shipment, and provision of goods, services, and technology across borders. These laws and regulations govern, among other things, our import, export, and other business activities. We are also subject to the risk that these laws and regulations could change in a way that would expose us to additional costs, penalties, or liabilities. Some governments also impose economic sanctions against certain countries, governments, persons, and entities, both for unlawful or malign conduct and to discourage or prevent entities from abiding by other countries' laws. In addition to our need to comply with such regulations in connection with our direct activities, we also sell and provide goods, technology, and services to agents, representatives, and distributors who may export such items to customers and end-users. If we, or the third parties through which we do business, are not in compliance with applicable import, export control, or economic sanctions laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability. Such actions may disrupt or delay sales of our products or services or result in restrictions on our distribution and sales of products or services that may materially impact our business.

Anti-Boycott Laws

Under U.S. laws and regulations, U.S. companies and their subsidiaries and affiliates are prohibited from participating or agreeing to participate in unsanctioned foreign boycotts in connection with certain business activities, including the sale, purchase, transfer, shipping, or financing of goods or services within the United States or between the United States and countries outside of the United States. If we, or certain third parties through which we sell or provide goods or services, violate U.S. anti-boycott laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability.

4S

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02668	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 16415 Cosmos St.

City: Moreno Valley State: CA Zip: 92551

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 951-247-1157 Website: medline.com

Name of Designated Representative (DR): Juan Sanchez

Licensing Company Email: ralicensing@medline.com DR Email: jsanchez@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Procedural Tray Kits	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Corporate Discipline History

Original Signature (electronic, copies or stamps not accepted)

04/15/26

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer, Inc.
Address: 66 Hudson Blvd E City: New York State: NY Zip: 10001

Name: ICU Medical Inc.
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare Inc.
Address: One Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Avenue City: Bethlehem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Medline Inc.
Corporation Name: See Attached Ownership Information
Mailing Address: 3 Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: (847) 949-5500 Email: ralicensing@medline.com
Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025 | SEC Registration Number: 0002046386 | Stock Exchange Symbol: MDLN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Lora Simmons

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091 PHONE
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grimston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
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573-751-0091
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ **REQUESTS**

_____ **DOES NOT REQUEST**

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____
Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____
Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____
Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____
Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Florida Department of Health

Reason/Charge
Medline's Florida Certified Designated Representative unexpectedly resigned.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

Lara N. Simmons February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

Daisy Kung for February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Medline Industries, Inc., Case #2007-37412

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2008006		Louisiana Board of Wholesale Drug Distributors		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
LA Board of WDD/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingerman

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman; William Crates, Vice-Chairman; Randall Brooks, Secretary/Treasurer; John Liggio, Executive Director/Inspector
Hershal Paul, Board Member; Andy Milligan, Board Member; Wayne Gremillion, Board Member; Eric Vuitton, Board Member; Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
HI DCCA / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
1-14A
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

6. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

9. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

11. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 0 8 2008.

Bobbi'wy Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of July, 2007, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of Sales, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08 PHM 037	Wisconsin Department of Regulation and Licensing

Reason/Charge
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WI DSPS/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 19 A 9:4

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2009-7-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Lacy V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2209

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

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POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dana N. Simmons Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Dana N. Simmons, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller
Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of January, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
27278	NY State Education Department- Board of Pharmacy

Reason/Charge
Discipline incurred in another jurisdiction

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NY Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: A. Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

---X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

---X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY: Lara N Simmons

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Judith Eisen

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

Willis Ingalls, on behalf of,
Medline Industries, Respondent

1-5-21

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer M. Rudell, RPh

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

1-6-2021

Date of Signature

Henry Appel

Henry Appel, Ohio Assistant Attorney General

1-6-2021

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

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THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

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1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2022-0333		FL DBPR- Div. of Drugs, Devices, and Cosmetics		
Reason/Charge				
Customer Licenses, Record Keeping				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
FL DBPR / Medline Industries, LP			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____

Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
0 9 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — Oct - 27 - 2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 DEC 15 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent MEDLINE INDUSTRIES, L.P. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., and C.7. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____
IVY Y. E. KIM
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE
Chair

December 21, 2023
DATE

PATRICK ADAMS
Vice Chair

MARK BROWN

CATALINA CROSS

Kent Kikuchi
KENT KIKUCHI

BRANDON RABANG

SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Daniel Stevens

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

04/15/16

Date

PAID

Board Use Only	Date Received: 4/21/16	Amount: $ waived

Power of Attorney

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

POWER OF ATTORNEY

EXCELSIOR MEDICAL, LLC, an Illinois limited liability company, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Excelsior Medical, LLC

By: Medline Industries, LP
Its: Manager
By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Medline Industries, LP, as Manager of Excelsior Medical, LLC.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

POWER OF ATTORNEY

Centurion Medical Products, LP, an Delaware limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Centurion Medical Products, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Centurion Medical Products, LP.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

Ownership Information

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

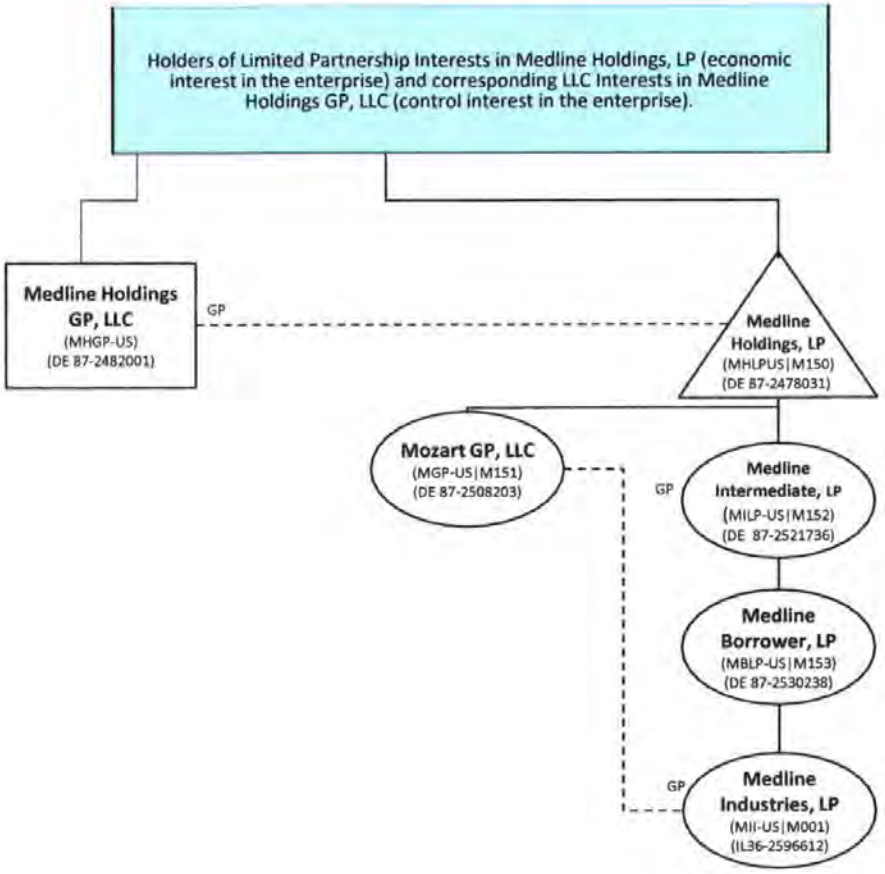
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

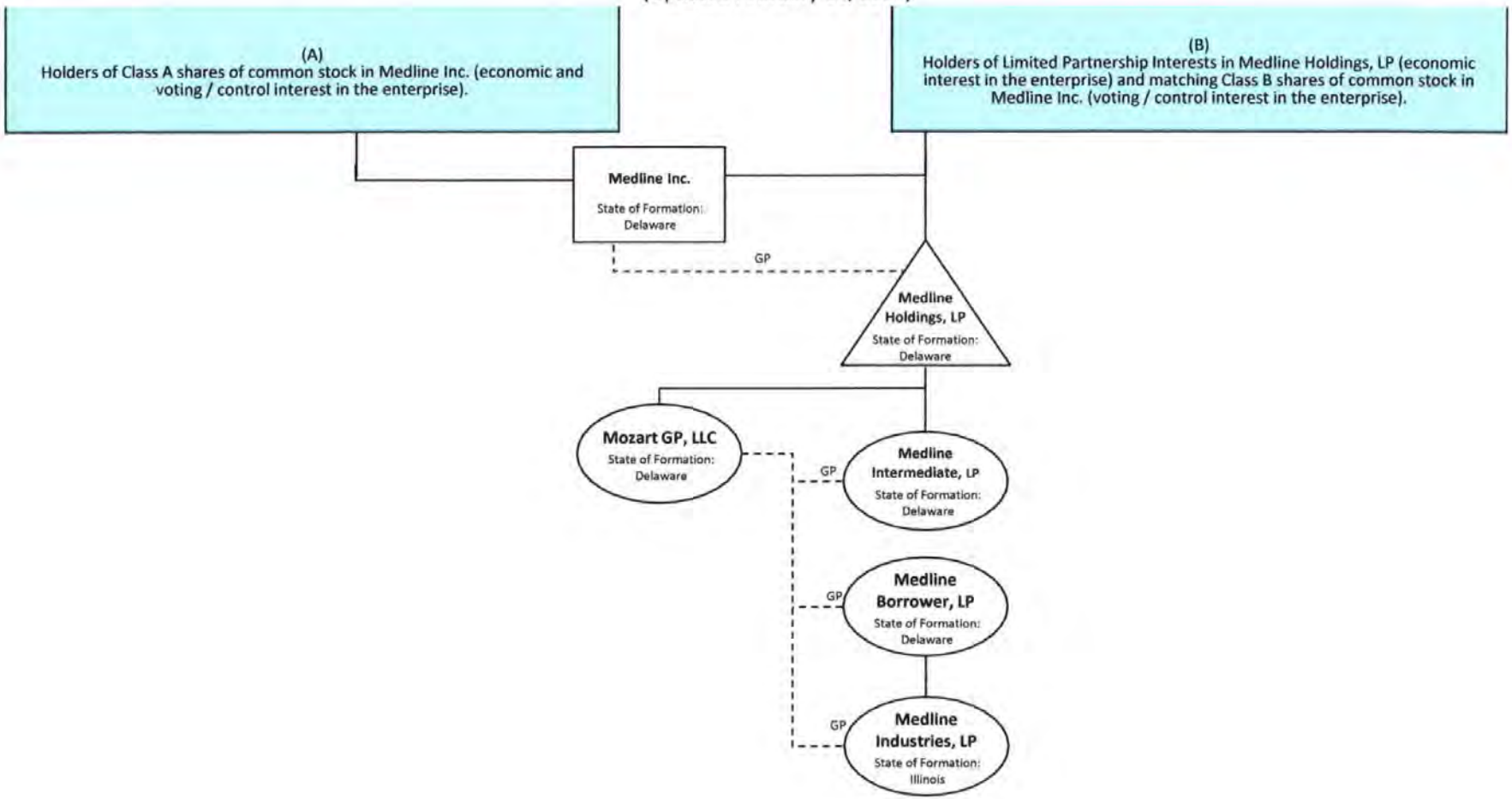


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046396. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

List of Officers, Directors, and Partners

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Centurion Medical Products, LP

FEIN: 38-1659420
A Delaware Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Industries, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	36-2596612
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC

FEIN: 32-0473772
An Illinois Limited Liability Company

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Member and Manager of LLC:

Medline Industries, LP
FEIN: 36-2596612

Officers:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC is a member managed LLC with the sole member and manager being Medline Industries, LP. Medline Industries, LP is a limited partnership and does not appoint corporate officers. Medline reports the officers for its general partner, Mozart GP, LLC, which retains 100% control of Medline Industries, LP.

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

Certificates of Good Standing

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502528 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURION MEDICAL PRODUCTS, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTURION MEDICAL PRODUCTS, LP" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6213666 8300

SR# 20261791715

Authentication: 203646965

Date: 04-15-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

File Number 0543231-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

EXCELSIOR MEDICAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502534 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5143163 8300

SR# 20261572157

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203550646

Date: 04-03-26





Wholesale Drug Permit

CALIFORNIA STATE BOARD OF PHARMACY
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100

License No. WLS 7496
Receipt No. 00202087

Valid Until: 1/1/2027

MEDLINE INDUSTRIES, L.P.
16415 COSMOS ST
MORENO VALLEY, CA 92551

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

The official status of this license can be verified at www.pharmacy.ca.gov

---- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

FORM WPHWLS (09/30/19) WLS



CALIC100.RENWALR.T1032025.60163.SEQID09802

MEDLINE INDUSTRIES, L.P.
16415 COSMOS ST
MORENO VALLEY, CA 92551
09802

BOARD OF PHARMACY
2720 GATEWAY OAKS DR, SUITE 100
SACRAMENTO, CA 95833

Certificates of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC. 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** N/A — N/A **INSURER C :** See Acord 101 for Carrier Participation **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-28 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	2,000,000
							GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	**AUTOMOBILE LIABILITY** [X] ANY AUTO OWNED AUTOS ONLY [ ] SCHEDULED AUTOS HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
							BODILY INJURY (Per person)	$	
							BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
								$	
	[ ] **UMBRELLA LIAB** [ ] OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$	
							AGGREGATE	$	
								$	
A A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** Y/N [Y] N/A If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2025 07/01/2025	07/01/2026 07/01/2026	[X] PER STATUTE [ ] OTH-ER		
							E.L. EACH ACCIDENT	$	1,000,000
							E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	4,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	SEE BELOW
	OTHER:							$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE / OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: Y (Mandatory in NH) N/A			PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3445 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St, Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **105625536**

Current Billing Term From **July 20, 2025** to **July 20, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **July 20, 2011**, in the amount of **One Hundred Thousand** (**$100,000.00**) on behalf of **MEDLINE INDUSTRIES, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **June 25, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS	Travelers Casualty and Surety Company of America Travelers Casualty and Surety Company St. Paul Fire and Marine Insurance Company Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 105625536 **Principal: MEDLINE INDUSTRIES, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25 day of June, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 25th day of June, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #105625536

Current Information as of 04/14/2026

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 5: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 6: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 7: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 8: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 9: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 10: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 11: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 12: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 13: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Location 14: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 15: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 16: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 17: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 18: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 19: (C71)
Medline Industries, LP
264 S 5750 W
Salt Lake City, UT 84104

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

Location 23: (ANG)
Medline Industries, LP
10 Glen Falls Techinical Park
Glen Falls, NY 12801

Location 24: : (EXC-TF)
Excelsior Medical, LLC
1470 Shafto Road
Tinton Falls, NJ 07712

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **108030426**

Current Billing Term From **September 03, 2025** to **September 03, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **September 03, 2024**, in the amount of **Twenty Five Thousand** (**$25,000.00**) on behalf of **CENTURION MEDICAL PRODUCTS, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee),
remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **July 23, 2025**

Travelers Casualty and Surety Company of America

By: _____
Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS	Travelers Casualty and Surety Company of America Travelers Casualty and Surety Company St. Paul Fire and Marine Insurance Company Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108030426 **Principal: CENTURION MEDICAL PRODUCTS, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 23 day of July, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 23rd day of July, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Oscar F. Rincon

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #108030426

Current Information as of 04/14/2026

Location 1: (B01)
Centurion Medical Products, LP
301 Catrell Drive
Howell, MI 48843

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP — MDEG License # (if applicable): WH02668

Physical Address: 16415 Cosmos St.

City: Moreno Valley — State: CA — Zip: 92551

Mailing Address (if different from physical address): Three Lakes Drive -3D

City: Northfield — State: IL — Zip: 60093

Telephone: 951-247-1157 — Website: www.Medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Juan — Middle: Carlos Gonzalez — Last: Sanchez

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Menifee — State: CA — Zip: [redacted]

Telephone: [redacted] — Email: jsanchez@medline.com

Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Temecula Valley Independent Study High School		2000-2003	
Address	**City**	**State**	**Zip**
31340 Rancho Vista rd.	Temecula	CA	92592
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/21-current	[redacted]	Menifee	CA	[redacted]
From - To (MM/YY – MM/YY)		City	State	
10/17-11/21		Menifee	CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			03/22 - Present	
Business Address		**City**	**State**	**Zip**
16415 Cosmos St.		Moreno Valley	CA	92551
Phone	**Title**		**Number of Employed Hours**	
951-247-1157	Warehouse Supervisor		12,000+	
Description of Duties				
Oversee the facility to ensure proper receiving, distribution, storage, shipping and dispensing of prescription drugs and medical devices. Manage multiple team members to ensure proper record keeping, inventory, storage, & product security				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

4-9-2026
Date

I, Juan Sanchez, **certify that as the MDEG Administrator for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. JS Have a high school diploma or its equivalent;
2. JS Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JS Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JS Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Juan Sanchez
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-9-2026
Date

Board Use Only	Date Received: 4/14/26

List of Employees
Medline Industries, LP
MXC - Moreno Valley, CA

Worker	Business Title
Adan Anguiano-Mendoza	P103599 Plant Coord I
Alan Beltran	P197647 Warehouse Operator I
Alejandra Prado	P103723 Warehouse Operator I
Alejandro Carrillo	P103746 Warehouse Operator I
Alfredo Beltran	P117482 Warehouse Operator I
Alma Sanchezvargas	P103704 Warehouse Operator I
Andres Ventura	P141911 Material Handler
Antonio Vargas-Garcia	P139571 Warehouse Operator I
Argelia Fiscal	P109939 Warehouse Operator I
Christopher Fisher	P124708 Warehouse Operator I
Cindy Rios	P114107 Plant Coord I
Francisca Ventura	P103520 Material Handler
Gary Patterson	P103486 Warehouse Ld
Gilbert Romero	P139572 Warehouse Operator I
Grace Botello	P108235 Warehouse Operator I
Isaac Gutierrez	P103519 Maintenance Tech I
Itzel Osuna	P197710 Plant Coord I
James Roos	P103439 Dir Distribution Operations
Jorge Hernandez Rocha	P103682 Warehouse Operator I
Jose Mozqueda	P103669 Warehouse Ld
Joseph Escobar	P197648 Warehouse Operator I
Juan Munoz	P103518 Warehouse Operator I
Juan Rodas	P103679 Warehouse Operator I
Juan Sanchez	P103690 Supv Warehouse
Laura Juarez	P196954 Admin Asst
Louis Soria	P103699 Warehouse Ld
Michael Fernandez	P117481 Warehouse Operator I
Miriam Burkett	P103725 Warehouse Operator I
Nancy Reyes	P112682 Warehouse Operator I
Nidia Partida	P103548 Warehouse Operator I
Patricia Prado	P103550 Quality Control Inspector III
Ramon Salmeron	P103681 Warehouse Operator I
Renaldy Moncada	P103521 Warehouse Operator I
Rodolfo Correa	P103541 Warehouse Operator I
Vicente Garcia	P103505 Supv Warehouse
Victor Picazo	P194630 Warehouse Operator I

Copy of SEC 10K

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2025

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-43022

Medline Inc.

(Exact name of registrant as specified in its charter)

Delaware	**33-1845288**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
3 Lakes Drive **Northfield, Illinois**	**60093**
(Address of principal executive offices)	(Zip Code)

(847) 949 5500
Registrant's telephone number, including area code

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A common stock, par value $0.0001 per share	MDLN	Nasdaq Global Select Market

Securities registered pursuant to section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements.

☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b).

☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the Class A common stock held by non-affiliates of the registrant, based on the closing price of a share of Class A common stock on December 17, 2025, as reported by The Nasdaq Global Select Market on such date was approximately $13.0 billion. The registrant has elected to use December 17, 2025, which was the initial trading date of the registrant's Class A common stock on The Nasdaq Global Select Market, as the calculation date because on June 30, 2025 (the last business day of the registrant's most recently completed second fiscal quarter) the registrant was a privately held company. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose.

As of February 23, 2026, there were 811,647,534 shares of the registrant's Class A common stock and 502,045,878 shares of the registrant's Class B common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement related to its 2026 Annual Meeting of Stockholders to be filed with the U.S. Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2025 are incorporated by reference into Part III of this Annual Report on Form 10-K.

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Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K (this "Annual Report") contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Forward-looking statements include all statements that are not historical facts. Words such as "anticipate," "assume," "believe" "contemplate," "continue," "could," "estimate," "expect," "foreseeable," "intend," "may," "plan," "potentially," "predict," "project," "seek," "should," "will," or "would," or similar words or phrases that convey uncertainty of future events or outcomes, are intended to identify forward-looking statements in this Annual Report. These forward-looking statements relate to matters such as our industry, business strategy, costs, and costs savings, impacts of accounting standards and guidance, goals and expectations, market position, future operations, margins, profitability, capital expenditures, liquidity and capital resources, legal matters, trends, and other financial and operating information. The forward-looking statements are based on management's current expectations and are subject to various risks, uncertainty, and changes in circumstances, many of which are beyond our control, that could cause actual results to differ materially. Although we believe that the assumptions underlying the forward-looking statements are reasonable, we cannot guarantee future results, level of activity, performance, or achievements. Factors that may cause actual results to differ from expected results include those described in Part I, "Item 1A—Risk Factors" and Part II, "Item 7—Management's Discussion and Analysis of Financial Condition and Results of Operations". The forward-looking statements included in this Annual Report speak only as of the date of this Annual Report or as of the date they are made, as applicable. Except as otherwise required by law, we disclaim any intent or obligation to update any "forward-looking statement" made in this Annual Report to reflect changed assumptions, the occurrence of unanticipated events, or changes to future operating results over time.

INTRODUCTORY NOTE

Medline Inc. was incorporated as a Delaware corporation on November 6, 2024. Prior to the completion of its initial public offering (the "IPO") on December 18, 2025, Medline Inc. undertook certain reorganization transactions (the "Reorganization") such that Medline Inc. is now a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP ("Medline Holdings"). Following the IPO, Medline Holdings is the predecessor of Medline Inc. for financial reporting purposes. As the general partner of Medline Holdings, Medline Inc. now operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts its business. The Reorganization lacks economic substance and therefore is accounted for in a manner consistent with a reorganization of entities under common control. As a result, the consolidated financial statements of Medline Inc. recognize the assets and liabilities received in the Reorganization at their historical carrying amounts, as reflected in the historical financial statements of Medline Holdings. Medline Inc. will consolidate Medline Holdings on its consolidated financial statements and record a non-controlling interest related to the Units (as defined herein) held by the Continuing Unitholders (as defined herein) on its consolidated balance sheets and statements of comprehensive income.

Medline Inc. had no significant business transactions or activities prior to the Reorganization, and, as a result, the historical financial information reflects that of Medline Holdings.

Basis of Presentation

The consolidated financial statements and accompanying notes included herein are prepared in accordance with United States generally accepted accounting principles ("GAAP"). The results of businesses acquired or disposed of are included in the consolidated financial statements from the date of the acquisition or up to the date of disposal, respectively. All adjustments, in the opinion of management, necessary to a fair statement of the results for the annual periods presented have been made.

Certain monetary amounts, percentages, and other figures included in this Annual Report have been subject to rounding adjustments. Percentage amounts included in this Annual Report have been calculated, in some cases, not on the basis of such rounded figures, but on the basis of such amounts prior to rounding. For this reason, percentage amounts in this Annual Report may vary from those obtained by performing the same calculations using the figures, on the face of our consolidated financial statements included elsewhere in this Annual Report. Certain other amounts that appear in this Annual Report may not sum due to rounding.

In December 2024, we changed the name of Medline Holdings from Mozart Holdings, LP to Medline Holdings, LP. We will not distinguish between the prior and current name of Medline Holdings and will refer to the current name of Medline Holdings throughout this Annual Report. References in this Annual Report to "Medline," the "Company," "we," "us," and "our" refer (1) prior to the consummation of the IPO, to Medline Holdings, LP and its consolidated subsidiaries and (2) after the IPO to Medline Inc. and its consolidated subsidiaries.

CERTAIN DEFINITIONS

As used in this Annual Report, unless otherwise noted or the context requires otherwise, the following terms have the following meanings:

- "Class A Units" refers to the interests in Medline Holdings called "Class A Units" that were outstanding prior to the Reclassification. In connection with the Reclassification, (i) Class A Units held by Common Unitholders were converted into Common Units and (ii) Class A Units held by Exchanging Class A Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Class B Units" refers to the interests in Medline Holdings called "Class B Units" that were outstanding prior to the Reclassification, and does not include CUPI Units. In connection with the Reclassification, (i) Class B Units held by Incentive Unitholders were converted into Incentive Units and (ii) Class B Units held by Exchanging Class B Unitholders were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units).

- "Common Units" refers to the new class of units of Medline Holdings created by the Reclassification and does not include Incentive Units.
- "Common Unitholders" refers to certain pre-IPO holders of Class A Units and/or CUPI Units who hold Common Units following the Reclassification.
- "Incentive Unitholders" refers to certain pre-IPO holders of Class B Units who will hold Incentive Units following the Reclassification, as described under "Organizational Structure."
- "Continuing Unitholders" refers collectively to Common Unitholders and Incentive Unitholders.
- "CUPI Units" refers to the interests in Medline Holdings that were designated as "Catch-Up Class B Units" and outstanding prior to the Reclassification. In connection with the Reclassification, (i) CUPI Units held by Common Unitholders were converted into Common Units and (ii) CUPI Units held by Exchanging CUPI Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Designating Stockholder" refers to each of our Principal Stockholders with whom we entered into separate director nomination agreements.
- "Exchanging Class A Unitholder" refers to pre-IPO holders of Class A Units whose Class A Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Class B Unitholder" refers to pre-IPO holders of Class B Units whose Class B Units were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units) following the Reclassification.
- "Exchanging CUPI Unitholder" refers to pre-IPO holders of CUPI Units whose CUPI Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Unitholders" refers collectively to Exchanging Class A Unitholders, Exchanging CUPI Unitholders, and Exchanging Class B Unitholders.
- "Incentive Units" refers to the new class of units of Medline Holdings created by the reclassification of the Class B Units in the Reclassification. The Incentive Units are "profit interests" having economic characteristics similar to stock appreciation rights and having the right to share in any equity value of Medline Holdings above specified participation thresholds. Vested Incentive Units may be converted to Common Units and be subsequently exchanged for shares of Class A common stock.
- "Principal Stockholders" refers collectively to investment funds associated with Blackstone Inc., The Carlyle Group Inc. and Hellman & Friedman LLC, and members of the Mills family.
- "Reclassification" refers to the reclassification of the partnership interests of Medline Holdings prior to the IPO.
- "Sponsors" refers collectively to Blackstone Inc., The Carlyle Group Inc., and Hellman & Friedman LLC.
- "Units" refers collectively to Common Units and Incentive Units.

Summary of Risk Factors

The following is a summary of the principal factors that make an investment in our securities speculative or risky, all of which are more fully described below. This summary should be read together with the risk factors described under Part I, "Item 1A—Risk Factors" and should not be relied upon as an exhaustive summary of the material risks facing our business. In addition to the following summary, you should consider the information set forth below and the other information contained in this Annual Report before investing in our securities.

- Our global operations are subject to inherent risks that could materially adversely affect our business, results of operations, and financial condition.
- We may be unable to derive fully the anticipated benefits from our existing or future acquisitions, joint ventures, investments, dispositions, or other strategic transactions.
- Consolidation in the healthcare industry could have an adverse effect on our business, results of operations, and financial condition.
- We operate in a highly competitive industry, with accelerating pricing pressure and changes in technology.
- Changes to the U.S. and global healthcare environments may not be favorable to us.
- Increases in shipping costs or service issues with our third-party shippers could harm our business.

- Significant challenges or delays in our sourcing of new products and technologies could have an adverse impact on our long-term success.
- We have concentration in and dependence on certain healthcare provider customers and GPOs.
- Our business and operations depend on the proper functioning of our critical facilities and distribution networks and could be negatively impacted by events outside our control.
- Quality problems and product liability claims have in the past led, and could in the future lead, to recalls or safety alerts, reputational harm, adverse verdicts, or costly settlements, and could have a material adverse effect on our business, results of operations, and financial condition.
- Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline.
- If we experience increased pressure to maintain or decrease the price of our goods and services and we are unable to reduce our expenses, there may be a material adverse effect on our business, results of operations, and financial condition.
- Any failure by or loss of a third-party manufacturer or supplier or other manufacturing or supply-related impacts could result in delays and increased costs, which may adversely affect our business.
- We rely on the proper function, security, and availability of our information technology systems and data, as well as those of third parties throughout our global supply chain, to operate our business.
- We are subject to extensive and complex laws and governmental regulations and any adverse regulatory action may materially adversely affect our business, results of operations, and financial condition both inside and outside the United States.
- We are subject to complex and rapidly evolving data privacy, security, and data protection laws and regulations and the costs to comply with such laws and regulations or any ineffective compliance efforts with such laws and regulations may adversely impact our business.
- Our use or our third-party service providers' or business partners' use of AI, automated decision-making and machine learning technologies and the evolving regulatory framework in this area may subject us to risks or heightened costs that could adversely affect business, results of operation and financial condition.
- Our failure to comply with laws and regulations relating to reimbursement of healthcare goods and services may subject us to penalties and adversely impact our reputation, business, results of operations, financial condition, and cash flows.
- Uncertain global and domestic macro-economic and political conditions could materially adversely affect our business, results of operations, and financial condition.
- Our substantial indebtedness could adversely affect our financial condition, our ability to operate our business or react to changes in the economy or our industry, prevent us from fulfilling our obligations under our debts, and divert our cash flow from operations for debt payments.
- The credit agreement that governs the Senior Secured Credit Facilities and the indentures that govern the Senior Notes will each impose significant operating and financial restrictions on our subsidiaries, which may prevent us from capitalizing on business opportunities.
- Medline Inc. is a holding company and its only material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, and it is accordingly dependent upon distributions from Medline Holdings to pay taxes, make payments under the tax receivable agreement, and pay any dividends.
- The Designating Stockholders hold a significant percentage of our stock, and their interests may conflict with ours or yours in the future.
- Our amended and restated certificate of incorporation does not limit the ability of our Sponsors, the Mills family, and certain other pre-IPO investors to compete with us, and they may have investments in businesses whose interests conflict with ours.

The market price of shares of our Class A common stock may be volatile or may decline regardless of our operating performance, which could cause the value of your investment to decline.

Market and Industry Data

Unless otherwise indicated, information contained in this Annual Report concerning our industry, competitive position, and the markets in which we operate is based on information from independent industry and research organizations, other third-party sources and management estimates. Although we believe that these third-party sources are reliable, we do not guarantee the accuracy or completeness of this information, and we have not independently verified this information. Management estimates are derived from information obtained from surveys, reports by market research firms, our customers, distributors, suppliers, trade and business organizations, and other contacts in the markets in which we operate and have not been verified by independent sources, and are based on assumptions made by us upon reviewing such data, and our experience in, and knowledge of, such industry and markets, which we believe to be reasonable. In addition, assumptions and estimates of our and our industry's future performance are subject to a high degree of uncertainty and risk due to a variety of factors, including those described in Part I, "Item 1A—Risk Factors" and "Cautionary Note Regarding Forward-Looking Statements." These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

Statements regarding our market position (including statements that we are the largest company in a particular market), unless otherwise noted, are based on our 2025 net sales in the relevant market relative to the publicly reported net sales of our competitors in such market, including with respect to our statement of being the largest provider of med-surg products and supply chain solutions serving all points of care, as that statement is based on our 2025 net sales relative to the publicly reported net sales of med-surg products by companies that are both med-surg manufacturers and distributors.

Trademarks

We own or have the right to use trademarks, trade names, and service marks used in connection with our business, including, but not limited to, Medline, Curad, Microtek, Hudson, and Proxima. All trademarks, trade names, and service marks referred to in this Annual Report are the property of their respective owners. We do not intend our use or display of other companies' trade names, trademarks, or service marks to imply a relationship with, or endorsement or sponsorship of us by, these other companies. Solely for convenience, our trademarks, trade names, and service marks referred to in this Annual Report may appear without the ®, ™ or SM symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks, trade names, and service marks.

PART I

Item 1. Business

General

Medline Inc. (together with its subsidiaries, "Medline", "the Company", "we", "ours" and "us") is the largest provider of medical-surgical ("med-surg") products and supply chain solutions serving all points of care, based on total net sales of med-surg products. Medline was founded in 1966 and today delivers mission-critical products used daily across the full range of care settings, from hospitals and surgery centers to physician offices and post-acute facilities. Our mission is to make healthcare run better by delivering improved clinical, financial, and operational outcomes.

We have two reportable segments, Medline Brand and Supply Chain Solutions, the combination of which addresses critical needs in the market through a comprehensive solution. They are both supported by our Prime Vendor model, differentiated distribution network, and robust commercial platform. Through our two segments, we offer approximately 335,000 med-surg products, including surgical and procedural kits, gloves and protective apparel, urological and incontinence care, wound care, and consumable lab and diagnostics products. We distribute these products through our expansive network of global distribution facilities and our owned fleet of MedTrans trucks.

Medline Brand

As of December 31, 2025, we offer our customers approximately 190,000 med-surg products through our Medline Brand segment and hold leading positions across many key product families for our Medline Brand products. Our Medline Brand products are organized into three product categories: Front Line Care, Surgical Solutions, and Laboratory and Diagnostics.

- *Front Line Care* offers mission-critical med-surg products for patient-facing needs, including wound care products, exam gloves, skin care and incontinence products, environment cleaning supplies, textiles, hand sanitizer, durable medical equipment, patient plastics, and decolonization and infection control products.
- *Surgical Solutions* offers operating room and perioperative environment product solutions, including surgical procedure trays, drapes and gowns, personal protective equipment, sterile wraps, surgical instruments, surgeon's gloves, procedure kits, and orthopedic implants.
- *Laboratory and Diagnostics* offers a full range of laboratory and diagnostic product solutions, including point of care testing, analyzers and instrumentation, lab and diagnostic consumables, diagnostic instruments, vital signs monitors, and anatomic pathology and phlebotomy products.

Our product development approach incorporates customer feedback and ongoing innovation. We are also committed to delivering products of the highest standard, which is reflected by our robust quality team embedded across our manufacturing and sourcing locations. The expertise of our research and development team and quality team helps ensure products bearing the Medline brand meet both our rigorous quality standards and our customers' expectations.

Supply Chain Solutions

As of December 31, 2025, we offer approximately 145,000 med-surg products from over 1,300 third-party suppliers, including nearly all leading national brands, through our Supply Chain Solutions segment. We also provide our customers with supply chain optimization services such as consulting engagements, outsourced warehouse and technology management, put-away-ready packaging, third-party logistics, inventory rationalization, and route planning. Our third-party suppliers are primarily responsible for costs related to import and inbound freight, whereas we are primarily responsible for costs related to outbound freight from our distribution centers. Our supply chain expertise allows us to provide additional service offerings to optimize our customers' supply chain and inventory workflows, helping these customers cost-effectively manage their supply chain while building strong relationships and enhancing retention.

Our Prime Vendor Model

A Prime Vendor relationship is a relationship for which there is a multi-year distribution agreement between Medline and a customer, whereby the customer agrees to use Medline for the vast majority of its med-surg product needs.

In our Prime Vendor relationships, we enter into long-term agreements, typically structured with five-year terms, to act as the primary consolidated logistics partner for these customers' med-surg product needs. These agreements have been and are expected to continue to be a key contributor to our growth. Our customers realize efficiencies by partnering with one supply chain partner to consolidate their med-surg purchase volume. Prior to the market adoption of the Prime Vendor model, customers sourced such products individually from a highly fragmented base of suppliers. The Prime Vendor model instead centralizes procurement and distribution, which in turn drives efficiency and higher service levels.

As Prime Vendor, we drive significant cost savings to our customers. Our scale allows us to deliver consistently lower prices and better service levels on Medline Brand products relative to third-party alternatives, while also lowering the distribution cost for delivery of the full range of med-surg products. This often motivates customers to purchase more Medline Brand products over time. The opportunity is even greater in certain non-acute settings, where we sell a more focused product portfolio. Our Prime Vendor model allows us to provide cost savings to Prime Vendor customers, which, over time, supports incremental purchasing of our Medline Brand products and greater scale across our operations. As our scale grows, we are able to realize further efficiencies by offering superior or similar quality to third-party products at a more cost-effective price. We believe that Medline Brand conversion is mutually beneficial for both our customers and us-the value we provide customers at the outset of a Prime Vendor agreement meaningfully increases over time, as they accrue savings by purchasing our lower cost Medline Brand products, while our profitability grows given the enhanced margin profile of Medline Brand products. This compelling value proposition and supply chain relationship with our customers supports our greater than 98% average Prime Vendor retention rate over the past five years.

A portion of Supply Chain Solutions products sold to existing Prime Vendor customers has like-for-like Medline Brand product equivalents, representing a potential gross profit uplift consistent with our historical margin differentials if such products were converted for Medline Brand products. While we historically have earned higher margins upon conversion from third-party national brand products to like-for-like Medline Brand products, because of the lower average prices for Medline Brand products, there is typically a negative impact on net sales upon the conversion of Supply Chain Solutions products to like-for-like Medline Brand products if volume is assumed to be constant. For additional information on potential risks relating to this conversion opportunity, please see Part I, "Item 1A—Risk Factors—Risks Related to Our Business, Industry and Operations—Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline."

Our Distribution Network

We have a differentiated distribution network of 70 global distribution centers, warehouses, cross-docks, and transship facilities, 45 of which are in the United States, strategically located to provide next-day delivery to 95% of our U.S. customer base. We utilize artificial intelligence ("AI") and robotics technology in over 26 million square feet of warehouse space in the United States to improve efficiency and capacity to optimize distribution logistics and maximize utilization. The products we distribute are packaged to meet each customer's individual needs and to be "put-away-ready," which streamlines the customer's unloading and shelving process. We also operate our own fleet of more than 2,100 MedTrans trucks that deliver our products across care settings within the United States. As of December 31, 2025, we had approximately 25% in incremental capacity across our platform to support our long-term growth.

Our Commercial Platform

Our deep connectivity to our customers is driven by the strength of our dedicated and tenured commercial team. We have a U.S. commercial team of approximately 4,000 people across all points of care, which includes account managers, product specialists, specialized clinical resources, customer service representatives, supply chain specialists, Prime Vendor analysts, and a robust leadership team dedicated to driving efficiencies for our customers through their teams. We have created an entrepreneurial environment that empowers our salesforce to work with our product managers to create innovative products that meet market demand. We have a team devoted to each channel in the United States and each region or country internationally, which allows our salesforce teams to develop market-specific knowledge.

Research and Development

We have a track record of successfully bringing new products to market, with more than 2,300 granted patents and more than 450 U.S. Food and Drug Administration ("FDA") 510(k) clearances. Over the last three years, we have successfully launched more than 250 new products.

Competition

Our value proposition is derived from our integrated business model, the breadth of our Medline Brand portfolio, our differentiated supply chain, and the overall quality and cost of our products. As a result of our integrated business model, our competitors include both other leading med-surg product manufacturers and distributors.

Similar to us, other leading med-surg product manufacturers produce a wide range of med-surg supplies. However, unlike us, many of these competitors are reliant upon third-party distributors to deliver their products to customers. By nature of being a distributor, Medline has direct access to and manages the end customer relationships. This enables us to offer a complete solution as a manufacturer and a distributor, offering our customers what we believe to be best-in-class supply chain logistics, and driving value through our brand.

Additionally, other distributors of med-surg products similarly connect the fragmented supplier and provider bases and aggregate inventory from suppliers to deliver products to customers, such as McKesson, Cardinal Health, Owens & Minor, and Henry Schein. These distribution companies compete with us for Prime Vendor agreements. However, we believe that many of these competitors do not benefit from the scale and scope of our vertical integration or commercial excellence, and thus are not able to provide the same magnitude of cost savings, value, and holistic solutions that we deliver for our customers.

Production and Raw Materials

We manufacture approximately one-third of our Medline Brand products, which are primarily Class I and II medical devices, through our 30 manufacturing facilities, of which 24 are in North America. We purchase many of the components and raw materials used in manufacturing our products from numerous suppliers. We focus our manufacturing capabilities on products where we can leverage technology and automation to drive higher quality and lower costs to better serve our customers. For the vast majority of the other two-thirds of our Medline Brand products, we work closely with our network of more than 600 global partners across approximately 40 countries, many of whom have decades-long exclusive relationships with us. The breadth of our global sourcing partnerships provides diversification and strengthens our resiliency, with no single sourcing partner accounting for more than 5% of total spend as of December 31, 2025.

We also have plans and measures in place to help ensure continuity of supply while maintaining high quality and reliability. Generally, we have been able to obtain adequate supplies of such raw materials and components. However, due to the FDA's manufacturing requirements and those of other regulatory authorities, we may not be able to quickly establish additional or replacement sources for certain components, materials or processes if we experience a sudden or unexpected reduction or interruption in supply or services and are unable to develop alternative sources.

Human Capital Resources

At Medline, our relentless focus on the customer drives our human capital strategy, which revolves around attracting, developing, and retaining employees to provide the best products and services for our customers. We have developed a strong foundation that drives our recruitment, retention and development efforts. We are committed to supporting the personal and professional development of our employees, as well as providing competitive benefits and a safe, inclusive workplace.

As of December 31, 2025, we employed over 45,000 employees worldwide, with over 26,000 located in the United States. Our largest non-U.S. employee populations are in Mexico, Dominican Republic, India, Canada, Slovakia, France, China, Japan, Germany, and Australia. None of our employees in the United States are unionized, though some of our employees in Mexico belong to unions. In Germany and the Netherlands, employees are represented through Works Councils; in France and Spain, employees are represented through both Works Councils and industry-wide collective bargaining agreements; and in Belgium and Italy, employees are also represented through industry-wide collective bargaining agreements. In Australia, certain employees are represented by an enterprise bargaining agreement; in Japan, employees are represented through a Work Council; and in Vietnam, employees are represented through a collective bargaining agreement. We believe that our positive employee relations and total employee experience drive the continual growth of our workforce.

Culture and Values

Our culture is grounded in a customer-focused, collaborative, and performance-driven approach, guided by core values emphasizing relentless customer focus, agility and flexibility, problem-solving, drive to succeed, purposeful candor, and the importance of relationships. Employees are encouraged to exercise judgment, work transparently with customers, and contribute meaningfully to our mission to make healthcare run better.

Talent Attraction and Development

We seek to attract employees whose skills, experience, and motivation align with our operational and technical needs. Through continual improvement of internal processes, an awareness of market and candidate driven trends, and in partnership with vendors and other outside organizations, our talent acquisition programs focus on efficient hiring processes, market awareness, and building a diverse pipeline of candidates. We support development through consistent performance management processes and early career opportunities to take on additional responsibilities to demonstrate their competencies and drive to succeed and on-the-job responsibility augmented by formal training and development to refine technical and leadership skills. New sales representatives participate in comprehensive training programs, and product managers have targeted development pathways through all stages of their careers, from mandatory onboarding offerings to advanced classes that provide the necessary skills with increasing levels of responsibility, to support progression over time.

Employee Engagement and Inclusion

We believe our employees' ability to communicate and cooperate effectively across functional and departmental teams positively impacts our performance. We engage in various listening strategies and foster engagement through survey feedback mechanisms, anonymous employee feedback platform, focus groups, increased attention to onboarding and offboarding feedback, pulse surveys on remote work needs, and other listening strategies. Insights from these efforts inform workplace improvements. We also support an inclusive environment through Employee Resource Groups and leadership training initiatives designed to reduce bias in talent decisions and strengthen representation across the company.

Health, Safety, and Well-Being

We are committed to maintaining a safe workplace and supporting the physical, emotional, and financial well-being of our employees. We provide competitive health and benefits programs, access to assistance resources where available, and opportunities for community involvement through charitable giving, including financial giving and in-kind giving such as product donations.

Intellectual Property

We rely upon patents, trademarks, copyrights, trade secrets and other intellectual property rights to maintain and improve our competitive position. We have a large portfolio of intellectual property, including more than 2,300 granted patents as well as trademark registrations protecting our notable brands, including Medline, Curad, Microtek, Hudson, and Proxima.

We consider the trademarks and know-how that we own to be material to our business. However, other than the Medline mark, we do not consider our business to be materially dependent upon any individual trademark registration or trade secret. In the aggregate, we consider our more than 2,300 granted patents to be material to our business. However, no single patent or group of related patents is material to our business as a whole or any segment of our business.

We believe that we have taken all necessary steps to protect our intellectual property rights, but no assurance can be given that we will be able to successfully enforce or protect our rights in the event that they are infringed upon or challenged by a third party. See Part I, "Item 1A —Risk Factors—Risks Related to Regulation and Legal Proceedings—Any failure to obtain, maintain, protect and enforce our intellectual property rights, or the failure of the strength or scope of our intellectual property rights, could harm our business, financial condition, and results of operations" and "—Risks Related to Regulation and Legal Proceedings—We may become subject to litigation brought by third parties claiming infringement, misappropriation, or other violation by us of their intellectual property rights."

Government Regulation

Our operations and products are subject to extensive regulation by numerous governmental regulatory authorities, including U.S. and other international regulatory authorities, and other government agencies inside and outside the United States. To varying degrees, each of these agencies requires us to comply with laws and regulations governing the development, design, materials, testing, safety, efficacy, quality, purity, manufacturing, methods, controls, testing, screening, recordkeeping, reporting, processing, storage, registration, authorization, licensing, permitting, labeling, advertising, marketing, distribution, offer for sale, sale, use, expiration, pricing, reimbursement, import, export, clinical trials, post-marketing surveillance of our products, the registration of our facilities, and the claims that we make about our products. The United States and other countries where we sell healthcare and other regulated products, including drugs, human cell and tissue products, dietary supplements, cosmetics, certain foods, and consumer products subject such products to their own clearance, authorization, approval, registration, listing, labeling, manufacturing, recordkeeping, reporting, and other regulatory requirements regarding the performance, safety, and quality of such products. We are also subject to healthcare and other regulations and enforcement by the federal government and the states and foreign governments and authorities in the locations in which we conduct our business. The U.S. governmental and regulatory authorities that enforce such laws and rules, and that issue guidance on compliance with such laws and rules include, without limitation, the FDA, the Centers for Medicare & Medicaid Services ("CMS"), other divisions of the U.S. Department of Health and Human Services ("HHS"), the HHS Office of Inspector General, U.S. Environmental Protection Agency ("EPA"), the Federal Trade Commission ("the FTC"), Consumer Product Safety Commission ("CPSC"), the U.S. Department of Justice ("DOJ") and individual U.S. Attorney offices within the DOJ, as well as state and local governments. Our business is also affected by patient and data privacy and security laws, government payer cost containment initiatives, government reimbursement laws and regulations, environmental, health, and safety laws and regulations, as well as laws and regulations with respect to the sale, transportation, storage, handling, and disposal of hazardous or potentially hazardous substances, and safe working conditions. Our business also maintains contracts with governmental agencies and such contracts are subject to various government procurement laws and regulations, required contract provisions, and other requirements relating to contract formation, administration and performance. Failure to comply with applicable laws and regulations or with contractual or other requirements may result in monetary damages and criminal or civil penalties as well as termination of our government contracts or our suspension or debarment from government contract work.

The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, including through the offering of new products and services or entering into new geographic areas, we may be subject to new and additional regulatory requirements. The foreign, federal, state, and local regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products, suspend, revoke, or terminate our product and facility licenses, permits, and authorizations, request the cessation of distribution and shipments of certain products due to regulatory, safety, or other issues, seize or order the recall of our products, issue safety, quality, or other communications to the public or healthcare providers, enforce laws related to marketing, including promotion of off-label uses of products, and impose injunctions and significant criminal, civil, and administrative sanctions for violations of laws and regulations. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, may impact our business practices and operations, including by limiting our ability to effectively market, ship, and sell our products, affecting the production and distribution of products by our manufacturing facilities, subjecting us to significant liability, and limiting our ability to obtain future authorizations. Although we are subject to international government regulations in the international end markets where we operate and/or provide our products, these regulations do not have a material impact on our products as no international market represents more than 3% of our net sales.

Government Regulation of Medical Devices

Our medical devices are subject to regulation by numerous government agencies, including the FDA and comparable state and foreign agencies. Regulations of the FDA and other regulatory agencies in and outside the United States impose extensive compliance and monitoring obligations on portions of our business. The FDA and other U.S. and foreign governmental agencies regulate, among other things, with respect to medical devices: design, development, and manufacturing; testing, registration, listing, labeling, content, and language of instructions for use and storage; clinical trials; product safety; marketing, sales, and distribution; licensing and permit requirements; premarket clearance, approval and authorization; record keeping procedures; advertising and promotion; recalls and field safety corrective actions; post-market surveillance, including reporting of deaths or serious injuries and malfunctions that, if they were to recur, could lead to death or serious injury; post-market approval studies; and product import and export. The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, we may be subject to new and additional regulatory requirements. The FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers; seize or order the recall of products; terminate, suspend, or revoke licenses and permits; and impose significant criminal, civil, and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers. In addition, the FDA and other governmental and regulatory authorities, both in and outside the United States (including the FTC, the HHS Office of the Inspector General, the DOJ, and various state Attorneys General), monitor the promotion and advertising of our products. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, depending on its magnitude, may limit our ability to effectively market, ship, and sell our products, limit our ability to obtain future premarket authorizations, or result in a substantial modification to our business practices and operations.

FDA Premarket Clearance and Approval Requirements

Each medical device we wish to distribute commercially in the United States requires marketing authorization from the FDA prior to distribution, unless the device is exempt from premarket notification requirements. The type of marketing authorization necessary is generally linked to the classification of the device. The FDA classifies medical devices into one of three classes-Class I, II, or III-based on the degree of risk associated with a device and the level of regulatory control deemed necessary to ensure its safety and effectiveness. Class I devices that pose the least risk are subject only to General Controls applicable to all devices, such as requirements for device labeling, premarket notification, and adherence to current good manufacturing practices for devices as set forth in the Quality System Regulation ("QSR"). Class II devices that pose a moderate risk are subject to General Controls and may also be subject to Special Controls, such as performance standards, product-specific guidance documents, special labeling requirements, patient registries, or post-market surveillance. Class III devices are those for which insufficient information exists to assure safety and effectiveness solely through General and Special Controls, including devices that support or sustain human life, are of substantial importance in preventing impairment of human health, or which present a potential unreasonable risk of illness or injury.

Most Class I devices and some Class II devices are exempted by regulation from the 510(k) clearance requirement and can be marketed without prior authorization from the FDA. Class I and II devices that are not exempted are eligible for marketing through the 510(k) clearance pathway. By contrast, devices placed in Class III generally require premarket approval ("PMA") or de novo clearance prior to commercial marketing. The PMA approval process is more stringent, time-consuming and expensive than the 510(k) clearance process; however, the 510(k) clearance process has also become increasingly stringent and expensive. None of our products are currently approved under a PMA, and we have no plans for any indication or system improvement or extension that we believe would require a PMA. If, in the future, we were to file a PMA, we may be subject to additional regulatory requirements.

510(k) Clearance Process

To obtain 510(k) clearance, we must submit a premarket notification to the FDA demonstrating the proposed device to be substantially equivalent to a predicate device. A device is substantially equivalent if, with respect to the predicate device, it has the same intended use and it has either the same technological characteristics, or it has different technological characteristics, but the information provided in the 510(k) submission demonstrates that the device does not raise new questions of safety or effectiveness. The standard review process for 510(k)s is between six to nine months, dependent upon the type of 510(k) filing submitted. Although many 510(k) premarket notifications are cleared without clinical data, in some cases, the FDA may require clinical data to support substantial equivalence. In reviewing a premarket notification, the FDA may request additional information, including clinical data, which may significantly prolong the review process and clearance is never assured. Clinical trials generally require the submission of an investigational device exemption ("IDE") to the FDA for a specified number of patients and study sites, unless the product is deemed a non-significant risk device eligible for more abbreviated IDE requirements. Clinical trials are subject to numerous requirements and institutional review board approval, oversight, and monitoring. Even if a trial is conducted, the results of clinical testing may not adequately demonstrate the safety and effectiveness of the device or be sufficient to obtain FDA clearance or approval for marketing.

After a device receives 510(k) clearance, any subsequent modification of the device that could significantly affect its safety or effectiveness, or that would constitute a major change in its intended use, requires a new 510(k) clearance or could require submission and approval of a de novo 510(k) or a PMA application in cases where new indications are sought for which there is no predicate. Non-significant changes are handled via internal documentation by the Company. Each manufacturer must judge the significance of modifications based on FDA 510(k) regulatory requirements and guidance documents. The FDA may review any such decision and may disagree with a manufacturer's determination. If the FDA disagrees with a manufacturer's determination, the FDA may require the manufacturer to cease marketing and distribution and/or recall the modified device until 510(k) clearance or PMA approval is obtained. In the future, we may make modifications to our products after they have received FDA clearance and, in appropriate circumstances, determine that new clearance is unnecessary. However, the FDA may disagree with our determination, and, if the FDA requires us to seek 510(k) clearance or submit new PMA applications for any modifications to a previously cleared product, we may be required to cease marketing or distributing or recall the modified device until we obtain the required clearance or approval. We may also market or acquire products that are marketed without a 510(k) clearance, appropriate labeling, or that otherwise are marketed in violation of FDA requirements, since medical devices can be marketed only for the indications for which they are cleared or approved. Under these circumstances, we may also be subject to warning letters, significant regulatory fines, or other penalties, and we may no longer be able to market particular products for which a 510(k) clearance is required.

Post-Marketing Requirements

Numerous FDA regulatory requirements apply to devices we manufacture and distribute, including: compliance with the QSR, which require manufacturers and their suppliers to follow the applicable design, testing, processes, control, documentation, labeling, and other quality assurance procedures during the manufacturing process; establishment registration, which requires establishments involved in the production and distribution of medical devices intended for commercial distribution in the United States to register with the FDA; medical device listing, which requires manufacturers to list the devices they have in commercial distribution with the FDA; labeling regulations, which prohibit "misbranded" devices from entering the market, as well as prohibit the promotion of products for unapproved or off-label uses and impose other restrictions on labeling; post-market surveillance, including medical device reporting requirements which requires manufacturers to report to the FDA if their device may have caused or contributed to a death or serious injury, or malfunctioned in a way that would likely cause or contribute to a death or serious injury if it were to recur; and corrections and removal reporting regulations, which require that manufacturers report to the FDA field corrections and product recalls or removals if undertaken to reduce a risk to health posed by the device or to remedy a violation of the Federal Food, Drug, and Cosmetic Act that may present a risk to health. The FDA and other governmental and regulatory authorities actively enforce the laws and regulations prohibiting the promotion of off-label uses, and a company that is found to have improperly promoted off-label uses may be subject to significant liability.

The FDA enforces these requirements by inspection and market surveillance. Domestic facility records and manufacturing processes are subject to periodic unscheduled inspections by the FDA. The FDA may also inspect foreign facilities that export products to the United States. Failure to comply with applicable regulatory requirements may result in enforcement action or other actions by the FDA, which may include one or more of the following sanctions: adverse press releases and safety communications; requests to stop shipments; untitled letters or warning letters; fines, injunctions, and civil penalties; mandatory recall or seizure of our products; customer notifications and repairs or replacements; administrative detention or banning of our products; consent decrees; operating restrictions, partial suspension or total shutdown of production; refusing our request for 510(k) clearances for new product versions or modifications to existing product versions; revocation of 510(k) clearances previously granted; refusal to grant export approval for our products; and criminal prosecution and penalties. If any of these events were to occur, they could have a material adverse effect on our business, financial condition, and results of operations.

International Regulation of Medical Devices

Sales of medical devices outside the United States are subject to foreign government regulations, which vary substantially from country to country. In order to market our products in other countries, we must comply with applicable regulatory requirements and authorizations and approvals and safety and quality regulations in each country in which the product is marketed. The time required to obtain authorization, approval, or certification by a foreign country may be longer or shorter than that required for FDA clearance, and the requirements may differ significantly.

EU Regulation of Medical Devices

In the European Union ("EU") until May 25, 2021, medical devices were regulated by the Council Directive 93/42/EEC, which has been repealed and replaced by the Medical Device Regulation ("EU MDR"). Unlike directives, regulations are directly applicable in all EU member states without the need for member states to implement into national law. The EU extended the EU MDR transitional periods for certain medical devices until December 31, 2027 or December 31, 2028, depending on a device's risk class and subject to certain conditions to ensure continued access to medical devices for patients and to allow medical devices already placed on the market in accordance with the current legal framework to remain on the market, provided that the requirements of the transitional provisions are fulfilled.

In the EU, there is currently no premarket government review of medical devices. However, all medical devices placed on the EU market must meet general safety and performance requirements, and compliance with the general safety and performance requirements is a prerequisite for European conformity marking without which medical devices cannot be marketed or sold in the EU. EU MDR requirements regarding the distribution, marketing, and sale, including quality systems and post-market surveillance, have to be observed by manufacturers, importers, and distributors as of the application date (i.e., since May 26, 2021), including registration of economic operators and of devices (once the relevant modules of Eudamed are functional), surveillance, and vigilance requirements. The aforementioned EU rules are generally applicable in the European Economic Area which consists of the 27 EU member states plus Norway, Liechtenstein, and Iceland.

The NDA Approval Process

For any new drug products regulated under the Federal Food, Drug, and Cosmetic Act such as our ReadyPrep CHG cloth, a sponsor must submit a New Drug Application ("NDA"), to the FDA for review and approval. The NDA review and approval process may take multiple years and involves steps including the following:

- completion of preclinical studies and analytical and stability testing in accordance with applicable regulations;
- submission to the FDA of an Investigational New Drug ("IND") application, which must become effective before clinical trials may begin and must be updated annually and amended when certain changes are made;
- approval by an institutional review board, or IRB, or independent ethics committee, or IEC, at each clinical trial site before each trial may be initiated;
- performance of adequate and well-controlled clinical trials in accordance with applicable IND regulations, good clinical practice, or GCP, requirements, including informed consent, financial disclosure by investigators, and other clinical trial-related regulations, to establish the safety and efficacy of the investigational product for each proposed indication and other condition of use;
- preparation and submission to the FDA of an NDA;

- satisfactory completion of one or more FDA pre-approval inspections of the manufacturing facility or facilities where the drug will be produced to assess compliance;
- satisfactory completion of FDA inspection of select clinical trial sites involved in conducting pivotal studies that generated the data in support of the NDA;
- payment of user fees for FDA review of the NDA; and
- FDA review and approval of the NDA, including of the proposed prescribing information and, where applicable, consideration of the views of any FDA advisory committee, prior to any commercial marketing or sale of the drug in the United States.

Any approvals that we may ultimately receive could be withdrawn if required post-marketing trials or analyses do not meet the FDA requirements, which could materially harm the commercial prospects for our products.

Even if a product candidate receives regulatory approval, the approval may be limited to specific disease states, patient populations and dosages, or might contain significant limitations on use in the form of warnings, precautions or contraindications, or in the form of onerous risk management plans, restrictions on distribution, or post-marketing study requirements. Further, even after regulatory approval is obtained, later discovery of previously unknown problems with a product may result in restrictions on the product or even complete withdrawal of the product from the market. Delay in obtaining, or failure to obtain, regulatory approval for our candidate products, or obtaining approval but for significantly limited use, would harm our business. In addition, we cannot predict what adverse governmental regulations may arise from future U.S. or foreign governmental action.

Trade Regulations

The movement of products, services, and investment across borders subjects us to extensive trade regulations. A variety of laws and regulations in the countries in which we transact business apply to the sale, shipment, and provision of goods, services, and technology across borders. These laws and regulations govern, among other things, our import, export, and other business activities. We are also subject to the risk that these laws and regulations could change in a way that would expose us to additional costs, penalties, or liabilities. Some governments also impose economic sanctions against certain countries, governments, persons, and entities, both for unlawful or malign conduct and to discourage or prevent entities from abiding by other countries' laws. In addition to our need to comply with such regulations in connection with our direct activities, we also sell and provide goods, technology, and services to agents, representatives, and distributors who may export such items to customers and end-users. If we, or the third parties through which we do business, are not in compliance with applicable import, export control, or economic sanctions laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability. Such actions may disrupt or delay sales of our products or services or result in restrictions on our distribution and sales of products or services that may materially impact our business.

Anti-Boycott Laws

Under U.S. laws and regulations, U.S. companies and their subsidiaries and affiliates are prohibited from participating or agreeing to participate in unsanctioned foreign boycotts in connection with certain business activities, including the sale, purchase, transfer, shipping, or financing of goods or services within the United States or between the United States and countries outside of the United States. If we, or certain third parties through which we sell or provide goods or services, violate U.S. anti-boycott laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03477	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 5000 Premier Parkway

City: St. Peters State: MO Zip: 63376

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 636-925-3168 Website: medline.com

Name of Designated Representative (DR): Andrew Krohn

Licensing Company Email: ralicensing@medline.com DR Email: akrohn@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Corporate Discipline History

Original Signature (electronic, copies or stamps not accepted)

9/15/26

Date

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091 PHONE
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grunston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
3605 Missouri Boulevard
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573-751-0091
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ REQUESTS

_____ DOES NOT REQUEST

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____

Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____

Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____

Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____

Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Florida Department of Health

Reason/Charge
Medline's Florida Certified Designated Representative unexpectedly resigned.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

Lara N. Simmons February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

Daisy Kung for February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2008006	Louisiana Board of Wholesale Drug Distributors

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
LA Board of WDD/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingerman

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman
William Crates, Vice-Chairman
Randall Brooks, Secretary/Treasurer
John Liggio, Executive Director/Inspector
Hershal Paul, Board Member
Andy Milligan, Board Member
Wayne Gremillion, Board Member
Eric Voitier, Board Member
Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
HI DCCA / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
119A
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

6. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

9. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

11. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 0 8 2008.

Bobbi'wy Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of July, 2007, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C&I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08 PHM 037	Wisconsin Department of Regulation and Licensing

Reason/Charge
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WI DSPS/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 1 day of February, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 19 A 9:4

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2009-7-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Lacy V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2209

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

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POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dana N. Simmons Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Dana N. Simmons, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller

Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of January, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
27278	NY State Education Department- Board of Pharmacy

Reason/Charge
Discipline incurred in another jurisdiction

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NY Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: A. Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

Willis Ingalls, on behalf of,
Medline Industries, Respondent

1-5-21

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer McRudell, RPh

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

1-6-2021

Date of Signature

Henry Appel, Ohio Assistant Attorney General

1-6-2021

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

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THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

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imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

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1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	FL DBPR- Div. of Drugs, Devices, and Cosmetics

Reason/Charge
Customer Licenses, Record Keeping

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DBPR / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____

Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
0 9 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — Oct - 27 - 2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 OCT 16 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent MEDLINE INDUSTRIES, L.P. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., and C.7. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____

IVY Y. E. KIM
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE
Chair

December 21, 2023
DATE

PATRICK ADAMS
Vice Chair

MARK BROWN

CATALINA CROSS

Kent Kikuchi
KENT KIKUCHI

BRANDON RABANG

SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer, Inc.
Address: 66 Hudson Blvd E City: New York State: NY Zip: 10001

Name: ICU Medical Inc.
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare Inc.
Address: One Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Avenue City: Bethlehem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Medline Inc.
Corporation Name: See Attached Ownership Information
Mailing Address: 3 Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: (847) 949-5500 Email: ralicensing@medline.com
Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025 | SEC Registration Number: 0002046386 | Stock Exchange Symbol: MDLN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Daniel Stevens

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

7/15/16

Date

PAID

Board Use Only	Date Received: 7/21/16	Amount: $1000

Power of Attorney

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

POWER OF ATTORNEY

EXCELSIOR MEDICAL, LLC, an Illinois limited liability company, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Excelsior Medical, LLC

By: Medline Industries, LP
Its: Manager
By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Medline Industries, LP, as Manager of Excelsior Medical, LLC.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

POWER OF ATTORNEY

Centurion Medical Products, LP, an Delaware limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Centurion Medical Products, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Centurion Medical Products, LP.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

Ownership Information

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

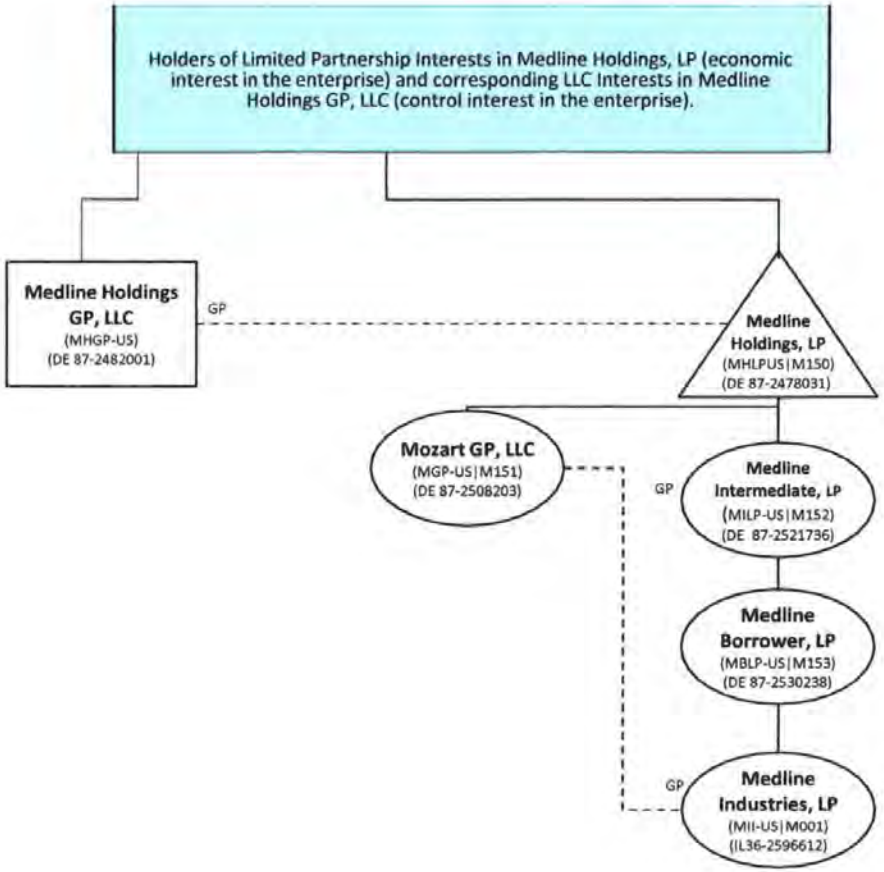
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

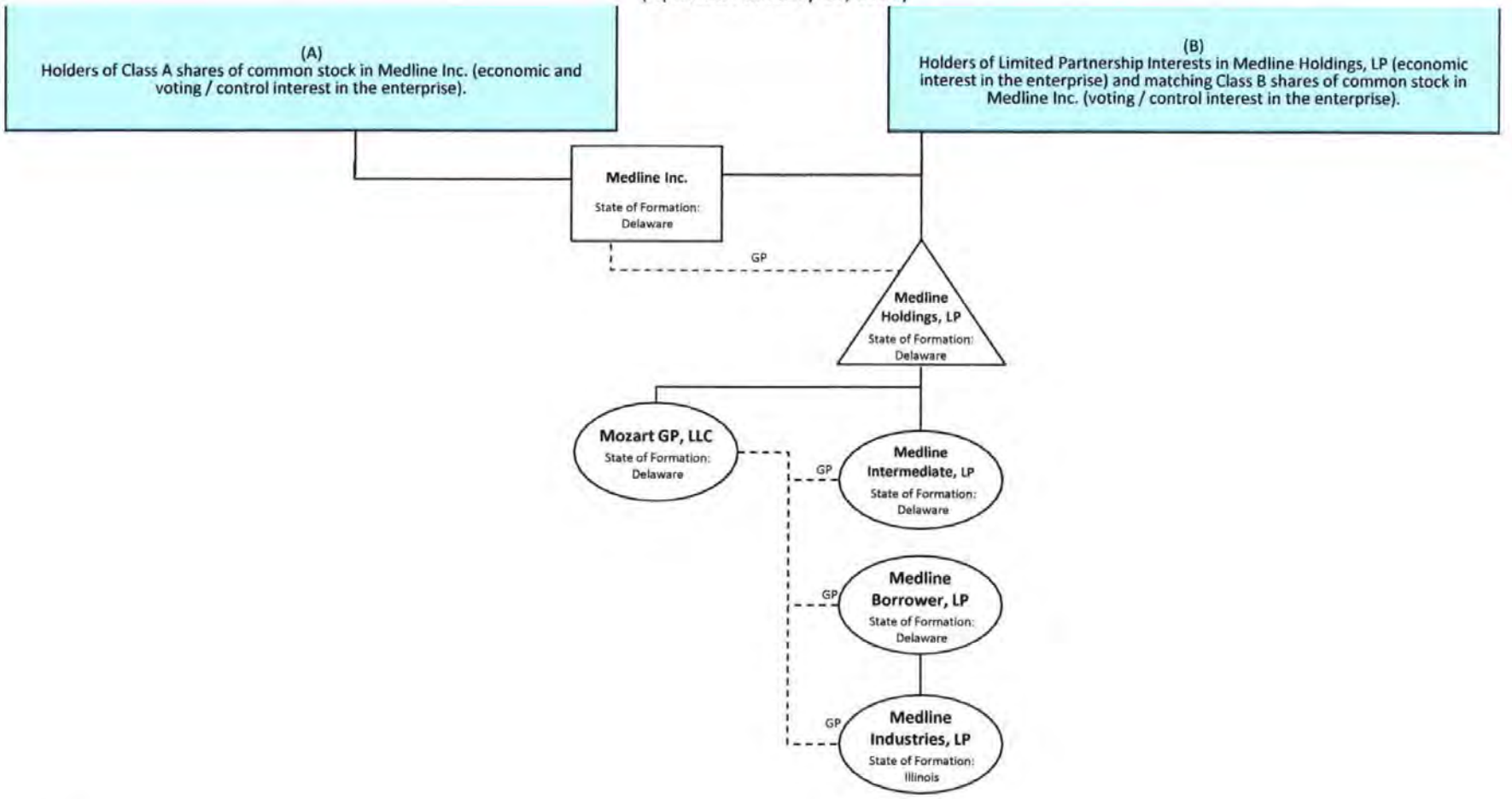


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046396. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

List of Officers, Directors, and Partners

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Centurion Medical Products, LP

FEIN: 38-1659420
A Delaware Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Industries, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	36-2596612
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC

FEIN: 32-0473772
An Illinois Limited Liability Company

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Member and Manager of LLC:

Medline Industries, LP
FEIN: 36-2596612

Officers:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC is a member managed LLC with the sole member and manager being Medline Industries, LP. Medline Industries, LP is a limited partnership and does not appoint corporate officers. Medline reports the officers for its general partner, Mozart GP, LLC, which retains 100% control of Medline Industries, LP.

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

Certificates of Good Standing

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502528 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURION MEDICAL PRODUCTS, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTURION MEDICAL PRODUCTS, LP" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6213666 8300

SR# 20261791715

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203646965

Date: 04-15-26

File Number 0543231-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

EXCELSIOR MEDICAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 2610502534 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5143163 8300

SR# 20261572157

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203550646

Date: 04-03-26

State of Missouri
Division of Professional Registration
Drug Distributor
Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2027
ORIGINAL CERTIFICATE/LICENSE NO. 2021045499
MEDLINE INDUSTRIES, L.P.
MEDLINE INDUSTRIES, L.P.
5000 PREMIER PARKWAY
SAINT PETERS MO 63376
UNITED STATES

State of Missouri

Missouri Department of Commerce and Insurance
Division of Professional Registration
Missouri Board of Pharmacy

Drug Distributor

Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2027

ORIGINAL CERTIFICATE/LICENSE NO. 2021045499

Andrew Krohn

MEDLINE INDUSTRIES, L.P.
MEDLINE INDUSTRIES, L.P.
5000 PREMIER PARKWAY
SAINT PETERS MO 63376
UNITED STATES

EXECUTIVE DIRECTOR

DIVISION DIRECTOR

Certificates of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC. 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** N/A — N/A **INSURER C :** See Acord 101 for Carrier Participation **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-26 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	2,000,000
							GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
							BODILY INJURY (Per person)	$	
							BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
								$	
	[ ] **UMBRELLA LIAB** [ ] OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$	
							AGGREGATE	$	
								$	
A A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [Y] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2025 07/01/2025	07/01/2026 07/01/2026	X PER STATUTE [ ] OTH-ER		
							E.L. EACH ACCIDENT	$	1,000,000
							E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:

57.86% of the layer is insured by Lloyds of London

17.14% of the layer is insured by AXA XL UK Ltd. (A+)

25% of the layer is insured by Harleysville Insurance Company of NY (A)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$	10,000
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$	2,000,000
	OTHER:						GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y	N/A		PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr. Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S . Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St. Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

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ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd. Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **105625536**

Current Billing Term From **July 20, 2025** to **July 20, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **July 20, 2011**, in the amount of **One Hundred Thousand** (**$100,000.00**) on behalf of **MEDLINE INDUSTRIES, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **June 25, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 105625536 **Principal: MEDLINE INDUSTRIES, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25 day of June, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 25th day of June, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #105625536

Current Information as of 04/14/2026

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 5: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 6: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 7: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 8: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 9: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 10: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 11: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 12: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 13: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Location 14: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 15: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 16: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 17: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 18: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 19: (C71)
Medline Industries, LP
264 S 5750 W
Salt Lake City, UT 84104

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

Location 23: (ANG)
Medline Industries, LP
10 Glen Falls Techinical Park
Glen Falls, NY 12801

Location 24: : (EXC-TF)
Excelsior Medical, LLC
1470 Shafto Road
Tinton Falls, NJ 07712

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **108030426**

Current Billing Term From **September 03, 2025** to **September 03, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **September 03, 2024**, in the amount of **Twenty Five Thousand** (**$25,000.00**) on behalf of **CENTURION MEDICAL PRODUCTS, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **July 23, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108030426 **Principal: CENTURION MEDICAL PRODUCTS, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

SEAL SEAL SEAL SEAL

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

NOTARY PUBLIC

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 23 day of July, 2025.

SEAL SEAL SEAL SEAL

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 23rd day of July, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #108030426

Current Information as of 04/14/2026

Location 1: (B01)
Centurion Medical Products, LP
301 Catrell Drive
Howell, MI 48843

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP — MDEG License # (if applicable): WH03477
Physical Address: 5000 Premier Parkway
City: Saint Peters — State: MO — Zip: 63376
Mailing Address (if different from physical address): Three Lakes Drive - 3D
City: Northfield — State: IL — Zip: 60093
Telephone: 636-925-3168 — Website: www.medline.com
Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Andrew — Middle: David — Last: Krohn
Alias(es, nicknames, name changes, etc.): N/A
Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☑ M ☐ F ☐ X
Mailing Address: [redacted]
City: Wentzville — State: MO — Zip: [redacted]
Telephone: 636-925-3168 — Email: akrohn@medline.com
Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Western Illinois University		08/11 - 05/13	
Address	**City**	**State**	**Zip**
1 University Circle	Macomb	IL	61455
Diploma/Degree obtained, if any			
Bachelors of Business Supply Chain Management			

School Name		From - To (MM/YY – MM/YY)	
Carl Sandburg College		08/08 - 12/10	
Address	**City**	**State**	**Zip**
2400 Tom L Wilson Blvd	Galesburg	IL	61401
Diploma/Degree obtained, if any			
Associate in Science			

School Name		From - To (MM/YY – MM/YY)	
Knoxville High School		08/04 - 05/08	
Address	**City**	**State**	**Zip**
640 E Main Street	Knoxville	IL	61448
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/21 - Current	[redacted]	Wentzville	MO	[redacted]
03/20 - 06/21		Jeffersonville	IN	
08/18 - 03/20		New Albany	IN	
01/17 - 08/18		St. Louis	MO	
06/15 - 01/17		Bridgeton	MO	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			05/21 - Current	
Business Address		**City**	**State**	**Zip**
5000 Premier Parkway		Saint Peters	MO	63376
Phone	**Title**		**Number of Employed Hours**	
636-925-3168	Director of Operations		9,000 + Hours	
Description of Duties				
Oversee the facility to ensure proper receiving, distribution, storage, shipping and dispensing of products. Manage multiple team members and ensure proper record keeping, inventory, storage and product security.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____ **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/9/2026
Date

I, Andrew Krohn, **certify that as the MDEG Administrator for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. AK Have a high school diploma or its equivalent;
2. AK Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. AK Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. AK Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew Krohn
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/9/2026
Date

Board Use Only	Date Received: 4/13/26

List of Employees
Medline Industries, LP
C37 - St. Peters, MO

Worker	Business Title
Abbie Lyon	Mgr MedTrans
Ace Burnett	Driver II
Ahmad Johnson	Warehouse Operator Operations
Aj Peak	Warehouse Operator Operations
Alan Kneir	Supv Warehouse
Alan Long	Driver II
Alan McLeod [C]	Warehouse Operator
Alex Wachira	Warehouse Operator Operations
Alexandra Corbit	Warehouse Operator Operations
Amanda Lehr	Warehouse Operator Operations
Ameine Owens	Warehouse Operator Operations
Amy Pointer	Warehouse Operator Operations
Anasti Simmons	Warehouse Operator Operations
Andrew Krohn	Dir Operations
Angel Hayes	Warehouse Operator Operations
Anisha Shaw	Warehouse Operator Operations
Anthony Govan	Warehouse Operator Operations
Anthony Moseby	Driver II
Anthony Sleeth	Warehouse Operator Operations
Antonio Roberts [C]	Hirelevel Temp
Arlandis Shipp (On Leave)	Warehouse Operator Operations
Ashley Anderson	Warehouse Operator Operations
Ashley Smith	Warehouse Operator Operations
Blake Martin	Warehouse Operator Operations
Bobby Hunter	Warehouse Operator Operations
Brandon Moore	Warehouse Operator Operations
Brandon Potter	Driver II
Brandyn Anderson [C]	Warehouse Operator
Brent Stafford	Mgr Warehouse
Brian Brown	Warehouse Operator Operations
Brian Cook	Warehouse Operator Operations
Brian Jones	Warehouse Operator Operations
Brice Berghaus	Janitor Operations
Brittany Richardson	Warehouse Operator Operations
Bryan Cleveland	Mgr Warehouse
Bryan Pettiford	Warehouse Operator Operations
Bryce Nelson	Warehouse Operator Operations
Caitlin Hemberger	Warehouse Operator Operations
Callie Hoskinson	Warehouse Ld Operations
Calvin Carson	Supv Warehouse
Cameron Benton	Warehouse Operator Operations
Carlos Jackson	Warehouse Operator Operations
Chad Leonard	Driver II
Charity Hubbard	Training Coord Sr
Charles Bray	Driver I
Charles Lee	Warehouse Operator Operations
Charlotte Weaver	Warehouse Operator Operations
Chaundra Carter	Transportation Coord
Chris Britton	Warehouse Operator Operations
Christina Lohmeier	Warehouse Operator Operations
Chuck Kinkelar	Driver II
Clayton DuBose	Warehouse Operator Operations
Cobe Jones	Warehouse Operator Operations
Cole Harris	Warehouse Operator Operations
Cole McCune	Warehouse Operator Operations
Coreon JAMES	Warehouse Operator Operations
Corey Bryant [C]	Warehouse Operator
Cornelus Douglas	Supv MedTrans
Cortez Jackson	Warehouse Operator Operations
Courtney Algee	Driver II
Daivon Archie	Warehouse Operator Operations
Dan Baumgartner	Warehouse Operator Operations
DAngelo Avery-Howard	Warehouse Operator Operations
Daniel Belger	Driver II
Daniel Klaus	Warehouse Operator Operations
Darrell Lardge	Warehouse Operator Operations
Darrell Moore	Driver Ld
Darryl McKay	Warehouse Operator Operations
David Chapman [C]	Warehouse Operator
David Chapman [C]	Warehouse Operator
David Dawson	Warehouse Operator Operations
David Semidey [C]	Warehouse Operator
David Thomas	Warehouse Operator Operations
Davion Wallace	Warehouse Operator Operations
DeMarcois Gleghorn	Warehouse Operator Operations
Demont Williams	Warehouse Operator Operations
Derrick Williams	Inventory Coord Operations
Dominick Degruy [C]	Warehouse Operator
Dontay Lee	Warehouse Operator Operations
Duane Clark	Warehouse Operator Operations
Dylan Delano	Supv Warehouse
EDDIE JOHNSON	Mgr Maintenance
Edwin Mojica	Warehouse Operator Operations
Elijah Bundrent	Warehouse Operator Operations
Elita Lewis	Warehouse Operator Operations
Enreikquez Stallworth [C]	Warehouse Operator
Erik Erickson	Warehouse Operator Operations
Eugene Phillips III	Warehouse Operator Operations
Evinn Day	Warehouse Operator Operations
Frank Orlwerth	Warehouse Operator Operations
Fredo McCullough	Warehouse Operator Operations
Fulonzo Kennell	Warehouse Operator Operations
Gabe Custer	Warehouse Operator Operations
Genalyn Dejucos Untiedt	Warehouse Operator Operations
Geoffrey LaVelne	Dispatcher
Glen Martin	Driver II
Glover Cody	Warehouse Operator Operations
Glynis Collins	Warehouse Operator Operations

Grant Gregory	Warehouse Operator Operations
Gregory Vasser	Janitor Operations
Heather Galer	Inventory Coord Operations
Hefziba Gutierrez	Warehouse Operator Operations
Henry Hinson	Warehouse Operator Operations
isaiah johnson	Warehouse Operator Operations
Ja'Meria Jones	Warehouse Operator Operations
Jackie Wilson	Driver II
Jaden Key	Warehouse Operator Operations
Jamaal Williams	Warehouse Operator Operations
Jamari Sykes	Warehouse Operator Operations
James Ball	Driver II
James Hedger	Driver II
James Tegarden	Driver II
Janyia Miller	Warehouse Operator Operations
Jared Jones	Warehouse Operator Operations
Jarvis Lee	Warehouse Operator Operations
Jason Kilgore	Trainer Branch
jason Wiley	Warehouse Operator Operations
Jennifer Castro	Warehouse Operator Operations
Jennifer Collins	Warehouse Operator Operations
Jeremiah Roberts [C]	Hirelevel Temp
Jeremy Keys	Warehouse Operator Operations
Jerry Jackson	Trainer Branch
Jessica Cope	Warehouse Operator Operations
Jim Grandon	Maintenance Tech I
Jim Spytkowski	Warehouse Operator Operations
Joe Dominguez	Warehouse Operator Operations
John James	Supv Warehouse
Johnny Soto	Delivery Driver
Jonathan Santiago Rivas [C]	Warehouse Operator
Jonathan Schuch	Warehouse Operator Operations
Joseph Estrada	Warehouse Operator Operations
Joseph Martin	Warehouse Operator Operations
Joshua Rockenbach	Maintenance Tech II
Juan Morales	Driver II
Juan Rodriguez	Warehouse Operator Operations
Juanita Johnson	Warehouse Operator Operations
Julius Elliott	Warehouse Operator Operations
Justin Bahr	Trainer Branch
Justin Harris [C]	Warehouse Operator
Juston Andrews	Driver II
Kajuan Franklin	Driver II
Kaleb Weeks	Warehouse Operator Operations
Kareem Goodrich	Driver II
Katelynn Peek	Driver II
Kathleen Merkel	Driver II
Katie Schueler	Quality Control Inspector II
Keith Gaines	Warehouse Operator Operations
Kellie Anton	Warehouse Operator Operations
Kellie Lakes	Warehouse Ld Operations
Kelsey Carter	Warehouse Operator Operations
Kendrick Brumfield [C]	Warehouse Operator
Kenneth King	Supv MedTrans
Kentavious Massey [C]	Warehouse Operator
Kevin English	Driver II
Kevin Harrison [C]	Warehouse Operator
Kevin Jones	Warehouse Operator Operations
Kevon Meeks	Warehouse Operator Operations
Kevontay Mcgee	Warehouse Operator Operations
Khamil Johnson	Warehouse Operator Operations
Kiran Naik-satam	Supv Warehouse
Kp Patel	Warehouse Operator Operations
Kuron Jelks	Warehouse Operator Operations
Kyle Mercier [C]	Warehouse Operator
Kyle Prescott [C]	Warehouse Operator
Kymberli Hendricks	Warehouse Operator Operations
Lamont Alton	Warehouse Operator Operations
Leah Hutchinson	Warehouse Operator Operations
Loretta Jones	Warehouse Operator Operations
Mackenzie Killian	Office Coord
Malique Merchant [C]	Warehouse Operator
Marcus Adams	Driver Ld
Marcus Haymon	Warehouse Clerk Operations
Marissa Dinkins-Lee	Warehouse Operator Operations
Marquise Young	Trainer Branch
Matt Kaufman	Driver II
Matthew Thorn	Warehouse Operator Operations
Mia Poplar	Warehouse Operator Operations
Michael Alexander	Warehouse Operator Operations
Michael Bady	Warehouse Operator Operations
Michael Davis	Warehouse Operator Operations
Michael Ray	Supv Warehouse
Mike Space	Warehouse Operator Operations
Milan Coats	Warehouse Operator Operations
Monique Johnson-Tucker	Driver II
Murry Watkins	Warehouse Operator Operations
Myron Riley	Janitor Operations
Myrt Rodriguez	Mgr HR
Nate Nauert	Warehouse Operator Operations
Nick Larocco	Inventory Control Ld Operations
Nigel Ferrell	Warehouse Operator Operations
Nolan Leadley	Warehouse Operator Operations
norvelle jackson	Warehouse Operator Operations
O Carr	Warehouse Operator Operations
Patrick Mayfield	Driver II
Percy Whittier	Warehouse Operator Operations
Pernell Hudspeth	Warehouse Ld Operations
Philemon Simons [C]	Warehouse Operator
Phillip Green (On Leave)	Warehouse Operator Operations
Qiana Amerson	Warehouse Operator Operations
Quinterrius Hurst [C]	Warehouse Operator
Ra'Anaa Taylor	Warehouse Operator Operations
Rakilah Taylor	Warehouse Operator Operations
Rashad Hull [C]	Warehouse Operator
Raushan Ferrell	Janitor Operations
Raymond Hogans	Janitor Operations
Rayvon Smith	Warehouse Operator Operations

Reginald Wallace [C]	Hirelevel Temp
Rigoberto Espinales	Supv Warehouse
Robert Cook	Warehouse Operator Operations
Robert Jackson	Warehouse Operator Operations
Robert Mueller	Inventory Coord Operations
Roderick Wilkins [C]	Warehouse Operator
Romel Taylor [C]	Hirelevel Temp
Rondell Jamison	Warehouse Operator Operations
Ryan Tyus	Driver II
Ryan Upmeyer	Sr Mgr Maintenance
Sanchez Tate	Driver II
Savion Zenon	Warehouse Operator Operations
Scott Weber	Warehouse Operator Operations
Scott Woodruff	Warehouse Operator Operations
Shaquan Curry	Warehouse Ld Operations
shaun mirth	Warehouse Operator Operations
Shawn Staten	Warehouse Operator Operations
Shawnyae Baldwin [C]	Hirelevel Temp
Sheureka Hightower	Warehouse Operator Operations
Shunda Bates	Warehouse Operator Operations
Sierra Davis	Warehouse Operator Operations
Stacy Young	Driver I
Steven Asperger	Trainer Branch
Steven Robinson [C]	Hirelevel Temp
Sylvia Blount	Warehouse Operator Operations
Tabetha Anthony	Warehouse Ld Operations
Tammy Slaughter	Warehouse Ld Operations
Tariq Johnson	Warehouse Operator Operations
Tashira Crespo	Warehouse Operator Operations
Tavonte Young [C]	Warehouse Operator
Taylor Lane	Supv Warehouse
Teresa Davila	Warehouse Operator Operations
Terriek Spears	Warehouse Operator Operations
Thomas Schlup	Warehouse Operator Operations
Todd Redecker	Driver I
Tom Donnelly	Supv Warehouse
Tony Bass	Driver II
Tracey Mason	Warehouse Operator Operations
Traevon Williams	Warehouse Operator Operations
Trinity Smith	Warehouse Operator Operations
Uhura Brimmage	Inventory Coord Operations
Vincent Bell [C]	Hirelevel Temp
Vincent Stevenson Payne [C]	Warehouse Operator
Vincent Wood	Warehouse Operator Operations
Wade Watson	Warehouse Operator Operations
Warren Harrison	Warehouse Operator Operations
Whitney Imel	HR Coord
Wilangelo Johnson [C]	Hirelevel Temp
Will Robinson	Driver II
William Gilyard	Warehouse Operator Operations
Zakiah Swift	Warehouse Operator Operations

Copy of SEC 10K

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2025

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-43022

Medline Inc.

(Exact name of registrant as specified in its charter)

Delaware	**33-1845288**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
3 Lakes Drive Northfield, Illinois	**60093**
(Address of principal executive offices)	(Zip Code)

(847) 949 5500
Registrant's telephone number, including area code

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A common stock, par value $0.0001 per share	MDLN	Nasdaq Global Select Market

Securities registered pursuant to section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements.

☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b).

☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the Class A common stock held by non-affiliates of the registrant, based on the closing price of a share of Class A common stock on December 17, 2025, as reported by The Nasdaq Global Select Market on such date was approximately $13.0 billion. The registrant has elected to use December 17, 2025, which was the initial trading date of the registrant's Class A common stock on The Nasdaq Global Select Market, as the calculation date because on June 30, 2025 (the last business day of the registrant's most recently completed second fiscal quarter) the registrant was a privately held company. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose.

As of February 23, 2026, there were 811,647,534 shares of the registrant's Class A common stock and 502,045,878 shares of the registrant's Class B common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement related to its 2026 Annual Meeting of Stockholders to be filed with the U.S. Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2025 are incorporated by reference into Part III of this Annual Report on Form 10-K.

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Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K (this "Annual Report") contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Forward-looking statements include all statements that are not historical facts. Words such as "anticipate," "assume," "believe" "contemplate," "continue," "could," "estimate," "expect," "foreseeable," "intend," "may," "plan," "potentially," "predict," "project," "seek," "should," "will," or "would," or similar words or phrases that convey uncertainty of future events or outcomes, are intended to identify forward-looking statements in this Annual Report. These forward-looking statements relate to matters such as our industry, business strategy, costs, and costs savings, impacts of accounting standards and guidance, goals and expectations, market position, future operations, margins, profitability, capital expenditures, liquidity and capital resources, legal matters, trends, and other financial and operating information. The forward-looking statements are based on management's current expectations and are subject to various risks, uncertainty, and changes in circumstances, many of which are beyond our control, that could cause actual results to differ materially. Although we believe that the assumptions underlying the forward-looking statements are reasonable, we cannot guarantee future results, level of activity, performance, or achievements. Factors that may cause actual results to differ from expected results include those described in Part I, "Item 1A—Risk Factors" and Part II, "Item 7—Management's Discussion and Analysis of Financial Condition and Results of Operations". The forward-looking statements included in this Annual Report speak only as of the date of this Annual Report or as of the date they are made, as applicable. Except as otherwise required by law, we disclaim any intent or obligation to update any "forward-looking statement" made in this Annual Report to reflect changed assumptions, the occurrence of unanticipated events, or changes to future operating results over time.

INTRODUCTORY NOTE

Medline Inc. was incorporated as a Delaware corporation on November 6, 2024. Prior to the completion of its initial public offering (the "IPO") on December 18, 2025, Medline Inc. undertook certain reorganization transactions (the "Reorganization") such that Medline Inc. is now a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP ("Medline Holdings"). Following the IPO, Medline Holdings is the predecessor of Medline Inc. for financial reporting purposes. As the general partner of Medline Holdings, Medline Inc. now operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts its business. The Reorganization lacks economic substance and therefore is accounted for in a manner consistent with a reorganization of entities under common control. As a result, the consolidated financial statements of Medline Inc. recognize the assets and liabilities received in the Reorganization at their historical carrying amounts, as reflected in the historical financial statements of Medline Holdings. Medline Inc. will consolidate Medline Holdings on its consolidated financial statements and record a non-controlling interest related to the Units (as defined herein) held by the Continuing Unitholders (as defined herein) on its consolidated balance sheets and statements of comprehensive income.

Medline Inc. had no significant business transactions or activities prior to the Reorganization, and, as a result, the historical financial information reflects that of Medline Holdings.

Basis of Presentation

The consolidated financial statements and accompanying notes included herein are prepared in accordance with United States generally accepted accounting principles ("GAAP"). The results of businesses acquired or disposed of are included in the consolidated financial statements from the date of the acquisition or up to the date of disposal, respectively. All adjustments, in the opinion of management, necessary to a fair statement of the results for the annual periods presented have been made.

Certain monetary amounts, percentages, and other figures included in this Annual Report have been subject to rounding adjustments. Percentage amounts included in this Annual Report have been calculated, in some cases, not on the basis of such rounded figures, but on the basis of such amounts prior to rounding. For this reason, percentage amounts in this Annual Report may vary from those obtained by performing the same calculations using the figures, on the face of our consolidated financial statements included elsewhere in this Annual Report. Certain other amounts that appear in this Annual Report may not sum due to rounding.

In December 2024, we changed the name of Medline Holdings from Mozart Holdings, LP to Medline Holdings, LP. We will not distinguish between the prior and current name of Medline Holdings and will refer to the current name of Medline Holdings throughout this Annual Report. References in this Annual Report to "Medline," the "Company," "we," "us," and "our" refer (1) prior to the consummation of the IPO, to Medline Holdings, LP and its consolidated subsidiaries and (2) after the IPO to Medline Inc. and its consolidated subsidiaries.

CERTAIN DEFINITIONS

As used in this Annual Report, unless otherwise noted or the context requires otherwise, the following terms have the following meanings:

- "Class A Units" refers to the interests in Medline Holdings called "Class A Units" that were outstanding prior to the Reclassification. In connection with the Reclassification, (i) Class A Units held by Common Unitholders were converted into Common Units and (ii) Class A Units held by Exchanging Class A Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Class B Units" refers to the interests in Medline Holdings called "Class B Units" that were outstanding prior to the Reclassification, and does not include CUPI Units. In connection with the Reclassification, (i) Class B Units held by Incentive Unitholders were converted into Incentive Units and (ii) Class B Units held by Exchanging Class B Unitholders were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units).

- "Common Units" refers to the new class of units of Medline Holdings created by the Reclassification and does not include Incentive Units.
- "Common Unitholders" refers to certain pre-IPO holders of Class A Units and/or CUPI Units who hold Common Units following the Reclassification.
- "Incentive Unitholders" refers to certain pre-IPO holders of Class B Units who will hold Incentive Units following the Reclassification, as described under "Organizational Structure."
- "Continuing Unitholders" refers collectively to Common Unitholders and Incentive Unitholders.
- "CUPI Units" refers to the interests in Medline Holdings that were designated as "Catch-Up Class B Units" and outstanding prior to the Reclassification. In connection with the Reclassification, (i) CUPI Units held by Common Unitholders were converted into Common Units and (ii) CUPI Units held by Exchanging CUPI Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Designating Stockholder" refers to each of our Principal Stockholders with whom we entered into separate director nomination agreements.
- "Exchanging Class A Unitholder" refers to pre-IPO holders of Class A Units whose Class A Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Class B Unitholder" refers to pre-IPO holders of Class B Units whose Class B Units were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units) following the Reclassification.
- "Exchanging CUPI Unitholder" refers to pre-IPO holders of CUPI Units whose CUPI Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Unitholders" refers collectively to Exchanging Class A Unitholders, Exchanging CUPI Unitholders, and Exchanging Class B Unitholders.
- "Incentive Units" refers to the new class of units of Medline Holdings created by the reclassification of the Class B Units in the Reclassification. The Incentive Units are "profit interests" having economic characteristics similar to stock appreciation rights and having the right to share in any equity value of Medline Holdings above specified participation thresholds. Vested Incentive Units may be converted to Common Units and be subsequently exchanged for shares of Class A common stock.
- "Principal Stockholders" refers collectively to investment funds associated with Blackstone Inc., The Carlyle Group Inc. and Hellman & Friedman LLC, and members of the Mills family.
- "Reclassification" refers to the reclassification of the partnership interests of Medline Holdings prior to the IPO.
- "Sponsors" refers collectively to Blackstone Inc., The Carlyle Group Inc., and Hellman & Friedman LLC.
- "Units" refers collectively to Common Units and Incentive Units.

Summary of Risk Factors

The following is a summary of the principal factors that make an investment in our securities speculative or risky, all of which are more fully described below. This summary should be read together with the risk factors described under Part I, "Item 1A—Risk Factors" and should not be relied upon as an exhaustive summary of the material risks facing our business. In addition to the following summary, you should consider the information set forth below and the other information contained in this Annual Report before investing in our securities.

- Our global operations are subject to inherent risks that could materially adversely affect our business, results of operations, and financial condition.
- We may be unable to derive fully the anticipated benefits from our existing or future acquisitions, joint ventures, investments, dispositions, or other strategic transactions.
- Consolidation in the healthcare industry could have an adverse effect on our business, results of operations, and financial condition.
- We operate in a highly competitive industry, with accelerating pricing pressure and changes in technology.
- Changes to the U.S. and global healthcare environments may not be favorable to us.
- Increases in shipping costs or service issues with our third-party shippers could harm our business.

- Significant challenges or delays in our sourcing of new products and technologies could have an adverse impact on our long-term success.
- We have concentration in and dependence on certain healthcare provider customers and GPOs.
- Our business and operations depend on the proper functioning of our critical facilities and distribution networks and could be negatively impacted by events outside our control.
- Quality problems and product liability claims have in the past led, and could in the future lead, to recalls or safety alerts, reputational harm, adverse verdicts, or costly settlements, and could have a material adverse effect on our business, results of operations, and financial condition.
- Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline.
- If we experience increased pressure to maintain or decrease the price of our goods and services and we are unable to reduce our expenses, there may be a material adverse effect on our business, results of operations, and financial condition.
- Any failure by or loss of a third-party manufacturer or supplier or other manufacturing or supply-related impacts could result in delays and increased costs, which may adversely affect our business.
- We rely on the proper function, security, and availability of our information technology systems and data, as well as those of third parties throughout our global supply chain, to operate our business.
- We are subject to extensive and complex laws and governmental regulations and any adverse regulatory action may materially adversely affect our business, results of operations, and financial condition both inside and outside the United States.
- We are subject to complex and rapidly evolving data privacy, security, and data protection laws and regulations and the costs to comply with such laws and regulations or any ineffective compliance efforts with such laws and regulations may adversely impact our business.
- Our use or our third-party service providers' or business partners' use of AI, automated decision-making and machine learning technologies and the evolving regulatory framework in this area may subject us to risks or heightened costs that could adversely affect business, results of operation and financial condition.
- Our failure to comply with laws and regulations relating to reimbursement of healthcare goods and services may subject us to penalties and adversely impact our reputation, business, results of operations, financial condition, and cash flows.
- Uncertain global and domestic macro-economic and political conditions could materially adversely affect our business, results of operations, and financial condition.
- Our substantial indebtedness could adversely affect our financial condition, our ability to operate our business or react to changes in the economy or our industry, prevent us from fulfilling our obligations under our debts, and divert our cash flow from operations for debt payments.
- The credit agreement that governs the Senior Secured Credit Facilities and the indentures that govern the Senior Notes will each impose significant operating and financial restrictions on our subsidiaries, which may prevent us from capitalizing on business opportunities.
- Medline Inc. is a holding company and its only material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, and it is accordingly dependent upon distributions from Medline Holdings to pay taxes, make payments under the tax receivable agreement, and pay any dividends.
- The Designating Stockholders hold a significant percentage of our stock, and their interests may conflict with ours or yours in the future.
- Our amended and restated certificate of incorporation does not limit the ability of our Sponsors, the Mills family, and certain other pre-IPO investors to compete with us, and they may have investments in businesses whose interests conflict with ours.

The market price of shares of our Class A common stock may be volatile or may decline regardless of our operating performance, which could cause the value of your investment to decline.

Market and Industry Data

Unless otherwise indicated, information contained in this Annual Report concerning our industry, competitive position, and the markets in which we operate is based on information from independent industry and research organizations, other third-party sources and management estimates. Although we believe that these third-party sources are reliable, we do not guarantee the accuracy or completeness of this information, and we have not independently verified this information. Management estimates are derived from information obtained from surveys, reports by market research firms, our customers, distributors, suppliers, trade and business organizations, and other contacts in the markets in which we operate and have not been verified by independent sources, and are based on assumptions made by us upon reviewing such data, and our experience in, and knowledge of, such industry and markets, which we believe to be reasonable. In addition, assumptions and estimates of our and our industry's future performance are subject to a high degree of uncertainty and risk due to a variety of factors, including those described in Part I, "Item 1A—Risk Factors" and "Cautionary Note Regarding Forward-Looking Statements." These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

Statements regarding our market position (including statements that we are the largest company in a particular market), unless otherwise noted, are based on our 2025 net sales in the relevant market relative to the publicly reported net sales of our competitors in such market, including with respect to our statement of being the largest provider of med-surg products and supply chain solutions serving all points of care, as that statement is based on our 2025 net sales relative to the publicly reported net sales of med-surg products by companies that are both med-surg manufacturers and distributors.

Trademarks

We own or have the right to use trademarks, trade names, and service marks used in connection with our business, including, but not limited to, Medline, Curad, Microtek, Hudson, and Proxima. All trademarks, trade names, and service marks referred to in this Annual Report are the property of their respective owners. We do not intend our use or display of other companies' trade names, trademarks, or service marks to imply a relationship with, or endorsement or sponsorship of us by, these other companies. Solely for convenience, our trademarks, trade names, and service marks referred to in this Annual Report may appear without the ®, ™ or SM symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks, trade names, and service marks.

PART I

Item 1. Business

General

Medline Inc. (together with its subsidiaries, "Medline", "the Company", "we", "ours" and "us") is the largest provider of medical-surgical ("med-surg") products and supply chain solutions serving all points of care, based on total net sales of med-surg products. Medline was founded in 1966 and today delivers mission-critical products used daily across the full range of care settings, from hospitals and surgery centers to physician offices and post-acute facilities. Our mission is to make healthcare run better by delivering improved clinical, financial, and operational outcomes.

We have two reportable segments, Medline Brand and Supply Chain Solutions, the combination of which addresses critical needs in the market through a comprehensive solution. They are both supported by our Prime Vendor model, differentiated distribution network, and robust commercial platform. Through our two segments, we offer approximately 335,000 med-surg products, including surgical and procedural kits, gloves and protective apparel, urological and incontinence care, wound care, and consumable lab and diagnostics products. We distribute these products through our expansive network of global distribution facilities and our owned fleet of MedTrans trucks.

Medline Brand

As of December 31, 2025, we offer our customers approximately 190,000 med-surg products through our Medline Brand segment and hold leading positions across many key product families for our Medline Brand products. Our Medline Brand products are organized into three product categories: Front Line Care, Surgical Solutions, and Laboratory and Diagnostics.

- *Front Line Care* offers mission-critical med-surg products for patient-facing needs, including wound care products, exam gloves, skin care and incontinence products, environment cleaning supplies, textiles, hand sanitizer, durable medical equipment, patient plastics, and decolonization and infection control products.
- *Surgical Solutions* offers operating room and perioperative environment product solutions, including surgical procedure trays, drapes and gowns, personal protective equipment, sterile wraps, surgical instruments, surgeon's gloves, procedure kits, and orthopedic implants.
- *Laboratory and Diagnostics* offers a full range of laboratory and diagnostic product solutions, including point of care testing, analyzers and instrumentation, lab and diagnostic consumables, diagnostic instruments, vital signs monitors, and anatomic pathology and phlebotomy products.

Our product development approach incorporates customer feedback and ongoing innovation. We are also committed to delivering products of the highest standard, which is reflected by our robust quality team embedded across our manufacturing and sourcing locations. The expertise of our research and development team and quality team helps ensure products bearing the Medline brand meet both our rigorous quality standards and our customers' expectations.

Supply Chain Solutions

As of December 31, 2025, we offer approximately 145,000 med-surg products from over 1,300 third-party suppliers, including nearly all leading national brands, through our Supply Chain Solutions segment. We also provide our customers with supply chain optimization services such as consulting engagements, outsourced warehouse and technology management, put-away-ready packaging, third-party logistics, inventory rationalization, and route planning. Our third-party suppliers are primarily responsible for costs related to import and inbound freight, whereas we are primarily responsible for costs related to outbound freight from our distribution centers. Our supply chain expertise allows us to provide additional service offerings to optimize our customers' supply chain and inventory workflows, helping these customers cost-effectively manage their supply chain while building strong relationships and enhancing retention.

Our Prime Vendor Model

A Prime Vendor relationship is a relationship for which there is a multi-year distribution agreement between Medline and a customer, whereby the customer agrees to use Medline for the vast majority of its med-surg product needs.

In our Prime Vendor relationships, we enter into long-term agreements, typically structured with five-year terms, to act as the primary consolidated logistics partner for these customers' med-surg product needs. These agreements have been and are expected to continue to be a key contributor to our growth. Our customers realize efficiencies by partnering with one supply chain partner to consolidate their med-surg purchase volume. Prior to the market adoption of the Prime Vendor model, customers sourced such products individually from a highly fragmented base of suppliers. The Prime Vendor model instead centralizes procurement and distribution, which in turn drives efficiency and higher service levels.

As Prime Vendor, we drive significant cost savings to our customers. Our scale allows us to deliver consistently lower prices and better service levels on Medline Brand products relative to third-party alternatives, while also lowering the distribution cost for delivery of the full range of med-surg products. This often motivates customers to purchase more Medline Brand products over time. The opportunity is even greater in certain non-acute settings, where we sell a more focused product portfolio. Our Prime Vendor model allows us to provide cost savings to Prime Vendor customers, which, over time, supports incremental purchasing of our Medline Brand products and greater scale across our operations. As our scale grows, we are able to realize further efficiencies by offering superior or similar quality to third-party products at a more cost-effective price. We believe that Medline Brand conversion is mutually beneficial for both our customers and us-the value we provide customers at the outset of a Prime Vendor agreement meaningfully increases over time, as they accrue savings by purchasing our lower cost Medline Brand products, while our profitability grows given the enhanced margin profile of Medline Brand products. This compelling value proposition and supply chain relationship with our customers supports our greater than 98% average Prime Vendor retention rate over the past five years.

A portion of Supply Chain Solutions products sold to existing Prime Vendor customers has like-for-like Medline Brand product equivalents, representing a potential gross profit uplift consistent with our historical margin differentials if such products were converted for Medline Brand products. While we historically have earned higher margins upon conversion from third-party national brand products to like-for-like Medline Brand products, because of the lower average prices for Medline Brand products, there is typically a negative impact on net sales upon the conversion of Supply Chain Solutions products to like-for-like Medline Brand products if volume is assumed to be constant. For additional information on potential risks relating to this conversion opportunity, please see Part I, "Item 1A—Risk Factors—Risks Related to Our Business, Industry and Operations—Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline."

Our Distribution Network

We have a differentiated distribution network of 70 global distribution centers, warehouses, cross-docks, and transship facilities, 45 of which are in the United States, strategically located to provide next-day delivery to 95% of our U.S. customer base. We utilize artificial intelligence ("AI") and robotics technology in over 26 million square feet of warehouse space in the United States to improve efficiency and capacity to optimize distribution logistics and maximize utilization. The products we distribute are packaged to meet each customer's individual needs and to be "put-away-ready," which streamlines the customer's unloading and shelving process. We also operate our own fleet of more than 2,100 MedTrans trucks that deliver our products across care settings within the United States. As of December 31, 2025, we had approximately 25% in incremental capacity across our platform to support our long-term growth.

Our Commercial Platform

Our deep connectivity to our customers is driven by the strength of our dedicated and tenured commercial team. We have a U.S. commercial team of approximately 4,000 people across all points of care, which includes account managers, product specialists, specialized clinical resources, customer service representatives, supply chain specialists, Prime Vendor analysts, and a robust leadership team dedicated to driving efficiencies for our customers through their teams. We have created an entrepreneurial environment that empowers our salesforce to work with our product managers to create innovative products that meet market demand. We have a team devoted to each channel in the United States and each region or country internationally, which allows our salesforce teams to develop market-specific knowledge.

Research and Development

We have a track record of successfully bringing new products to market, with more than 2,300 granted patents and more than 450 U.S. Food and Drug Administration ("FDA") 510(k) clearances. Over the last three years, we have successfully launched more than 250 new products.

Competition

Our value proposition is derived from our integrated business model, the breadth of our Medline Brand portfolio, our differentiated supply chain, and the overall quality and cost of our products. As a result of our integrated business model, our competitors include both other leading med-surg product manufacturers and distributors.

Similar to us, other leading med-surg product manufacturers produce a wide range of med-surg supplies. However, unlike us, many of these competitors are reliant upon third-party distributors to deliver their products to customers. By nature of being a distributor, Medline has direct access to and manages the end customer relationships. This enables us to offer a complete solution as a manufacturer and a distributor, offering our customers what we believe to be best-in-class supply chain logistics, and driving value through our brand.

Additionally, other distributors of med-surg products similarly connect the fragmented supplier and provider bases and aggregate inventory from suppliers to deliver products to customers, such as McKesson, Cardinal Health, Owens & Minor, and Henry Schein. These distribution companies compete with us for Prime Vendor agreements. However, we believe that many of these competitors do not benefit from the scale and scope of our vertical integration or commercial excellence, and thus are not able to provide the same magnitude of cost savings, value, and holistic solutions that we deliver for our customers.

Production and Raw Materials

We manufacture approximately one-third of our Medline Brand products, which are primarily Class I and II medical devices, through our 30 manufacturing facilities, of which 24 are in North America. We purchase many of the components and raw materials used in manufacturing our products from numerous suppliers. We focus our manufacturing capabilities on products where we can leverage technology and automation to drive higher quality and lower costs to better serve our customers. For the vast majority of the other two-thirds of our Medline Brand products, we work closely with our network of more than 600 global partners across approximately 40 countries, many of whom have decades-long exclusive relationships with us. The breadth of our global sourcing partnerships provides diversification and strengthens our resiliency, with no single sourcing partner accounting for more than 5% of total spend as of December 31, 2025.

We also have plans and measures in place to help ensure continuity of supply while maintaining high quality and reliability. Generally, we have been able to obtain adequate supplies of such raw materials and components. However, due to the FDA's manufacturing requirements and those of other regulatory authorities, we may not be able to quickly establish additional or replacement sources for certain components, materials or processes if we experience a sudden or unexpected reduction or interruption in supply or services and are unable to develop alternative sources.

Human Capital Resources

At Medline, our relentless focus on the customer drives our human capital strategy, which revolves around attracting, developing, and retaining employees to provide the best products and services for our customers. We have developed a strong foundation that drives our recruitment, retention and development efforts. We are committed to supporting the personal and professional development of our employees, as well as providing competitive benefits and a safe, inclusive workplace.

As of December 31, 2025, we employed over 45,000 employees worldwide, with over 26,000 located in the United States. Our largest non-U.S. employee populations are in Mexico, Dominican Republic, India, Canada, Slovakia, France, China, Japan, Germany, and Australia. None of our employees in the United States are unionized, though some of our employees in Mexico belong to unions. In Germany and the Netherlands, employees are represented through Works Councils; in France and Spain, employees are represented through both Works Councils and industry-wide collective bargaining agreements; and in Belgium and Italy, employees are also represented through industry-wide collective bargaining agreements. In Australia, certain employees are represented by an enterprise bargaining agreement; in Japan, employees are represented through a Work Council; and in Vietnam, employees are represented through a collective bargaining agreement. We believe that our positive employee relations and total employee experience drive the continual growth of our workforce.

Culture and Values

Our culture is grounded in a customer-focused, collaborative, and performance-driven approach, guided by core values emphasizing relentless customer focus, agility and flexibility, problem-solving, drive to succeed, purposeful candor, and the importance of relationships. Employees are encouraged to exercise judgment, work transparently with customers, and contribute meaningfully to our mission to make healthcare run better.

Talent Attraction and Development

We seek to attract employees whose skills, experience, and motivation align with our operational and technical needs. Through continual improvement of internal processes, an awareness of market and candidate driven trends, and in partnership with vendors and other outside organizations, our talent acquisition programs focus on efficient hiring processes, market awareness, and building a diverse pipeline of candidates. We support development through consistent performance management processes and early career opportunities to take on additional responsibilities to demonstrate their competencies and drive to succeed and on-the-job responsibility augmented by formal training and development to refine technical and leadership skills. New sales representatives participate in comprehensive training programs, and product managers have targeted development pathways through all stages of their careers, from mandatory onboarding offerings to advanced classes that provide the necessary skills with increasing levels of responsibility, to support progression over time.

Employee Engagement and Inclusion

We believe our employees' ability to communicate and cooperate effectively across functional and departmental teams positively impacts our performance. We engage in various listening strategies and foster engagement through survey feedback mechanisms, anonymous employee feedback platform, focus groups, increased attention to onboarding and offboarding feedback, pulse surveys on remote work needs, and other listening strategies. Insights from these efforts inform workplace improvements. We also support an inclusive environment through Employee Resource Groups and leadership training initiatives designed to reduce bias in talent decisions and strengthen representation across the company.

Health, Safety, and Well-Being

We are committed to maintaining a safe workplace and supporting the physical, emotional, and financial well-being of our employees. We provide competitive health and benefits programs, access to assistance resources where available, and opportunities for community involvement through charitable giving, including financial giving and in-kind giving such as product donations.

Intellectual Property

We rely upon patents, trademarks, copyrights, trade secrets and other intellectual property rights to maintain and improve our competitive position. We have a large portfolio of intellectual property, including more than 2,300 granted patents as well as trademark registrations protecting our notable brands, including Medline, Curad, Microtek, Hudson, and Proxima.

We consider the trademarks and know-how that we own to be material to our business. However, other than the Medline mark, we do not consider our business to be materially dependent upon any individual trademark registration or trade secret. In the aggregate, we consider our more than 2,300 granted patents to be material to our business. However, no single patent or group of related patents is material to our business as a whole or any segment of our business.

We believe that we have taken all necessary steps to protect our intellectual property rights, but no assurance can be given that we will be able to successfully enforce or protect our rights in the event that they are infringed upon or challenged by a third party. See Part I, "Item 1A —Risk Factors—Risks Related to Regulation and Legal Proceedings—Any failure to obtain, maintain, protect and enforce our intellectual property rights, or the failure of the strength or scope of our intellectual property rights, could harm our business, financial condition, and results of operations" and "—Risks Related to Regulation and Legal Proceedings—We may become subject to litigation brought by third parties claiming infringement, misappropriation, or other violation by us of their intellectual property rights."

Government Regulation

Our operations and products are subject to extensive regulation by numerous governmental regulatory authorities, including U.S. and other international regulatory authorities, and other government agencies inside and outside the United States. To varying degrees, each of these agencies requires us to comply with laws and regulations governing the development, design, materials, testing, safety, efficacy, quality, purity, manufacturing, methods, controls, testing, screening, recordkeeping, reporting, processing, storage, registration, authorization, licensing, permitting, labeling, advertising, marketing, distribution, offer for sale, sale, use, expiration, pricing, reimbursement, import, export, clinical trials, post-marketing surveillance of our products, the registration of our facilities, and the claims that we make about our products. The United States and other countries where we sell healthcare and other regulated products, including drugs, human cell and tissue products, dietary supplements, cosmetics, certain foods, and consumer products subject such products to their own clearance, authorization, approval, registration, listing, labeling, manufacturing, recordkeeping, reporting, and other regulatory requirements regarding the performance, safety, and quality of such products. We are also subject to healthcare and other regulations and enforcement by the federal government and the states and foreign governments and authorities in the locations in which we conduct our business. The U.S. governmental and regulatory authorities that enforce such laws and rules, and that issue guidance on compliance with such laws and rules include, without limitation, the FDA, the Centers for Medicare & Medicaid Services ("CMS"), other divisions of the U.S. Department of Health and Human Services ("HHS"), the HHS Office of Inspector General, U.S. Environmental Protection Agency ("EPA"), the Federal Trade Commission ("the FTC"), Consumer Product Safety Commission ("CPSC"), the U.S. Department of Justice ("DOJ") and individual U.S. Attorney offices within the DOJ, as well as state and local governments. Our business is also affected by patient and data privacy and security laws, government payer cost containment initiatives, government reimbursement laws and regulations, environmental, health, and safety laws and regulations, as well as laws and regulations with respect to the sale, transportation, storage, handling, and disposal of hazardous or potentially hazardous substances, and safe working conditions. Our business also maintains contracts with governmental agencies and such contracts are subject to various government procurement laws and regulations, required contract provisions, and other requirements relating to contract formation, administration and performance. Failure to comply with applicable laws and regulations or with contractual or other requirements may result in monetary damages and criminal or civil penalties as well as termination of our government contracts or our suspension or debarment from government contract work.

The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, including through the offering of new products and services or entering into new geographic areas, we may be subject to new and additional regulatory requirements. The foreign, federal, state, and local regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products, suspend, revoke, or terminate our product and facility licenses, permits, and authorizations, request the cessation of distribution and shipments of certain products due to regulatory, safety, or other issues, seize or order the recall of our products, issue safety, quality, or other communications to the public or healthcare providers, enforce laws related to marketing, including promotion of off-label uses of products, and impose injunctions and significant criminal, civil, and administrative sanctions for violations of laws and regulations. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, may impact our business practices and operations, including by limiting our ability to effectively market, ship, and sell our products, affecting the production and distribution of products by our manufacturing facilities, subjecting us to significant liability, and limiting our ability to obtain future authorizations. Although we are subject to international government regulations in the international end markets where we operate and/or provide our products, these regulations do not have a material impact on our products as no international market represents more than 3% of our net sales.

Government Regulation of Medical Devices

Our medical devices are subject to regulation by numerous government agencies, including the FDA and comparable state and foreign agencies. Regulations of the FDA and other regulatory agencies in and outside the United States impose extensive compliance and monitoring obligations on portions of our business. The FDA and other U.S. and foreign governmental agencies regulate, among other things, with respect to medical devices: design, development, and manufacturing; testing, registration, listing, labeling, content, and language of instructions for use and storage; clinical trials; product safety; marketing, sales, and distribution; licensing and permit requirements; premarket clearance, approval and authorization; record keeping procedures; advertising and promotion; recalls and field safety corrective actions; post-market surveillance, including reporting of deaths or serious injuries and malfunctions that, if they were to recur, could lead to death or serious injury; post-market approval studies; and product import and export. The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, we may be subject to new and additional regulatory requirements. The FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers; seize or order the recall of products; terminate, suspend, or revoke licenses and permits; and impose significant criminal, civil, and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers. In addition, the FDA and other governmental and regulatory authorities, both in and outside the United States (including the FTC, the HHS Office of the Inspector General, the DOJ, and various state Attorneys General), monitor the promotion and advertising of our products. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, depending on its magnitude, may limit our ability to effectively market, ship, and sell our products, limit our ability to obtain future premarket authorizations, or result in a substantial modification to our business practices and operations.

FDA Premarket Clearance and Approval Requirements

Each medical device we wish to distribute commercially in the United States requires marketing authorization from the FDA prior to distribution, unless the device is exempt from premarket notification requirements. The type of marketing authorization necessary is generally linked to the classification of the device. The FDA classifies medical devices into one of three classes-Class I, II, or III-based on the degree of risk associated with a device and the level of regulatory control deemed necessary to ensure its safety and effectiveness. Class I devices that pose the least risk are subject only to General Controls applicable to all devices, such as requirements for device labeling, premarket notification, and adherence to current good manufacturing practices for devices as set forth in the Quality System Regulation ("QSR"). Class II devices that pose a moderate risk are subject to General Controls and may also be subject to Special Controls, such as performance standards, product-specific guidance documents, special labeling requirements, patient registries, or post-market surveillance. Class III devices are those for which insufficient information exists to assure safety and effectiveness solely through General and Special Controls, including devices that support or sustain human life, are of substantial importance in preventing impairment of human health, or which present a potential unreasonable risk of illness or injury.

Most Class I devices and some Class II devices are exempted by regulation from the 510(k) clearance requirement and can be marketed without prior authorization from the FDA. Class I and II devices that are not exempted are eligible for marketing through the 510(k) clearance pathway. By contrast, devices placed in Class III generally require premarket approval ("PMA") or de novo clearance prior to commercial marketing. The PMA approval process is more stringent, time-consuming and expensive than the 510(k) clearance process; however, the 510(k) clearance process has also become increasingly stringent and expensive. None of our products are currently approved under a PMA, and we have no plans for any indication or system improvement or extension that we believe would require a PMA. If, in the future, we were to file a PMA, we may be subject to additional regulatory requirements.

510(k) Clearance Process

To obtain 510(k) clearance, we must submit a premarket notification to the FDA demonstrating the proposed device to be substantially equivalent to a predicate device. A device is substantially equivalent if, with respect to the predicate device, it has the same intended use and it has either the same technological characteristics, or it has different technological characteristics, but the information provided in the 510(k) submission demonstrates that the device does not raise new questions of safety or effectiveness. The standard review process for 510(k)s is between six to nine months, dependent upon the type of 510(k) filing submitted. Although many 510(k) premarket notifications are cleared without clinical data, in some cases, the FDA may require clinical data to support substantial equivalence. In reviewing a premarket notification, the FDA may request additional information, including clinical data, which may significantly prolong the review process and clearance is never assured. Clinical trials generally require the submission of an investigational device exemption ("IDE") to the FDA for a specified number of patients and study sites, unless the product is deemed a non-significant risk device eligible for more abbreviated IDE requirements. Clinical trials are subject to numerous requirements and institutional review board approval, oversight, and monitoring. Even if a trial is conducted, the results of clinical testing may not adequately demonstrate the safety and effectiveness of the device or be sufficient to obtain FDA clearance or approval for marketing.

After a device receives 510(k) clearance, any subsequent modification of the device that could significantly affect its safety or effectiveness, or that would constitute a major change in its intended use, requires a new 510(k) clearance or could require submission and approval of a de novo 510(k) or a PMA application in cases where new indications are sought for which there is no predicate. Non-significant changes are handled via internal documentation by the Company. Each manufacturer must judge the significance of modifications based on FDA 510(k) regulatory requirements and guidance documents. The FDA may review any such decision and may disagree with a manufacturer's determination. If the FDA disagrees with a manufacturer's determination, the FDA may require the manufacturer to cease marketing and distribution and/or recall the modified device until 510(k) clearance or PMA approval is obtained. In the future, we may make modifications to our products after they have received FDA clearance and, in appropriate circumstances, determine that new clearance is unnecessary. However, the FDA may disagree with our determination, and, if the FDA requires us to seek 510(k) clearance or submit new PMA applications for any modifications to a previously cleared product, we may be required to cease marketing or distributing or recall the modified device until we obtain the required clearance or approval. We may also market or acquire products that are marketed without a 510(k) clearance, appropriate labeling, or that otherwise are marketed in violation of FDA requirements, since medical devices can be marketed only for the indications for which they are cleared or approved. Under these circumstances, we may also be subject to warning letters, significant regulatory fines, or other penalties, and we may no longer be able to market particular products for which a 510(k) clearance is required.

Post-Marketing Requirements

Numerous FDA regulatory requirements apply to devices we manufacture and distribute, including: compliance with the QSR, which require manufacturers and their suppliers to follow the applicable design, testing, processes, control, documentation, labeling, and other quality assurance procedures during the manufacturing process; establishment registration, which requires establishments involved in the production and distribution of medical devices intended for commercial distribution in the United States to register with the FDA; medical device listing, which requires manufacturers to list the devices they have in commercial distribution with the FDA; labeling regulations, which prohibit "misbranded" devices from entering the market, as well as prohibit the promotion of products for unapproved or off-label uses and impose other restrictions on labeling; post-market surveillance, including medical device reporting requirements which requires manufacturers to report to the FDA if their device may have caused or contributed to a death or serious injury, or malfunctioned in a way that would likely cause or contribute to a death or serious injury if it were to recur; and corrections and removal reporting regulations, which require that manufacturers report to the FDA field corrections and product recalls or removals if undertaken to reduce a risk to health posed by the device or to remedy a violation of the Federal Food, Drug, and Cosmetic Act that may present a risk to health. The FDA and other governmental and regulatory authorities actively enforce the laws and regulations prohibiting the promotion of off-label uses, and a company that is found to have improperly promoted off-label uses may be subject to significant liability.

The FDA enforces these requirements by inspection and market surveillance. Domestic facility records and manufacturing processes are subject to periodic unscheduled inspections by the FDA. The FDA may also inspect foreign facilities that export products to the United States. Failure to comply with applicable regulatory requirements may result in enforcement action or other actions by the FDA, which may include one or more of the following sanctions: adverse press releases and safety communications; requests to stop shipments; untitled letters or warning letters; fines, injunctions, and civil penalties; mandatory recall or seizure of our products; customer notifications and repairs or replacements; administrative detention or banning of our products; consent decrees; operating restrictions, partial suspension or total shutdown of production; refusing our request for 510(k) clearances for new product versions or modifications to existing product versions; revocation of 510(k) clearances previously granted; refusal to grant export approval for our products; and criminal prosecution and penalties. If any of these events were to occur, they could have a material adverse effect on our business, financial condition, and results of operations.

International Regulation of Medical Devices

Sales of medical devices outside the United States are subject to foreign government regulations, which vary substantially from country to country. In order to market our products in other countries, we must comply with applicable regulatory requirements and authorizations and approvals and safety and quality regulations in each country in which the product is marketed. The time required to obtain authorization, approval, or certification by a foreign country may be longer or shorter than that required for FDA clearance, and the requirements may differ significantly.

EU Regulation of Medical Devices

In the European Union ("EU") until May 25, 2021, medical devices were regulated by the Council Directive 93/42/EEC, which has been repealed and replaced by the Medical Device Regulation ("EU MDR"). Unlike directives, regulations are directly applicable in all EU member states without the need for member states to implement into national law. The EU extended the EU MDR transitional periods for certain medical devices until December 31, 2027 or December 31, 2028, depending on a device's risk class and subject to certain conditions to ensure continued access to medical devices for patients and to allow medical devices already placed on the market in accordance with the current legal framework to remain on the market, provided that the requirements of the transitional provisions are fulfilled.

In the EU, there is currently no premarket government review of medical devices. However, all medical devices placed on the EU market must meet general safety and performance requirements, and compliance with the general safety and performance requirements is a prerequisite for European conformity marking without which medical devices cannot be marketed or sold in the EU. EU MDR requirements regarding the distribution, marketing, and sale, including quality systems and post-market surveillance, have to be observed by manufacturers, importers, and distributors as of the application date (i.e., since May 26, 2021), including registration of economic operators and of devices (once the relevant modules of Eudamed are functional), surveillance, and vigilance requirements. The aforementioned EU rules are generally applicable in the European Economic Area which consists of the 27 EU member states plus Norway, Liechtenstein, and Iceland.

The NDA Approval Process

For any new drug products regulated under the Federal Food, Drug, and Cosmetic Act such as our ReadyPrep CHG cloth, a sponsor must submit a New Drug Application ("NDA"), to the FDA for review and approval. The NDA review and approval process may take multiple years and involves steps including the following:

- completion of preclinical studies and analytical and stability testing in accordance with applicable regulations;
- submission to the FDA of an Investigational New Drug ("IND") application, which must become effective before clinical trials may begin and must be updated annually and amended when certain changes are made;
- approval by an institutional review board, or IRB, or independent ethics committee, or IEC, at each clinical trial site before each trial may be initiated;
- performance of adequate and well-controlled clinical trials in accordance with applicable IND regulations, good clinical practice, or GCP, requirements, including informed consent, financial disclosure by investigators, and other clinical trial-related regulations, to establish the safety and efficacy of the investigational product for each proposed indication and other condition of use;
- preparation and submission to the FDA of an NDA;

- satisfactory completion of one or more FDA pre-approval inspections of the manufacturing facility or facilities where the drug will be produced to assess compliance;
- satisfactory completion of FDA inspection of select clinical trial sites involved in conducting pivotal studies that generated the data in support of the NDA;
- payment of user fees for FDA review of the NDA; and
- FDA review and approval of the NDA, including of the proposed prescribing information and, where applicable, consideration of the views of any FDA advisory committee, prior to any commercial marketing or sale of the drug in the United States.

Any approvals that we may ultimately receive could be withdrawn if required post-marketing trials or analyses do not meet the FDA requirements, which could materially harm the commercial prospects for our products.

Even if a product candidate receives regulatory approval, the approval may be limited to specific disease states, patient populations and dosages, or might contain significant limitations on use in the form of warnings, precautions or contraindications, or in the form of onerous risk management plans, restrictions on distribution, or post-marketing study requirements. Further, even after regulatory approval is obtained, later discovery of previously unknown problems with a product may result in restrictions on the product or even complete withdrawal of the product from the market. Delay in obtaining, or failure to obtain, regulatory approval for our candidate products, or obtaining approval but for significantly limited use, would harm our business. In addition, we cannot predict what adverse governmental regulations may arise from future U.S. or foreign governmental action.

Trade Regulations

The movement of products, services, and investment across borders subjects us to extensive trade regulations. A variety of laws and regulations in the countries in which we transact business apply to the sale, shipment, and provision of goods, services, and technology across borders. These laws and regulations govern, among other things, our import, export, and other business activities. We are also subject to the risk that these laws and regulations could change in a way that would expose us to additional costs, penalties, or liabilities. Some governments also impose economic sanctions against certain countries, governments, persons, and entities, both for unlawful or malign conduct and to discourage or prevent entities from abiding by other countries' laws. In addition to our need to comply with such regulations in connection with our direct activities, we also sell and provide goods, technology, and services to agents, representatives, and distributors who may export such items to customers and end-users. If we, or the third parties through which we do business, are not in compliance with applicable import, export control, or economic sanctions laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability. Such actions may disrupt or delay sales of our products or services or result in restrictions on our distribution and sales of products or services that may materially impact our business.

Anti-Boycott Laws

Under U.S. laws and regulations, U.S. companies and their subsidiaries and affiliates are prohibited from participating or agreeing to participate in unsanctioned foreign boycotts in connection with certain business activities, including the sale, purchase, transfer, shipping, or financing of goods or services within the United States or between the United States and countries outside of the United States. If we, or certain third parties through which we sell or provide goods or services, violate U.S. anti-boycott laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability.

4U

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 01720	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 42500 Winchester Rd.

City: Temecula State: CA Zip: 92590

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 951-296-2600 Website: medline.com

Name of Designated Representative (DR): Cecilia Ramirez

Licensing Company Email: ralicensing@medline.com DR Email: crramirez@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Corporate Discipline History

Original Signature (electronic, copies or stamps not accepted)

4/15/26

Date

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
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800-735-2466 Voice Relay Missouri

Kimberly A. Grimston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
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573-751-0091
573-526-3464 FAX
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Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ **REQUESTS**

_____ **DOES NOT REQUEST**

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____
Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____
Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____
Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____
Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Florida Department of Health

Reason/Charge
Medline's Florida Certified Designated Representative unexpectedly resigned.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060.4486
1.800.950.0128
Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8TH day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METTS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

Lara N. Simmons February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

Daisy Kung for February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2008006		Louisiana Board of Wholesale Drug Distributors		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
LA Board of WDD/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingsporn

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman
William Crates, Vice-Chairman
Randall Brooks, Secretary/Treasurer
John Liggio, Executive Director/Inspector
Hershal Paul, Board Member
Andy Milligan, Board Member
Wayne Gremillion, Board Member
Eric Voitier, Board Member
Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
1144
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

6. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

9. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

11. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 08 2008.

Bobbi'wy Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of Jan, 2007, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of Sales, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08 PHM 037	Wisconsin Department of Regulation and Licensing

Reason/Charge
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WI DSPS/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 29 A 9:4

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2009-7-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Jack V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2009

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

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POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Asa N. Simms, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of March, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
27278	NY State Education Department- Board of Pharmacy

Reason/Charge
Discipline incurred in another jurisdiction

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NY Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: A. Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls	1-5-21
Willis Ingalls, on behalf of, Medline Industries, Respondent	**Date of Signature**
Attorney for Respondent (if applicable)	**Date of Signature**
Jennifer M. Rudell, RPh	1-6-2021
Jennifer M. Rudell, RPh, President, State of Ohio Board of Pharmacy	**Date of Signature**
	1-6-2021
Henry Appel, Ohio Assistant Attorney General	**Date of Signature**

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

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1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2022-0333		Ohio Board of Pharmacy		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, LP			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	FL DBPR- Div. of Drugs, Devices, and Cosmetics

Reason/Charge
Customer Licenses, Record Keeping

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DBPR / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____

Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
0 9 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — Oct-29-2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 DEC 15 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent MEDLINE INDUSTRIES, L.P. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., and C.7. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____

IVY Y. E. KIM
Attorney for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE Chair	December 21, 2023 DATE
PATRICK ADAMS Vice Chair	MARK BROWN
CATALINA CROSS	Kent Kikuchi KENT KIKUCHI
BRANDON RABANG	SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer, Inc.
Address: 66 Hudson Blvd E City: New York State: NY Zip: 10001

Name: ICU Medical Inc.
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare Inc.
Address: One Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Avenue City: Bethlehem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Medline Inc.
Corporation Name: See Attached Ownership Information
Mailing Address: 3 Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: (847) 949-5500 Email: ralicensing@medline.com
Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025 | SEC Registration Number: 0002046386 | Stock Exchange Symbol: MDLN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____
Parent Company (if any): _____
Corporation/Organization Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Daniel Stevens

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/15/25

Date

PAID

Board Use Only	Date Received: 4/17/25	Amount: $1000.00

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

POWER OF ATTORNEY

EXCELSIOR MEDICAL, LLC, an Illinois limited liability company, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Excelsior Medical, LLC

By: Medline Industries, LP
Its: Manager
By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Medline Industries, LP, as Manager of Excelsior Medical, LLC.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

POWER OF ATTORNEY

Centurion Medical Products, LP, an Delaware limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Centurion Medical Products, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Centurion Medical Products, LP.

Natalie D Paulov
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

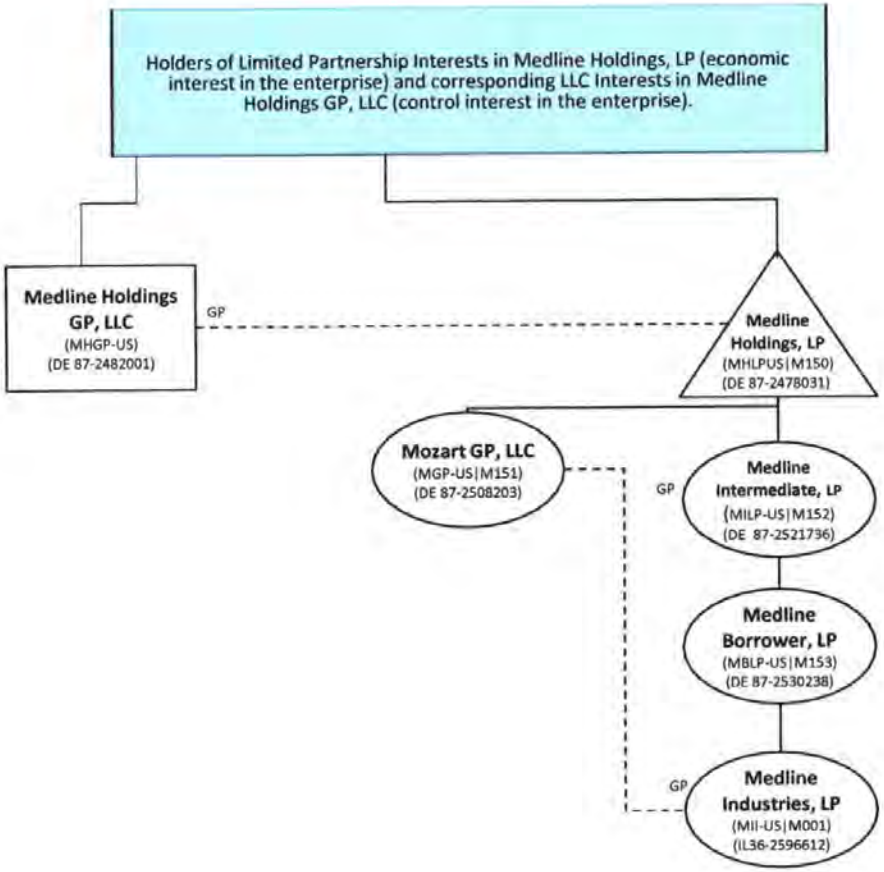
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

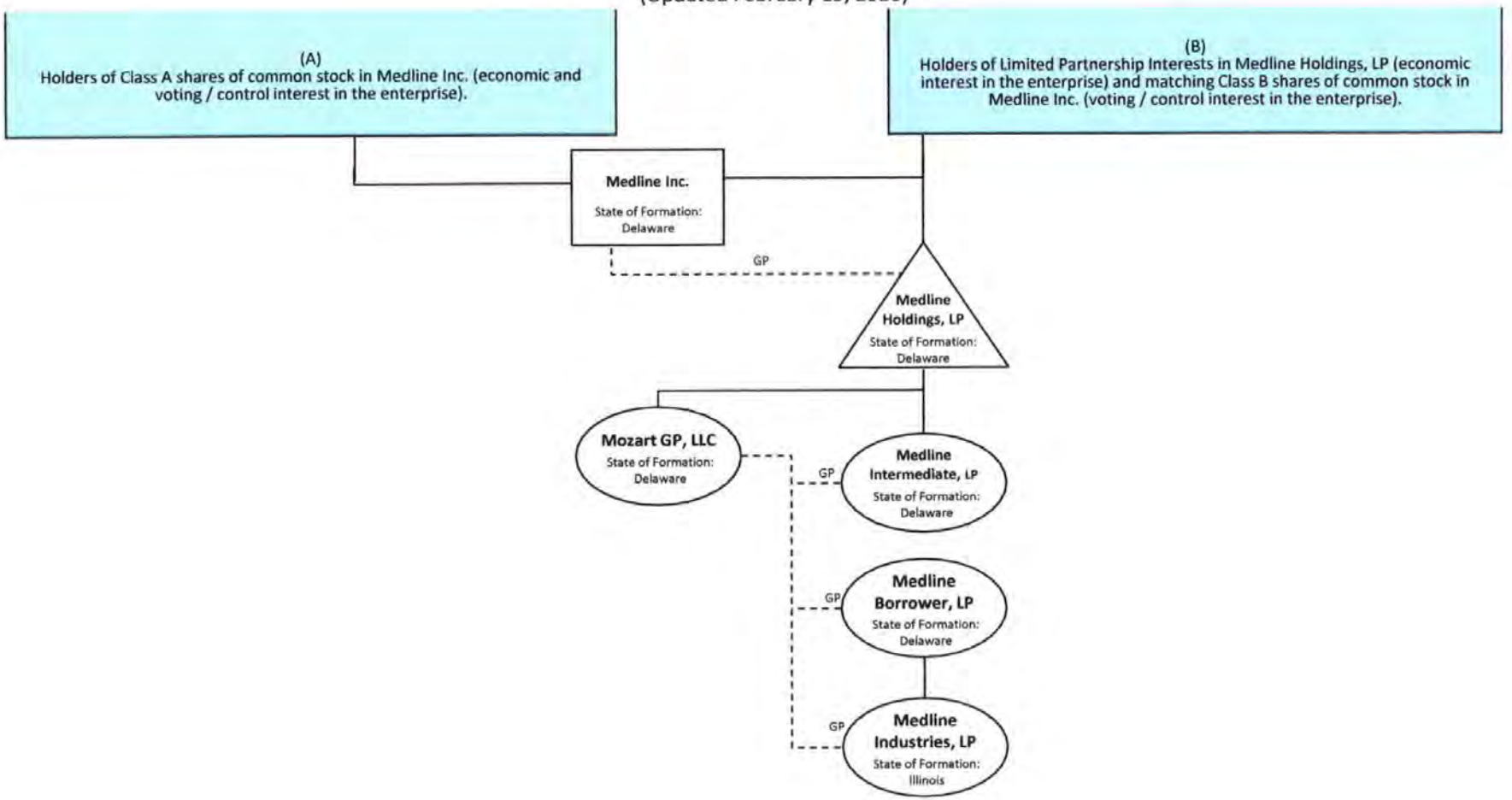


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Centurion Medical Products, LP

FEIN: 38-1659420
A Delaware Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Industries, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	36-2596612
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC

FEIN: 32-0473772
An Illinois Limited Liability Company

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Member and Manager of LLC:

Medline Industries, LP
FEIN: 36-2596612

Officers:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC is a member managed LLC with the sole member and manager being Medline Industries, LP. Medline Industries, LP is a limited partnership and does not appoint corporate officers. Medline reports the officers for its general partner, Mozart GP, LLC, which retains 100% control of Medline Industries, LP.

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502528 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURION MEDICAL PRODUCTS, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTURION MEDICAL PRODUCTS, LP" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6213666 8300

SR# 20261791715

Authentication: 203646965

Date: 04-15-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

File Number 0543231-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

EXCELSIOR MEDICAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502534 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5143163 8300

SR# 20261572157

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203550646

Date: 04-03-26

CALIFORNIA STATE BOARD OF PHARMACY
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100

Renewal License

Wholesale Drug Permit

License No. WLS 6395
Receipt No. 00202506

Valid Until: 1/1/2027

MEDLINE INDUSTRIES, L.P.
42500 WINCHESTER ROAD
TEMECULA, CA 92590

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

The official status of this license can be verified at www.pharmacy.ca.gov

---- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

FORM WPHWLS (09/30/19) WLS

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 6395

NAME: MEDLINE INDUSTRIES, L.P.

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

42500 WINCHESTER ROAD
TEMECULA CA 92590
RIVERSIDE COUNTY

ISSUANCE DATE

JANUARY 31, 2014

EXPIRATION DATE

JANUARY 1, 2027

CURRENT DATE / TIME

FEBRUARY 24, 2026
1:58:27 PM

LICENSE RELATIONSHIPS

NAME: RAMIREZ, CECILIA

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 20255 **PRIMARY STATUS:** CLEAR

Certificates of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC. 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** N/A — N/A **INSURER C :** See Acord 101 for Carrier Participation **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-28 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	2,000,000
							GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
							BODILY INJURY (Per person)	$	
							BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
								$	
	[ ] **UMBRELLA LIAB** [ ] OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$	
							AGGREGATE	$	
								$	
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE [ ] OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [Y] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
							E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:

57.86% of the layer is insured by Lloyds of London

17.14% of the layer is insured by AXA XL UK Ltd. (A+)

25% of the layer is insured by Harleysville Insurance Company of NY (A)

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The ACORD name and logo are registered marks of ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$	10,000
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$	2,000,000
	OTHER:						GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y	N/A		PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr. Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
MARSH USA LLC.		Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S . Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St. Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd. Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **105625536**

Current Billing Term From **July 20, 2025** to **July 20, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **July 20, 2011**, in the amount of **One Hundred Thousand** (**$100,000.00**) on behalf of **MEDLINE INDUSTRIES, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **June 25, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 105625536 **Principal: MEDLINE INDUSTRIES, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25 day of June, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 25th day of June, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Oscar F. Rincon

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #105625536

Current Information as of 04/14/2026

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 5: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 6: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 7: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 8: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 9: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 10: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 11: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 12: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 13: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Location 14: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 15: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 16: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 17: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 18: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 19: (C71)
Medline Industries, LP
264 S 5750 W
Salt Lake City, UT 84104

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

Location 23: (ANG)
Medline Industries, LP
10 Glen Falls Techinical Park
Glen Falls, NY 12801

Location 24: : (EXC-TF)
Excelsior Medical, LLC
1470 Shafto Road
Tinton Falls, NJ 07712

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **108030426**

Current Billing Term From **September 03, 2025** to **September 03, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **September 03, 2024**, in the amount of **Twenty Five Thousand** (**$25,000.00**) on behalf of **CENTURION MEDICAL PRODUCTS, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **July 23, 2025**

Travelers Casualty and Surety Company of America

By: _____
Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108030426 **Principal: CENTURION MEDICAL PRODUCTS, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

SEAL SEAL SEAL SEAL

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

NOTARY PUBLIC

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 23 day of July, 2025.

SEAL SEAL SEAL SEAL

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 23rd day of July, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #108030426

Current Information as of 04/14/2026

Location 1: (B01)
Centurion Medical Products, LP
301 Catrell Drive
Howell, MI 48843

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP — MDEG License # (if applicable): WH01720

Physical Address: 42500 Winchester Rd.

City: Temecula — State: CA — Zip: 92590

Mailing Address (if different from physical address): Three Lakes Drive -3D

City: Northfield — State: IL — Zip: 60093

Telephone: 951-296-2600 — Website: www.Medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Cecilia — Middle: — Last: Ramirez

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Temecula — State: CA — Zip: [redacted]

Telephone: [redacted] — Email: crramirez@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Lake Elsinore High School		1981-1984	
Address	**City**	**State**	**Zip**
21800 Canyon Dr.	Wildomar	CA	92595
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/99-current	[redacted]	Temecula	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			02/14-current	
Business Address		**City**	**State**	**Zip**
42500 Winchester Rd		Temecula	CA	92590
Phone	**Title**		**Number of Employed Hours**	
951-296-2600	Warehouse Manager		20,800	
Description of Duties				
Oversee the facility to ensure proper receiving, distribution, storage, shipping and dispensing of prescription drugs and medical devices. Manage multiple team members to ensure proper record keeping, inventory, storage, & product security				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Cecilia Ramirez
Original Signature (electronic, copies or stamps not accepted)

4/8/2026
Date

I, Cecilia Ramirez, **certify that as the MDEG Administrator for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. CR Have a high school diploma or its equivalent;
2. CR Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. CR Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. CR Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Cecilia Ramirez
Print Name (First, Last)

Cecilia Ramirez
Original Signature (electronic, copies or stamps not accepted)

4/8/2026
Date

Board Use Only	Date Received: 4/13/26

List of Employees
Medline Industries, LP
B49 - Temecula, CA

Worker	Business Title
Abel Gomez	Supv Warehouse
Adam Carreon	Warehouse Operator Operations
Agustin Garcia	Driver II
Alberto Lopez	Warehouse Operator Operations
Alejandra Pena	Inventory Coord Operations
Alejandro Gaspar	Warehouse Operator Operations
Alex Lara	Warehouse Operator Operations
Alicia Batt	Warehouse Operator Operations
Almadelia Lemus (On Leave)	Warehouse Operator Operations
Amber Edwards (On Leave)	Warehouse Operator Operations
Amy Martinez	Warehouse Operator Operations
Ana Monge (On Leave)	Supv Warehouse
Andres Garcia	Inventory Coord Operations
Andres Hernandez	Warehouse Operator Operations
Andrew Anzures	Warehouse Operator Operations
Andrew Garcia	Warehouse Ld Operations
Andria Garcia	Warehouse Operator Operations
Anita Barreto (On Leave)	Warehouse Operator Operations
Antonio Boyle	Warehouse Ld Operations
Arleth Sanchez Garcia	Warehouse Operator Operations
Art Porn	Driver II
Ashley Mejia Sanchez	Warehouse Operator Operations
Aylin Ponce	Warehouse Operator Operations
Beatriz Duenas	Mgr HR
Benjamin Ramirez	Driver II
Bertha Regalado	Account Rep
Blair Shier	Warehouse Operator Operations
Braden Farber	Warehouse Operator Operations
Brandon Clinton	Driver II
Brian Martin	Warehouse Operator Operations
Bryan Davidson	Office Coord
Cameron Johnson	Warehouse Operator Operations
Carlos Delgado	Driver II
Carlos Guizar	Warehouse Operator Operations
Carmelo Gonzalez	Warehouse Operator Operations
Carnel Jackson	Warehouse Operator Operations
Casey Muth	Warehouse Operator Operations
Cassandra Solis	Warehouse Operator Operations
Cecilia Ramirez	Mgr Warehouse
Cherry Zha	Analyst Chargebacks
Chris Mullen	Warehouse Operator Operations
Chris Thompson Jr	Warehouse Operator Operations
Christian Hernandez	Warehouse Operator Operations
Christopher Castro	Warehouse Operator Operations
Cole Palmer	Warehouse Operator Operations
Corey Mckinnon	Line Haul Driver
Cory Mays	Warehouse Operator Operations
Cristian Martinez Munoz	Warehouse Operator Operations
Daisy Gallardo	Warehouse Operator Operations
Daniel Doanle	Warehouse Operator Operations
Daniel Fairfield	Dir Operations
Daniel Johnson	Warehouse Operator Operations
Daniel Velasquez	Warehouse Operator Operations
Daniela Sanchez	Warehouse Operator Operations
Daryl Unrein	Mgr Warehouse
David Del Rio	Warehouse Operator Operations
David Mena	Warehouse Operator Operations
David Rutherford	Driver II
David Sanchez	Warehouse Operator Operations
David Sproul	Warehouse Operator Operations
David Van Goethen	Driver II
Dennis Tabayoyong	Warehouse Operator Operations
Diego Cardona	Warehouse Operator Operations
Dorian Mcclendon	Warehouse Ld Operations
Douglas Flint (On Leave)	Driver II
Edgar Quezada	Warehouse Operator Operations
Eduardo Gallardo	Driver II
Eduardo Gallardo Soto	Driver Ld
Edwin Enguancho	Warehouse Operator Operations
Edwin Sjobeck	Driver II
Efrain Reynoso	Driver II
Eliseo Monclova	Driver II
Elizabeth Meza	Warehouse Operator Operations
Emily Garcia	Warehouse Operator Operations
Enzion Nickerson	Assoc Analyst Implementation Distributed Products
Ericson Sacayanan	Warehouse Operator Operations
Essah Mack	Supv Warehouse
Eva Lyttles	Transportation Coord
Fabian Cesena	Warehouse Ld Operations
Fernando Alcaraz Cervantes	Warehouse Operator Operations
Francisco Campos	Driver II
Francois Wise	Inventory Coord Operations
Gerardo Aldrete	Warehouse Ld Operations
Gerardo Moreno	Janitor Operations
Gerardo Pahua-Chavez	Driver II
Getsemani Mireles diaz	Warehouse Operator Operations
Gilberto Marquez	Warehouse Operator Operations
Gladis Vazquez	Warehouse Operator Operations
Grace Davidson	Sr Analyst Distributed Pricing
Greg Hodge	Warehouse Operator Operations
Gustavo Nuno	Mgr Pricing Distributed
Hansel Mercado	Warehouse Operator Operations
Hector Arroyo	Driver II
Isaac Gonzalez	Warehouse Operator Operations
Ismail Adams	Warehouse Operator Operations
James Bushey	Warehouse Operator Operations
James Hermreck	Warehouse Clerk Operations
James Wilds	Warehouse Operator Operations

JANETH Cuadras RODRIGUEZ	Warehouse Operator Operations	Luz Chavez	Warehouse Operator Operations
Jarrett Knight	Warehouse Operator Operations	luzana Langley (On Leave)	Warehouse Operator Operations
Jason Mcfarland	Driver II	Marc Real	Warehouse Operator Operations
Javier Hernandez	Warehouse Operator Operations	Maria Avila	Inventory Coord Sr
Jay Petersen	Driver II	Maria Barron	Warehouse Operator Operations
Jazmin Duarte Izazaga (On Leave)	Warehouse Operator Operations	Maria Gonzalez	Warehouse Operator Operations
Jeff Ferguson	Supv MedTrans	Marianne Persaud	Analyst Distributed Pricing
Jennifer Rodriguez	Account Rep	Mario Juarez	Warehouse Operator Operations
Jeremiah Williamson	Warehouse Operator Operations	Mario Ramirez	Warehouse Operator Operations
Jerry Constable	Mgr MedTrans	Marissa Tassone	Analyst Implementation Distributed Products
Jerry Funiestas	Janitor Operations	Mark David	Warehouse Operator Operations
Jesse Edwards (On Leave)	Warehouse Operator Operations	Martha Stevens	Analyst Distributed Pricing
Jesusmanuel Medrano	Warehouse Operator Operations	Martin Williams	Warehouse Operator Operations
Jim Beck	Warehouse Operator Operations	Marvin Caldwell	Warehouse Operator Operations
Joaquin De La Cruz	Warehouse Operator Operations	Marvin Scott	Driver I
Joaquin Granados (On Leave)	Warehouse Ld Operations	Matt Arroyo	Driver II
Joffrey Musngi	Warehouse Operator Operations	Matt Spencer	Analyst Chargebacks
John Rogers	Warehouse Operator Operations	Matthew Arce	Warehouse Operator Operations
John Solie	Analyst Systems IT	Matthew Duran	Warehouse Operator Operations
Johnae Crutchfield	HR Coord	MAYGEM DE GUIA	Warehouse Operator Operations
Johnny Guerrero	Trainer Branch	Melanie Starr	Warehouse Operator Operations
Jonathan Carrasco	Warehouse Operator Operations	Melinda Tyler	Warehouse Operator Operations
Jonathan Espinosa	Janitor Operations	Melvin Morrow	Warehouse Operator Operations
Jorge Arellano (On Leave)	Warehouse Operator Operations	Michael Crisostomo	Warehouse Operator Operations
Jose Cuevas	Driver II	Michael Fonte	Warehouse Operator Operations
Jose Gonzalez	Warehouse Operator Operations	Michael Mcmillan	Sr Supply Planner
Jose Rodriguez	Warehouse Operator Operations	Michaelangelo Redondo	Warehouse Operator Operations
Josh Ontiveros	Warehouse Operator Operations	Mitchell Andicochea	Warehouse Operator Operations
Joshua Ruiz	Warehouse Operator Operations	Moises Barrera	Warehouse Operator Operations
Josue Mckoy	Warehouse Operator Operations	Monica Carrasco	Supv Field Account Rep
Juan Sicairos Felix	Warehouse Operator Operations	Moses Hernandez	Warehouse Operator Operations
Julian Tabares	Warehouse Operator Operations	Myles Regan	Inventory Coord Sr
Justice Fierro	Analyst Distributed Pricing	Nate Valentine	Warehouse Operator Operations
Justin Roderick	Sr Mgr Pricing Distributed	Nathan Hall	Warehouse Operator Operations
Justin Smith	Warehouse Operator Operations	Nathan Ramirez	Warehouse Operator Operations
Kaname Hasunuma	Driver II	NATHAN WATKINS	Warehouse Operator Operations
Kathleen Lucero	Warehouse Operator Operations	Nestor Colucci	Warehouse Operator Operations
Kayla Williams	Warehouse Operator Operations	Nora Therrell	Warehouse Operator Operations
Keith Williams	Warehouse Operator Operations	Norberto Ocampo	Driver II
Kendall Johnson	Assoc Analyst Distributed Pricing	Olivia Gomez	Warehouse Operator Operations
Kristopher Wheeler	Warehouse Operator Operations	Oscar Mondragon	Supv Warehouse
Lamar Mack	Trainer Branch	Oscar Ruiz	Warehouse Operator Operations
Landon Corsa	Warehouse Operator Operations	OSIRIS ROMAN	Warehouse Operator Operations
Laura Vargas	Analyst Implementation Distributed Products	Patrick Martinez	Warehouse Operator Operations
Ledy Garcia	Warehouse Operator Operations	Patrick Sawyer	Trainer Branch
Leilani Rodriguez	Trainer Branch	Paul Alvarez	Maintenance Tech II
Leticia Bohling	Warehouse Operator Operations	Pedro Fernandez (On Leave)	Warehouse Operator Operations
Libby Gilbert	Warehouse Operator Operations	Pedro Uribe	Driver II
Lisa Curry (On Leave)	Sr Demand Planner	Philip Ibarra	Warehouse Operator Operations
Liz Magadan	Training Coord Sr	Phill Andres	Warehouse Ld Operations
Luis Camarena	Warehouse Operator Operations	Pravin Singh	Warehouse Ld Operations
Luis Hernandez-Hurtado	Warehouse Operator Operations	Rafael Robles	Warehouse Ld Operations
Luis Silva	Warehouse Ld Operations	Randy Debence	Delivery Driver

Randy Rojas	Trainer Branch
Raul Barraza	Supv Warehouse
Raymond Mendoza	Warehouse Operator Operations
Raymond Stuberg	Project Manager Supply Chain
Rebecca Brown	Sr Mgr EH&S
Rebecca Jones	Analyst Implementation Distributed Products
REYNA NUNEZ	Warehouse Operator Operations
Ricardo Ramirez	Warehouse Operator Operations
Ricardo Suazo	Warehouse Operator Operations
Richard Pizarro	Warehouse Operator Operations
Richard Rodriguez	Warehouse Operator Operations
Rick Sosa	Warehouse Operator Operations
Ricky Retonel	Warehouse Operator Operations
Rikki Hernandez	Warehouse Operator Operations
Rocio Botello	Warehouse Clerk Operations
Rocio Gomez	Supply Planner
Roderic Gonzales	Warehouse Operator Operations
Rodolfo Aguilar	Warehouse Operator Operations
Rodolfo Padilla (On Leave)	Driver II
Ron Garvin	Analyst Distributed Pricing
Ryan Carranco	Warehouse Operator Operations
Salvador Ordonez	Warehouse Operator Operations
Scott Young	Driver Ld
Sean Dunaway	Warehouse Operator Operations
Sean Mitchell	Warehouse Operator Operations
Sebastian Reynoso (On Leave)	Warehouse Operator Operations
Sergio Valenzuela	Warehouse Operator Operations
Shantelle Davis-Beecham	Quality Control Inspector II
Stephanie Anguiano	Analyst Distributed Pricing
Steve Enriquez	Warehouse Operator Operations
Steve Ganino	Warehouse Operator Operations
Steve Hackbarth	Driver II
Steven Jativa	Warehouse Operator Operations
Tiara Jenkins	Warehouse Operator Operations
Todd Entrikin	Supv Warehouse
Tom Licon	Inventory Coord Operations
Tricia Martinez	Analyst Implementation Distributed Products
Vanessa Lopez	Warehouse Operator Operations
Veronica Wilson	Inventory Coord Sr
Victor Castellanos	Driver II
Victor Castro	Driver II
Victor Delacruz	Warehouse Operator Operations
Victor Navarro	Warehouse Operator Operations
Vilma Magat	Warehouse Operator Operations
Vincente Ayala	Supv Inventory Control
Viviana Salas	Warehouse Operator Operations
Zach Hall	Warehouse Operator Operations

Copy of SEC 10K

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2025

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-43022

Medline Inc.
(Exact name of registrant as specified in its charter)

Delaware	**33-1845288**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
3 Lakes Drive Northfield, Illinois	**60093**
(Address of principal executive offices)	(Zip Code)

(847) 949 5500
Registrant's telephone number, including area code

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A common stock, par value $0.0001 per share	MDLN	Nasdaq Global Select Market

Securities registered pursuant to section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements.

☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b).

☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the Class A common stock held by non-affiliates of the registrant, based on the closing price of a share of Class A common stock on December 17, 2025, as reported by The Nasdaq Global Select Market on such date was approximately $13.0 billion. The registrant has elected to use December 17, 2025, which was the initial trading date of the registrant's Class A common stock on The Nasdaq Global Select Market, as the calculation date because on June 30, 2025 (the last business day of the registrant's most recently completed second fiscal quarter) the registrant was a privately held company. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose.

As of February 23, 2026, there were 811,647,534 shares of the registrant's Class A common stock and 502,045,878 shares of the registrant's Class B common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement related to its 2026 Annual Meeting of Stockholders to be filed with the U.S. Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2025 are incorporated by reference into Part III of this Annual Report on Form 10-K.

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Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K (this "Annual Report") contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Forward-looking statements include all statements that are not historical facts. Words such as "anticipate," "assume," "believe" "contemplate," "continue," "could," "estimate," "expect," "foreseeable," "intend," "may," "plan," "potentially," "predict," "project," "seek," "should," "will," or "would," or similar words or phrases that convey uncertainty of future events or outcomes, are intended to identify forward-looking statements in this Annual Report. These forward-looking statements relate to matters such as our industry, business strategy, costs, and costs savings, impacts of accounting standards and guidance, goals and expectations, market position, future operations, margins, profitability, capital expenditures, liquidity and capital resources, legal matters, trends, and other financial and operating information. The forward-looking statements are based on management's current expectations and are subject to various risks, uncertainty, and changes in circumstances, many of which are beyond our control, that could cause actual results to differ materially. Although we believe that the assumptions underlying the forward-looking statements are reasonable, we cannot guarantee future results, level of activity, performance, or achievements. Factors that may cause actual results to differ from expected results include those described in Part I, "Item 1A—Risk Factors" and Part II, "Item 7—Management's Discussion and Analysis of Financial Condition and Results of Operations". The forward-looking statements included in this Annual Report speak only as of the date of this Annual Report or as of the date they are made, as applicable. Except as otherwise required by law, we disclaim any intent or obligation to update any "forward-looking statement" made in this Annual Report to reflect changed assumptions, the occurrence of unanticipated events, or changes to future operating results over time.

INTRODUCTORY NOTE

Medline Inc. was incorporated as a Delaware corporation on November 6, 2024. Prior to the completion of its initial public offering (the "IPO") on December 18, 2025, Medline Inc. undertook certain reorganization transactions (the "Reorganization") such that Medline Inc. is now a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP ("Medline Holdings"). Following the IPO, Medline Holdings is the predecessor of Medline Inc. for financial reporting purposes. As the general partner of Medline Holdings, Medline Inc. now operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts its business. The Reorganization lacks economic substance and therefore is accounted for in a manner consistent with a reorganization of entities under common control. As a result, the consolidated financial statements of Medline Inc. recognize the assets and liabilities received in the Reorganization at their historical carrying amounts, as reflected in the historical financial statements of Medline Holdings. Medline Inc. will consolidate Medline Holdings on its consolidated financial statements and record a non-controlling interest related to the Units (as defined herein) held by the Continuing Unitholders (as defined herein) on its consolidated balance sheets and statements of comprehensive income.

Medline Inc. had no significant business transactions or activities prior to the Reorganization, and, as a result, the historical financial information reflects that of Medline Holdings.

Basis of Presentation

The consolidated financial statements and accompanying notes included herein are prepared in accordance with United States generally accepted accounting principles ("GAAP"). The results of businesses acquired or disposed of are included in the consolidated financial statements from the date of the acquisition or up to the date of disposal, respectively. All adjustments, in the opinion of management, necessary to a fair statement of the results for the annual periods presented have been made.

Certain monetary amounts, percentages, and other figures included in this Annual Report have been subject to rounding adjustments. Percentage amounts included in this Annual Report have been calculated, in some cases, not on the basis of such rounded figures, but on the basis of such amounts prior to rounding. For this reason, percentage amounts in this Annual Report may vary from those obtained by performing the same calculations using the figures, on the face of our consolidated financial statements included elsewhere in this Annual Report. Certain other amounts that appear in this Annual Report may not sum due to rounding.

In December 2024, we changed the name of Medline Holdings from Mozart Holdings, LP to Medline Holdings, LP. We will not distinguish between the prior and current name of Medline Holdings and will refer to the current name of Medline Holdings throughout this Annual Report. References in this Annual Report to "Medline," the "Company," "we," "us," and "our" refer (1) prior to the consummation of the IPO, to Medline Holdings, LP and its consolidated subsidiaries and (2) after the IPO to Medline Inc. and its consolidated subsidiaries.

CERTAIN DEFINITIONS

As used in this Annual Report, unless otherwise noted or the context requires otherwise, the following terms have the following meanings:

- "Class A Units" refers to the interests in Medline Holdings called "Class A Units" that were outstanding prior to the Reclassification. In connection with the Reclassification, (i) Class A Units held by Common Unitholders were converted into Common Units and (ii) Class A Units held by Exchanging Class A Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Class B Units" refers to the interests in Medline Holdings called "Class B Units" that were outstanding prior to the Reclassification, and does not include CUPI Units. In connection with the Reclassification, (i) Class B Units held by Incentive Unitholders were converted into Incentive Units and (ii) Class B Units held by Exchanging Class B Unitholders were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units).

- "Common Units" refers to the new class of units of Medline Holdings created by the Reclassification and does not include Incentive Units.
- "Common Unitholders" refers to certain pre-IPO holders of Class A Units and/or CUPI Units who hold Common Units following the Reclassification.
- "Incentive Unitholders" refers to certain pre-IPO holders of Class B Units who will hold Incentive Units following the Reclassification, as described under "Organizational Structure."
- "Continuing Unitholders" refers collectively to Common Unitholders and Incentive Unitholders.
- "CUPI Units" refers to the interests in Medline Holdings that were designated as "Catch-Up Class B Units" and outstanding prior to the Reclassification. In connection with the Reclassification, (i) CUPI Units held by Common Unitholders were converted into Common Units and (ii) CUPI Units held by Exchanging CUPI Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Designating Stockholder" refers to each of our Principal Stockholders with whom we entered into separate director nomination agreements.
- "Exchanging Class A Unitholder" refers to pre-IPO holders of Class A Units whose Class A Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Class B Unitholder" refers to pre-IPO holders of Class B Units whose Class B Units were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units) following the Reclassification.
- "Exchanging CUPI Unitholder" refers to pre-IPO holders of CUPI Units whose CUPI Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Unitholders" refers collectively to Exchanging Class A Unitholders, Exchanging CUPI Unitholders, and Exchanging Class B Unitholders.
- "Incentive Units" refers to the new class of units of Medline Holdings created by the reclassification of the Class B Units in the Reclassification. The Incentive Units are "profit interests" having economic characteristics similar to stock appreciation rights and having the right to share in any equity value of Medline Holdings above specified participation thresholds. Vested Incentive Units may be converted to Common Units and be subsequently exchanged for shares of Class A common stock.
- "Principal Stockholders" refers collectively to investment funds associated with Blackstone Inc., The Carlyle Group Inc. and Hellman & Friedman LLC, and members of the Mills family.
- "Reclassification" refers to the reclassification of the partnership interests of Medline Holdings prior to the IPO.
- "Sponsors" refers collectively to Blackstone Inc., The Carlyle Group Inc., and Hellman & Friedman LLC.
- "Units" refers collectively to Common Units and Incentive Units.

Summary of Risk Factors

The following is a summary of the principal factors that make an investment in our securities speculative or risky, all of which are more fully described below. This summary should be read together with the risk factors described under Part I, "Item 1A—Risk Factors" and should not be relied upon as an exhaustive summary of the material risks facing our business. In addition to the following summary, you should consider the information set forth below and the other information contained in this Annual Report before investing in our securities.

- Our global operations are subject to inherent risks that could materially adversely affect our business, results of operations, and financial condition.
- We may be unable to derive fully the anticipated benefits from our existing or future acquisitions, joint ventures, investments, dispositions, or other strategic transactions.
- Consolidation in the healthcare industry could have an adverse effect on our business, results of operations, and financial condition.
- We operate in a highly competitive industry, with accelerating pricing pressure and changes in technology.
- Changes to the U.S. and global healthcare environments may not be favorable to us.
- Increases in shipping costs or service issues with our third-party shippers could harm our business.

- Significant challenges or delays in our sourcing of new products and technologies could have an adverse impact on our long-term success.
- We have concentration in and dependence on certain healthcare provider customers and GPOs.
- Our business and operations depend on the proper functioning of our critical facilities and distribution networks and could be negatively impacted by events outside our control.
- Quality problems and product liability claims have in the past led, and could in the future lead, to recalls or safety alerts, reputational harm, adverse verdicts, or costly settlements, and could have a material adverse effect on our business, results of operations, and financial condition.
- Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline.
- If we experience increased pressure to maintain or decrease the price of our goods and services and we are unable to reduce our expenses, there may be a material adverse effect on our business, results of operations, and financial condition.
- Any failure by or loss of a third-party manufacturer or supplier or other manufacturing or supply-related impacts could result in delays and increased costs, which may adversely affect our business.
- We rely on the proper function, security, and availability of our information technology systems and data, as well as those of third parties throughout our global supply chain, to operate our business.
- We are subject to extensive and complex laws and governmental regulations and any adverse regulatory action may materially adversely affect our business, results of operations, and financial condition both inside and outside the United States.
- We are subject to complex and rapidly evolving data privacy, security, and data protection laws and regulations and the costs to comply with such laws and regulations or any ineffective compliance efforts with such laws and regulations may adversely impact our business.
- Our use or our third-party service providers' or business partners' use of AI, automated decision-making and machine learning technologies and the evolving regulatory framework in this area may subject us to risks or heightened costs that could adversely affect business, results of operation and financial condition.
- Our failure to comply with laws and regulations relating to reimbursement of healthcare goods and services may subject us to penalties and adversely impact our reputation, business, results of operations, financial condition, and cash flows.
- Uncertain global and domestic macro-economic and political conditions could materially adversely affect our business, results of operations, and financial condition.
- Our substantial indebtedness could adversely affect our financial condition, our ability to operate our business or react to changes in the economy or our industry, prevent us from fulfilling our obligations under our debts, and divert our cash flow from operations for debt payments.
- The credit agreement that governs the Senior Secured Credit Facilities and the indentures that govern the Senior Notes will each impose significant operating and financial restrictions on our subsidiaries, which may prevent us from capitalizing on business opportunities.
- Medline Inc. is a holding company and its only material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, and it is accordingly dependent upon distributions from Medline Holdings to pay taxes, make payments under the tax receivable agreement, and pay any dividends.
- The Designating Stockholders hold a significant percentage of our stock, and their interests may conflict with ours or yours in the future.
- Our amended and restated certificate of incorporation does not limit the ability of our Sponsors, the Mills family, and certain other pre-IPO investors to compete with us, and they may have investments in businesses whose interests conflict with ours.

The market price of shares of our Class A common stock may be volatile or may decline regardless of our operating performance, which could cause the value of your investment to decline.

Market and Industry Data

Unless otherwise indicated, information contained in this Annual Report concerning our industry, competitive position, and the markets in which we operate is based on information from independent industry and research organizations, other third-party sources and management estimates. Although we believe that these third-party sources are reliable, we do not guarantee the accuracy or completeness of this information, and we have not independently verified this information. Management estimates are derived from information obtained from surveys, reports by market research firms, our customers, distributors, suppliers, trade and business organizations, and other contacts in the markets in which we operate and have not been verified by independent sources, and are based on assumptions made by us upon reviewing such data, and our experience in, and knowledge of, such industry and markets, which we believe to be reasonable. In addition, assumptions and estimates of our and our industry's future performance are subject to a high degree of uncertainty and risk due to a variety of factors, including those described in Part I, "Item 1A—Risk Factors" and "Cautionary Note Regarding Forward-Looking Statements." These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

Statements regarding our market position (including statements that we are the largest company in a particular market), unless otherwise noted, are based on our 2025 net sales in the relevant market relative to the publicly reported net sales of our competitors in such market, including with respect to our statement of being the largest provider of med-surg products and supply chain solutions serving all points of care, as that statement is based on our 2025 net sales relative to the publicly reported net sales of med-surg products by companies that are both med-surg manufacturers and distributors.

Trademarks

We own or have the right to use trademarks, trade names, and service marks used in connection with our business, including, but not limited to, Medline, Curad, Microtek, Hudson, and Proxima. All trademarks, trade names, and service marks referred to in this Annual Report are the property of their respective owners. We do not intend our use or display of other companies' trade names, trademarks, or service marks to imply a relationship with, or endorsement or sponsorship of us by, these other companies. Solely for convenience, our trademarks, trade names, and service marks referred to in this Annual Report may appear without the ®, ™ or SM symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks, trade names, and service marks.

PART I

Item 1. Business

General

Medline Inc. (together with its subsidiaries, "Medline", "the Company", "we", "ours" and "us") is the largest provider of medical-surgical ("med-surg") products and supply chain solutions serving all points of care, based on total net sales of med-surg products. Medline was founded in 1966 and today delivers mission-critical products used daily across the full range of care settings, from hospitals and surgery centers to physician offices and post-acute facilities. Our mission is to make healthcare run better by delivering improved clinical, financial, and operational outcomes.

We have two reportable segments, Medline Brand and Supply Chain Solutions, the combination of which addresses critical needs in the market through a comprehensive solution. They are both supported by our Prime Vendor model, differentiated distribution network, and robust commercial platform. Through our two segments, we offer approximately 335,000 med-surg products, including surgical and procedural kits, gloves and protective apparel, urological and incontinence care, wound care, and consumable lab and diagnostics products. We distribute these products through our expansive network of global distribution facilities and our owned fleet of MedTrans trucks.

Medline Brand

As of December 31, 2025, we offer our customers approximately 190,000 med-surg products through our Medline Brand segment and hold leading positions across many key product families for our Medline Brand products. Our Medline Brand products are organized into three product categories: Front Line Care, Surgical Solutions, and Laboratory and Diagnostics.

- *Front Line Care* offers mission-critical med-surg products for patient-facing needs, including wound care products, exam gloves, skin care and incontinence products, environment cleaning supplies, textiles, hand sanitizer, durable medical equipment, patient plastics, and decolonization and infection control products.
- *Surgical Solutions* offers operating room and perioperative environment product solutions, including surgical procedure trays, drapes and gowns, personal protective equipment, sterile wraps, surgical instruments, surgeon's gloves, procedure kits, and orthopedic implants.
- *Laboratory and Diagnostics* offers a full range of laboratory and diagnostic product solutions, including point of care testing, analyzers and instrumentation, lab and diagnostic consumables, diagnostic instruments, vital signs monitors, and anatomic pathology and phlebotomy products.

Our product development approach incorporates customer feedback and ongoing innovation. We are also committed to delivering products of the highest standard, which is reflected by our robust quality team embedded across our manufacturing and sourcing locations. The expertise of our research and development team and quality team helps ensure products bearing the Medline brand meet both our rigorous quality standards and our customers' expectations.

Supply Chain Solutions

As of December 31, 2025, we offer approximately 145,000 med-surg products from over 1,300 third-party suppliers, including nearly all leading national brands, through our Supply Chain Solutions segment. We also provide our customers with supply chain optimization services such as consulting engagements, outsourced warehouse and technology management, put-away-ready packaging, third-party logistics, inventory rationalization, and route planning. Our third-party suppliers are primarily responsible for costs related to import and inbound freight, whereas we are primarily responsible for costs related to outbound freight from our distribution centers. Our supply chain expertise allows us to provide additional service offerings to optimize our customers' supply chain and inventory workflows, helping these customers cost-effectively manage their supply chain while building strong relationships and enhancing retention.

Our Prime Vendor Model

A Prime Vendor relationship is a relationship for which there is a multi-year distribution agreement between Medline and a customer, whereby the customer agrees to use Medline for the vast majority of its med-surg product needs.

In our Prime Vendor relationships, we enter into long-term agreements, typically structured with five-year terms, to act as the primary consolidated logistics partner for these customers' med-surg product needs. These agreements have been and are expected to continue to be a key contributor to our growth. Our customers realize efficiencies by partnering with one supply chain partner to consolidate their med-surg purchase volume. Prior to the market adoption of the Prime Vendor model, customers sourced such products individually from a highly fragmented base of suppliers. The Prime Vendor model instead centralizes procurement and distribution, which in turn drives efficiency and higher service levels.

As Prime Vendor, we drive significant cost savings to our customers. Our scale allows us to deliver consistently lower prices and better service levels on Medline Brand products relative to third-party alternatives, while also lowering the distribution cost for delivery of the full range of med-surg products. This often motivates customers to purchase more Medline Brand products over time. The opportunity is even greater in certain non-acute settings, where we sell a more focused product portfolio. Our Prime Vendor model allows us to provide cost savings to Prime Vendor customers, which, over time, supports incremental purchasing of our Medline Brand products and greater scale across our operations. As our scale grows, we are able to realize further efficiencies by offering superior or similar quality to third-party products at a more cost-effective price. We believe that Medline Brand conversion is mutually beneficial for both our customers and us-the value we provide customers at the outset of a Prime Vendor agreement meaningfully increases over time, as they accrue savings by purchasing our lower cost Medline Brand products, while our profitability grows given the enhanced margin profile of Medline Brand products. This compelling value proposition and supply chain relationship with our customers supports our greater than 98% average Prime Vendor retention rate over the past five years.

A portion of Supply Chain Solutions products sold to existing Prime Vendor customers has like-for-like Medline Brand product equivalents, representing a potential gross profit uplift consistent with our historical margin differentials if such products were converted for Medline Brand products. While we historically have earned higher margins upon conversion from third-party national brand products to like-for-like Medline Brand products, because of the lower average prices for Medline Brand products, there is typically a negative impact on net sales upon the conversion of Supply Chain Solutions products to like-for-like Medline Brand products if volume is assumed to be constant. For additional information on potential risks relating to this conversion opportunity, please see Part I, "Item 1A—Risk Factors—Risks Related to Our Business, Industry and Operations—Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline."

Our Distribution Network

We have a differentiated distribution network of 70 global distribution centers, warehouses, cross-docks, and transship facilities, 45 of which are in the United States, strategically located to provide next-day delivery to 95% of our U.S. customer base. We utilize artificial intelligence ("AI") and robotics technology in over 26 million square feet of warehouse space in the United States to improve efficiency and capacity to optimize distribution logistics and maximize utilization. The products we distribute are packaged to meet each customer's individual needs and to be "put-away-ready," which streamlines the customer's unloading and shelving process. We also operate our own fleet of more than 2,100 MedTrans trucks that deliver our products across care settings within the United States. As of December 31, 2025, we had approximately 25% in incremental capacity across our platform to support our long-term growth.

Our Commercial Platform

Our deep connectivity to our customers is driven by the strength of our dedicated and tenured commercial team. We have a U.S. commercial team of approximately 4,000 people across all points of care, which includes account managers, product specialists, specialized clinical resources, customer service representatives, supply chain specialists, Prime Vendor analysts, and a robust leadership team dedicated to driving efficiencies for our customers through their teams. We have created an entrepreneurial environment that empowers our salesforce to work with our product managers to create innovative products that meet market demand. We have a team devoted to each channel in the United States and each region or country internationally, which allows our salesforce teams to develop market-specific knowledge.

Research and Development

We have a track record of successfully bringing new products to market, with more than 2,300 granted patents and more than 450 U.S. Food and Drug Administration ("FDA") 510(k) clearances. Over the last three years, we have successfully launched more than 250 new products.

Competition

Our value proposition is derived from our integrated business model, the breadth of our Medline Brand portfolio, our differentiated supply chain, and the overall quality and cost of our products. As a result of our integrated business model, our competitors include both other leading med-surg product manufacturers and distributors.

Similar to us, other leading med-surg product manufacturers produce a wide range of med-surg supplies. However, unlike us, many of these competitors are reliant upon third-party distributors to deliver their products to customers. By nature of being a distributor, Medline has direct access to and manages the end customer relationships. This enables us to offer a complete solution as a manufacturer and a distributor, offering our customers what we believe to be best-in-class supply chain logistics, and driving value through our brand.

Additionally, other distributors of med-surg products similarly connect the fragmented supplier and provider bases and aggregate inventory from suppliers to deliver products to customers, such as McKesson, Cardinal Health, Owens & Minor, and Henry Schein. These distribution companies compete with us for Prime Vendor agreements. However, we believe that many of these competitors do not benefit from the scale and scope of our vertical integration or commercial excellence, and thus are not able to provide the same magnitude of cost savings, value, and holistic solutions that we deliver for our customers.

Production and Raw Materials

We manufacture approximately one-third of our Medline Brand products, which are primarily Class I and II medical devices, through our 30 manufacturing facilities, of which 24 are in North America. We purchase many of the components and raw materials used in manufacturing our products from numerous suppliers. We focus our manufacturing capabilities on products where we can leverage technology and automation to drive higher quality and lower costs to better serve our customers. For the vast majority of the other two-thirds of our Medline Brand products, we work closely with our network of more than 600 global partners across approximately 40 countries, many of whom have decades-long exclusive relationships with us. The breadth of our global sourcing partnerships provides diversification and strengthens our resiliency, with no single sourcing partner accounting for more than 5% of total spend as of December 31, 2025.

We also have plans and measures in place to help ensure continuity of supply while maintaining high quality and reliability. Generally, we have been able to obtain adequate supplies of such raw materials and components. However, due to the FDA's manufacturing requirements and those of other regulatory authorities, we may not be able to quickly establish additional or replacement sources for certain components, materials or processes if we experience a sudden or unexpected reduction or interruption in supply or services and are unable to develop alternative sources.

Human Capital Resources

At Medline, our relentless focus on the customer drives our human capital strategy, which revolves around attracting, developing, and retaining employees to provide the best products and services for our customers. We have developed a strong foundation that drives our recruitment, retention and development efforts. We are committed to supporting the personal and professional development of our employees, as well as providing competitive benefits and a safe, inclusive workplace.

As of December 31, 2025, we employed over 45,000 employees worldwide, with over 26,000 located in the United States. Our largest non-U.S. employee populations are in Mexico, Dominican Republic, India, Canada, Slovakia, France, China, Japan, Germany, and Australia. None of our employees in the United States are unionized, though some of our employees in Mexico belong to unions. In Germany and the Netherlands, employees are represented through Works Councils; in France and Spain, employees are represented through both Works Councils and industry-wide collective bargaining agreements; and in Belgium and Italy, employees are also represented through industry-wide collective bargaining agreements. In Australia, certain employees are represented by an enterprise bargaining agreement; in Japan, employees are represented through a Work Council; and in Vietnam, employees are represented through a collective bargaining agreement. We believe that our positive employee relations and total employee experience drive the continual growth of our workforce.

Culture and Values

Our culture is grounded in a customer-focused, collaborative, and performance-driven approach, guided by core values emphasizing relentless customer focus, agility and flexibility, problem-solving, drive to succeed, purposeful candor, and the importance of relationships. Employees are encouraged to exercise judgment, work transparently with customers, and contribute meaningfully to our mission to make healthcare run better.

Talent Attraction and Development

We seek to attract employees whose skills, experience, and motivation align with our operational and technical needs. Through continual improvement of internal processes, an awareness of market and candidate driven trends, and in partnership with vendors and other outside organizations, our talent acquisition programs focus on efficient hiring processes, market awareness, and building a diverse pipeline of candidates. We support development through consistent performance management processes and early career opportunities to take on additional responsibilities to demonstrate their competencies and drive to succeed and on-the-job responsibility augmented by formal training and development to refine technical and leadership skills. New sales representatives participate in comprehensive training programs, and product managers have targeted development pathways through all stages of their careers, from mandatory onboarding offerings to advanced classes that provide the necessary skills with increasing levels of responsibility, to support progression over time.

Employee Engagement and Inclusion

We believe our employees' ability to communicate and cooperate effectively across functional and departmental teams positively impacts our performance. We engage in various listening strategies and foster engagement through survey feedback mechanisms, anonymous employee feedback platform, focus groups, increased attention to onboarding and offboarding feedback, pulse surveys on remote work needs, and other listening strategies. Insights from these efforts inform workplace improvements. We also support an inclusive environment through Employee Resource Groups and leadership training initiatives designed to reduce bias in talent decisions and strengthen representation across the company.

Health, Safety, and Well-Being

We are committed to maintaining a safe workplace and supporting the physical, emotional, and financial well-being of our employees. We provide competitive health and benefits programs, access to assistance resources where available, and opportunities for community involvement through charitable giving, including financial giving and in-kind giving such as product donations.

Intellectual Property

We rely upon patents, trademarks, copyrights, trade secrets and other intellectual property rights to maintain and improve our competitive position. We have a large portfolio of intellectual property, including more than 2,300 granted patents as well as trademark registrations protecting our notable brands, including Medline, Curad, Microtek, Hudson, and Proxima.

We consider the trademarks and know-how that we own to be material to our business. However, other than the Medline mark, we do not consider our business to be materially dependent upon any individual trademark registration or trade secret. In the aggregate, we consider our more than 2,300 granted patents to be material to our business. However, no single patent or group of related patents is material to our business as a whole or any segment of our business.

We believe that we have taken all necessary steps to protect our intellectual property rights, but no assurance can be given that we will be able to successfully enforce or protect our rights in the event that they are infringed upon or challenged by a third party. See Part I, "Item 1A —Risk Factors—Risks Related to Regulation and Legal Proceedings—Any failure to obtain, maintain, protect and enforce our intellectual property rights, or the failure of the strength or scope of our intellectual property rights, could harm our business, financial condition, and results of operations" and "—Risks Related to Regulation and Legal Proceedings—We may become subject to litigation brought by third parties claiming infringement, misappropriation, or other violation by us of their intellectual property rights."

Government Regulation

Our operations and products are subject to extensive regulation by numerous governmental regulatory authorities, including U.S. and other international regulatory authorities, and other government agencies inside and outside the United States. To varying degrees, each of these agencies requires us to comply with laws and regulations governing the development, design, materials, testing, safety, efficacy, quality, purity, manufacturing, methods, controls, testing, screening, recordkeeping, reporting, processing, storage, registration, authorization, licensing, permitting, labeling, advertising, marketing, distribution, offer for sale, sale, use, expiration, pricing, reimbursement, import, export, clinical trials, post-marketing surveillance of our products, the registration of our facilities, and the claims that we make about our products. The United States and other countries where we sell healthcare and other regulated products, including drugs, human cell and tissue products, dietary supplements, cosmetics, certain foods, and consumer products subject such products to their own clearance, authorization, approval, registration, listing, labeling, manufacturing, recordkeeping, reporting, and other regulatory requirements regarding the performance, safety, and quality of such products. We are also subject to healthcare and other regulations and enforcement by the federal government and the states and foreign governments and authorities in the locations in which we conduct our business. The U.S. governmental and regulatory authorities that enforce such laws and rules, and that issue guidance on compliance with such laws and rules include, without limitation, the FDA, the Centers for Medicare & Medicaid Services ("CMS"), other divisions of the U.S. Department of Health and Human Services ("HHS"), the HHS Office of Inspector General, U.S. Environmental Protection Agency ("EPA"), the Federal Trade Commission ("the FTC"), Consumer Product Safety Commission ("CPSC"), the U.S. Department of Justice ("DOJ") and individual U.S. Attorney offices within the DOJ, as well as state and local governments. Our business is also affected by patient and data privacy and security laws, government payer cost containment initiatives, government reimbursement laws and regulations, environmental, health, and safety laws and regulations, as well as laws and regulations with respect to the sale, transportation, storage, handling, and disposal of hazardous or potentially hazardous substances, and safe working conditions. Our business also maintains contracts with governmental agencies and such contracts are subject to various government procurement laws and regulations, required contract provisions, and other requirements relating to contract formation, administration and performance. Failure to comply with applicable laws and regulations or with contractual or other requirements may result in monetary damages and criminal or civil penalties as well as termination of our government contracts or our suspension or debarment from government contract work.

The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, including through the offering of new products and services or entering into new geographic areas, we may be subject to new and additional regulatory requirements. The foreign, federal, state, and local regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products, suspend, revoke, or terminate our product and facility licenses, permits, and authorizations, request the cessation of distribution and shipments of certain products due to regulatory, safety, or other issues, seize or order the recall of our products, issue safety, quality, or other communications to the public or healthcare providers, enforce laws related to marketing, including promotion of off-label uses of products, and impose injunctions and significant criminal, civil, and administrative sanctions for violations of laws and regulations. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, may impact our business practices and operations, including by limiting our ability to effectively market, ship, and sell our products, affecting the production and distribution of products by our manufacturing facilities, subjecting us to significant liability, and limiting our ability to obtain future authorizations. Although we are subject to international government regulations in the international end markets where we operate and/or provide our products, these regulations do not have a material impact on our products as no international market represents more than 3% of our net sales.

Government Regulation of Medical Devices

Our medical devices are subject to regulation by numerous government agencies, including the FDA and comparable state and foreign agencies. Regulations of the FDA and other regulatory agencies in and outside the United States impose extensive compliance and monitoring obligations on portions of our business. The FDA and other U.S. and foreign governmental agencies regulate, among other things, with respect to medical devices: design, development, and manufacturing; testing, registration, listing, labeling, content, and language of instructions for use and storage; clinical trials; product safety; marketing, sales, and distribution; licensing and permit requirements; premarket clearance, approval and authorization; record keeping procedures; advertising and promotion; recalls and field safety corrective actions; post-market surveillance, including reporting of deaths or serious injuries and malfunctions that, if they were to recur, could lead to death or serious injury; post-market approval studies; and product import and export. The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, we may be subject to new and additional regulatory requirements. The FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers; seize or order the recall of products; terminate, suspend, or revoke licenses and permits; and impose significant criminal, civil, and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers. In addition, the FDA and other governmental and regulatory authorities, both in and outside the United States (including the FTC, the HHS Office of the Inspector General, the DOJ, and various state Attorneys General), monitor the promotion and advertising of our products. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, depending on its magnitude, may limit our ability to effectively market, ship, and sell our products, limit our ability to obtain future premarket authorizations, or result in a substantial modification to our business practices and operations.

FDA Premarket Clearance and Approval Requirements

Each medical device we wish to distribute commercially in the United States requires marketing authorization from the FDA prior to distribution, unless the device is exempt from premarket notification requirements. The type of marketing authorization necessary is generally linked to the classification of the device. The FDA classifies medical devices into one of three classes-Class I, II, or III-based on the degree of risk associated with a device and the level of regulatory control deemed necessary to ensure its safety and effectiveness. Class I devices that pose the least risk are subject only to General Controls applicable to all devices, such as requirements for device labeling, premarket notification, and adherence to current good manufacturing practices for devices as set forth in the Quality System Regulation ("QSR"). Class II devices that pose a moderate risk are subject to General Controls and may also be subject to Special Controls, such as performance standards, product-specific guidance documents, special labeling requirements, patient registries, or post-market surveillance. Class III devices are those for which insufficient information exists to assure safety and effectiveness solely through General and Special Controls, including devices that support or sustain human life, are of substantial importance in preventing impairment of human health, or which present a potential unreasonable risk of illness or injury.

Most Class I devices and some Class II devices are exempted by regulation from the 510(k) clearance requirement and can be marketed without prior authorization from the FDA. Class I and II devices that are not exempted are eligible for marketing through the 510(k) clearance pathway. By contrast, devices placed in Class III generally require premarket approval ("PMA") or de novo clearance prior to commercial marketing. The PMA approval process is more stringent, time-consuming and expensive than the 510(k) clearance process; however, the 510(k) clearance process has also become increasingly stringent and expensive. None of our products are currently approved under a PMA, and we have no plans for any indication or system improvement or extension that we believe would require a PMA. If, in the future, we were to file a PMA, we may be subject to additional regulatory requirements.

510(k) Clearance Process

To obtain 510(k) clearance, we must submit a premarket notification to the FDA demonstrating the proposed device to be substantially equivalent to a predicate device. A device is substantially equivalent if, with respect to the predicate device, it has the same intended use and it has either the same technological characteristics, or it has different technological characteristics, but the information provided in the 510(k) submission demonstrates that the device does not raise new questions of safety or effectiveness. The standard review process for 510(k)s is between six to nine months, dependent upon the type of 510(k) filing submitted. Although many 510(k) premarket notifications are cleared without clinical data, in some cases, the FDA may require clinical data to support substantial equivalence. In reviewing a premarket notification, the FDA may request additional information, including clinical data, which may significantly prolong the review process and clearance is never assured. Clinical trials generally require the submission of an investigational device exemption ("IDE") to the FDA for a specified number of patients and study sites, unless the product is deemed a non-significant risk device eligible for more abbreviated IDE requirements. Clinical trials are subject to numerous requirements and institutional review board approval, oversight, and monitoring. Even if a trial is conducted, the results of clinical testing may not adequately demonstrate the safety and effectiveness of the device or be sufficient to obtain FDA clearance or approval for marketing.

After a device receives 510(k) clearance, any subsequent modification of the device that could significantly affect its safety or effectiveness, or that would constitute a major change in its intended use, requires a new 510(k) clearance or could require submission and approval of a de novo 510(k) or a PMA application in cases where new indications are sought for which there is no predicate. Non-significant changes are handled via internal documentation by the Company. Each manufacturer must judge the significance of modifications based on FDA 510(k) regulatory requirements and guidance documents. The FDA may review any such decision and may disagree with a manufacturer's determination. If the FDA disagrees with a manufacturer's determination, the FDA may require the manufacturer to cease marketing and distribution and/or recall the modified device until 510(k) clearance or PMA approval is obtained. In the future, we may make modifications to our products after they have received FDA clearance and, in appropriate circumstances, determine that new clearance is unnecessary. However, the FDA may disagree with our determination, and, if the FDA requires us to seek 510(k) clearance or submit new PMA applications for any modifications to a previously cleared product, we may be required to cease marketing or distributing or recall the modified device until we obtain the required clearance or approval. We may also market or acquire products that are marketed without a 510(k) clearance, appropriate labeling, or that otherwise are marketed in violation of FDA requirements, since medical devices can be marketed only for the indications for which they are cleared or approved. Under these circumstances, we may also be subject to warning letters, significant regulatory fines, or other penalties, and we may no longer be able to market particular products for which a 510(k) clearance is required.

Post-Marketing Requirements

Numerous FDA regulatory requirements apply to devices we manufacture and distribute, including: compliance with the QSR, which require manufacturers and their suppliers to follow the applicable design, testing, processes, control, documentation, labeling, and other quality assurance procedures during the manufacturing process; establishment registration, which requires establishments involved in the production and distribution of medical devices intended for commercial distribution in the United States to register with the FDA; medical device listing, which requires manufacturers to list the devices they have in commercial distribution with the FDA; labeling regulations, which prohibit "misbranded" devices from entering the market, as well as prohibit the promotion of products for unapproved or off-label uses and impose other restrictions on labeling; post-market surveillance, including medical device reporting requirements which requires manufacturers to report to the FDA if their device may have caused or contributed to a death or serious injury, or malfunctioned in a way that would likely cause or contribute to a death or serious injury if it were to recur; and corrections and removal reporting regulations, which require that manufacturers report to the FDA field corrections and product recalls or removals if undertaken to reduce a risk to health posed by the device or to remedy a violation of the Federal Food, Drug, and Cosmetic Act that may present a risk to health. The FDA and other governmental and regulatory authorities actively enforce the laws and regulations prohibiting the promotion of off-label uses, and a company that is found to have improperly promoted off-label uses may be subject to significant liability.

The FDA enforces these requirements by inspection and market surveillance. Domestic facility records and manufacturing processes are subject to periodic unscheduled inspections by the FDA. The FDA may also inspect foreign facilities that export products to the United States. Failure to comply with applicable regulatory requirements may result in enforcement action or other actions by the FDA, which may include one or more of the following sanctions: adverse press releases and safety communications; requests to stop shipments; untitled letters or warning letters; fines, injunctions, and civil penalties; mandatory recall or seizure of our products; customer notifications and repairs or replacements; administrative detention or banning of our products; consent decrees; operating restrictions, partial suspension or total shutdown of production; refusing our request for 510(k) clearances for new product versions or modifications to existing product versions; revocation of 510(k) clearances previously granted; refusal to grant export approval for our products; and criminal prosecution and penalties. If any of these events were to occur, they could have a material adverse effect on our business, financial condition, and results of operations.

International Regulation of Medical Devices

Sales of medical devices outside the United States are subject to foreign government regulations, which vary substantially from country to country. In order to market our products in other countries, we must comply with applicable regulatory requirements and authorizations and approvals and safety and quality regulations in each country in which the product is marketed. The time required to obtain authorization, approval, or certification by a foreign country may be longer or shorter than that required for FDA clearance, and the requirements may differ significantly.

EU Regulation of Medical Devices

In the European Union ("EU") until May 25, 2021, medical devices were regulated by the Council Directive 93/42/EEC, which has been repealed and replaced by the Medical Device Regulation ("EU MDR"). Unlike directives, regulations are directly applicable in all EU member states without the need for member states to implement into national law. The EU extended the EU MDR transitional periods for certain medical devices until December 31, 2027 or December 31, 2028, depending on a device's risk class and subject to certain conditions to ensure continued access to medical devices for patients and to allow medical devices already placed on the market in accordance with the current legal framework to remain on the market, provided that the requirements of the transitional provisions are fulfilled.

In the EU, there is currently no premarket government review of medical devices. However, all medical devices placed on the EU market must meet general safety and performance requirements, and compliance with the general safety and performance requirements is a prerequisite for European conformity marking without which medical devices cannot be marketed or sold in the EU. EU MDR requirements regarding the distribution, marketing, and sale, including quality systems and post-market surveillance, have to be observed by manufacturers, importers, and distributors as of the application date (i.e., since May 26, 2021), including registration of economic operators and of devices (once the relevant modules of Eudamed are functional), surveillance, and vigilance requirements. The aforementioned EU rules are generally applicable in the European Economic Area which consists of the 27 EU member states plus Norway, Liechtenstein, and Iceland.

The NDA Approval Process

For any new drug products regulated under the Federal Food, Drug, and Cosmetic Act such as our ReadyPrep CHG cloth, a sponsor must submit a New Drug Application ("NDA"), to the FDA for review and approval. The NDA review and approval process may take multiple years and involves steps including the following:

- completion of preclinical studies and analytical and stability testing in accordance with applicable regulations;
- submission to the FDA of an Investigational New Drug ("IND") application, which must become effective before clinical trials may begin and must be updated annually and amended when certain changes are made;
- approval by an institutional review board, or IRB, or independent ethics committee, or IEC, at each clinical trial site before each trial may be initiated;
- performance of adequate and well-controlled clinical trials in accordance with applicable IND regulations, good clinical practice, or GCP, requirements, including informed consent, financial disclosure by investigators, and other clinical trial-related regulations, to establish the safety and efficacy of the investigational product for each proposed indication and other condition of use;
- preparation and submission to the FDA of an NDA;

- satisfactory completion of one or more FDA pre-approval inspections of the manufacturing facility or facilities where the drug will be produced to assess compliance;
- satisfactory completion of FDA inspection of select clinical trial sites involved in conducting pivotal studies that generated the data in support of the NDA;
- payment of user fees for FDA review of the NDA; and
- FDA review and approval of the NDA, including of the proposed prescribing information and, where applicable, consideration of the views of any FDA advisory committee, prior to any commercial marketing or sale of the drug in the United States.

Any approvals that we may ultimately receive could be withdrawn if required post-marketing trials or analyses do not meet the FDA requirements, which could materially harm the commercial prospects for our products.

Even if a product candidate receives regulatory approval, the approval may be limited to specific disease states, patient populations and dosages, or might contain significant limitations on use in the form of warnings, precautions or contraindications, or in the form of onerous risk management plans, restrictions on distribution, or post-marketing study requirements. Further, even after regulatory approval is obtained, later discovery of previously unknown problems with a product may result in restrictions on the product or even complete withdrawal of the product from the market. Delay in obtaining, or failure to obtain, regulatory approval for our candidate products, or obtaining approval but for significantly limited use, would harm our business. In addition, we cannot predict what adverse governmental regulations may arise from future U.S. or foreign governmental action.

Trade Regulations

The movement of products, services, and investment across borders subjects us to extensive trade regulations. A variety of laws and regulations in the countries in which we transact business apply to the sale, shipment, and provision of goods, services, and technology across borders. These laws and regulations govern, among other things, our import, export, and other business activities. We are also subject to the risk that these laws and regulations could change in a way that would expose us to additional costs, penalties, or liabilities. Some governments also impose economic sanctions against certain countries, governments, persons, and entities, both for unlawful or malign conduct and to discourage or prevent entities from abiding by other countries' laws. In addition to our need to comply with such regulations in connection with our direct activities, we also sell and provide goods, technology, and services to agents, representatives, and distributors who may export such items to customers and end-users. If we, or the third parties through which we do business, are not in compliance with applicable import, export control, or economic sanctions laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability. Such actions may disrupt or delay sales of our products or services or result in restrictions on our distribution and sales of products or services that may materially impact our business.

Anti-Boycott Laws

Under U.S. laws and regulations, U.S. companies and their subsidiaries and affiliates are prohibited from participating or agreeing to participate in unsanctioned foreign boycotts in connection with certain business activities, including the sale, purchase, transfer, shipping, or financing of goods or services within the United States or between the United States and countries outside of the United States. If we, or certain third parties through which we sell or provide goods or services, violate U.S. anti-boycott laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability.

4V

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03405	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 1062 Old Dixie Highway

City: Auburndale State: FL Zip: 33823

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 863-337-4797 Website: medline.com

Name of Designated Representative (DR): Lawrence Randall

Licensing Company Email: ralicensing@medline.com DR Email: lrandall@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attached Corporate Discipline History

Original Signature (electronic, copies or stamps not accepted)

07/16/20
Date

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

Lora Simmons

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
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P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091 PHONE
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800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grimston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
3605 Missouri Boulevard
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800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ **REQUESTS**

_____ **DOES NOT REQUEST**

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____
Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____
Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____
Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____
Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
N/A		Florida Department of Health		
Reason/Charge				
Medline's Florida Certified Designated Representative unexpectedly resigned.				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Florida Department of Health/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

Lara N. Simmons February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

Daisy Kung for February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2008006		Louisiana Board of Wholesale Drug Distributors		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
LA Board of WDD/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingerman

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman
William Crates, Vice-Chairman
Randall Brooks, Secretary/Treasurer
John Liggio, Executive Director/Inspector
Hershal Paul, Board Member
Andy Milligan, Board Member
Wayne Gremillion, Board Member
Eric Voitier, Board Member
Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
HI DCCA / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
1-14A
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

6. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

9. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

11. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 0 8 2008.

Bobbi W.Y. Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of July, 2007, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C&I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
08 PHM 037		Wisconsin Department of Regulation and Licensing		
Reason/Charge				
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
WI DSPS/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 19 A 9:4

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2009-7-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Jack V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Mallee Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2009

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

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POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dana N. Simmons Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Dana N. Simmons, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller
Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of January, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
27278	NY State Education Department- Board of Pharmacy

Reason/Charge
Discipline incurred in another jurisdiction

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NY Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: Ariana Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

1-5-21

Willis Ingalls, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer M. Rudell, RPh

1-6-2021

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

1-6-2021

Henry Appel, Ohio Assistant Attorney General

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

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THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

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1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James J. Eveland

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn C Wilt

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2022-0333		FL DBPR- Div. of Drugs, Devices, and Cosmetics		
Reason/Charge				
Customer Licenses, Record Keeping				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
FL DBPR / Medline Industries, LP			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____

Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
09 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — Oct - 27 - 2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
PHA 2023-9-L	Hawaii Department of Commerce and Consumer Affairs

Reason/Charge
Discipline incurred in another jurisdiction

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
HI DCCA / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 OCT 16 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent MEDLINE INDUSTRIES, L.P. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., and C.7. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____
IVY Y. E. KIM
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE Chair	December 21, 2023 DATE
PATRICK ADAMS Vice Chair	MARK BROWN
CATALINA CROSS	Kent Kikuchi KENT KIKUCHI
BRANDON RABANG	SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer, Inc.
Address: 66 Hudson Blvd E City: New York State: NY Zip: 10001

Name: ICU Medical Inc.
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare Inc.
Address: One Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Avenue City: Bethlehem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Medline Inc.
Corporation Name: See Attached Ownership Information
Mailing Address: 3 Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: (847) 949-5500 Email: ralicensing@medline.com
Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025 | SEC Registration Number: 0002046386 | Stock Exchange Symbol: MDLN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Daniel Stevens

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

07/16/25

Date

PAID

Board Use Only	Date Received: 7/17/25	Amount: $100.00

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

POWER OF ATTORNEY

EXCELSIOR MEDICAL, LLC, an Illinois limited liability company, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Excelsior Medical, LLC

By: Medline Industries, LP
Its: Manager
By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Medline Industries, LP, as Manager of Excelsior Medical, LLC.

Natalie D Paulov
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

POWER OF ATTORNEY

Centurion Medical Products, LP, an Delaware limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Centurion Medical Products, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Centurion Medical Products, LP.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries, LP

located at

1062 Old Dixie Highway, Auburndale, FL, 33823

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

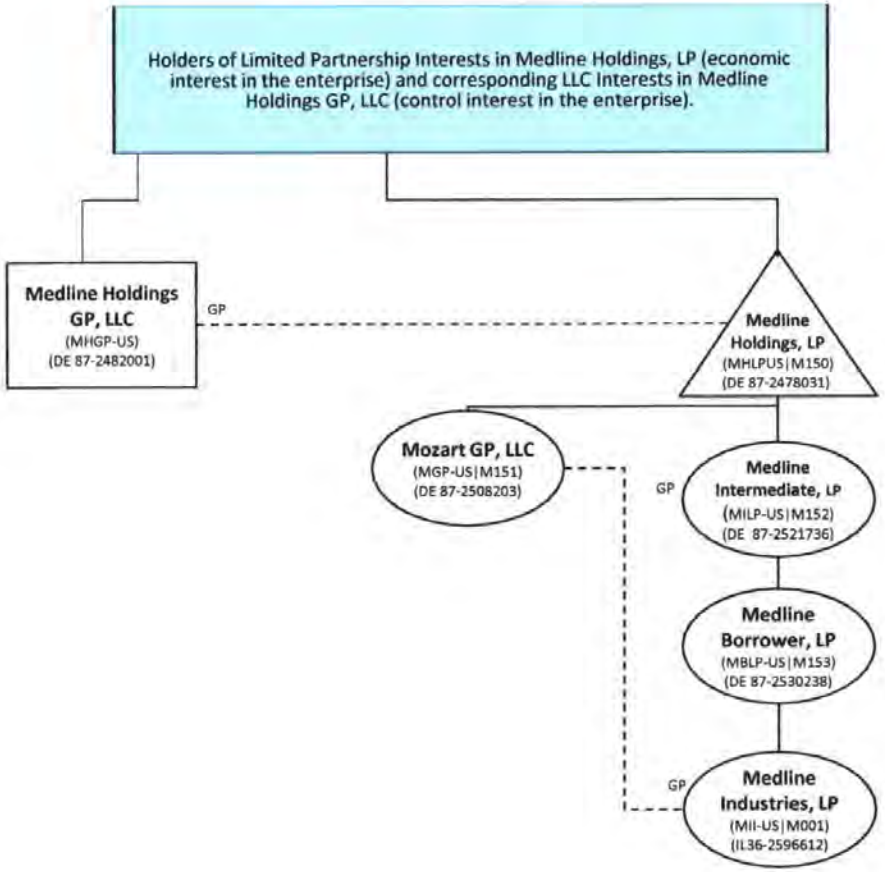
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

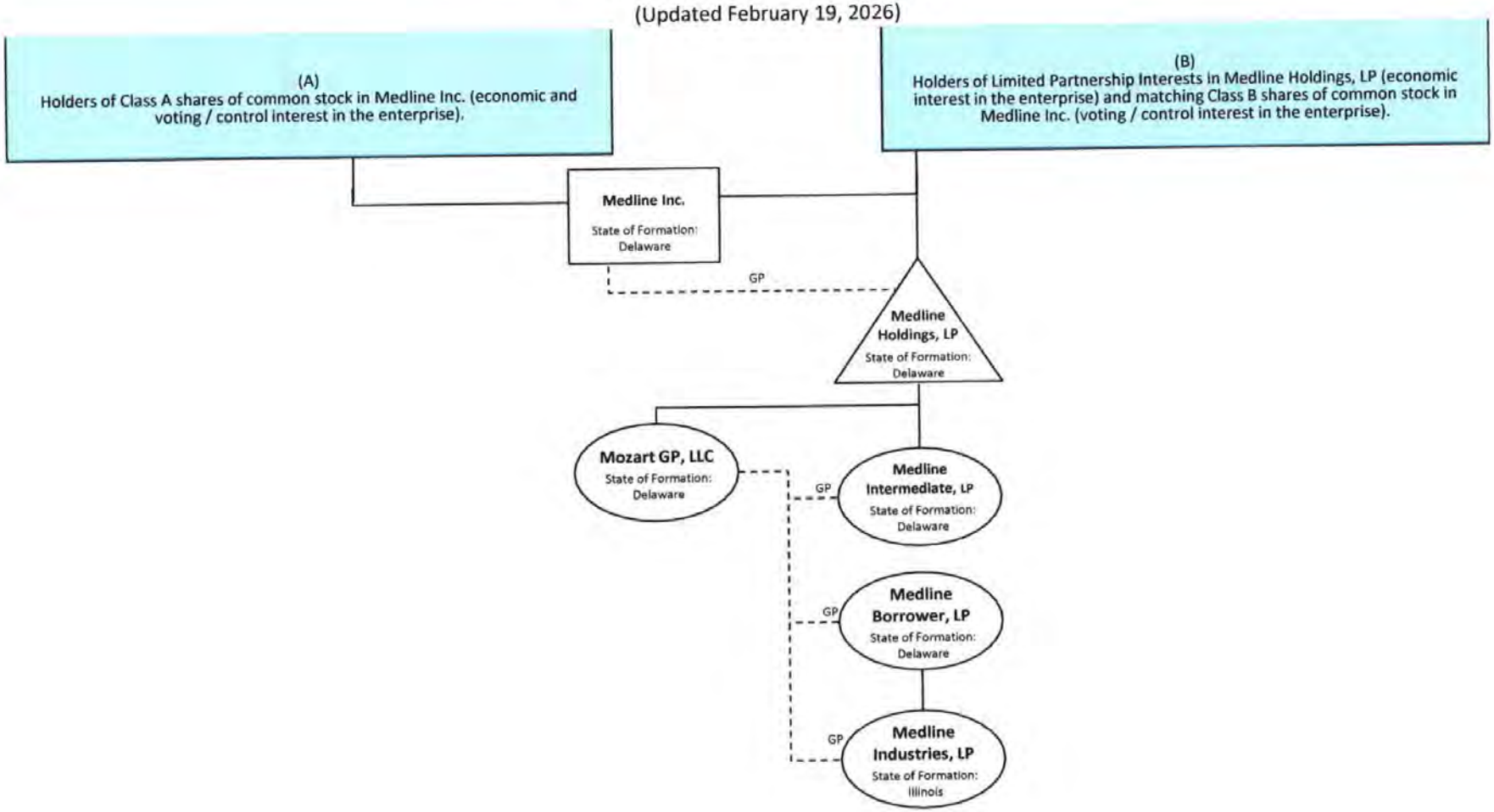


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046385. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Centurion Medical Products, LP

FEIN: 38-1659420
A Delaware Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Industries, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	36-2596612
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC

FEIN: 32-0473772
An Illinois Limited Liability Company

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Member and Manager of LLC:

Medline Industries, LP
FEIN: 36-2596612

Officers:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC is a member managed LLC with the sole member and manager being Medline Industries, LP. Medline Industries, LP is a limited partnership and does not appoint corporate officers. Medline reports the officers for its general partner, Mozart GP, LLC, which retains 100% control of Medline Industries, LP.

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502528 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURION MEDICAL PRODUCTS, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTURION MEDICAL PRODUCTS, LP" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6213666 8300

SR# 20261791715

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203646965

Date: 04-15-26

File Number 0543231-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

EXCELSIOR MEDICAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

SEAL OF THE STATE OF ILLINOIS — AUG. 26TH 1818

Authentication #: 2610502534 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5143163 8300

SR# 20261572157

Authentication: 203550646

Date: 04-03-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

Ron DeSantis, Governor

Melanie S. Griffin, Secretary

Florida dbpr

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS

THE Prescription Drug Wholesale Distributor HEREIN HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 499, FLORIDA STATUTES

MEDLINE INDUSTRIES LP

1062 OLD DIXIE HIGHWAY
AUBURNDALE FL 33823

LICENSE NUMBER: 2220299

EXPIRATION DATE: JUNE 30, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 06/24/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC. 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** N/A — N/A **INSURER C :** See Acord 101 for Carrier Participation **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-26 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	2,000,000
							GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
							BODILY INJURY (Per person)	$	
							BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
								$	
	[ ] **UMBRELLA LIAB** [ ] OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$	
							AGGREGATE	$	
								$	
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE [ ] OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [Y] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
							E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$	10,000
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$	2,000,000
	OTHER:						GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: Y (Mandatory in NH) N/A			PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr. Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S . Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St. Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd. Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **105625536**

Current Billing Term From **July 20, 2025** to **July 20, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **July 20, 2011**, in the amount of **One Hundred Thousand** (**$100,000.00**) on behalf of **MEDLINE INDUSTRIES, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **June 25, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 105625536 **Principal: MEDLINE INDUSTRIES, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25 day of June, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 25th day of June, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #105625536

Current Information as of 04/14/2026

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 5: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 6: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 7: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 8: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 9: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 10: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 11: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 12: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 13: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Location 14: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 15: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 16: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 17: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 18: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 19: (C71)
Medline Industries, LP
264 S 5750 W
Salt Lake City, UT 84104

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

Location 23: (ANG)
Medline Industries, LP
10 Glen Falls Techinical Park
Glen Falls, NY 12801

Location 24: : (EXC-TF)
Excelsior Medical, LLC
1470 Shafto Road
Tinton Falls, NJ 07712

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **108030426**

Current Billing Term From **September 03, 2025** to **September 03, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **September 03, 2024**, in the amount of **Twenty Five Thousand** (**$25,000.00**) on behalf of **CENTURION MEDICAL PRODUCTS, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **July 23, 2025**

Travelers Casualty and Surety Company of America

By: _____
Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108030426 **Principal: CENTURION MEDICAL PRODUCTS, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

SEAL SEAL SEAL SEAL

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

NOTARY PUBLIC

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 23 day of July, 2025.

SEAL SEAL SEAL SEAL

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 23rd day of July, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #108030426

Current Information as of 04/14/2026

Location 1: (B01)
Centurion Medical Products, LP
301 Catrell Drive
Howell, MI 48843

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP — MDEG License # (if applicable): WH03405

Physical Address: 1062 Old Dixie Highway.

City: Auburndale — State: FL — Zip: 33823

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield — State: IL — Zip: 60093

Telephone: 863-337-4797 — Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Lawrence — Middle: Carlton — Last: Randall

Alias(es, nicknames, name changes, etc.): [redacted]

Date of Birth: [redacted] — SSN or ITI: [redacted] — Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Clermont — State: FL — Zip: [redacted]

Telephone: 863-337-4797 x2221 — Email: Lrandall@Medline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Lake Region High School		1976-1980	
Address	**City**	**State**	**Zip**
1877 Roosevelt Trail	Naples	ME	04055
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Saint Joseph's College of Maine		1981 - 1985	
Address	**City**	**State**	**Zip**
278 Whites Bridge Rd	Standish	ME	04084
Diploma/Degree obtained, if any			
Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/2018 - Current	[redacted]	Clermont	FL	[redacted]
10/2014 - 7/2018		Longwood	FL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP			01/01/2025 - current
Business Address	**City**	**State**	**Zip**
1062 Old Dixie Highway Auburndale	Auburndale	FL	33823
Phone	**Title**		**Number of Employed Hours**
863-337-4797 x2221	Sr Director of Operations		1500 +

Description of Duties

As the Sr Director of Operations, I oversee the facility and i am involved with decision making, procedures, policies,and record keeping.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP			1/1/2018 - 01/01/2025
Business Address	**City**	**State**	**Zip**
1062 Old Dixie Highway Auburndale	Auburndale	FL	33823
Phone	**Title**		**Number of Employed Hours**
863-337-4797 x2221	Director of Operations		1500 +

Description of Duties

As the Director of Operations, I oversee the facility and i am involved with decision making, procedures, policies,and record keeping.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) _____ Date _____

I, Lawrence Randall, **certify that as the MDEG Administrator for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. LR Have a high school diploma or its equivalent;
2. LR Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. LR Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. LR Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lawrence Randall
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/9/2026
Date

Board Use Only	Date Received: 4/13/26

List of Employees
Medline Industries, LP
C05 - Auburndale, FL

Worker	Business Title
Aaron Mccormick	Warehouse Operator Operations
Abe Lopez	Warehouse Operator Operations
Abner Valentin	Warehouse Operator Operations
Achraf Hamouch	Driver II
Adelaida Shine (On Leave)	Warehouse Operator Operations
Adriana Cintron	Warehouse Operator Operations
Ady Cruz	Warehouse Operator Operations
Ajay Whyte	Warehouse Operator Operations
Ajeema Reboe	Warehouse Operator Operations
Alaila Rivera	Warehouse Operator Operations
Alayn Robaina	Delivery Driver
Alberto Escartin-Ramos	Warehouse Operator Operations
Aldrey Acuna	Warehouse Operator Operations
Alejandro Sanchez	Driver II
Alex Colon Rivera	Driver II
Alexei Sanchez	Maintenance Tech II
Alexis Feliciano	Warehouse Operator Operations
Alexis Mccants	Warehouse Operator Operations
Alfonso Gomez	Warehouse Operator Operations
Alfredo Hernandez	Warehouse Operator Operations
allison olive	Warehouse Operator Operations
Allysa Clarke	Warehouse Operator Operations
Alma Alvarez-Cleto	Warehouse Operator Operations
Alysha Clecidor	Warehouse Operator Operations
Alyssa Simon	Quality Control Inspector II
Amanda Edwards	Warehouse Operator Operations
Amanda Kingsley	Supv Warehouse
Anais Alvarez Bergodere	Warehouse Operator Operations
Analeidy Mesa	Warehouse Operator Operations
Andres Huertas (On Leave)	Warehouse Operator Operations
Andrise Daniels	Warehouse Operator Operations
Angel Adames	Driver II
Angel Cruz-Feliciano	Driver Ld
Angel Fernandez	Warehouse Operator Operations
Angel Ramos	Warehouse Operator Operations
Angel Torres	Driver II
Angel Torres Cancela	Delivery Driver
Angela Nunez	Warehouse Operator Operations
Angelina Rogers	Warehouse Operator Operations
Angie Benson	Delivery Driver
Anteka Ross	Warehouse Operator Operations
Anthony Allen	Warehouse Operator Operations
Anthony George	Warehouse Operator Operations
anthony Primavera	Warehouse Operator Operations
Antonio Mims	Warehouse Operator Operations
April Robinson	Warehouse Operator Operations
Argenis Arbelo	Warehouse Operator Operations
Arturo Acosta	Warehouse Operator Operations
Ashauntie Cox	Warehouse Operator Operations
Ashley Cooper-Munchel	Warehouse Operator Operations
Ashley Rodriguez	Warehouse Ld Operations
Ashley Rodriguez	Warehouse Operator Operations
Astrid Cruz	Supv Warehouse
Aundre Burgess	Warehouse Operator Operations
Austin Mueller	Supv Warehouse
Barbara Santiago	Inventory Coord Operations
Basil Seeraj	Warehouse Operator Operations
Becky Howard	Inventory Coord Operations
Bedsley Pierre	Warehouse Operator Operations
Benjamin Munro	Warehouse Operator Operations
Benjamin Ocasio Rodriguez	Warehouse Operator Operations
Betsy Larrain	Warehouse Clerk Operations
Bg Gibbs	Warehouse Operator Operations
Blade Garcia (On Leave)	Warehouse Operator Operations
Bob Kirkpatrick	Driver II
Brad Konopinski	Driver Ld
BRADLEY SCHAUER	Driver II
Brandyn Nichols	Inventory Coord Operations
Brennan Reynolds	Driver II
Brent Scott	Warehouse Operator Operations
Bri Jackson	Warehouse Operator Operations
Brian Baker	Warehouse Operator Operations
Brian Cuyler	Warehouse Operator Operations
Brian Suarez	Warehouse Operator Operations
Briana Perez Maldonado	Warehouse Operator Operations
Briellee Beltre	Warehouse Operator Operations
Britney Williams	Warehouse Operator Operations
Bruce Nesbitt	Maintenance Tech I
Bryan Louis	Warehouse Operator Operations
Bryan Pagan Colon	Warehouse Operator Operations
Buteau Aime	Warehouse Operator Operations
Cameo Dixon-Wade	Trainer Branch
Camilo Cabrera	Warehouse Operator Operations
Carlos Burgman (On Leave)	Warehouse Operator Operations
Carlos Carcamo	Warehouse Operator Operations
Carlos Daniels	Warehouse Operator Operations
Carlos Lugo Rivera	Warehouse Operator Operations
Carlos Molina	Driver II
Carlos Rivera-Rodriguez	Warehouse Operator Operations
Carlos Rodriguez	Driver II
Carlos Silva Orozco	Warehouse Operator Operations
Carmen Santiago	Warehouse Operator Operations
Cassandra Altidor	Warehouse Operator Operations
Cassandra Exavier	Warehouse Operator Operations
Celso Vargas	Maintenance Tech II
Cesar Guerra	Driver II
Chante Moore	Warehouse Operator Operations
Charlene Southall	Warehouse Operator Operations
Charlie Ruiz	Driver II
Cherlyan Molina	Warehouse Operator Operations

Chinesta Oda	Trainer Branch
Christian Gonzalez	Warehouse Operator Operations
Christian Lebron	Warehouse Operator Operations
Christopher Hassell	Warehouse Operator Operations
Christopher Laguerre	Driver II
Christopher NeSmith	Warehouse Operator Operations
Cierra Boone	Warehouse Operator Operations
CLARENCE LEWIS	Fleet Maintenance Planner
Claude Azor	Warehouse Operator Operations
Claude Hickerson	Warehouse Operator Operations
Claudia Vargas	Warehouse Operator Operations
Claudine Graydon	Warehouse Operator Operations
Codey Fullwood	Warehouse Operator Operations
Consuela Fleming	Warehouse Operator Operations
Coralys Calderon (On Leave)	Warehouse Operator Operations
Corey Chapple	Delivery Driver
Corey Storr	Delivery Driver
Craig Amey	Driver II
Craig McLean	Warehouse Operator Operations
Cricket Jacquet	Warehouse Operator Operations
Cristian Arroyo	Warehouse Operator Operations
Cristian Morales	Driver II
Cristofer Dioses	Warehouse Operator Operations
Crystal Bixler	Supv Inventory Control
Curtis Johnson	Driver II
Cynthia Aaron	Janitor Operations
Cynthia Griffith	Trainer Branch
D'Anta Armstrong (On Leave)	Warehouse Operator Operations
D'Jovens Palmy	Supv Warehouse
Dael Aricy	Warehouse Operator Operations
Dalma Martinez-Molina	Warehouse Operator Operations
Damaris Nieves	Warehouse Operator Operations
Damien Black	Warehouse Operator Operations
Damien Taylor	Warehouse Operator Operations
DAMIL SULUETA	Warehouse Operator Operations
Dan Camesi	Maintenance Tech I
Daniel Arias	Driver II
Daniel Dasilva	Warehouse Operator Operations
Daniel Polanco	Warehouse Operator Operations
Daniela Castillo	Warehouse Operator Operations
Danny Rodriguez	Maintenance Tech I
Darian Perez Gomez	Warehouse Operator Operations
Darnell Flucker	Warehouse Ld Operations
Darrious Walker	Warehouse Operator Operations
Darwin Aranguren	Driver II
Daryl Clarke	Warehouse Operator Operations
Dashann Powell	Inventory Coord Sr
Dashon Straford	Warehouse Operator Operations
Dave Arruda	Driver Ld
David Cruz	Supv Warehouse
David Frisch	Driver II
David Graham	Driver II
David Jennings	Supv MedTrans
David Mark	Warehouse Operator Operations
David Nieves	Driver II
David Pierce	Warehouse Operator Operations
David Sandoval	Warehouse Operator Operations
Daymond Batts	Warehouse Operator Operations
Deaveius Willis	Warehouse Operator Operations
Debbie Tanner	Warehouse Operator Operations
Dejwon Howard	Warehouse Operator Operations
Denit Carrasco-Diaz (On Leave)	Warehouse Operator Operations
Dennis Matthews	Warehouse Operator Operations
Dennis Seeraj	Warehouse Operator Operations
Derek Casiano	Warehouse Operator Operations
Derwin Santiago	Warehouse Operator Operations
Deshawn Cox	Warehouse Ld Operations
Devane Office	Warehouse Operator Operations
Deven Garcia	Warehouse Operator Operations
Devin Arnold	Warehouse Operator Operations
Devon Richards	Warehouse Operator Operations
Dhmari Betard	Warehouse Operator Operations
Diego Rosquete	Warehouse Ld Operations
Dimas Martinez Rodriguez	Warehouse Operator Operations
Domenica Garcia	Warehouse Operator Operations
Dominique Brazley	Warehouse Operator Operations
Drew Vandersall	Trainer Branch
Dustin Jackson	Janitor Operations
Dwayne Hingos	Dispatcher
Dyannisa Arroyo	Warehouse Operator Operations
E'Sha Barfield	Training Coord Sr
Edva Charlesca	Warehouse Operator Operations
Edward Coloski	Inventory Coord Operations
Edwin Calderon (On Leave)	Warehouse Operator Operations
Edwin Colon	Inventory Coord Sr
Edwin Garcia Marrero	Warehouse Operator Operations
Edwin Martinez	Sr Mgr Medtrans
Efrain Chardon	Maintenance Tech I
Elinnett Hernandez	Warehouse Operator Operations
Elli Magana	Warehouse Operator Operations
Eloude Laurent	Warehouse Operator Operations
Elvin Cruz Rodriguez	Warehouse Ld Operations
Elvin Falero	Warehouse Operator Operations
Elvis Gonzalez	Delivery Driver
Emily Perdomo	Trainer Branch
Emma Rodriguez (On Leave)	Warehouse Operator Operations
Emmanuel Santiago	Warehouse Operator Operations
Enrique Soler	Warehouse Operator Operations
Eric Chinique	Maintenance Ld
Eric Sanchez Santos	Warehouse Operator Operations
Eric Staton	Driver II
Eric Torres	Delivery Driver
Ericka Morris	Warehouse Operator Operations
Esperanza Cobena	Warehouse Operator Operations
Evanchi Anglin	Warehouse Operator Operations
Eve Rosemain	Warehouse Operator Operations
Evelyn Torres	Warehouse Operator Operations
Evens Chera	Warehouse Operator Operations
Everett Davis	Warehouse Operator Operations
Ezequiel Matos	Warehouse Operator Operations

Fabiano Cavalcanti	Delivery Driver
Felipe Cruz	Warehouse Operator Operations
Felix Dieguez Baranda	Warehouse Operator Operations
Felix Rivera	Warehouse Operator Operations
Felix Sanquiche	Delivery Driver
Fernando Rivera	Driver II
Fervick Feliciano Cruz	Driver II
Florine Felix	Warehouse Operator Operations
Frances Perez	Warehouse Operator Operations
Francesca Joseph	Warehouse Operator Operations
Francisco Borrell tejada	Warehouse Operator Operations
Francisco Lugo	Trainer Branch
Francisco Mangual Perez	Warehouse Operator Operations
Francisco Rivera	Janitor Operations
Frank Zike	Driver II
Franshesca Rivera	Warehouse Operator Operations
Freddie Adarmes	Warehouse Operator Operations
Frenel Germain	Driver II
Gabriel Barreto	Warehouse Operator Operations
Gardo Ortiz	Warehouse Operator Operations
Garvin Mohammed	Warehouse Operator Operations
Geew Jaggernauth	Warehouse Operator Operations
Georges Doliscat	Warehouse Operator Operations
Giardi Vega	Warehouse Operator Operations
Gloria Morales	Warehouse Operator Operations
Glynnis Haynes	Warehouse Operator Operations
Gregory McCray	Warehouse Operator Operations
Gregory Rosado	Warehouse Operator Operations
Greimy Cartaya (On Leave)	Warehouse Operator Operations
Guadalupe Jacquez Rosales	Warehouse Operator Operations
guerline Joseph	Warehouse Operator Operations
Guillermo Lopez	Warehouse Operator Operations
Hantz Deravins	Warehouse Operator Operations
Harley Bush	Driver II
Harold Lucius	Warehouse Operator Operations
Hayward Allen	Warehouse Operator Operations
Hazel Vega	HR Coord
Hazim Baksh	Warehouse Operator Operations
Hector Cordero	Warehouse Operator Operations
Hemil Matthews	Warehouse Operator Operations
Hillary Vilchez	Warehouse Operator Operations
Hinary Alisandro	Delivery Driver
Hiram Taylor	Warehouse Operator Operations
Hitendra Patel	Warehouse Operator Operations
Idovic Benoit	Janitor Operations
Iliana Estiven	Warehouse Operator Operations
Ireisha Johnson	Warehouse Operator Operations
Iris Pedraza	Warehouse Operator Operations
Iris Sierra Pacheco	Warehouse Operator Operations
Isaac McLaurin	Driver II
isaiah lopez	Warehouse Operator Operations
Isait Lorenzo	Warehouse Operator Operations
Israel Velez	Warehouse Operator Operations
Isreal Coronado	Warehouse Operator Operations
Ivan Gonzalez	Warehouse Operator Operations
Ivonne Cardenas	Warehouse Operator Operations
Ivory Bennett	Warehouse Operator Operations
Jackie Gibbs	Warehouse Operator Operations
Jacob Fussell	Warehouse Operator Operations
Jacqueline Gandia	Warehouse Clerk Operations
Jadin Kiefer	Warehouse Operator Operations
Jakob Thrash	Warehouse Operator Operations
James Arnold	Warehouse Operator Operations
James Brown	Warehouse Operator Operations
James Daniels	Warehouse Operator Operations
James Jeske	Sr Supv Warehouse
James Mccoy	Warehouse Operator Operations
James Moiseau	Warehouse Operator Operations
James Perry	Warehouse Operator Operations
Jamina Shuler	Warehouse Operator Operations
Jardel Aricy	Warehouse Operator Operations
Jared Wiggins	Supv Warehouse
Jasmin Rosales Garcia	Warehouse Operator Operations
Jasmine Goodman	Warehouse Operator Operations
Jasmine Mckay	Warehouse Operator Operations
Jasmine Williams	Warehouse Operator Operations
Javier Candelaria	Warehouse Operator Operations
Javier Echeverria Diaz	Warehouse Ld Operations
Javier Feliciano	Trainer Branch
Javier Rizo	Mgr Warehouse
Javier Torregrosa	Warehouse Operator Operations
Jay Jones	Warehouse Operator Operations
Jazlyn Fernandez	Warehouse Operator Operations
Jean Araque	Warehouse Operator Operations
Jean Rubens Laguerre	Warehouse Operator Operations
Jeanette Snowden	Warehouse Operator Operations
Jeffrey Candelario Baez	Warehouse Operator Operations
Jeffrey Cooley	Warehouse Operator Operations
Jeffrey Maisonet	Warehouse Operator Operations
JEHMAL PELLE	Warehouse Operator Operations
Jendrys Martinez	Delivery Driver
Jenn Jurashen	Warehouse Operator Operations
Jennifer Bravo	Warehouse Operator Operations
Jennifer Collado	Warehouse Operator Operations
jennifer vega	Inventory Coord Operations
Jennifer Vilanova	Delivery Driver
JENNIFFER ORTIZ RODRIGUEZ	Warehouse Operator Operations
Jeremy Bello (On Leave)	Warehouse Operator Operations
Jeremy Martin	Driver II
Jeremy Nieves Serrano	Warehouse Operator Operations
Jeremy Oden	Warehouse Operator Operations
Jeremy Taylor	Warehouse Operator Operations
Jeremy Yawn	Warehouse Operator Operations
Jessica Ellison	Supv Warehouse
Jessica Gray	Warehouse Operator Operations
Jessica Milton	Warehouse Operator Operations
Jessica Miyasato	Warehouse Operator Operations
Jesus Gonzalez	Warehouse Operator Operations
Jevaughn Hibbert	Warehouse Operator Operations
Jexsaira Laguer Rivera	Warehouse Operator Operations

Jezreel Flores Rodriguez	Dispatcher
Jim Benner	Inventory Coord Operations
Jim Stewart	Janitor Operations
Jimev Bruno	Warehouse Operator Operations
Jimmy Capps	Warehouse Operator Operations
Jimmy Cordero Jorge	Inventory Control Ld Operations
Joan Hunter-Stubbs	Warehouse Operator Operations
Joe Colon	Warehouse Ld Operations
Joel Beaver	Driver II
Joel Valenzuela	Driver II
Joelys Torres	Warehouse Operator Operations
John Lozandieu	Warehouse Operator Operations
John Peirson	Supv Warehouse
John Romero Ayala	Warehouse Operator Operations
Johniel Gomez	Warehouse Operator Operations
Johnny Torres	Warehouse Operator Operations
Johnnyel Oliveras Rivera	Warehouse Operator Operations
Jonah Nonu	Janitor Operations
Jonathan Duque	Driver II
Jordan Engle	Warehouse Operator Operations
JORDAN FORD	Warehouse Operator Operations
Jorge Banos	Warehouse Operator Operations
Jorge Fontanez	Warehouse Operator Operations
Jorge Negron	Warehouse Operator Operations
Jorge Serrano	Warehouse Operator Operations
Jose Contreras	Warehouse Clerk Operations
Jose Cruz	Sr Supv Warehouse
Jose De Jesus	Warehouse Ld Operations
Jose Goitia	Driver Ld
JOSE MARRERO-GARCIA	HR Generalist
Jose Mejias-Cabrera	Driver II
Jose Olivencia	Driver II
Jose Perez Troche	Warehouse Ld Operations
Jose Rivera	Warehouse Operator Operations
Jose Santiago	Warehouse Operator Operations
Joseph Boggan (On Leave)	Driver II
Joseph Torrelli	Driver II
Josh Wyscarver	Delivery Driver
Joshua Abel	Warehouse Operator Operations
Joshua Goitia	Warehouse Operator Operations
Joshua Rodarte	Warehouse Operator Operations
Jovan Lozada	Warehouse Operator Operations
Jovanny Fernandez	Warehouse Operator Operations
Juan Acevedo	Warehouse Operator Operations
Juan Bautista	Warehouse Operator Operations
Juan Colon Ruiz	Driver II
Juan Negron	Warehouse Operator Operations
Juan Paulino Santiago	Warehouse Operator Operations
Juan Perez	Driver II
Juan Perez	Janitor Operations
Juan Rodriguez	Warehouse Operator Operations
Juan Vives	Warehouse Operator Operations
Julio Aponte Alicea	Driver II
Julio Laboy	Warehouse Operator Operations
Jurany Paladines	Warehouse Operator Operations
Justin Grubbs	Warehouse Operator Operations
Justin North	Supv MedTrans
Justin Ruiz	Warehouse Operator Operations
Kahlil De Leon	Warehouse Operator Operations
Kaitlen Schepper	Warehouse Operator Operations
Kaitlyn Reynolds	Warehouse Operator Operations
KARIBEL CORTES	Warehouse Operator Operations
Karim Ben Khalifa	Warehouse Operator Operations
Karina Flores	Warehouse Operator Operations
Karla Quinones (On Leave)	Warehouse Operator Operations
Karla Rivera	Inventory Coord Operations
Kathleen Spositi	Warehouse Operator Operations
Katrina Clecidor	Warehouse Operator Operations
KC Curry	Delivery Driver
Keila Colon	Warehouse Operator Operations
Keith Canady	Warehouse Operator Operations
Kelly Benner	Inventory Coord Operations
kelvin Andujar	Warehouse Ld Operations
Kenijah Deveaux	Warehouse Operator Operations
Kenneth McMickle	Delivery Driver
Keshly Vazquez Rivera	Warehouse Operator Operations
Kevin Dragustinovis	Warehouse Operator Operations
Keyan Phillips	Trainer Branch
Khali Muhammad-Carter	Warehouse Operator Operations
Kiani Rodriguez Rivera	Warehouse Operator Operations
Kimberly Vazquez	Spec EH&S
Kristin Fleet	Warehouse Operator Operations
Kristine Ellwood	Warehouse Operator Operations
Kyle Kilpatrick	Warehouse Operator Operations
Kyneisha Velez	Warehouse Operator Operations
Lakeisha Slaughter	Warehouse Operator Operations
Lakia Hudson	Warehouse Operator Operations
Lakiesha Hinson	Training Coord Sr
Lanay Mauller	Sr Supv Warehouse
Lance Drayton	Warehouse Operator Operations
Lanel Ramsdell	Warehouse Operator Operations
Larissa Espiritu	Warehouse Operator Operations
Lashonda Hardin	Warehouse Operator Operations
Latesia Gaskins	Warehouse Operator Operations
Latonya Banks	Warehouse Operator Operations
Latonya Bouiye	Warehouse Operator Operations
Lawrence Babb	Driver II
Lawrence Randall	Sr Dir Operations
Lawrence Young	Warehouse Operator Operations
Lexis Caraballo	Warehouse Operator Operations
Lincoln Henriquez	Delivery Driver
Lisa Ivory	Warehouse Operator Operations
Lisa Todd	Warehouse Operator Operations
Lucal Guerrier	Warehouse Operator Operations
Lucky Laurant	Warehouse Operator Operations
Luis Figueroa	Warehouse Ld Operations
Luis Hernandez	Warehouse Operator Operations
Luis Marrero	Warehouse Operator Operations
Luis Perez Ayala	Warehouse Operator Operations
Luis Rivera	Warehouse Operator Operations

Luis Santana-Soto	Mgr Warehouse
Luis Vazquez (On Leave)	Warehouse Operator Operations
Luis Vega	Warehouse Operator Operations
Luke Peterson	Warehouse Operator Operations
Luke Smith	Warehouse Operator Operations
Lynn Garcia	Warehouse Operator Operations
Madeline Cumba	Warehouse Operator Operations
MANUEL GONZALEZ	Warehouse Operator Operations
Maria Galvez	Warehouse Operator Operations
Maria Gonzalez	Warehouse Operator Operations
Maria Marcano	Warehouse Clerk Operations
Maria Neris	Warehouse Operator Operations
Maria Salazar (On Leave)	Warehouse Operator Operations
Maria Vazquez	Warehouse Operator Operations
Mariam Figueroa Rosario	Warehouse Operator Operations
Marieli Salazar	Warehouse Operator Operations
Mariluz Chaparro	Warehouse Operator Operations
Mario Marcial	Driver II
Mario Martinez	Warehouse Ld Operations
Mario Tufano	Mgr Warehouse
Marissa Alvarez	Warehouse Operator Operations
Markyle Redhead	Warehouse Operator Operations
Marlie Torres	Warehouse Operator Operations
Marsha Josephs	Warehouse Operator Operations
Mathew Joseph	Warehouse Operator Operations
Matt Barngrover	Delivery Driver
Matt Davis	Warehouse Operator Operations
Matthew Abel (On Leave)	Warehouse Operator Operations
Matthew Griglio	Mgr MedTrans
Matthew Roman	Trainer Branch
Mauricio Larrea	Warehouse Operator Operations
Mav Bethelmie	Sr Analyst Financial
Maykel Torres Rodriguez	Driver II
Melissa Campbell	Warehouse Operator Operations
Melissa Ziarko	Sr Supv Warehouse
MERALYS CALDERON	Warehouse Operator Operations
Micah Hubbard	Warehouse Operator Operations
Michael Arroyo	Warehouse Operator Operations
Michael Bassett	Trainer Branch
Michael Berard	Driver II
Michael Dutton	Warehouse Operator Operations
Michael Fleet	Driver II
Michael Frederick	Warehouse Operator Operations
Michael Gray	Warehouse Operator Operations
Michael Hesse	Onsite Support Tech III
Michael Loftin	Warehouse Operator Operations
Michael London	Warehouse Operator Operations
Michael Maximo	Supv Warehouse
Michael Nacrelli	Warehouse Operator Operations
Michael Pabon Casiano	Warehouse Operator Operations
Michael Sirico	Sr Mgr Operations
Miguel Huipio	Driver II
MIGUEL JUSTIZ	Warehouse Operator Operations
Miguel Lozada	Inventory Coord Operations
Mike Stevenson	Driver II
Militza Rios	Transportation Coord
Mily Morales	Warehouse Operator Operations
Miriana Francois	Warehouse Operator Operations
Monalisa Dawson	Warehouse Operator Operations
Murphy Murphy	Driver II
Nacharizer Figueroa	Warehouse Operator Operations
NADO JOSEPH	Delivery Driver
Natasha Lopez	Inventory Coord Operations
Nathan Mcnally	Engineer Process
Nathaniel Lopez	Warehouse Operator Operations
Nay Howell	Warehouse Operator Operations
Naze Clecidor	Trainer Branch
Neftali Rodriguez Lopez	Trainer Branch
Nelson Colon	Driver II
Nelson Nogueras	Trainer Branch
Ney Santana	Warehouse Operator Operations
Ni Pope	Warehouse Operator Operations
Nicholas Chambers	Driver II
Nicholas Johnson	Warehouse Operator Operations
Nile Broyles	Mgr Warehouse
Nilsa Melendez	Warehouse Ld Operations
Noel Borges	Delivery Driver
Noel Wiley	Driver II
Noemi Long	Warehouse Operator Operations
Oscar Phillip	Warehouse Operator Operations
Otis Edwards	Driver II
Ouslo Dorleans Jr	Warehouse Operator Operations
Pablo Davila	Warehouse Operator Operations
Pablo Garcia Silva	Trainer Branch
Patrick Williams	Warehouse Operator Operations
Paula Ruiz (On Leave)	Warehouse Operator Operations
Paulo Miguel	Warehouse Ld Operations
Peter Silva	Driver II
Philip Rios	Warehouse Operator Operations
Phillip Henry	Warehouse Operator Operations
Phong Lee	Warehouse Operator Operations
Phyllis Williams	Janitor Operations
Porsha Simmons	Warehouse Operator Operations
Quan Chapel	Warehouse Operator Operations
Quirianys Gonzalez Hernandez (On Leave)	Warehouse Operator Operations
Rachelle Laroche	Warehouse Operator Operations
Rafael Cruz Diaz	Driver II
Rafael Vazquez	Inventory Control Ld Operations
Raisa Baez	Warehouse Operator Operations
Ralph Gentison	Delivery Driver
Ramil Rodriguez	Maintenance Ld
Rashid Bongon	Driver II
Raul Garcia Ortiz	Driver II
Rawy Rodriguez	Warehouse Operator Operations
Raymond Serrano	Warehouse Operator Operations
Raysha Rodriguez	Warehouse Operator Operations
Rebecca Perez Rivera	Warehouse Operator Operations
Reggie Harris	Janitor Operations

Ricardo Alfonso	Warehouse Operator Operations	Shay Johnson	Warehouse Operator Operations
Ricardo Donate	Maintenance Tech I	Shermila Box	Supv Warehouse
Richard Chapple	Driver II	Shykeeria Mccants	Warehouse Operator Operations
Richard George	Warehouse Operator Operations	Silverio Hernandez	Warehouse Operator Operations
Richard Soria Naranjo	Delivery Driver	Sixto Abreu	Driver II
Richard Torres	Mgr Maintenance	Sonia Itiher	Transportation Coord
Ricky Ayala Reyes (On Leave)	Warehouse Operator Operations	Sophia Calhoun	Warehouse Operator Operations
Robert Delgado	Warehouse Operator Operations	Stacy Kosasih	Warehouse Operator Operations
Robert Griffith	Warehouse Operator Operations	Stan Thomas	Janitor Operations
Robert Henry	Mgr EH&S	Stephanie Nieves Moran	Warehouse Operator Operations
Robert Negron	Warehouse Operator Operations	Stephanie Walker	Office Coord
Robert Newton	Driver II	STEPHEN MCKENZIE	Delivery Driver
Robert Parrish	Warehouse Operator Operations	Steve Burroughs	Warehouse Operator Operations
Robert Perez	Warehouse Ld Operations	STEVE ROSIER	Warehouse Operator Operations
ROBERT TORRES	Driver II	Steven Hezekiah	Warehouse Operator Operations
Roberto Lopez (On Leave)	Warehouse Operator Operations	Steven Vazquez	Warehouse Operator Operations
Roberto Reyes	Supv MedTrans	Taccara Franklin	Trainer Branch
Rocky Belzir	Warehouse Operator Operations	Talmadge Tyson	Warehouse Operator Operations
Rodrick Cox	Delivery Driver	Tamikia Gammons	Warehouse Operator Operations
Rodrigo Giles Graullera	Maintenance Tech I	Tatania Esson	Supv Warehouse
Rogers Kendra	Warehouse Operator Operations	Teresa Smith	Warehouse Operator Operations
Roland Flores	Dispatcher	Teresita Ortiz	Warehouse Operator Operations
Romel Jean	Warehouse Operator Operations	Terra Frye	Warehouse Operator Operations
Romualdo Salado	Driver II	Terrance Watson	Delivery Driver
Ronald Davis (On Leave)	Warehouse Operator Operations	TERRY LONG	Warehouse Operator Operations
Roni Lloyd	Warehouse Operator Operations	Terry Matchette	Supv Warehouse
Rosalinda Freitez	Warehouse Operator Operations	Terry Smith	Driver II
Ruben Castillo	Warehouse Operator Operations	Tevin Warner	Warehouse Operator Operations
Rudy Charles	Warehouse Operator Operations	Thaisha Rivera (On Leave)	Warehouse Operator Operations
Rudy Hubbard	Delivery Driver	Thaishira Morales	Warehouse Operator Operations
Russell Leverett	Warehouse Operator Operations	Tikeshia Spencer	Warehouse Operator Operations
Ryan Hicks	Driver II	Tim Link	Warehouse Operator Operations
Ryan Huggins	Warehouse Operator Operations	Timothy Kirkella	Inventory Coord Operations
Sacha Salcedo	Supv Training Branch	Timothy Mitchem	Warehouse Operator Operations
Sadja Brady	Trainer Branch	Torrey McClain	Driver II
Sadoc Lozada	Delivery Driver	Travis Lafeen	Driver Ld
Sam Clark	Sr Operations Production Controller	TreVell Hawkins	Warehouse Operator Operations
Samantha Ackley (On Leave)	Warehouse Operator Operations	Trevon Peart	Delivery Driver
Samantha Desir	HR Generalist	Ty Clayton	Driver II
Samuel Cedeno	Warehouse Operator Operations	Tylor Falero	Warehouse Operator Operations
Samuel Crews	Supv Warehouse	Tyrell Evans	Warehouse Operator Operations
Samuel Spahalic	Warehouse Operator Operations	Valissa Frederick	Warehouse Operator Operations
Sara Verly	Warehouse Operator Operations	Viaralys Medina	Warehouse Operator Operations
Sara Yates	Warehouse Operator Operations	Victor Bibiloni	Warehouse Ld Operations
Sarah Dixon	Warehouse Operator Operations	Victor Hernandez	Warehouse Operator Operations
Sasha Rudakiewicz-Cravey	Warehouse Operator Operations	Victor Jose	Warehouse Operator Operations
Scott Fitzgibbon	Warehouse Operator Operations	Vincent Coakley	Warehouse Operator Operations
Scott Lamacchia	Warehouse Ld Operations	Vionnie Fields	Warehouse Operator Operations
Sebastian Bonilla	Warehouse Operator Operations	Vonsha Robinson	Warehouse Operator Operations
Sergio Ngounou	Maintenance Tech I	Walberto Valentin	Warehouse Operator Operations
Shaly Rosa De Jesus	Warehouse Operator Operations	Wally Silvagnoli	Warehouse Operator Operations
Shamari Mceachron	Driver II	Wanda Lebron (On Leave)	Warehouse Operator Operations
Sharon Talton	Quality Control Inspector II	Wilbert Ortiz	Driver Ld
Shaun Persaud	Warehouse Ld Operations	Wilfredo martinez	Warehouse Operator Operations

Wilfredo Pagan Rodriguez	Driver II
William Grinslade	Driver II
William Lugo	Driver II
William Spoonley	Warehouse Operator Operations
Wilmer Garcia	Warehouse Operator Operations
Windy Cordero	Inventory Coord Operations
Wyatt Jent	Warehouse Operator Operations
Yadira Aviles	Warehouse Operator Operations
Yagmaris Tirado Pacheco	Warehouse Operator Operations
Yasmine White	Warehouse Operator Operations
Yenisleydis Rodriguez Roque	Warehouse Operator Operations
YESENIA MAYS	Warehouse Operator Operations
Yesenia Rios	Warehouse Operator Operations
Yessica Iribar	Warehouse Ld Operations
Yiret Castillo	Driver II
Yolanda Wright	Warehouse Operator Operations
Yoliane Prieto	Mgr Warehouse
Yuli Andrade	Warehouse Operator Operations
Yvonne Johnson	Warehouse Operator Operations
Zak Pieper	Warehouse Ld Operations

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2025

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-43022

Medline Inc.

(Exact name of registrant as specified in its charter)

Delaware	**33-1845288**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
3 Lakes Drive Northfield, Illinois	**60093**
(Address of principal executive offices)	(Zip Code)

(847) 949 5500
Registrant's telephone number, including area code

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A common stock, par value $0.0001 per share	MDLN	Nasdaq Global Select Market

Securities registered pursuant to section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements.

☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b).

☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the Class A common stock held by non-affiliates of the registrant, based on the closing price of a share of Class A common stock on December 17, 2025, as reported by The Nasdaq Global Select Market on such date was approximately $13.0 billion. The registrant has elected to use December 17, 2025, which was the initial trading date of the registrant's Class A common stock on The Nasdaq Global Select Market, as the calculation date because on June 30, 2025 (the last business day of the registrant's most recently completed second fiscal quarter) the registrant was a privately held company. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose.

As of February 23, 2026, there were 811,647,534 shares of the registrant's Class A common stock and 502,045,878 shares of the registrant's Class B common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement related to its 2026 Annual Meeting of Stockholders to be filed with the U.S. Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2025 are incorporated by reference into Part III of this Annual Report on Form 10-K.

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Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K (this "Annual Report") contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Forward-looking statements include all statements that are not historical facts. Words such as "anticipate," "assume," "believe" "contemplate," "continue," "could," "estimate," "expect," "foreseeable," "intend," "may," "plan," "potentially," "predict," "project," "seek," "should," "will," or "would," or similar words or phrases that convey uncertainty of future events or outcomes, are intended to identify forward-looking statements in this Annual Report. These forward-looking statements relate to matters such as our industry, business strategy, costs, and costs savings, impacts of accounting standards and guidance, goals and expectations, market position, future operations, margins, profitability, capital expenditures, liquidity and capital resources, legal matters, trends, and other financial and operating information. The forward-looking statements are based on management's current expectations and are subject to various risks, uncertainty, and changes in circumstances, many of which are beyond our control, that could cause actual results to differ materially. Although we believe that the assumptions underlying the forward-looking statements are reasonable, we cannot guarantee future results, level of activity, performance, or achievements. Factors that may cause actual results to differ from expected results include those described in Part I, "Item 1A—Risk Factors" and Part II, "Item 7—Management's Discussion and Analysis of Financial Condition and Results of Operations". The forward-looking statements included in this Annual Report speak only as of the date of this Annual Report or as of the date they are made, as applicable. Except as otherwise required by law, we disclaim any intent or obligation to update any "forward-looking statement" made in this Annual Report to reflect changed assumptions, the occurrence of unanticipated events, or changes to future operating results over time.

INTRODUCTORY NOTE

Medline Inc. was incorporated as a Delaware corporation on November 6, 2024. Prior to the completion of its initial public offering (the "IPO") on December 18, 2025, Medline Inc. undertook certain reorganization transactions (the "Reorganization") such that Medline Inc. is now a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP ("Medline Holdings"). Following the IPO, Medline Holdings is the predecessor of Medline Inc. for financial reporting purposes. As the general partner of Medline Holdings, Medline Inc. now operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts its business. The Reorganization lacks economic substance and therefore is accounted for in a manner consistent with a reorganization of entities under common control. As a result, the consolidated financial statements of Medline Inc. recognize the assets and liabilities received in the Reorganization at their historical carrying amounts, as reflected in the historical financial statements of Medline Holdings. Medline Inc. will consolidate Medline Holdings on its consolidated financial statements and record a non-controlling interest related to the Units (as defined herein) held by the Continuing Unitholders (as defined herein) on its consolidated balance sheets and statements of comprehensive income.

Medline Inc. had no significant business transactions or activities prior to the Reorganization, and, as a result, the historical financial information reflects that of Medline Holdings.

Basis of Presentation

The consolidated financial statements and accompanying notes included herein are prepared in accordance with United States generally accepted accounting principles ("GAAP"). The results of businesses acquired or disposed of are included in the consolidated financial statements from the date of the acquisition or up to the date of disposal, respectively. All adjustments, in the opinion of management, necessary to a fair statement of the results for the annual periods presented have been made.

Certain monetary amounts, percentages, and other figures included in this Annual Report have been subject to rounding adjustments. Percentage amounts included in this Annual Report have been calculated, in some cases, not on the basis of such rounded figures, but on the basis of such amounts prior to rounding. For this reason, percentage amounts in this Annual Report may vary from those obtained by performing the same calculations using the figures, on the face of our consolidated financial statements included elsewhere in this Annual Report. Certain other amounts that appear in this Annual Report may not sum due to rounding.

In December 2024, we changed the name of Medline Holdings from Mozart Holdings, LP to Medline Holdings, LP. We will not distinguish between the prior and current name of Medline Holdings and will refer to the current name of Medline Holdings throughout this Annual Report. References in this Annual Report to "Medline," the "Company," "we," "us," and "our" refer (1) prior to the consummation of the IPO, to Medline Holdings, LP and its consolidated subsidiaries and (2) after the IPO to Medline Inc. and its consolidated subsidiaries.

CERTAIN DEFINITIONS

As used in this Annual Report, unless otherwise noted or the context requires otherwise, the following terms have the following meanings:

- "Class A Units" refers to the interests in Medline Holdings called "Class A Units" that were outstanding prior to the Reclassification. In connection with the Reclassification, (i) Class A Units held by Common Unitholders were converted into Common Units and (ii) Class A Units held by Exchanging Class A Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Class B Units" refers to the interests in Medline Holdings called "Class B Units" that were outstanding prior to the Reclassification, and does not include CUPI Units. In connection with the Reclassification, (i) Class B Units held by Incentive Unitholders were converted into Incentive Units and (ii) Class B Units held by Exchanging Class B Unitholders were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units).

- "Common Units" refers to the new class of units of Medline Holdings created by the Reclassification and does not include Incentive Units.
- "Common Unitholders" refers to certain pre-IPO holders of Class A Units and/or CUPI Units who hold Common Units following the Reclassification.
- "Incentive Unitholders" refers to certain pre-IPO holders of Class B Units who will hold Incentive Units following the Reclassification, as described under "Organizational Structure."
- "Continuing Unitholders" refers collectively to Common Unitholders and Incentive Unitholders.
- "CUPI Units" refers to the interests in Medline Holdings that were designated as "Catch-Up Class B Units" and outstanding prior to the Reclassification. In connection with the Reclassification, (i) CUPI Units held by Common Unitholders were converted into Common Units and (ii) CUPI Units held by Exchanging CUPI Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Designating Stockholder" refers to each of our Principal Stockholders with whom we entered into separate director nomination agreements.
- "Exchanging Class A Unitholder" refers to pre-IPO holders of Class A Units whose Class A Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Class B Unitholder" refers to pre-IPO holders of Class B Units whose Class B Units were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units) following the Reclassification.
- "Exchanging CUPI Unitholder" refers to pre-IPO holders of CUPI Units whose CUPI Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Unitholders" refers collectively to Exchanging Class A Unitholders, Exchanging CUPI Unitholders, and Exchanging Class B Unitholders.
- "Incentive Units" refers to the new class of units of Medline Holdings created by the reclassification of the Class B Units in the Reclassification. The Incentive Units are "profit interests" having economic characteristics similar to stock appreciation rights and having the right to share in any equity value of Medline Holdings above specified participation thresholds. Vested Incentive Units may be converted to Common Units and be subsequently exchanged for shares of Class A common stock.
- "Principal Stockholders" refers collectively to investment funds associated with Blackstone Inc., The Carlyle Group Inc. and Hellman & Friedman LLC, and members of the Mills family.
- "Reclassification" refers to the reclassification of the partnership interests of Medline Holdings prior to the IPO.
- "Sponsors" refers collectively to Blackstone Inc., The Carlyle Group Inc., and Hellman & Friedman LLC.
- "Units" refers collectively to Common Units and Incentive Units.

Summary of Risk Factors

The following is a summary of the principal factors that make an investment in our securities speculative or risky, all of which are more fully described below. This summary should be read together with the risk factors described under Part I, "Item 1A—Risk Factors" and should not be relied upon as an exhaustive summary of the material risks facing our business. In addition to the following summary, you should consider the information set forth below and the other information contained in this Annual Report before investing in our securities.

- Our global operations are subject to inherent risks that could materially adversely affect our business, results of operations, and financial condition.
- We may be unable to derive fully the anticipated benefits from our existing or future acquisitions, joint ventures, investments, dispositions, or other strategic transactions.
- Consolidation in the healthcare industry could have an adverse effect on our business, results of operations, and financial condition.
- We operate in a highly competitive industry, with accelerating pricing pressure and changes in technology.
- Changes to the U.S. and global healthcare environments may not be favorable to us.
- Increases in shipping costs or service issues with our third-party shippers could harm our business.

- Significant challenges or delays in our sourcing of new products and technologies could have an adverse impact on our long-term success.
- We have concentration in and dependence on certain healthcare provider customers and GPOs.
- Our business and operations depend on the proper functioning of our critical facilities and distribution networks and could be negatively impacted by events outside our control.
- Quality problems and product liability claims have in the past led, and could in the future lead, to recalls or safety alerts, reputational harm, adverse verdicts, or costly settlements, and could have a material adverse effect on our business, results of operations, and financial condition.
- Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline.
- If we experience increased pressure to maintain or decrease the price of our goods and services and we are unable to reduce our expenses, there may be a material adverse effect on our business, results of operations, and financial condition.
- Any failure by or loss of a third-party manufacturer or supplier or other manufacturing or supply-related impacts could result in delays and increased costs, which may adversely affect our business.
- We rely on the proper function, security, and availability of our information technology systems and data, as well as those of third parties throughout our global supply chain, to operate our business.
- We are subject to extensive and complex laws and governmental regulations and any adverse regulatory action may materially adversely affect our business, results of operations, and financial condition both inside and outside the United States.
- We are subject to complex and rapidly evolving data privacy, security, and data protection laws and regulations and the costs to comply with such laws and regulations or any ineffective compliance efforts with such laws and regulations may adversely impact our business.
- Our use or our third-party service providers' or business partners' use of AI, automated decision-making and machine learning technologies and the evolving regulatory framework in this area may subject us to risks or heightened costs that could adversely affect business, results of operation and financial condition.
- Our failure to comply with laws and regulations relating to reimbursement of healthcare goods and services may subject us to penalties and adversely impact our reputation, business, results of operations, financial condition, and cash flows.
- Uncertain global and domestic macro-economic and political conditions could materially adversely affect our business, results of operations, and financial condition.
- Our substantial indebtedness could adversely affect our financial condition, our ability to operate our business or react to changes in the economy or our industry, prevent us from fulfilling our obligations under our debts, and divert our cash flow from operations for debt payments.
- The credit agreement that governs the Senior Secured Credit Facilities and the indentures that govern the Senior Notes will each impose significant operating and financial restrictions on our subsidiaries, which may prevent us from capitalizing on business opportunities.
- Medline Inc. is a holding company and its only material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, and it is accordingly dependent upon distributions from Medline Holdings to pay taxes, make payments under the tax receivable agreement, and pay any dividends.
- The Designating Stockholders hold a significant percentage of our stock, and their interests may conflict with ours or yours in the future.
- Our amended and restated certificate of incorporation does not limit the ability of our Sponsors, the Mills family, and certain other pre-IPO investors to compete with us, and they may have investments in businesses whose interests conflict with ours.

The market price of shares of our Class A common stock may be volatile or may decline regardless of our operating performance, which could cause the value of your investment to decline.

Market and Industry Data

Unless otherwise indicated, information contained in this Annual Report concerning our industry, competitive position, and the markets in which we operate is based on information from independent industry and research organizations, other third-party sources and management estimates. Although we believe that these third-party sources are reliable, we do not guarantee the accuracy or completeness of this information, and we have not independently verified this information. Management estimates are derived from information obtained from surveys, reports by market research firms, our customers, distributors, suppliers, trade and business organizations, and other contacts in the markets in which we operate and have not been verified by independent sources, and are based on assumptions made by us upon reviewing such data, and our experience in, and knowledge of, such industry and markets, which we believe to be reasonable. In addition, assumptions and estimates of our and our industry's future performance are subject to a high degree of uncertainty and risk due to a variety of factors, including those described in Part I, "Item 1A—Risk Factors" and "Cautionary Note Regarding Forward-Looking Statements." These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

Statements regarding our market position (including statements that we are the largest company in a particular market), unless otherwise noted, are based on our 2025 net sales in the relevant market relative to the publicly reported net sales of our competitors in such market, including with respect to our statement of being the largest provider of med-surg products and supply chain solutions serving all points of care, as that statement is based on our 2025 net sales relative to the publicly reported net sales of med-surg products by companies that are both med-surg manufacturers and distributors.

Trademarks

We own or have the right to use trademarks, trade names, and service marks used in connection with our business, including, but not limited to, Medline, Curad, Microtek, Hudson, and Proxima. All trademarks, trade names, and service marks referred to in this Annual Report are the property of their respective owners. We do not intend our use or display of other companies' trade names, trademarks, or service marks to imply a relationship with, or endorsement or sponsorship of us by, these other companies. Solely for convenience, our trademarks, trade names, and service marks referred to in this Annual Report may appear without the ®, ™ or SM symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks, trade names, and service marks.

PART I

Item 1. Business

General

Medline Inc. (together with its subsidiaries, "Medline", "the Company", "we", "ours" and "us") is the largest provider of medical-surgical ("med-surg") products and supply chain solutions serving all points of care, based on total net sales of med-surg products. Medline was founded in 1966 and today delivers mission-critical products used daily across the full range of care settings, from hospitals and surgery centers to physician offices and post-acute facilities. Our mission is to make healthcare run better by delivering improved clinical, financial, and operational outcomes.

We have two reportable segments, Medline Brand and Supply Chain Solutions, the combination of which addresses critical needs in the market through a comprehensive solution. They are both supported by our Prime Vendor model, differentiated distribution network, and robust commercial platform. Through our two segments, we offer approximately 335,000 med-surg products, including surgical and procedural kits, gloves and protective apparel, urological and incontinence care, wound care, and consumable lab and diagnostics products. We distribute these products through our expansive network of global distribution facilities and our owned fleet of MedTrans trucks.

Medline Brand

As of December 31, 2025, we offer our customers approximately 190,000 med-surg products through our Medline Brand segment and hold leading positions across many key product families for our Medline Brand products. Our Medline Brand products are organized into three product categories: Front Line Care, Surgical Solutions, and Laboratory and Diagnostics.

- *Front Line Care* offers mission-critical med-surg products for patient-facing needs, including wound care products, exam gloves, skin care and incontinence products, environment cleaning supplies, textiles, hand sanitizer, durable medical equipment, patient plastics, and decolonization and infection control products.
- *Surgical Solutions* offers operating room and perioperative environment product solutions, including surgical procedure trays, drapes and gowns, personal protective equipment, sterile wraps, surgical instruments, surgeon's gloves, procedure kits, and orthopedic implants.
- *Laboratory and Diagnostics* offers a full range of laboratory and diagnostic product solutions, including point of care testing, analyzers and instrumentation, lab and diagnostic consumables, diagnostic instruments, vital signs monitors, and anatomic pathology and phlebotomy products.

Our product development approach incorporates customer feedback and ongoing innovation. We are also committed to delivering products of the highest standard, which is reflected by our robust quality team embedded across our manufacturing and sourcing locations. The expertise of our research and development team and quality team helps ensure products bearing the Medline brand meet both our rigorous quality standards and our customers' expectations.

Supply Chain Solutions

As of December 31, 2025, we offer approximately 145,000 med-surg products from over 1,300 third-party suppliers, including nearly all leading national brands, through our Supply Chain Solutions segment. We also provide our customers with supply chain optimization services such as consulting engagements, outsourced warehouse and technology management, put-away-ready packaging, third-party logistics, inventory rationalization, and route planning. Our third-party suppliers are primarily responsible for costs related to import and inbound freight, whereas we are primarily responsible for costs related to outbound freight from our distribution centers. Our supply chain expertise allows us to provide additional service offerings to optimize our customers' supply chain and inventory workflows, helping these customers cost-effectively manage their supply chain while building strong relationships and enhancing retention.

Our Prime Vendor Model

A Prime Vendor relationship is a relationship for which there is a multi-year distribution agreement between Medline and a customer, whereby the customer agrees to use Medline for the vast majority of its med-surg product needs.

In our Prime Vendor relationships, we enter into long-term agreements, typically structured with five-year terms, to act as the primary consolidated logistics partner for these customers' med-surg product needs. These agreements have been and are expected to continue to be a key contributor to our growth. Our customers realize efficiencies by partnering with one supply chain partner to consolidate their med-surg purchase volume. Prior to the market adoption of the Prime Vendor model, customers sourced such products individually from a highly fragmented base of suppliers. The Prime Vendor model instead centralizes procurement and distribution, which in turn drives efficiency and higher service levels.

As Prime Vendor, we drive significant cost savings to our customers. Our scale allows us to deliver consistently lower prices and better service levels on Medline Brand products relative to third-party alternatives, while also lowering the distribution cost for delivery of the full range of med-surg products. This often motivates customers to purchase more Medline Brand products over time. The opportunity is even greater in certain non-acute settings, where we sell a more focused product portfolio. Our Prime Vendor model allows us to provide cost savings to Prime Vendor customers, which, over time, supports incremental purchasing of our Medline Brand products and greater scale across our operations. As our scale grows, we are able to realize further efficiencies by offering superior or similar quality to third-party products at a more cost-effective price. We believe that Medline Brand conversion is mutually beneficial for both our customers and us-the value we provide customers at the outset of a Prime Vendor agreement meaningfully increases over time, as they accrue savings by purchasing our lower cost Medline Brand products, while our profitability grows given the enhanced margin profile of Medline Brand products. This compelling value proposition and supply chain relationship with our customers supports our greater than 98% average Prime Vendor retention rate over the past five years.

A portion of Supply Chain Solutions products sold to existing Prime Vendor customers has like-for-like Medline Brand product equivalents, representing a potential gross profit uplift consistent with our historical margin differentials if such products were converted for Medline Brand products. While we historically have earned higher margins upon conversion from third-party national brand products to like-for-like Medline Brand products, because of the lower average prices for Medline Brand products, there is typically a negative impact on net sales upon the conversion of Supply Chain Solutions products to like-for-like Medline Brand products if volume is assumed to be constant. For additional information on potential risks relating to this conversion opportunity, please see Part I, "Item 1A—Risk Factors—Risks Related to Our Business, Industry and Operations—Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline."

Our Distribution Network

We have a differentiated distribution network of 70 global distribution centers, warehouses, cross-docks, and transship facilities, 45 of which are in the United States, strategically located to provide next-day delivery to 95% of our U.S. customer base. We utilize artificial intelligence ("AI") and robotics technology in over 26 million square feet of warehouse space in the United States to improve efficiency and capacity to optimize distribution logistics and maximize utilization. The products we distribute are packaged to meet each customer's individual needs and to be "put-away-ready," which streamlines the customer's unloading and shelving process. We also operate our own fleet of more than 2,100 MedTrans trucks that deliver our products across care settings within the United States. As of December 31, 2025, we had approximately 25% in incremental capacity across our platform to support our long-term growth.

Our Commercial Platform

Our deep connectivity to our customers is driven by the strength of our dedicated and tenured commercial team. We have a U.S. commercial team of approximately 4,000 people across all points of care, which includes account managers, product specialists, specialized clinical resources, customer service representatives, supply chain specialists, Prime Vendor analysts, and a robust leadership team dedicated to driving efficiencies for our customers through their teams. We have created an entrepreneurial environment that empowers our salesforce to work with our product managers to create innovative products that meet market demand. We have a team devoted to each channel in the United States and each region or country internationally, which allows our salesforce teams to develop market-specific knowledge.

Research and Development

We have a track record of successfully bringing new products to market, with more than 2,300 granted patents and more than 450 U.S. Food and Drug Administration ("FDA") 510(k) clearances. Over the last three years, we have successfully launched more than 250 new products.

Competition

Our value proposition is derived from our integrated business model, the breadth of our Medline Brand portfolio, our differentiated supply chain, and the overall quality and cost of our products. As a result of our integrated business model, our competitors include both other leading med-surg product manufacturers and distributors.

Similar to us, other leading med-surg product manufacturers produce a wide range of med-surg supplies. However, unlike us, many of these competitors are reliant upon third-party distributors to deliver their products to customers. By nature of being a distributor, Medline has direct access to and manages the end customer relationships. This enables us to offer a complete solution as a manufacturer and a distributor, offering our customers what we believe to be best-in-class supply chain logistics, and driving value through our brand.

Additionally, other distributors of med-surg products similarly connect the fragmented supplier and provider bases and aggregate inventory from suppliers to deliver products to customers, such as McKesson, Cardinal Health, Owens & Minor, and Henry Schein. These distribution companies compete with us for Prime Vendor agreements. However, we believe that many of these competitors do not benefit from the scale and scope of our vertical integration or commercial excellence, and thus are not able to provide the same magnitude of cost savings, value, and holistic solutions that we deliver for our customers.

Production and Raw Materials

We manufacture approximately one-third of our Medline Brand products, which are primarily Class I and II medical devices, through our 30 manufacturing facilities, of which 24 are in North America. We purchase many of the components and raw materials used in manufacturing our products from numerous suppliers. We focus our manufacturing capabilities on products where we can leverage technology and automation to drive higher quality and lower costs to better serve our customers. For the vast majority of the other two-thirds of our Medline Brand products, we work closely with our network of more than 600 global partners across approximately 40 countries, many of whom have decades-long exclusive relationships with us. The breadth of our global sourcing partnerships provides diversification and strengthens our resiliency, with no single sourcing partner accounting for more than 5% of total spend as of December 31, 2025.

We also have plans and measures in place to help ensure continuity of supply while maintaining high quality and reliability. Generally, we have been able to obtain adequate supplies of such raw materials and components. However, due to the FDA's manufacturing requirements and those of other regulatory authorities, we may not be able to quickly establish additional or replacement sources for certain components, materials or processes if we experience a sudden or unexpected reduction or interruption in supply or services and are unable to develop alternative sources.

Human Capital Resources

At Medline, our relentless focus on the customer drives our human capital strategy, which revolves around attracting, developing, and retaining employees to provide the best products and services for our customers. We have developed a strong foundation that drives our recruitment, retention and development efforts. We are committed to supporting the personal and professional development of our employees, as well as providing competitive benefits and a safe, inclusive workplace.

As of December 31, 2025, we employed over 45,000 employees worldwide, with over 26,000 located in the United States. Our largest non-U.S. employee populations are in Mexico, Dominican Republic, India, Canada, Slovakia, France, China, Japan, Germany, and Australia. None of our employees in the United States are unionized, though some of our employees in Mexico belong to unions. In Germany and the Netherlands, employees are represented through Works Councils; in France and Spain, employees are represented through both Works Councils and industry-wide collective bargaining agreements; and in Belgium and Italy, employees are also represented through industry-wide collective bargaining agreements. In Australia, certain employees are represented by an enterprise bargaining agreement; in Japan, employees are represented through a Work Council; and in Vietnam, employees are represented through a collective bargaining agreement. We believe that our positive employee relations and total employee experience drive the continual growth of our workforce.

Culture and Values

Our culture is grounded in a customer-focused, collaborative, and performance-driven approach, guided by core values emphasizing relentless customer focus, agility and flexibility, problem-solving, drive to succeed, purposeful candor, and the importance of relationships. Employees are encouraged to exercise judgment, work transparently with customers, and contribute meaningfully to our mission to make healthcare run better.

Talent Attraction and Development

We seek to attract employees whose skills, experience, and motivation align with our operational and technical needs. Through continual improvement of internal processes, an awareness of market and candidate driven trends, and in partnership with vendors and other outside organizations, our talent acquisition programs focus on efficient hiring processes, market awareness, and building a diverse pipeline of candidates. We support development through consistent performance management processes and early career opportunities to take on additional responsibilities to demonstrate their competencies and drive to succeed and on-the-job responsibility augmented by formal training and development to refine technical and leadership skills. New sales representatives participate in comprehensive training programs, and product managers have targeted development pathways through all stages of their careers, from mandatory onboarding offerings to advanced classes that provide the necessary skills with increasing levels of responsibility, to support progression over time.

Employee Engagement and Inclusion

We believe our employees' ability to communicate and cooperate effectively across functional and departmental teams positively impacts our performance. We engage in various listening strategies and foster engagement through survey feedback mechanisms, anonymous employee feedback platform, focus groups, increased attention to onboarding and offboarding feedback, pulse surveys on remote work needs, and other listening strategies. Insights from these efforts inform workplace improvements. We also support an inclusive environment through Employee Resource Groups and leadership training initiatives designed to reduce bias in talent decisions and strengthen representation across the company.

Health, Safety, and Well-Being

We are committed to maintaining a safe workplace and supporting the physical, emotional, and financial well-being of our employees. We provide competitive health and benefits programs, access to assistance resources where available, and opportunities for community involvement through charitable giving, including financial giving and in-kind giving such as product donations.

Intellectual Property

We rely upon patents, trademarks, copyrights, trade secrets and other intellectual property rights to maintain and improve our competitive position. We have a large portfolio of intellectual property, including more than 2,300 granted patents as well as trademark registrations protecting our notable brands, including Medline, Curad, Microtek, Hudson, and Proxima.

We consider the trademarks and know-how that we own to be material to our business. However, other than the Medline mark, we do not consider our business to be materially dependent upon any individual trademark registration or trade secret. In the aggregate, we consider our more than 2,300 granted patents to be material to our business. However, no single patent or group of related patents is material to our business as a whole or any segment of our business.

We believe that we have taken all necessary steps to protect our intellectual property rights, but no assurance can be given that we will be able to successfully enforce or protect our rights in the event that they are infringed upon or challenged by a third party. See Part I, "Item 1A —Risk Factors—Risks Related to Regulation and Legal Proceedings—Any failure to obtain, maintain, protect and enforce our intellectual property rights, or the failure of the strength or scope of our intellectual property rights, could harm our business, financial condition, and results of operations" and "—Risks Related to Regulation and Legal Proceedings—We may become subject to litigation brought by third parties claiming infringement, misappropriation, or other violation by us of their intellectual property rights."

Government Regulation

Our operations and products are subject to extensive regulation by numerous governmental regulatory authorities, including U.S. and other international regulatory authorities, and other government agencies inside and outside the United States. To varying degrees, each of these agencies requires us to comply with laws and regulations governing the development, design, materials, testing, safety, efficacy, quality, purity, manufacturing, methods, controls, testing, screening, recordkeeping, reporting, processing, storage, registration, authorization, licensing, permitting, labeling, advertising, marketing, distribution, offer for sale, sale, use, expiration, pricing, reimbursement, import, export, clinical trials, post-marketing surveillance of our products, the registration of our facilities, and the claims that we make about our products. The United States and other countries where we sell healthcare and other regulated products, including drugs, human cell and tissue products, dietary supplements, cosmetics, certain foods, and consumer products subject such products to their own clearance, authorization, approval, registration, listing, labeling, manufacturing, recordkeeping, reporting, and other regulatory requirements regarding the performance, safety, and quality of such products. We are also subject to healthcare and other regulations and enforcement by the federal government and the states and foreign governments and authorities in the locations in which we conduct our business. The U.S. governmental and regulatory authorities that enforce such laws and rules, and that issue guidance on compliance with such laws and rules include, without limitation, the FDA, the Centers for Medicare & Medicaid Services ("CMS"), other divisions of the U.S. Department of Health and Human Services ("HHS"), the HHS Office of Inspector General, U.S. Environmental Protection Agency ("EPA"), the Federal Trade Commission ("the FTC"), Consumer Product Safety Commission ("CPSC"), the U.S. Department of Justice ("DOJ") and individual U.S. Attorney offices within the DOJ, as well as state and local governments. Our business is also affected by patient and data privacy and security laws, government payer cost containment initiatives, government reimbursement laws and regulations, environmental, health, and safety laws and regulations, as well as laws and regulations with respect to the sale, transportation, storage, handling, and disposal of hazardous or potentially hazardous substances, and safe working conditions. Our business also maintains contracts with governmental agencies and such contracts are subject to various government procurement laws and regulations, required contract provisions, and other requirements relating to contract formation, administration and performance. Failure to comply with applicable laws and regulations or with contractual or other requirements may result in monetary damages and criminal or civil penalties as well as termination of our government contracts or our suspension or debarment from government contract work.

The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, including through the offering of new products and services or entering into new geographic areas, we may be subject to new and additional regulatory requirements. The foreign, federal, state, and local regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products, suspend, revoke, or terminate our product and facility licenses, permits, and authorizations, request the cessation of distribution and shipments of certain products due to regulatory, safety, or other issues, seize or order the recall of our products, issue safety, quality, or other communications to the public or healthcare providers, enforce laws related to marketing, including promotion of off-label uses of products, and impose injunctions and significant criminal, civil, and administrative sanctions for violations of laws and regulations. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, may impact our business practices and operations, including by limiting our ability to effectively market, ship, and sell our products, affecting the production and distribution of products by our manufacturing facilities, subjecting us to significant liability, and limiting our ability to obtain future authorizations. Although we are subject to international government regulations in the international end markets where we operate and/or provide our products, these regulations do not have a material impact on our products as no international market represents more than 3% of our net sales.

Government Regulation of Medical Devices

Our medical devices are subject to regulation by numerous government agencies, including the FDA and comparable state and foreign agencies. Regulations of the FDA and other regulatory agencies in and outside the United States impose extensive compliance and monitoring obligations on portions of our business. The FDA and other U.S. and foreign governmental agencies regulate, among other things, with respect to medical devices: design, development, and manufacturing; testing, registration, listing, labeling, content, and language of instructions for use and storage; clinical trials; product safety; marketing, sales, and distribution; licensing and permit requirements; premarket clearance, approval and authorization; record keeping procedures; advertising and promotion; recalls and field safety corrective actions; post-market surveillance, including reporting of deaths or serious injuries and malfunctions that, if they were to recur, could lead to death or serious injury; post-market approval studies; and product import and export. The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, we may be subject to new and additional regulatory requirements. The FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers; seize or order the recall of products; terminate, suspend, or revoke licenses and permits; and impose significant criminal, civil, and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers. In addition, the FDA and other governmental and regulatory authorities, both in and outside the United States (including the FTC, the HHS Office of the Inspector General, the DOJ, and various state Attorneys General), monitor the promotion and advertising of our products. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, depending on its magnitude, may limit our ability to effectively market, ship, and sell our products, limit our ability to obtain future premarket authorizations, or result in a substantial modification to our business practices and operations.

FDA Premarket Clearance and Approval Requirements

Each medical device we wish to distribute commercially in the United States requires marketing authorization from the FDA prior to distribution, unless the device is exempt from premarket notification requirements. The type of marketing authorization necessary is generally linked to the classification of the device. The FDA classifies medical devices into one of three classes-Class I, II, or III-based on the degree of risk associated with a device and the level of regulatory control deemed necessary to ensure its safety and effectiveness. Class I devices that pose the least risk are subject only to General Controls applicable to all devices, such as requirements for device labeling, premarket notification, and adherence to current good manufacturing practices for devices as set forth in the Quality System Regulation ("QSR"). Class II devices that pose a moderate risk are subject to General Controls and may also be subject to Special Controls, such as performance standards, product-specific guidance documents, special labeling requirements, patient registries, or post-market surveillance. Class III devices are those for which insufficient information exists to assure safety and effectiveness solely through General and Special Controls, including devices that support or sustain human life, are of substantial importance in preventing impairment of human health, or which present a potential unreasonable risk of illness or injury.

Most Class I devices and some Class II devices are exempted by regulation from the 510(k) clearance requirement and can be marketed without prior authorization from the FDA. Class I and II devices that are not exempted are eligible for marketing through the 510(k) clearance pathway. By contrast, devices placed in Class III generally require premarket approval ("PMA") or de novo clearance prior to commercial marketing. The PMA approval process is more stringent, time-consuming and expensive than the 510(k) clearance process; however, the 510(k) clearance process has also become increasingly stringent and expensive. None of our products are currently approved under a PMA, and we have no plans for any indication or system improvement or extension that we believe would require a PMA. If, in the future, we were to file a PMA, we may be subject to additional regulatory requirements.

510(k) Clearance Process

To obtain 510(k) clearance, we must submit a premarket notification to the FDA demonstrating the proposed device to be substantially equivalent to a predicate device. A device is substantially equivalent if, with respect to the predicate device, it has the same intended use and it has either the same technological characteristics, or it has different technological characteristics, but the information provided in the 510(k) submission demonstrates that the device does not raise new questions of safety or effectiveness. The standard review process for 510(k)s is between six to nine months, dependent upon the type of 510(k) filing submitted. Although many 510(k) premarket notifications are cleared without clinical data, in some cases, the FDA may require clinical data to support substantial equivalence. In reviewing a premarket notification, the FDA may request additional information, including clinical data, which may significantly prolong the review process and clearance is never assured. Clinical trials generally require the submission of an investigational device exemption ("IDE") to the FDA for a specified number of patients and study sites, unless the product is deemed a non-significant risk device eligible for more abbreviated IDE requirements. Clinical trials are subject to numerous requirements and institutional review board approval, oversight, and monitoring. Even if a trial is conducted, the results of clinical testing may not adequately demonstrate the safety and effectiveness of the device or be sufficient to obtain FDA clearance or approval for marketing.

After a device receives 510(k) clearance, any subsequent modification of the device that could significantly affect its safety or effectiveness, or that would constitute a major change in its intended use, requires a new 510(k) clearance or could require submission and approval of a de novo 510(k) or a PMA application in cases where new indications are sought for which there is no predicate. Non-significant changes are handled via internal documentation by the Company. Each manufacturer must judge the significance of modifications based on FDA 510(k) regulatory requirements and guidance documents. The FDA may review any such decision and may disagree with a manufacturer's determination. If the FDA disagrees with a manufacturer's determination, the FDA may require the manufacturer to cease marketing and distribution and/or recall the modified device until 510(k) clearance or PMA approval is obtained. In the future, we may make modifications to our products after they have received FDA clearance and, in appropriate circumstances, determine that new clearance is unnecessary. However, the FDA may disagree with our determination, and, if the FDA requires us to seek 510(k) clearance or submit new PMA applications for any modifications to a previously cleared product, we may be required to cease marketing or distributing or recall the modified device until we obtain the required clearance or approval. We may also market or acquire products that are marketed without a 510(k) clearance, appropriate labeling, or that otherwise are marketed in violation of FDA requirements, since medical devices can be marketed only for the indications for which they are cleared or approved. Under these circumstances, we may also be subject to warning letters, significant regulatory fines, or other penalties, and we may no longer be able to market particular products for which a 510(k) clearance is required.

Post-Marketing Requirements

Numerous FDA regulatory requirements apply to devices we manufacture and distribute, including: compliance with the QSR, which require manufacturers and their suppliers to follow the applicable design, testing, processes, control, documentation, labeling, and other quality assurance procedures during the manufacturing process; establishment registration, which requires establishments involved in the production and distribution of medical devices intended for commercial distribution in the United States to register with the FDA; medical device listing, which requires manufacturers to list the devices they have in commercial distribution with the FDA; labeling regulations, which prohibit "misbranded" devices from entering the market, as well as prohibit the promotion of products for unapproved or off-label uses and impose other restrictions on labeling; post-market surveillance, including medical device reporting requirements which requires manufacturers to report to the FDA if their device may have caused or contributed to a death or serious injury, or malfunctioned in a way that would likely cause or contribute to a death or serious injury if it were to recur; and corrections and removal reporting regulations, which require that manufacturers report to the FDA field corrections and product recalls or removals if undertaken to reduce a risk to health posed by the device or to remedy a violation of the Federal Food, Drug, and Cosmetic Act that may present a risk to health. The FDA and other governmental and regulatory authorities actively enforce the laws and regulations prohibiting the promotion of off-label uses, and a company that is found to have improperly promoted off-label uses may be subject to significant liability.

The FDA enforces these requirements by inspection and market surveillance. Domestic facility records and manufacturing processes are subject to periodic unscheduled inspections by the FDA. The FDA may also inspect foreign facilities that export products to the United States. Failure to comply with applicable regulatory requirements may result in enforcement action or other actions by the FDA, which may include one or more of the following sanctions: adverse press releases and safety communications; requests to stop shipments; untitled letters or warning letters; fines, injunctions, and civil penalties; mandatory recall or seizure of our products; customer notifications and repairs or replacements; administrative detention or banning of our products; consent decrees; operating restrictions, partial suspension or total shutdown of production; refusing our request for 510(k) clearances for new product versions or modifications to existing product versions; revocation of 510(k) clearances previously granted; refusal to grant export approval for our products; and criminal prosecution and penalties. If any of these events were to occur, they could have a material adverse effect on our business, financial condition, and results of operations.

International Regulation of Medical Devices

Sales of medical devices outside the United States are subject to foreign government regulations, which vary substantially from country to country. In order to market our products in other countries, we must comply with applicable regulatory requirements and authorizations and approvals and safety and quality regulations in each country in which the product is marketed. The time required to obtain authorization, approval, or certification by a foreign country may be longer or shorter than that required for FDA clearance, and the requirements may differ significantly.

EU Regulation of Medical Devices

In the European Union ("EU") until May 25, 2021, medical devices were regulated by the Council Directive 93/42/EEC, which has been repealed and replaced by the Medical Device Regulation ("EU MDR"). Unlike directives, regulations are directly applicable in all EU member states without the need for member states to implement into national law. The EU extended the EU MDR transitional periods for certain medical devices until December 31, 2027 or December 31, 2028, depending on a device's risk class and subject to certain conditions to ensure continued access to medical devices for patients and to allow medical devices already placed on the market in accordance with the current legal framework to remain on the market, provided that the requirements of the transitional provisions are fulfilled.

In the EU, there is currently no premarket government review of medical devices. However, all medical devices placed on the EU market must meet general safety and performance requirements, and compliance with the general safety and performance requirements is a prerequisite for European conformity marking without which medical devices cannot be marketed or sold in the EU. EU MDR requirements regarding the distribution, marketing, and sale, including quality systems and post-market surveillance, have to be observed by manufacturers, importers, and distributors as of the application date (i.e., since May 26, 2021), including registration of economic operators and of devices (once the relevant modules of Eudamed are functional), surveillance, and vigilance requirements. The aforementioned EU rules are generally applicable in the European Economic Area which consists of the 27 EU member states plus Norway, Liechtenstein, and Iceland.

The NDA Approval Process

For any new drug products regulated under the Federal Food, Drug, and Cosmetic Act such as our ReadyPrep CHG cloth, a sponsor must submit a New Drug Application ("NDA"), to the FDA for review and approval. The NDA review and approval process may take multiple years and involves steps including the following:

- completion of preclinical studies and analytical and stability testing in accordance with applicable regulations;
- submission to the FDA of an Investigational New Drug ("IND") application, which must become effective before clinical trials may begin and must be updated annually and amended when certain changes are made;
- approval by an institutional review board, or IRB, or independent ethics committee, or IEC, at each clinical trial site before each trial may be initiated;
- performance of adequate and well-controlled clinical trials in accordance with applicable IND regulations, good clinical practice, or GCP, requirements, including informed consent, financial disclosure by investigators, and other clinical trial-related regulations, to establish the safety and efficacy of the investigational product for each proposed indication and other condition of use;
- preparation and submission to the FDA of an NDA;

- satisfactory completion of one or more FDA pre-approval inspections of the manufacturing facility or facilities where the drug will be produced to assess compliance;
- satisfactory completion of FDA inspection of select clinical trial sites involved in conducting pivotal studies that generated the data in support of the NDA;
- payment of user fees for FDA review of the NDA; and
- FDA review and approval of the NDA, including of the proposed prescribing information and, where applicable, consideration of the views of any FDA advisory committee, prior to any commercial marketing or sale of the drug in the United States.

Any approvals that we may ultimately receive could be withdrawn if required post-marketing trials or analyses do not meet the FDA requirements, which could materially harm the commercial prospects for our products.

Even if a product candidate receives regulatory approval, the approval may be limited to specific disease states, patient populations and dosages, or might contain significant limitations on use in the form of warnings, precautions or contraindications, or in the form of onerous risk management plans, restrictions on distribution, or post-marketing study requirements. Further, even after regulatory approval is obtained, later discovery of previously unknown problems with a product may result in restrictions on the product or even complete withdrawal of the product from the market. Delay in obtaining, or failure to obtain, regulatory approval for our candidate products, or obtaining approval but for significantly limited use, would harm our business. In addition, we cannot predict what adverse governmental regulations may arise from future U.S. or foreign governmental action.

Trade Regulations

The movement of products, services, and investment across borders subjects us to extensive trade regulations. A variety of laws and regulations in the countries in which we transact business apply to the sale, shipment, and provision of goods, services, and technology across borders. These laws and regulations govern, among other things, our import, export, and other business activities. We are also subject to the risk that these laws and regulations could change in a way that would expose us to additional costs, penalties, or liabilities. Some governments also impose economic sanctions against certain countries, governments, persons, and entities, both for unlawful or malign conduct and to discourage or prevent entities from abiding by other countries' laws. In addition to our need to comply with such regulations in connection with our direct activities, we also sell and provide goods, technology, and services to agents, representatives, and distributors who may export such items to customers and end-users. If we, or the third parties through which we do business, are not in compliance with applicable import, export control, or economic sanctions laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability. Such actions may disrupt or delay sales of our products or services or result in restrictions on our distribution and sales of products or services that may materially impact our business.

Anti-Boycott Laws

Under U.S. laws and regulations, U.S. companies and their subsidiaries and affiliates are prohibited from participating or agreeing to participate in unsanctioned foreign boycotts in connection with certain business activities, including the sale, purchase, transfer, shipping, or financing of goods or services within the United States or between the United States and countries outside of the United States. If we, or certain third parties through which we sell or provide goods or services, violate U.S. anti-boycott laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability.

4W

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03086	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 2200 Cornerstone Parkway

City: Grayslake State: IL Zip: 60030

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 224-327-8800 Website: medline.com

Name of Designated Representative (DR): Jose Gallegos

Licensing Company Email: ralicensing@medline.com DR Email: jgallegos@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attached Corporate Discipline History

Original Signature (electronic, copies or stamps not accepted)

4/15/24
Date

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
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P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091 PHONE
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800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grunston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
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800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ REQUESTS

_____ DOES NOT REQUEST

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____

Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____

Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____

Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____

Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Florida Department of Health

Reason/Charge
Medline's Florida Certified Designated Representative unexpectedly resigned.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

Lara N. Simmons February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

Daisy Kung for February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Medline Industries, Inc., Case #2007-37412

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2008006		Louisiana Board of Wholesale Drug Distributors		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
LA Board of WDD/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingsporn

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lara N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman; William Crates, Vice-Chairman; Randall Brooks, Secretary/Treasurer; John Liggio, Executive Director/Inspector
Hershal Paul, Board Member; Andy Milligan, Board Member; Wayne Gremillion, Board Member; Eric Vuitton, Board Member; Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
1144
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

6. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

9. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

11. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 0 8 2008.

Bobbi'wy Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of July, 2007, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C&I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
08 PHM 037		Wisconsin Department of Regulation and Licensing		
Reason/Charge				
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
WI DSPS/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 1 day of February, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 19 A 9:4

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of MEDLINE INDUSTRIES INC., Respondent.	PHA 2009-7-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Mundelein (CITY), IL (STATE), 5/11/09 (DATE).

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009.

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Jack V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2209

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

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POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dana N. Simmons Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Dana N. Simmons, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller
Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of January, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
27278	NY State Education Department- Board of Pharmacy

Reason/Charge
Discipline incurred in another jurisdiction

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NY Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: A. Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

---X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

---X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

1-5-21

Willis Ingalls, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer M. Rudell, RPh

1-6-2021

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

1-6-2021

Henry Appel, Ohio Assistant Attorney General

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

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THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2022-0333		FL DBPR- Div. of Drugs, Devices, and Cosmetics		
Reason/Charge				
Customer Licenses, Record Keeping				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
FL DBPR / Medline Industries, LP			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____

Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
0 9 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — Oct-29-2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 OCT 16 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent MEDLINE INDUSTRIES, L.P. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., and C.7. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____

IVY Y. E. KIM
Attorney for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE Chair	December 21, 2023 DATE
PATRICK ADAMS Vice Chair	MARK BROWN
CATALINA CROSS	Kent Kikuchi KENT KIKUCHI
BRANDON RABANG	SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer, Inc.
Address: 66 Hudson Blvd E City: New York State: NY Zip: 10001

Name: ICU Medical Inc.
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare Inc.
Address: One Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Avenue City: Bethlehem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Medline Inc.
Corporation Name: See Attached Ownership Information
Mailing Address: 3 Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: (847) 949-5500 Email: ralicensing@medline.com
Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025 | SEC Registration Number: 0002046386 | Stock Exchange Symbol: MDLN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Daniel Stevens

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/13/26

Date

Board Use Only	Date Received: 4/27/26	Amount: $1000.00

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28, 2029

POWER OF ATTORNEY

EXCELSIOR MEDICAL, LLC, an Illinois limited liability company, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Excelsior Medical, LLC

By: Medline Industries, LP
Its: Manager
By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Medline Industries, LP, as Manager of Excelsior Medical, LLC.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

POWER OF ATTORNEY

Centurion Medical Products, LP, an Delaware limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Centurion Medical Products, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Centurion Medical Products, LP.

Natalie D Paulov
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

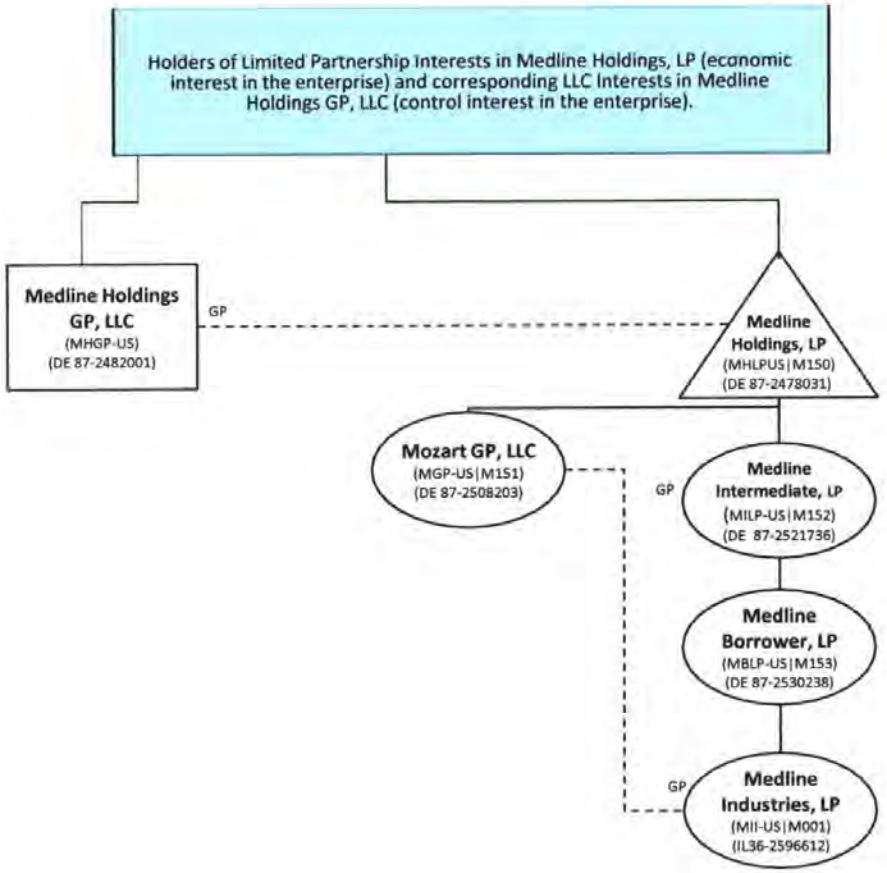
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

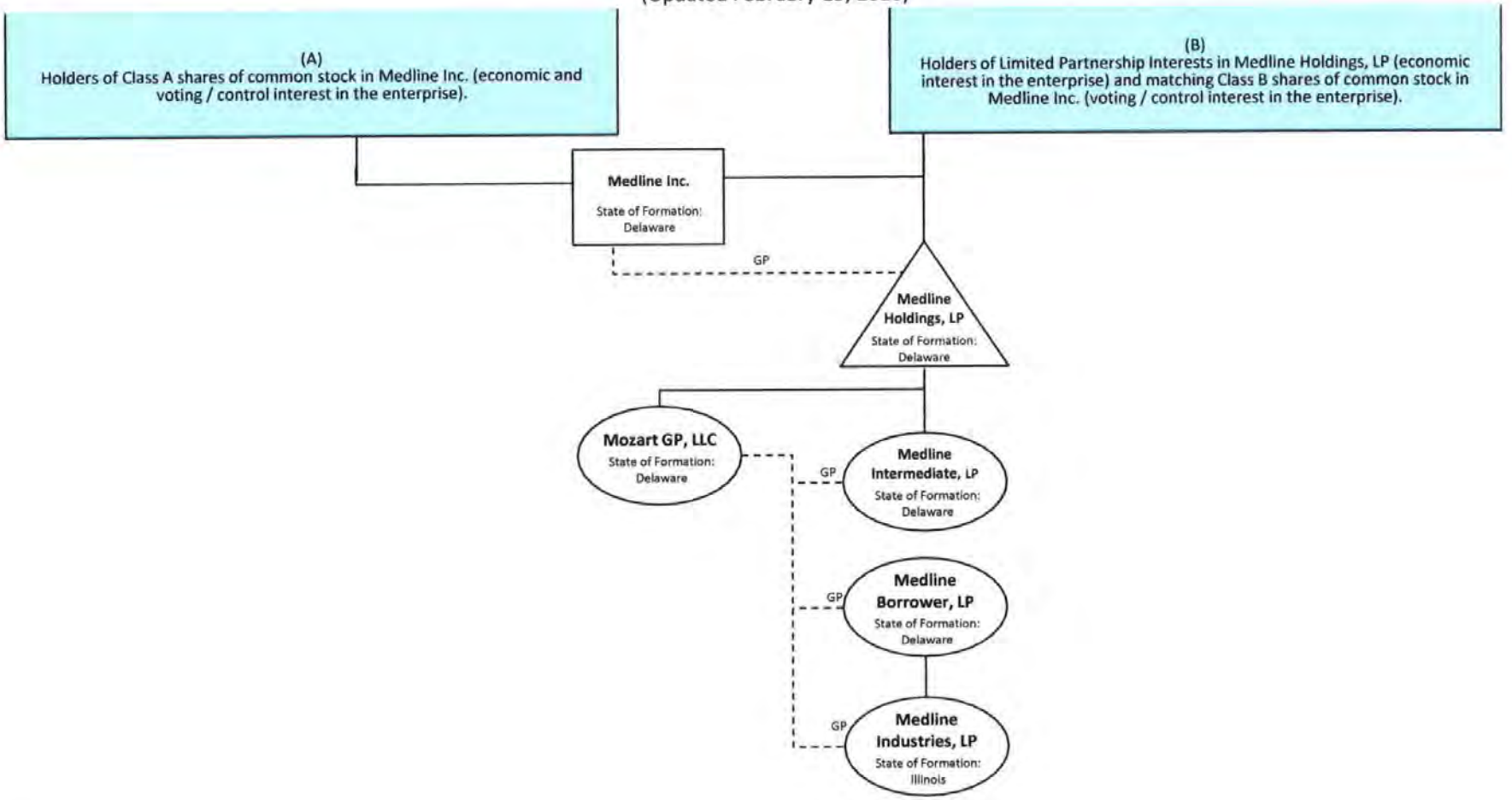


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

NABP ACCREDITED

DRUG DISTRIBUTOR

Medline Industries, LP

located at

2200 Cornerstone Parkway, Grayslake, IL 60030

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

04/01/2024 - 03/31/2027

Period of Accreditation

3161

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Centurion Medical Products, LP

FEIN: 38-1659420
A Delaware Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Industries, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	36-2596612
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC

FEIN: 32-0473772
An Illinois Limited Liability Company

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Member and Manager of LLC:

Medline Industries, LP
FEIN: 36-2596612

Officers:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC is a member managed LLC with the sole member and manager being Medline Industries, LP. Medline Industries, LP is a limited partnership and does not appoint corporate officers. Medline reports the officers for its general partner, Mozart GP, LLC, which retains 100% control of Medline Industries, LP.

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

SEAL OF THE STATE OF ILLINOIS — AUG. 26TH 1818

Authentication #: 2610502528 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURION MEDICAL PRODUCTS, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTURION MEDICAL PRODUCTS, LP" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6213666 8300

SR# 20261791715

Authentication: 203646965

Date: 04-15-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

File Number 0543231-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

EXCELSIOR MEDICAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 2610502534 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5143163 8300

SR# 20261572157

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203550646

Date: 04-03-26

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
004.005187

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
12/31/2026

LICENSED WHOLESALE DRUG DISTRIBUTOR

WHOLESALE DRUG

MEDLINE INDUSTRIES LP
JOSE GALLEGOS
2200 CORNERSTONE PKWY
GRAYSLAKE, IL 60030-9712

MARIO TRETO, JR.
SECRETARY

CAMILE LINDSAY
DIRECTOR

The official status of this license can be verified at IDFPR.illinois.gov

20250565

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4523788

Certificates of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC. 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** N/A — N/A **INSURER C :** See Acord 101 for Carrier Participation **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-26 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	2,000,000 2,000,000 10,000 2,000,000 4,000,000 SEE BELOW
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	2,000,000
	UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $	
A A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2025 07/01/2025	07/01/2026 07/01/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:

57.86% of the layer is insured by Lloyds of London

17.14% of the layer is insured by AXA XL UK Ltd. (A+)

25% of the layer is insured by Harleysville Insurance Company of NY (A)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$	10,000
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$	2,000,000
	OTHER:						GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y	N/A		PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr. Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S . Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St. Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd. Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **105625536**

Current Billing Term From **July 20, 2025** to **July 20, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **July 20, 2011**, in the amount of **One Hundred Thousand** (**$100,000.00**) on behalf of **MEDLINE INDUSTRIES, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **June 25, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 105625536 **Principal: MEDLINE INDUSTRIES, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25 day of June, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 25th day of June, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Oscar F. Rincon

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #105625536

Current Information as of 04/14/2026

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 5: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 6: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 7: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 8: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 9: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 10: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 11: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 12: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 13: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Location 14: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 15: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 16: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 17: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 18: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 19: (C71)
Medline Industries, LP
264 S 5750 W
Salt Lake City, UT 84104

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

Location 23: (ANG)
Medline Industries, LP
10 Glen Falls Techinical Park
Glen Falls, NY 12801

Location 24: : (EXC-TF)
Excelsior Medical, LLC
1470 Shafto Road
Tinton Falls, NJ 07712

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **108030426**

Current Billing Term From **September 03, 2025** to **September 03, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **September 03, 2024**, in the amount of **Twenty Five Thousand** (**$25,000.00**) on behalf of **CENTURION MEDICAL PRODUCTS, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **July 23, 2025**

Travelers Casualty and Surety Company of America

By: _____
Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108030426 **Principal: CENTURION MEDICAL PRODUCTS, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

SEAL SEAL SEAL SEAL

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

NOTARY PUBLIC

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 23 day of July, 2025.

SEAL SEAL SEAL SEAL

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 23rd day of July, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #108030426

Current Information as of 04/14/2026

Location 1: (B01)
Centurion Medical Products, LP
301 Catrell Drive
Howell, MI 48843

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Medline Industries, LP MDEG License # (if applicable) WHO3086

Physical Address 2200 Cornerstone Parkway

City Grayslake State IL Zip 60030

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-643-3801 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Jose Middle Luis Last Gallegos

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Addres[redacted]

City Grayslake State IL Zip [redacted]

Telephon[redacted] Email jgallegos@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
College of Lake County		2008 - 2011	
Address	**City**	**State**	**Zip**
19351 W. Washington Street	Grayslake	IL	60030
Diploma/Degree obtained, if any			
Associates Degree in Mechanical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Mundelein High School		1999-2003	
Address	**City**	**State**	**Zip**
1350 W. Hawley St.	Mundelein	IL	60060
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/19 - Current	[redacted]	Grayslake	IL	[redacted]
07/18 - 08/19		Louisville	KY	
05/15 - 07/18		Lake Villa	IL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			11/22 - Present	
Business Address		**City**	**State**	**Zip**
2200 Cornerstone Parkway		Grayslake	IL	60030
Phone	**Title**		**Number of Employed Hours**	
224-327-8800	Sr. Manager of Operations		6,800+	
Description of Duties				
Oversee the facility to ensure proper receiving, distribution, storage, shipping and dispensing of prescreption drugs and medical devices. Manage multiple team members to ensure proper record keeping, inventory, storage and product security.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:** N/A

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Jose Gallegos
Original Signature (electronic, copies or stamps not accepted)

04/10/2026
Date

I, Jose Gallegos, **certify that as the MDEG Administrator for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. JG Have a high school diploma or its equivalent;
2. JG Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JG Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JG Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jose Gallegos
Print Name (First, Last)

Jose Gallegos
Original Signature (electronic, copies or stamps not accepted)

04/10/2026
Date

Board Use Only	Date Received: 04/21/26

List of Employees
Medline Industries, LP
C02 - Grayslake, IL

Worker	Business Title
Aaron Harrison	Warehouse Operator Operations
Aaron Tellez	Warehouse Operator Operations
Abigail Brendemihl	Supv Warehouse
Acasio Castrejon	Mgr Warehouse
Adalberto Cruz	Sr Mgr Inventory Control
Adam Goodwin	Warehouse Operator Operations
Adam Zander	Warehouse Operator Operations
Adan Gomez	Quality Control Inspector I
adolfo Hernandez	Warehouse Operator Operations
Adrian Pelaez	Driver II
Adrian Rivera	Warehouse Operator Operations
Adrian Salgado	Warehouse Operator Operations
Adrian Soto	Warehouse Operator Operations
Adriana Alcantar	Warehouse Operator Operations
Adriana Hernandez	Warehouse Operator Operations
Adriana Lopez (On Leave)	Warehouse Operator Operations
Adriel Garcia	Warehouse Operator Operations
Agustin Vasquez	Warehouse Operator Operations
Aidan Mullen	Warehouse Operator Operations
Aidan Stockero	Warehouse Operator Operations
Akeem Sutherland	Driver II
Alamo Robles	Warehouse Operator Operations
Alan Cardenas	Janitor Operations
Alan Garcia	Supv Training Branch
Alan Salazar	Warehouse Operator Operations
Aldair Bacilio	Warehouse Operator Operations
Aldo Landa	Warehouse Operator Operations
Aldo Madera	Warehouse Operator Operations
Aleisha Armstrong	Warehouse Operator Operations
Alejandro Atempa	Warehouse Operator Operations
Alejandro Cruz de la Torre	Janitor Operations
Alejandro Navarro	Inventory Coord Sr
Alejandro Ortega-Martinez	Warehouse Operator Operations
Alex Gilguera	Warehouse Operator Operations
Alex Phillips	Warehouse Ld Operations
Alex Wagley	Warehouse Operator Operations
Alexander Burtz	Trainer Branch
Alexander Galaviz	Warehouse Ld Operations
Alexander Murayama	Trainer Branch
Alexander Rangel	Warehouse Operator Operations
Alexander Tellez	Warehouse Operator Operations
Alexis Gomez	Supv Warehouse
Alexis Gonzalez Ramirez	Delivery Driver
Alexis Martinez	Delivery Driver
Alexis Valladares	Warehouse Operator Operations
Alexis Vazquez	Warehouse Ld Operations
Alfonso Camargo	Warehouse Operator Operations
Alile McDonald	Warehouse Operator Operations
Allamanda Ramos	Warehouse Operator Operations
Allan Ree	Supv Inventory Control
Allen Hernandez	Warehouse Operator Operations
Allen Hurst	Inventory Coord Operations
Allen Willis (On Leave)	Warehouse Operator Operations
Alma Hernandez	Warehouse Operator Operations
Alonso Garcia	Warehouse Operator Operations
Amareon Allen	Warehouse Operator Operations
Amariyon Lynch-Gordon	Warehouse Operator Operations
Amelia Peavey	Warehouse Operator Operations
Amerika Balderas	Warehouse Operator Operations
Amontae Love	Warehouse Operator Operations
Ana Rocha	HR Generalist
Ana Roman	Warehouse Operator Operations
Ana Tovar Ramon	Warehouse Operator Operations
Ana Zahnen	Warehouse Operator Operations
Andjelko Barron	Warehouse Operator Operations
Andre Drake	Inventory Coord Operations
Andre Gonzales	Warehouse Operator Operations
Andres Beltran Martin del Campo	Warehouse Operator Operations
Andres Cahue (On Leave)	Warehouse Operator Operations
Andres Gonzalez-Velez	Warehouse Operator Operations
ANDRES VILLAFANE	Warehouse Operator Operations
Andrew Hayes	Warehouse Operator Operations
Andrew Hernandez Garcia	Warehouse Operator Operations
Andrew Kissinger	Warehouse Operator Operations
Andrew Plachcinski	Warehouse Operator Operations
Andy Banuelos	Warehouse Operator Operations
Andy Gonzalez	Warehouse Operator Operations
Angel Arreola	Warehouse Operator Operations
Angel Encarnacion	Warehouse Operator Operations
Angel Gomez	Warehouse Operator Operations
Angel Lebron	Warehouse Operator Operations
Angel Marcos	Warehouse Operator Operations
Angel Martinez	Warehouse Operator Operations
Angel Melendez	Warehouse Operator Operations
Angel Ponce	Warehouse Operator Operations
Angela Reyes	Warehouse Operator Operations
Angelica Trujillo	Production Lead
Angeline Mutya	Warehouse Operator Operations
Angelyn Merino	Inventory Coord Operations
Anjelo Ruiz	Warehouse Operator Operations
Annya Knautz	Warehouse Operator Operations
Anselmo Clara	Warehouse Operator Operations
Anthony Merino	Warehouse Operator Operations
Anthony Mosley	Warehouse Operator Operations
Anthony Popoca	Warehouse Operator Operations
Anthony Rivas Duarte	Warehouse Operator Operations
Anthony Tierney-King	Warehouse Operator Operations
Anthony Zalaznik	Warehouse Operator Operations
Aracely Fuentes	Warehouse Operator Operations
Ariel Ruiz	Warehouse Operator Operations

Armando Castillo Gasca	Warehouse Operator Operations
Armando Lopez	Warehouse Operator Operations
Armando Ortega	Warehouse Operator Operations
Arturo Torres	Driver II
Ashley Scruggs	Trainer Branch
Astrid Arciniega	Warehouse Operator Operations
Austin Esquivel	Warehouse Operator Operations
Austin Lyke	Delivery Driver
Austin Tiffany	Supv Warehouse
Avery Scott	Warehouse Operator Operations
Bahena Gerardo	Delivery Driver
BART BOGATKO	Driver II
Beatriz Rodriguez	Warehouse Operator Operations
Ben Payne	Delivery Driver
Ben Zasada	Warehouse Operator Operations
Benito Barron	Warehouse Operator Operations
Benito Garcia	Driver II
Benjy Bautista	Warehouse Operator Operations
Bianca Villegas	Delivery Driver
Bill Butler	Driver II
Bill Ciskowski	Warehouse Operator Operations
Bob Broetz	Janitor Operations
Boris Arias	Warehouse Operator Operations
Brad Willard	Driver Ld
Bradley Kristan (On Leave)	Delivery Driver
Braeden Wilson	Warehouse Operator Operations
Brandon Eriksen	Trainer Branch
Brandon Gillison	Supv Warehouse
Brandon Hendrickson	Warehouse Operator Operations
Brandon Hoye	Warehouse Operator Operations
Brandon Keaskowski	Warehouse Operator Operations
Brandon Loyd	Warehouse Operator Operations
Brandon Moore	Warehouse Operator Operations
Brandon Pliego	Warehouse Operator Operations
Brandon Walsh	Warehouse Operator Operations
Braxton Anderson	Warehouse Operator Operations
Brent Silver	Warehouse Operator Operations
Brian Garcia	Warehouse Operator Operations
Brian Gonzalez	Warehouse Operator Operations
Brian Herwerth	Maintenance Ld
Brian Lewis	Warehouse Operator Operations
Brian Lopez	Warehouse Operator Operations
Brian Rodriguez Bahena	Warehouse Operator Operations
Brian Sandoval Sanchez	Warehouse Operator Operations
Brian Teune	Supv MedTrans
Briana Trujillo	Warehouse Operator Operations
Brianna Gonzalez	Warehouse Operator Operations
Bryan Barajas	Warehouse Operator Operations
Bryan Gomez	Warehouse Operator Operations
Bryan Rodriguez	Warehouse Operator Operations
Bryant Garcia	Warehouse Operator Operations
Burt Roberts	Sr Dir Operations
Caleb Adler	Warehouse Operator Operations
Caleen Tokarz	Warehouse Operator Operations
Cameron Williams	Warehouse Operator Operations
CAMILLA JOHNSON	Warehouse Operator Operations
Carla Galvan	Warehouse Operator Operations
Carla Rivas	Warehouse Operator Operations
Carlos Cintora	Driver I
Carlos Galan	Warehouse Operator Operations
Carlos Pizarro-Rodriguez	Driver I
Carlos Vergara	Warehouse Operator Operations
Carmine Sorrentino	Warehouse Operator Operations
Casey Maguire	Warehouse Operator Operations
Cassandra Bryant	Warehouse Operator Operations
Cassandra Kita	Quality Control Inspector I
Cecilia Ponce	HR Coord
Celerino Lemus	Driver II
Cesar Lopez	Driver II
Cesar Mata	Warehouse Operator Operations
Chad Grayckowski	Warehouse Operator Operations
Chad Stickels (On Leave)	Warehouse Operator Operations
Char Switzer (On Leave)	Warehouse Operator Operations
Charles Addison	Trainer Branch
Charles Garcia	Warehouse Operator Operations
Charles Kimble	Driver II
Charlie Cosnow	Warehouse Operator Operations
Charmaine Merritt (On Leave)	Warehouse Operator Operations
Cheri Henderson	Warehouse Operator Operations
Chip Cosyns	Warehouse Operator Operations
Chiu-Fung Tseng	Warehouse Operator Operations
Chris Batres	Warehouse Operator Operations
Chris Chagoya	Warehouse Operator Operations
Chris Fuit	Warehouse Operator Operations
Chris Jenkins	Driver II
Chris Lagrone	Driver II
Chris McRoy	Driver II
Chris Nichols	Warehouse Operator Operations
Chris Pineda	Warehouse Operator Operations
Christian Cobb	Warehouse Operator Operations
Christian Lopez Quintero	Warehouse Operator Operations
Christian Stephan	Warehouse Operator Operations
Christopher Bennett	Warehouse Ld Operations
Christopher Hickethier	Driver II
Christopher Montoya	Warehouse Operator Operations
Christopher Philipp	Warehouse Operator Operations
Christopher Sanabria	Warehouse Operator Operations
Chuck Lau	Inventory Coord Sr
CJ Ceredon	Warehouse Operator Operations
Clifford Brown	Warehouse Operator Operations
Colette Walther	Warehouse Operator Operations
Colis Fort	Warehouse Operator Operations
Conner Payton	Warehouse Operator Operations
Connor Young	Warehouse Operator Operations
Corey Ray	Warehouse Operator Operations
Courtney Halliburton	Delivery Driver
Craig Workman	Onsite Support Tech II
Cristian Jimenez	Warehouse Operator Operations
Crystal Brage	Maintenance Apprentice
Crystal Dominguez	Warehouse Operator Operations

Damian Schuhknecht	Warehouse Operator Operations	Donte Rowe	Warehouse Operator Operations
Damian Segundo	Warehouse Operator Operations	Doris Dubon	Warehouse Operator Operations
Damone Watkins Williams	Warehouse Operator Operations	Doug Tong-Morrison	Mgr Warehouse
Dan Rath	Driver II	Dulce Solano Gomez	Inventory Coord Operations
Dana Wells	Warehouse Operator Operations	DUSTIN BACA	Warehouse Operator Operations
Daniel Castro	Warehouse Operator Operations	Dylan Davis	Warehouse Operator Operations
Daniel Fuchs	Warehouse Operator Operations	Dylan Pizano	Warehouse Operator Operations
Daniel Gutierrez Maya	Warehouse Operator Operations	Dylan Pollard	Maintenance Tech I
Daniel Pabon Cardenas	Warehouse Operator Operations	Dylon Spitler	Warehouse Operator Operations
Daniel Pereira	Inventory Coord Operations	Edan Figueroa	Warehouse Operator Operations
Daniel Reyes	Warehouse Operator Operations	Eddie Elizalde	Warehouse Operator Operations
Daniel Ybarra	Warehouse Operator Operations	Edel Landa Ascano	Warehouse Operator Operations
Daniela Carcamo	Warehouse Operator Operations	Edgar Abrego	Warehouse Operator Operations
Danny Boyle	Warehouse Operator Operations	Edgar Garcia	Warehouse Operator Operations
Dante Mitchell	Warehouse Operator Operations	Edin Lopez	Warehouse Operator Operations
Darlene McGee	Warehouse Operator Operations	Eduardo Bautista	Warehouse Operator Operations
Darryl Green	Warehouse Operator Operations	Eduardo Esparza	Warehouse Operator Operations
Dave Faamasino	Supv Warehouse	Eduardo Gonzalez	Warehouse Operator Operations
DAVEON HARRIS	Warehouse Operator Operations	Eduardo Morales	Warehouse Operator Operations
David Aguilar	Warehouse Operator Operations	Eduardo Rosiles	Trainer Branch
David Cisneros	Warehouse Operator Operations	Edwin Dandan	Maintenance Tech II
David Dow	Warehouse Operator Operations	Edwin Delaluz	Warehouse Operator Operations
David Ford	Driver II	Edwin Fajardo	Driver II
David Kirby	Warehouse Operator Operations	Elisha Cadette	Inventory Coord Operations
David Munoz	Driver II	Elliott Peschke	Warehouse Operator Operations
David Pagan	Warehouse Operator Operations	Emilio Mendez Marcial	Production Assoc I
David Sotelo	Warehouse Operator Operations	Emmanuel Bouzi	Driver II
David Torres	Warehouse Operator Operations	Emmanuel Velazquez	Janitor Operations
David Wagner	Supv Warehouse	Enrique Carrillo	Warehouse Operator Operations
David Whatling	Mgr Warehouse	Enrique Granados	Delivery Driver
Daysi Ambriz	Warehouse Operator Operations	Enrique Rodriguez Arrona	Warehouse Ld Operations
Deandre Swift	Warehouse Operator Operations	Enrique Vargas	Warehouse Operator Operations
Deborah Payne	Warehouse Operator Operations	Erendida Mendez	Warehouse Operator Operations
Declan Sweet	Warehouse Operator Operations	Eric Agyeman	Warehouse Operator Operations
Dedrick Jackson	Warehouse Operator Operations	Eric Alicea	Trainer Branch
Demond Tatum	Trainer Branch	Eric Beltran	Warehouse Operator Operations
Dennis Soriano	Inventory Control Ld Operations	Eric Cottongim	Warehouse Operator Operations
Denzel Pulphus	Supv Warehouse	Eric Diaz	Warehouse Operator Operations
Denzhel Yabut	Warehouse Operator Operations	Eric Green	Delivery Driver
Derek Campbell	Warehouse Operator Operations	Eric Nieto - Chavez	Warehouse Operator Operations
Devin Aguiar	Warehouse Operator Operations	Eric Quintana	Warehouse Operator Operations
Devon Gaston	Operations Spec	ERIC ROSILES	Warehouse Operator Operations
Devyn Tellez-Perez	Warehouse Operator Operations	Eric Salinas	Warehouse Operator Operations
Diana Arredondo	Warehouse Operator Operations	ERIC SOLANO	Warehouse Operator Operations
Diana Snarski	Driver Ld	Eric Vazquez	Warehouse Operator Operations
Diana Sosa Cardenas	HR Generalist	Erich Theel	Warehouse Operator Operations
Diane Gunderson	Warehouse Operator Operations	Erick Gonzalez	Warehouse Operator Operations
Diego Atilano	Warehouse Operator Operations	Erick Hernandez Cruz	Warehouse Operator Operations
Diego Huerta	Delivery Driver	Erik DeLuna	Warehouse Operator Operations
Diego Mendoza	Warehouse Operator Operations	Erik Garcia	Warehouse Operator Operations
Diego Reyes	Warehouse Ld Operations	Erik Mireles	Driver II
Diego Santiago	Warehouse Operator Operations	Erika Flores	Warehouse Operator Operations
Diego Tellez	Warehouse Operator Operations	Ernesto Diaz	Warehouse Operator Operations
Diego Vega	Warehouse Operator Operations	Ethan Rodgers	Warehouse Operator Operations
Donald Adriatico	Warehouse Operator Operations	Eva Aguilar	Warehouse Operator Operations

Evan Akkala	Warehouse Operator Operations
Everton Graham	Warehouse Operator Operations
Evin Vargas	Warehouse Operator Operations
Fabian Guzman	Driver II
Fabian Rosales	Mgr MedTrans
Falina Cortez	Warehouse Operator Operations
Faustino Iniguez	Warehouse Operator Operations
Felipe Mojica	Warehouse Operator Operations
Fermin Castaneda	Warehouse Operator Operations
Flavia Ramos	Warehouse Operator Operations
Francisco Ambriz	Warehouse Operator Operations
Francisco Barajas	Warehouse Operator Operations
Francisco Carranza	Warehouse Ld Operations
Francisco Mena	Maintenance Tech I
Frankie Rios	Driver II
Fransisco Martinez	Driver II
Fred Kunzer	Driver II
Fredy Ortega	Warehouse Operator Operations
Gabino Rios	Warehouse Operator Operations
Gabriel Ponce	Maintenance Apprentice
Gary Mcchristian	Driver II
Geoffrey Donehey	Warehouse Operator Operations
George Kontaxis	Warehouse Operator Operations
George Sliwa	Supv Warehouse
Gerald Anderson	Warehouse Operator Operations
Gerald Bandemer	Driver II
Gerardo Estela-Mata	Trainer Branch
Gerardo Fuentes	Driver II
Gerardo Ruelas	Warehouse Operator Operations
Germain Mendez Duran	Warehouse Operator Operations
Gilberto Ortiz	Warehouse Operator Operations
Gill Lovedeep	Driver Ld
Glen Pitts	Warehouse Operator Operations
Glenn Polo	Warehouse Operator Operations
Glenn Strother	Supv Warehouse
Gloria Murua Hill	Quality Control Inspector II
Gonzalo Suarez	Warehouse Operator Operations
Griffin Goza	Delivery Driver
Guadalupe Covarrubias	Dispatcher
Guadalupe Magdaleno Garcia	Warehouse Operator Operations
Guadalupe Mondragon (On Leave)	Warehouse Operator Operations
Guillermo Giles	Warehouse Operator Operations
Gustavo Caceres	Driver II
Gustavo Gonzalez Hernandez	Warehouse Operator Operations
Gustavo Tellez	Warehouse Operator Operations
Hannah Corey	Office Coord
Hannah Willems	Warehouse Operator Operations
Harold Johnson	Warehouse Operator Operations
Heather Sibiski	Warehouse Operator Operations
Hector Atilano	Warehouse Operator Operations
HECTOR GARCIA	Warehouse Operator Operations
Hector Ibarra	Warehouse Operator Operations
Hector Jimenez	Warehouse Ld Operations
Hector Mendoza	Warehouse Operator Operations
Hector Romero	Warehouse Operator Operations
Henry Tellez	Warehouse Operator Operations
Heriberto Dircio	Warehouse Operator Operations
Holly Jahr	Warehouse Operator Operations
Hugo Ramirez	Warehouse Operator Operations
Hugo Vidal	Warehouse Operator Operations
Hunter Brown	Warehouse Operator Operations
Hunter Weikel	Warehouse Operator Operations
Hylton Green	Driver II
Ian Jezierny	Warehouse Operator Operations
Ianluke Ocampo	Warehouse Operator Operations
Ibeth Almendarez	Warehouse Operator Operations
Ifetayo Brown	Warehouse Operator Operations
Ignacio Gomez	Quality Control Inspector II
Iliana Garcia Sandoval	Warehouse Operator Operations
Immanuel Hernandez	Warehouse Operator Operations
Irene Uy	Warehouse Operator Operations
Irma Jimenez	Warehouse Operator Operations
Isaac Reyes	Warehouse Operator Operations
Isaac Tejada	Warehouse Operator Operations
Isaiah Nixon	Warehouse Operator Operations
Ismael Barranco	Warehouse Operator Operations
Israel Garza	Driver II
Israel Mondragon	Warehouse Operator Operations
Israel Soto	Warehouse Operator Operations
Ivan Arroyo	Delivery Driver
Ivan Deleon	Warehouse Operator Operations
Ivann Melchor	Warehouse Operator Operations
Jack Minorini	Warehouse Operator Operations
Jack Perez	Sr Engineer Process
Jackie Miller	Warehouse Operator Operations
Jacob Boesenberg	Warehouse Operator Operations
Jacob Dixon	Mgr Training
Jacob Kooi	Warehouse Operator Operations
Jacob Long	Warehouse Operator Operations
Jacqueline Herrera	Warehouse Operator Operations
Jahir Capistran	Warehouse Operator Operations
Jaime Baca	Supv Warehouse
Jaime Barrozo	Warehouse Ld Operations
Jairo Bedolla	Warehouse Operator Operations
Jairo Rodriguez	Warehouse Operator Operations
Jairo sanchez	Warehouse Operator Operations
Jake Adams	Warehouse Operator Operations
Jake Rubo	Warehouse Operator Operations
Jakobe Soulak	Warehouse Operator Operations
Jamar Neyland	Warehouse Operator Operations
James Brehm	Supv Warehouse
James Kechik	Warehouse Operator Operations
James Nowak	Warehouse Operator Operations
James Otis	Warehouse Ld Operations
James Riordan	Shuttle Driver
James Thomas	Driver II
Janelly Chagoya	Warehouse Operator Operations
Jarret Taber	Warehouse Operator Operations

Jasmine Uriostegui	Warehouse Operator Operations
Jason Duran	Warehouse Operator Operations
Jason Kluzak	Warehouse Operator Operations
Jason Krause	Warehouse Operator Operations
Jason Oconnell	Driver II
Jason Poland	Warehouse Operator Operations
Jason Robertson	Driver II
Jason Smajda	Driver Ld
Jason Vera	Warehouse Operator Operations
Javier Atilano	Warehouse Ld Operations
Javier Carrasco	Warehouse Operator Operations
JAVIER MENDOZA	Driver II
Javier Ortega	Warehouse Operator Operations
Javion Garcia	Warehouse Operator Operations
Jayaprakasan Ayyar Malayil	Warehouse Operator Operations
Jazlynne Aich	Warehouse Operator Operations
Jazmin Farias	Warehouse Operator Operations
Jeff Gaul	Warehouse Operator Operations
Jeff Jostock	Warehouse Operator Operations
Jeffrey Huhnstock	Driver II
Jeffrey Noftz	Warehouse Operator Operations
Jena Aljets (On Leave)	Warehouse Operator Operations
Jennie Schroeder	Warehouse Operator Operations
Jennifer Cerne	Transportation Coord
Jennifer Gundersen	Warehouse Operator Operations
Jennifer Sheil	Warehouse Operator Operations
Jennifer Sweeney	Warehouse Clerk Operations
Jeremiah Curtis	Warehouse Operator Operations
Jeremie Plachcinski	Driver II
Jeremy Johnson	Warehouse Operator Operations
Jeremy Mantaring	Warehouse Operator Operations
Jeremy Pineda	Supv Warehouse
Jeremy Tessitore	Warehouse Operator Operations
Jeremy Young	Warehouse Ld Operations
Jerrick Johnson	Warehouse Operator Operations
Jerry Meschick	Warehouse Operator Operations
Jerry Plummer	Warehouse Operator Operations
Jesse Porcayo	Warehouse Operator Operations
Jesus Camacho	Warehouse Operator Operations
Jesus Figueroa	Warehouse Operator Operations
Jesus Gutierrez Maya	Warehouse Operator Operations
Jesus Jimenez	Warehouse Operator Operations
Jesus Leyva	Warehouse Operator Operations
Jesus Ruiz Berru	Warehouse Operator Operations
Jhonny Tellez	Supv Warehouse
Jhosio Hernandez	Warehouse Operator Operations
Jim Lyons	Janitor Operations
Jim Ruttle	Warehouse Operator Operations
Jim Thompson	Driver II
Jimi Walsh	Warehouse Operator Operations
Joaquin Vega	Warehouse Operator Operations
Jocelyn Gonzalez	Warehouse Operator Operations
Joe Cerone	Trainer Branch
Joe Ragan	Supv Warehouse
Joel Lopez Picado	Driver II
Joel Ruiz	Warehouse Operator Operations
Joel Sanchez	Warehouse Operator Operations
John Bartley	Inventory Coord Operations
John Bonczkowski	Warehouse Operator Operations
John Corrigan	Warehouse Operator Operations
John Cristobal	Warehouse Operator Operations
John Igliori	Warehouse Operator Operations
John Oliver	Quality Control Inspector I
John Schaefges	Delivery Driver
Jolanta Zak	Warehouse Operator Operations
Jon Gillespie	Warehouse Operator Operations
Jon-Michael Cox	Warehouse Operator Operations
Jonathan Acosta	Warehouse Operator Operations
Jonathan Jacobo	Warehouse Operator Operations
Jonathan Leon-Cabrera	Warehouse Operator Operations
Jonathan Mejia	Warehouse Operator Operations
Jonathan Mendez	Warehouse Operator Operations
Jonathon Martinez-Diaz	Trainer Branch
Jonell Lim	Supv Training Branch
Jordan Allotey	Warehouse Operator Operations
Jordan Brandt	Warehouse Operator Operations
Jorge Flores	Warehouse Operator Operations
Jorge Gutierrez	Warehouse Operator Operations
Jorge Melgarejo	Warehouse Operator Operations
Jorge Pagan	Warehouse Operator Operations
Jorge Sosa	Warehouse Operator Operations
Jose Acosta	Warehouse Operator Operations
Jose Arciniega	Warehouse Operator Operations
Jose De jesus	Driver II
Jose Diaz-Mendoza	Driver I
Jose Figueroa	Delivery Driver
Jose Flores Avina	Driver II
Jose Gallegos	Sr Mgr Operations
Jose Gomez	Warehouse Operator Operations
Jose Gonzalez	Production Assoc I
Jose Hernandez	Warehouse Operator Operations
Jose Hidrogo	Warehouse Operator Operations
Jose Ivan Rodriguez Santos	Warehouse Operator Operations
Jose Lopez	Driver II
Jose Luis Fernandez	Driver II
Jose Macias	Supv MedTrans
Jose Magallan	Driver II
Jose Mandujano	Driver II
Jose Martin Del Campo	Janitor Operations
Jose Martinez	Warehouse Operator Operations
Jose Micheli	Warehouse Operator Operations
Jose Morales-Campos	Driver II
Jose Rodriguez	Warehouse Operator Operations
Jose Salgado	Warehouse Operator Operations
José Tejeda	Warehouse Operator Operations
Jose Valencia	Warehouse Operator Operations
Jose Vera	Warehouse Operator Operations
Joseph Bennett	Warehouse Operator Operations
Joseph Cappi	Warehouse Operator Operations
Joseph Heinmiller	Warehouse Operator Operations

Joseph Mathew	Warehouse Operator Operations
Joshua Gillcrist (On Leave)	Warehouse Operator Operations
Joshua Opletal	Janitor Operations
Joshua Ramirez	Warehouse Operator Operations
Josue Fonseca	Warehouse Operator Operations
Juan Altamirano	Production Assoc I
JUAN CARLIN OCHOA	Driver II
Juan Carrasco	Inventory Coord Operations
Juan Cortez	Warehouse Operator Operations
Juan Galaviz	Mgr Maintenance
Juan Garcia	Sr Supv Warehouse
Juan Gonzalez	Driver II
Juan Munoz	Warehouse Operator Operations
Juan Renteria	Driver II
Juan Ruiz	Warehouse Operator Operations
Juana Hernandez	Warehouse Operator Operations
Julian Morales	Warehouse Operator Operations
JULIAN VALENCIA	Warehouse Operator Operations
Julio Lavarreda	Driver I
Julio Marcos	Trainer Branch
Julio Montero	Warehouse Operator Operations
Julio Morales banda	Warehouse Operator Operations
Jun Cruz	Warehouse Operator Operations
Justice Erickson	Inventory Coord Operations
Justin Conway	Supv Warehouse
Justin Rodriguez	Warehouse Operator Operations
Justino Gomez Cruz	Warehouse Operator Operations
Karina Zapata	Warehouse Operator Operations
Karla Arteaga	Warehouse Ld Operations
katarina Pittman	Inventory Coord Operations
Kayla Oechsle	Spec EH&S
Keewan Asu	Warehouse Operator Operations
Keiser Orina	Warehouse Operator Operations
Keith Raab	Warehouse Operator Operations
Ken Erickson	Warehouse Operator Operations
Ken Gascon	Driver I
KENNETH BENFORD	Driver I
Kenneth Grant	Warehouse Operator Operations
Kevin Ayala	Warehouse Operator Operations
Kevin Falcon Ruiz	Warehouse Operator Operations
Kevin Flores	Warehouse Operator Operations
Kevin Phares	Driver I
Kevin Rouley	Warehouse Operator Operations
Kevin Smith	Warehouse Operator Operations
Kevin Tarman	Delivery Driver
Kevin Wagner	Trainer Branch
Kevin Zuluaga	Warehouse Operator Operations
Kim Stone	Transportation Coord
Kimberly Brown	Warehouse Operator Operations
Kimberly Burman	Warehouse Operator Operations
Kipp Paulo	Warehouse Operator Operations
Korrina Shaw	Warehouse Operator Operations
Kris Latz	Quality Control Inspector II
Kris Lomax	Warehouse Operator Operations
Krzysztof Paluch	Driver II
Kyle Hodera	Warehouse Operator Operations
Kyle Hutton	Trainer Branch
Kyle Nichols	Warehouse Operator Operations
Ladrena Armond	Warehouse Operator Operations
Larry Ramsey	Warehouse Operator Operations
Larry Ruy	Warehouse Operator Operations
Larry Williams	Warehouse Operator Operations
Lashawn Caldwell	Driver II
Latoya Taylor	Warehouse Operator Operations
Laura Solis	Warehouse Operator Operations
Lawrence Machado	Warehouse Ld Operations
Lazaro Gutierrez	Warehouse Operator Operations
Leonardo Rivera	Supv MedTrans
Leslie Davy	Driver II
Leticia Rodriguez	Warehouse Operator Operations
Libby Lafferty	Warehouse Operator Operations
Liliana Dejesus	Warehouse Operator Operations
Lincoln Rodman	Warehouse Operator Operations
Lindsey Mujica	Warehouse Operator Operations
Lisa Willems	Training Coord Sr
Lluvia Hernandez	Warehouse Operator Operations
Lorenzo Quintana	Warehouse Operator Operations
Lorin Kaywood	Warehouse Operator Operations
Louis Vega	Warehouse Operator Operations
Lucas Mozayeni	Warehouse Operator Operations
Lucia Mendez	Warehouse Operator Operations
Lucio Hernandez	Warehouse Operator Operations
Lugardo Ambriz	Warehouse Operator Operations
Luis Cardenas	Warehouse Operator Operations
Luis Castellanos	Warehouse Operator Operations
Luis Cruz	Warehouse Operator Operations
Luis Gonzalez	Inventory Coord Operations
Luis Hernandez garcia	Warehouse Operator Operations
Luis Martinez	Warehouse Operator Operations
Luis Montero	Building & Grounds Custodian
Luis Morales	Warehouse Operator Operations
Luis Perez	Warehouse Operator Operations
Lurdes Cisneros	Warehouse Operator Operations
Ma Barrientos	Warehouse Operator Operations
Makayla Rehnstrom	Warehouse Operator Operations
Malarie Berry	Warehouse Operator Operations
Mandeep Singh	Warehouse Operator Operations
Manny Gallegos	Warehouse Operator Operations
Manolo Cervantes	Delivery Driver
Manuel Gomez	Warehouse Operator Operations
Manuel Gonzalez	Warehouse Operator Operations
Manuel Martinez (On Leave)	Warehouse Operator Operations
Manuel Ortiz	Warehouse Operator Operations
Marc Aube	Sr Mgr Medtrans
Marcellis Brooks	Warehouse Operator Operations
Marco Carbajal	Warehouse Operator Operations
Marco Granados	Maintenance Tech I
Marco Hernandez	Warehouse Operator Operations
Marco hernandez	Warehouse Operator Operations
Marco Jimenez	Warehouse Operator Operations

Marcos Avelar	Driver Ld
Marcus Johnson	Warehouse Operator Operations
Margaret Francq	Warehouse Operator Operations
Margarita Diaz	Warehouse Operator Operations
Maria Coria	Production Assoc I
Maria Mondragon Bucio	Warehouse Operator Operations
Maria Trujillo	Warehouse Operator Operations
Marian Banks	Warehouse Operator Operations
Maribel Chavez	Production Assoc I
Maricela Galaviz	Warehouse Operator Operations
Mario Fernandez Chacon	Warehouse Operator Operations
Mario Hernandez	Warehouse Operator Operations
Mario Jasso	Warehouse Operator Operations
Mark Boutot	Assoc Engineer Quality
Mark Heyman	Supv Warehouse
Mark Keegan	Warehouse Operator Operations
Mark Laroussa	Warehouse Operator Operations
Mark Nichols	Warehouse Operator Operations
Marlyn Diaz	Delivery Driver
Marquinn Benjamin	Warehouse Operator Operations
Marquis Parker	Warehouse Operator Operations
Martina Ramirez	Warehouse Operator Operations
Marvin Pena	Warehouse Operator Operations
Mary Guzman Renteria	Supv Warehouse
Marzell Taylor	Warehouse Operator Operations
Mason Agosto	Warehouse Operator Operations
matthew Baptista	Warehouse Operator Operations
Matthew Barker	Quality Control Inspector II
Matthew Bassett	Warehouse Operator Operations
Matthew Hugh	Warehouse Operator Operations
MATTHEW SOKALSKI	Warehouse Operator Operations
Mauricio Crespo	Warehouse Operator Operations
Maxine Luciano	Warehouse Ld Operations
Mckinley swindle	Warehouse Operator Operations
Melisa Jimenez	Warehouse Operator Operations
Melissa Barrera	Warehouse Operator Operations
Memo Valadez	Driver II
Michael Bjurman	Supv QC
Michael Dean	Warehouse Operator Operations
Michael Gonzalez	Warehouse Operator Operations
MICHAEL HEATH	Janitor Operations
Michael Hertel	Driver II
Michael Klatka	Driver II
Michael Lumpp	Warehouse Operator Operations
Michael Mahoney	Warehouse Operator Operations
Michael Novatnik	Trainer Branch
Michael Piotrowski	Driver I
Miguel Aue	Warehouse Operator Operations
Miguel Benitez	Warehouse Operator Operations
Miguel Gamino-Brizuela	Warehouse Operator Operations
Miguel Garcia	Warehouse Operator Operations
Miguel Miranda	Warehouse Operator Operations
Mike Allison	Driver I
Mike Barber	Driver I
Mike Bennett	Supv Warehouse
Mike Conroy	Warehouse Operator Operations
Mike Groblewski	Warehouse Operator Operations
Mike Harrington	Warehouse Operator Operations
Mike Kelly	Warehouse Operator Operations
Mike Molloy	Inventory Coord Operations
Mike Needham	Warehouse Operator Operations
Mike Widener	Warehouse Operator Operations
Misael Juarez	Warehouse Operator Operations
Missael Linares	Warehouse Operator Operations
Mitchell Avila	Driver I
Moises Gaytan	Warehouse Operator Operations
Monica Jimenez	Warehouse Operator Operations
Monique Moore	Warehouse Operator Operations
Myel Bahena	Warehouse Operator Operations
Myles Davis	Warehouse Operator Operations
Myles Page	Warehouse Operator Operations
Nahum Ramos Mendez	Driver II
Najeeb Khan (On Leave)	Driver II
Nancy Mikels [C]	Qc Help
Naomi Montgomery	Warehouse Operator Operations
Naquita Gaines	Driver II
Nate Manalo	Warehouse Operator Operations
Nathan Gordon	Warehouse Operator Operations
Nathan Opletal	Janitor Operations
Nathaniel Hayes	Warehouse Operator Operations
Nathaniel Rios	Warehouse Operator Operations
Nefi Moreno Cuevas	Warehouse Operator Operations
Nelson Aguilar	Warehouse Operator Operations
Nicholas Kordik	Warehouse Operator Operations
Nicholas Stockl	Maintenance Ld
Nick Agosto-Kreger	Driver II
Nick Barabas	Delivery Driver
Nick Bavaro	Delivery Driver
Nick Madl	Sr Supv Warehouse
Nick Mata zamora	Warehouse Operator Operations
Nikki Harrington	Warehouse Operator Operations
Nikyla Johnson	Warehouse Operator Operations
Noel Morales	Trainer Branch
Norberto Infante	Warehouse Operator Operations
Olivia Infante Ledesma	Warehouse Operator Operations
Olliver Perez	Warehouse Operator Operations
Omar Aguilar	Warehouse Operator Operations
Omar Castro	Warehouse Operator Operations
Omar Hernández	Warehouse Operator Operations
OMAR LAGUNAS	Warehouse Operator Operations
Omar Marin	Warehouse Operator Operations
Omar Ruiz	Warehouse Operator Operations
Orlando Gomez-Murillo	Driver II
Orlando Ortega	Driver II
Oscar Bello Arteaga	Driver I
Oscar Najera	Warehouse Operator Operations
Oscar Ocampo	Warehouse Operator Operations
Oscar Ponce	Warehouse Operator Operations
Osvaldo Vergara	Warehouse Operator Operations
Osvelia Rios Martinez	Warehouse Operator Operations

Pablo Avila	Warehouse Ld Operations
Pablo Gordillo [C]	Quality Control Inspector
Pablo Montes	Warehouse Operator Operations
Papo Colon Jr (On Leave)	Warehouse Operator Operations
Patrick Berthiaume-Maslon	Warehouse Operator Operations
Patrick Tapia	Warehouse Operator Operations
Patrick Wells	Warehouse Operator Operations
Patryk Michalski	Supv Warehouse
Pedro Castro	Warehouse Operator Operations
Pedro Monroy	Driver II
Philip Bromley	Warehouse Operator Operations
Philip Wisniewski	Warehouse Operator Operations
Pohai Tapusini	Warehouse Operator Operations
Quincy Ilme	Warehouse Operator Operations
Rachel Alvear Ramirez	Warehouse Operator Operations
Raejnae Merritt	Warehouse Operator Operations
Rafael Carranza	Warehouse Operator Operations
Rafael Juarez	Warehouse Operator Operations
Rafael Nava	Warehouse Operator Operations
Rafael Orellana	Warehouse Operator Operations
Ralph Stiff	Warehouse Operator Operations
Ramil Yu	Warehouse Operator Operations
Ramiro Ortiz	Warehouse Operator Operations
Ramon Roman	Warehouse Operator Operations
Ranay Brown	Warehouse Operator Operations
RANDOLPH CHANEY	Warehouse Operator Operations
Randy Butler	Warehouse Operator Operations
Randy Romero	Warehouse Operator Operations
Raul Arteaga	Warehouse Operator Operations
Raul Castelo	Warehouse Operator Operations
Raven Erikson	Warehouse Operator Operations
Raylen Washington	Warehouse Operator Operations
Rebeca Ortiz	Warehouse Operator Operations
Rene Ramirez	Warehouse Operator Operations
Rene Roman	Trainer Branch
Ricardo Banuelos	Warehouse Operator Operations
Ricardo Montiel	Trainer Branch
Ricardo Ruiz	Driver I
Richard Ayala	Warehouse Operator Operations
Richard Martinez	Warehouse Operator Operations
Richard Payne	Driver II
Richard Wallin	Warehouse Operator Operations
Richie Belcastro	Driver II
Rick Brose	Warehouse Operator Operations
Rick Merlak	Driver II
Rick Vazquez	Warehouse Operator Operations
Rigoberto Ferrera Morales	Warehouse Operator Operations
Rob Meier	Sr Mgr HR
Rob Wagner	Warehouse Operator Operations
Robert Bielowicz	Maintenance Tech I
ROBERT DAMRON	Warehouse Operator Operations
Robert Hassan	Warehouse Operator Operations
Robert Ingram	Maintenance Tech I
Robert Opletal	Supv MedTrans
Robert Schultz (On Leave)	Driver II
Robert Worklan	Warehouse Operator Operations
Roberto Ramos	Warehouse Operator Operations
Roberto Sotelo	Warehouse Operator Operations
Robin Vera	Warehouse Operator Operations
Rodolfo Bustamante	Warehouse Operator Operations
Roland Forman	Driver II
Rolando Duarte	Driver II
Ron Burton	Driver II
Ronald Rytina	Warehouse Operator Operations
Ronaldo Carranza	Inventory Control Ld Operations
Royden Stagen	Delivery Driver
Ruben Corona	Maintenance Tech II
Rudero Sifuentes	Warehouse Operator Operations
Rudy Sanchez-Lopez	Warehouse Ld Operations
Rufino Samano	Warehouse Operator Operations
Ruslan Fowles	Warehouse Clerk Operations
Russell Coulter	Warehouse Operator Operations
Russell Jackson	Warehouse Operator Operations
Rusty Rodriguez	Warehouse Operator Operations
Ruth Asghar	Inventory Coord Sr
Ryan Chapman	Delivery Driver
Ryan Sanvictores	Warehouse Operator Operations
Ryan Swift	Warehouse Operator Operations
Sabrina Pelc	Trainer Branch
Said Guadron	Warehouse Operator Operations
Salvador Fajardo	Maintenance Tech I
Salvador Hernandez	Driver I
Salvatore Lima	Inventory Coord Operations
Samuel Mayer	Warehouse Operator Operations
Santiago Torres	Warehouse Operator Operations
Santo Garcia	Warehouse Operator Operations
Sarabjit Grewal	Warehouse Operator Operations
Sarah Baumgardner	Warehouse Operator Operations
Scott Gundy	Inventory Coord Operations
Sean Mcadams	Warehouse Operator Operations
Sebash Sinclair	Sr Mgr Operations
Senna Mendoza	Warehouse Operator Operations
sergio maguellal	Warehouse Operator Operations
Shane Barrettsmith	Maintenance Tech II
Shane Wright	Warehouse Operator Operations
Shannon Adams	Warehouse Operator Operations
Shatoni Gabriel [C]	Supervisor Security
Shazay Molleda	Warehouse Operator Operations
Sigi Servin	Janitor Operations
Silvana Klonowski	Warehouse Operator Operations
Simba Chear	Warehouse Operator Operations
Simone Davy	Warehouse Operator Operations
Skyler Calleja	Warehouse Operator Operations
Stephan Weatherspoon	Warehouse Operator Operations
Stephanie Morales	Warehouse Operator Operations
Stephen Lundeen	Inventory Coord Operations
Stephen Lutaaya	Driver II
Stephen Mckenney	Mgr Warehouse
Stephen Zegledi	Driver II
Steve Lopez	Warehouse Operator Operations

Steve Vrbancic	Mgr Warehouse
Steven Andrade	Warehouse Operator Operations
Steven Ellis	Driver II
Steven Hagen	Warehouse Operator Operations
Susan Lane [C]	Pharmacist
Susan Mcclure	Inventory Coord Operations
Tawnya Miller	Dispatcher
Thomas Cooper	Warehouse Operator Operations
Thomas Jones	Warehouse Operator Operations
Thomas Lang	Warehouse Ld Operations
Tiffany Perez	Sr Supv Warehouse
Tim Klein	Warehouse Operator Operations
Timothy Borntraeger	Driver II
Timothy Humes	Warehouse Operator Operations
Timothy Kolinski	Trainer Branch
Timothy Rice	Warehouse Operator Operations
Timothy Shaw	Warehouse Operator Operations
Tito Rodriguez	Warehouse Operator Operations
Todd Ruddy	Warehouse Operator Operations
Todd Young	Warehouse Operator Operations
Tom Cannon	Fleet Maintenance Planner
Tom Cardona	Warehouse Operator Operations
Tom Guzman	Inventory Coord Operations
Tommy Gagnon	Warehouse Operator Operations
Tony Maravilla	Warehouse Operator Operations
Torriea Kirk	Warehouse Operator Operations
Travale Brassel	Warehouse Operator Operations
Trenton Sutton	Warehouse Operator Operations
TRINIDAD LOPEZ	Driver II
Tyler Galuska	Sr Operations Production Controller
Tyler Medina	Training Coord Sr
Uriel Ybarra	Trainer Branch
Vanessa Garcia	Warehouse Ld Operations
Venton Gammell	Driver II
Victor Botello	Warehouse Operator Operations
Victor Campos	Warehouse Operator Operations
Victor Carmona	Warehouse Operator Operations
Victor Regalado	Delivery Driver
Victor Sanches	Operations Spec
Vidal Sanchez Garcia	Trainer Branch
VINCENT ENGEL	Driver II
Vincent Terrell	Warehouse Operator Operations
Virginia Torres	Warehouse Operator Operations
Vontae Anderson	Warehouse Operator Operations
Wafeek Wahba [C]	Pharmacist
Walter Wigdzinski	Warehouse Operator Operations
Wardell Baker	Warehouse Operator Operations
Will Botefuhr	Driver II
Will Harkness	Driver II
William Bode	Supv Maintenance
William Bongratz	Driver II
William Holland	Warehouse Operator Operations
William Hulkoff	Warehouse Operator Operations
Yann Amisi	Warehouse Operator Operations
Yaritza Torres	Warehouse Operator Operations
Yolanda Montero	Warehouse Operator Operations
Yousef Kanoun	Driver II
Zach Swearingen	Warehouse Operator Operations
Zachary Soderberg	Warehouse Operator Operations

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2025

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-43022

Medline Inc.
(Exact name of registrant as specified in its charter)

Delaware	**33-1845288**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
3 Lakes Drive Northfield, Illinois	**60093**
(Address of principal executive offices)	(Zip Code)

(847) 949 5500
Registrant's telephone number, including area code

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A common stock, par value $0.0001 per share	MDLN	Nasdaq Global Select Market

Securities registered pursuant to section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements.

☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b).

☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the Class A common stock held by non-affiliates of the registrant, based on the closing price of a share of Class A common stock on December 17, 2025, as reported by The Nasdaq Global Select Market on such date was approximately $13.0 billion. The registrant has elected to use December 17, 2025, which was the initial trading date of the registrant's Class A common stock on The Nasdaq Global Select Market, as the calculation date because on June 30, 2025 (the last business day of the registrant's most recently completed second fiscal quarter) the registrant was a privately held company. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose.

As of February 23, 2026, there were 811,647,534 shares of the registrant's Class A common stock and 502,045,878 shares of the registrant's Class B common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement related to its 2026 Annual Meeting of Stockholders to be filed with the U.S. Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2025 are incorporated by reference into Part III of this Annual Report on Form 10-K.

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Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K (this "Annual Report") contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Forward-looking statements include all statements that are not historical facts. Words such as "anticipate," "assume," "believe" "contemplate," "continue," "could," "estimate," "expect," "foreseeable," "intend," "may," "plan," "potentially," "predict," "project," "seek," "should," "will," or "would," or similar words or phrases that convey uncertainty of future events or outcomes, are intended to identify forward-looking statements in this Annual Report. These forward-looking statements relate to matters such as our industry, business strategy, costs, and costs savings, impacts of accounting standards and guidance, goals and expectations, market position, future operations, margins, profitability, capital expenditures, liquidity and capital resources, legal matters, trends, and other financial and operating information. The forward-looking statements are based on management's current expectations and are subject to various risks, uncertainty, and changes in circumstances, many of which are beyond our control, that could cause actual results to differ materially. Although we believe that the assumptions underlying the forward-looking statements are reasonable, we cannot guarantee future results, level of activity, performance, or achievements. Factors that may cause actual results to differ from expected results include those described in Part I, "Item 1A—Risk Factors" and Part II, "Item 7—Management's Discussion and Analysis of Financial Condition and Results of Operations". The forward-looking statements included in this Annual Report speak only as of the date of this Annual Report or as of the date they are made, as applicable. Except as otherwise required by law, we disclaim any intent or obligation to update any "forward-looking statement" made in this Annual Report to reflect changed assumptions, the occurrence of unanticipated events, or changes to future operating results over time.

INTRODUCTORY NOTE

Medline Inc. was incorporated as a Delaware corporation on November 6, 2024. Prior to the completion of its initial public offering (the "IPO") on December 18, 2025, Medline Inc. undertook certain reorganization transactions (the "Reorganization") such that Medline Inc. is now a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP ("Medline Holdings"). Following the IPO, Medline Holdings is the predecessor of Medline Inc. for financial reporting purposes. As the general partner of Medline Holdings, Medline Inc. now operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts its business. The Reorganization lacks economic substance and therefore is accounted for in a manner consistent with a reorganization of entities under common control. As a result, the consolidated financial statements of Medline Inc. recognize the assets and liabilities received in the Reorganization at their historical carrying amounts, as reflected in the historical financial statements of Medline Holdings. Medline Inc. will consolidate Medline Holdings on its consolidated financial statements and record a non-controlling interest related to the Units (as defined herein) held by the Continuing Unitholders (as defined herein) on its consolidated balance sheets and statements of comprehensive income.

Medline Inc. had no significant business transactions or activities prior to the Reorganization, and, as a result, the historical financial information reflects that of Medline Holdings.

Basis of Presentation

The consolidated financial statements and accompanying notes included herein are prepared in accordance with United States generally accepted accounting principles ("GAAP"). The results of businesses acquired or disposed of are included in the consolidated financial statements from the date of the acquisition or up to the date of disposal, respectively. All adjustments, in the opinion of management, necessary to a fair statement of the results for the annual periods presented have been made.

Certain monetary amounts, percentages, and other figures included in this Annual Report have been subject to rounding adjustments. Percentage amounts included in this Annual Report have been calculated, in some cases, not on the basis of such rounded figures, but on the basis of such amounts prior to rounding. For this reason, percentage amounts in this Annual Report may vary from those obtained by performing the same calculations using the figures, on the face of our consolidated financial statements included elsewhere in this Annual Report. Certain other amounts that appear in this Annual Report may not sum due to rounding.

In December 2024, we changed the name of Medline Holdings from Mozart Holdings, LP to Medline Holdings, LP. We will not distinguish between the prior and current name of Medline Holdings and will refer to the current name of Medline Holdings throughout this Annual Report. References in this Annual Report to "Medline," the "Company," "we," "us," and "our" refer (1) prior to the consummation of the IPO, to Medline Holdings, LP and its consolidated subsidiaries and (2) after the IPO to Medline Inc. and its consolidated subsidiaries.

CERTAIN DEFINITIONS

As used in this Annual Report, unless otherwise noted or the context requires otherwise, the following terms have the following meanings:

- "Class A Units" refers to the interests in Medline Holdings called "Class A Units" that were outstanding prior to the Reclassification. In connection with the Reclassification, (i) Class A Units held by Common Unitholders were converted into Common Units and (ii) Class A Units held by Exchanging Class A Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Class B Units" refers to the interests in Medline Holdings called "Class B Units" that were outstanding prior to the Reclassification, and does not include CUPI Units. In connection with the Reclassification, (i) Class B Units held by Incentive Unitholders were converted into Incentive Units and (ii) Class B Units held by Exchanging Class B Unitholders were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units).

- "Common Units" refers to the new class of units of Medline Holdings created by the Reclassification and does not include Incentive Units.
- "Common Unitholders" refers to certain pre-IPO holders of Class A Units and/or CUPI Units who hold Common Units following the Reclassification.
- "Incentive Unitholders" refers to certain pre-IPO holders of Class B Units who will hold Incentive Units following the Reclassification, as described under "Organizational Structure."
- "Continuing Unitholders" refers collectively to Common Unitholders and Incentive Unitholders.
- "CUPI Units" refers to the interests in Medline Holdings that were designated as "Catch-Up Class B Units" and outstanding prior to the Reclassification. In connection with the Reclassification, (i) CUPI Units held by Common Unitholders were converted into Common Units and (ii) CUPI Units held by Exchanging CUPI Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Designating Stockholder" refers to each of our Principal Stockholders with whom we entered into separate director nomination agreements.
- "Exchanging Class A Unitholder" refers to pre-IPO holders of Class A Units whose Class A Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Class B Unitholder" refers to pre-IPO holders of Class B Units whose Class B Units were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units) following the Reclassification.
- "Exchanging CUPI Unitholder" refers to pre-IPO holders of CUPI Units whose CUPI Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Unitholders" refers collectively to Exchanging Class A Unitholders, Exchanging CUPI Unitholders, and Exchanging Class B Unitholders.
- "Incentive Units" refers to the new class of units of Medline Holdings created by the reclassification of the Class B Units in the Reclassification. The Incentive Units are "profit interests" having economic characteristics similar to stock appreciation rights and having the right to share in any equity value of Medline Holdings above specified participation thresholds. Vested Incentive Units may be converted to Common Units and be subsequently exchanged for shares of Class A common stock.
- "Principal Stockholders" refers collectively to investment funds associated with Blackstone Inc., The Carlyle Group Inc. and Hellman & Friedman LLC, and members of the Mills family.
- "Reclassification" refers to the reclassification of the partnership interests of Medline Holdings prior to the IPO.
- "Sponsors" refers collectively to Blackstone Inc., The Carlyle Group Inc., and Hellman & Friedman LLC.
- "Units" refers collectively to Common Units and Incentive Units.

Summary of Risk Factors

The following is a summary of the principal factors that make an investment in our securities speculative or risky, all of which are more fully described below. This summary should be read together with the risk factors described under Part I, "Item 1A—Risk Factors" and should not be relied upon as an exhaustive summary of the material risks facing our business. In addition to the following summary, you should consider the information set forth below and the other information contained in this Annual Report before investing in our securities.

- Our global operations are subject to inherent risks that could materially adversely affect our business, results of operations, and financial condition.
- We may be unable to derive fully the anticipated benefits from our existing or future acquisitions, joint ventures, investments, dispositions, or other strategic transactions.
- Consolidation in the healthcare industry could have an adverse effect on our business, results of operations, and financial condition.
- We operate in a highly competitive industry, with accelerating pricing pressure and changes in technology.
- Changes to the U.S. and global healthcare environments may not be favorable to us.
- Increases in shipping costs or service issues with our third-party shippers could harm our business.

- Significant challenges or delays in our sourcing of new products and technologies could have an adverse impact on our long-term success.
- We have concentration in and dependence on certain healthcare provider customers and GPOs.
- Our business and operations depend on the proper functioning of our critical facilities and distribution networks and could be negatively impacted by events outside our control.
- Quality problems and product liability claims have in the past led, and could in the future lead, to recalls or safety alerts, reputational harm, adverse verdicts, or costly settlements, and could have a material adverse effect on our business, results of operations, and financial condition.
- Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline.
- If we experience increased pressure to maintain or decrease the price of our goods and services and we are unable to reduce our expenses, there may be a material adverse effect on our business, results of operations, and financial condition.
- Any failure by or loss of a third-party manufacturer or supplier or other manufacturing or supply-related impacts could result in delays and increased costs, which may adversely affect our business.
- We rely on the proper function, security, and availability of our information technology systems and data, as well as those of third parties throughout our global supply chain, to operate our business.
- We are subject to extensive and complex laws and governmental regulations and any adverse regulatory action may materially adversely affect our business, results of operations, and financial condition both inside and outside the United States.
- We are subject to complex and rapidly evolving data privacy, security, and data protection laws and regulations and the costs to comply with such laws and regulations or any ineffective compliance efforts with such laws and regulations may adversely impact our business.
- Our use or our third-party service providers' or business partners' use of AI, automated decision-making and machine learning technologies and the evolving regulatory framework in this area may subject us to risks or heightened costs that could adversely affect business, results of operation and financial condition.
- Our failure to comply with laws and regulations relating to reimbursement of healthcare goods and services may subject us to penalties and adversely impact our reputation, business, results of operations, financial condition, and cash flows.
- Uncertain global and domestic macro-economic and political conditions could materially adversely affect our business, results of operations, and financial condition.
- Our substantial indebtedness could adversely affect our financial condition, our ability to operate our business or react to changes in the economy or our industry, prevent us from fulfilling our obligations under our debts, and divert our cash flow from operations for debt payments.
- The credit agreement that governs the Senior Secured Credit Facilities and the indentures that govern the Senior Notes will each impose significant operating and financial restrictions on our subsidiaries, which may prevent us from capitalizing on business opportunities.
- Medline Inc. is a holding company and its only material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, and it is accordingly dependent upon distributions from Medline Holdings to pay taxes, make payments under the tax receivable agreement, and pay any dividends.
- The Designating Stockholders hold a significant percentage of our stock, and their interests may conflict with ours or yours in the future.
- Our amended and restated certificate of incorporation does not limit the ability of our Sponsors, the Mills family, and certain other pre-IPO investors to compete with us, and they may have investments in businesses whose interests conflict with ours.

The market price of shares of our Class A common stock may be volatile or may decline regardless of our operating performance, which could cause the value of your investment to decline.

Market and Industry Data

Unless otherwise indicated, information contained in this Annual Report concerning our industry, competitive position, and the markets in which we operate is based on information from independent industry and research organizations, other third-party sources and management estimates. Although we believe that these third-party sources are reliable, we do not guarantee the accuracy or completeness of this information, and we have not independently verified this information. Management estimates are derived from information obtained from surveys, reports by market research firms, our customers, distributors, suppliers, trade and business organizations, and other contacts in the markets in which we operate and have not been verified by independent sources, and are based on assumptions made by us upon reviewing such data, and our experience in, and knowledge of, such industry and markets, which we believe to be reasonable. In addition, assumptions and estimates of our and our industry's future performance are subject to a high degree of uncertainty and risk due to a variety of factors, including those described in Part I, "Item 1A—Risk Factors" and "Cautionary Note Regarding Forward-Looking Statements." These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

Statements regarding our market position (including statements that we are the largest company in a particular market), unless otherwise noted, are based on our 2025 net sales in the relevant market relative to the publicly reported net sales of our competitors in such market, including with respect to our statement of being the largest provider of med-surg products and supply chain solutions serving all points of care, as that statement is based on our 2025 net sales relative to the publicly reported net sales of med-surg products by companies that are both med-surg manufacturers and distributors.

Trademarks

We own or have the right to use trademarks, trade names, and service marks used in connection with our business, including, but not limited to, Medline, Curad, Microtek, Hudson, and Proxima. All trademarks, trade names, and service marks referred to in this Annual Report are the property of their respective owners. We do not intend our use or display of other companies' trade names, trademarks, or service marks to imply a relationship with, or endorsement or sponsorship of us by, these other companies. Solely for convenience, our trademarks, trade names, and service marks referred to in this Annual Report may appear without the ®, ™ or SM symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks, trade names, and service marks.

PART I

Item 1. Business

General

Medline Inc. (together with its subsidiaries, "Medline", "the Company", "we", "ours" and "us") is the largest provider of medical-surgical ("med-surg") products and supply chain solutions serving all points of care, based on total net sales of med-surg products. Medline was founded in 1966 and today delivers mission-critical products used daily across the full range of care settings, from hospitals and surgery centers to physician offices and post-acute facilities. Our mission is to make healthcare run better by delivering improved clinical, financial, and operational outcomes.

We have two reportable segments, Medline Brand and Supply Chain Solutions, the combination of which addresses critical needs in the market through a comprehensive solution. They are both supported by our Prime Vendor model, differentiated distribution network, and robust commercial platform. Through our two segments, we offer approximately 335,000 med-surg products, including surgical and procedural kits, gloves and protective apparel, urological and incontinence care, wound care, and consumable lab and diagnostics products. We distribute these products through our expansive network of global distribution facilities and our owned fleet of MedTrans trucks.

Medline Brand

As of December 31, 2025, we offer our customers approximately 190,000 med-surg products through our Medline Brand segment and hold leading positions across many key product families for our Medline Brand products. Our Medline Brand products are organized into three product categories: Front Line Care, Surgical Solutions, and Laboratory and Diagnostics.

- *Front Line Care* offers mission-critical med-surg products for patient-facing needs, including wound care products, exam gloves, skin care and incontinence products, environment cleaning supplies, textiles, hand sanitizer, durable medical equipment, patient plastics, and decolonization and infection control products.
- *Surgical Solutions* offers operating room and perioperative environment product solutions, including surgical procedure trays, drapes and gowns, personal protective equipment, sterile wraps, surgical instruments, surgeon's gloves, procedure kits, and orthopedic implants.
- *Laboratory and Diagnostics* offers a full range of laboratory and diagnostic product solutions, including point of care testing, analyzers and instrumentation, lab and diagnostic consumables, diagnostic instruments, vital signs monitors, and anatomic pathology and phlebotomy products.

Our product development approach incorporates customer feedback and ongoing innovation. We are also committed to delivering products of the highest standard, which is reflected by our robust quality team embedded across our manufacturing and sourcing locations. The expertise of our research and development team and quality team helps ensure products bearing the Medline brand meet both our rigorous quality standards and our customers' expectations.

Supply Chain Solutions

As of December 31, 2025, we offer approximately 145,000 med-surg products from over 1,300 third-party suppliers, including nearly all leading national brands, through our Supply Chain Solutions segment. We also provide our customers with supply chain optimization services such as consulting engagements, outsourced warehouse and technology management, put-away-ready packaging, third-party logistics, inventory rationalization, and route planning. Our third-party suppliers are primarily responsible for costs related to import and inbound freight, whereas we are primarily responsible for costs related to outbound freight from our distribution centers. Our supply chain expertise allows us to provide additional service offerings to optimize our customers' supply chain and inventory workflows, helping these customers cost-effectively manage their supply chain while building strong relationships and enhancing retention.

Our Prime Vendor Model

A Prime Vendor relationship is a relationship for which there is a multi-year distribution agreement between Medline and a customer, whereby the customer agrees to use Medline for the vast majority of its med-surg product needs.

In our Prime Vendor relationships, we enter into long-term agreements, typically structured with five-year terms, to act as the primary consolidated logistics partner for these customers' med-surg product needs. These agreements have been and are expected to continue to be a key contributor to our growth. Our customers realize efficiencies by partnering with one supply chain partner to consolidate their med-surg purchase volume. Prior to the market adoption of the Prime Vendor model, customers sourced such products individually from a highly fragmented base of suppliers. The Prime Vendor model instead centralizes procurement and distribution, which in turn drives efficiency and higher service levels.

As Prime Vendor, we drive significant cost savings to our customers. Our scale allows us to deliver consistently lower prices and better service levels on Medline Brand products relative to third-party alternatives, while also lowering the distribution cost for delivery of the full range of med-surg products. This often motivates customers to purchase more Medline Brand products over time. The opportunity is even greater in certain non-acute settings, where we sell a more focused product portfolio. Our Prime Vendor model allows us to provide cost savings to Prime Vendor customers, which, over time, supports incremental purchasing of our Medline Brand products and greater scale across our operations. As our scale grows, we are able to realize further efficiencies by offering superior or similar quality to third-party products at a more cost-effective price. We believe that Medline Brand conversion is mutually beneficial for both our customers and us-the value we provide customers at the outset of a Prime Vendor agreement meaningfully increases over time, as they accrue savings by purchasing our lower cost Medline Brand products, while our profitability grows given the enhanced margin profile of Medline Brand products. This compelling value proposition and supply chain relationship with our customers supports our greater than 98% average Prime Vendor retention rate over the past five years.

A portion of Supply Chain Solutions products sold to existing Prime Vendor customers has like-for-like Medline Brand product equivalents, representing a potential gross profit uplift consistent with our historical margin differentials if such products were converted for Medline Brand products. While we historically have earned higher margins upon conversion from third-party national brand products to like-for-like Medline Brand products, because of the lower average prices for Medline Brand products, there is typically a negative impact on net sales upon the conversion of Supply Chain Solutions products to like-for-like Medline Brand products if volume is assumed to be constant. For additional information on potential risks relating to this conversion opportunity, please see Part I, "Item 1A—Risk Factors—Risks Related to Our Business, Industry and Operations—Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline."

Our Distribution Network

We have a differentiated distribution network of 70 global distribution centers, warehouses, cross-docks, and transship facilities, 45 of which are in the United States, strategically located to provide next-day delivery to 95% of our U.S. customer base. We utilize artificial intelligence ("AI") and robotics technology in over 26 million square feet of warehouse space in the United States to improve efficiency and capacity to optimize distribution logistics and maximize utilization. The products we distribute are packaged to meet each customer's individual needs and to be "put-away-ready," which streamlines the customer's unloading and shelving process. We also operate our own fleet of more than 2,100 MedTrans trucks that deliver our products across care settings within the United States. As of December 31, 2025, we had approximately 25% in incremental capacity across our platform to support our long-term growth.

Our Commercial Platform

Our deep connectivity to our customers is driven by the strength of our dedicated and tenured commercial team. We have a U.S. commercial team of approximately 4,000 people across all points of care, which includes account managers, product specialists, specialized clinical resources, customer service representatives, supply chain specialists, Prime Vendor analysts, and a robust leadership team dedicated to driving efficiencies for our customers through their teams. We have created an entrepreneurial environment that empowers our salesforce to work with our product managers to create innovative products that meet market demand. We have a team devoted to each channel in the United States and each region or country internationally, which allows our salesforce teams to develop market-specific knowledge.

Research and Development

We have a track record of successfully bringing new products to market, with more than 2,300 granted patents and more than 450 U.S. Food and Drug Administration ("FDA") 510(k) clearances. Over the last three years, we have successfully launched more than 250 new products.

Competition

Our value proposition is derived from our integrated business model, the breadth of our Medline Brand portfolio, our differentiated supply chain, and the overall quality and cost of our products. As a result of our integrated business model, our competitors include both other leading med-surg product manufacturers and distributors.

Similar to us, other leading med-surg product manufacturers produce a wide range of med-surg supplies. However, unlike us, many of these competitors are reliant upon third-party distributors to deliver their products to customers. By nature of being a distributor, Medline has direct access to and manages the end customer relationships. This enables us to offer a complete solution as a manufacturer and a distributor, offering our customers what we believe to be best-in-class supply chain logistics, and driving value through our brand.

Additionally, other distributors of med-surg products similarly connect the fragmented supplier and provider bases and aggregate inventory from suppliers to deliver products to customers, such as McKesson, Cardinal Health, Owens & Minor, and Henry Schein. These distribution companies compete with us for Prime Vendor agreements. However, we believe that many of these competitors do not benefit from the scale and scope of our vertical integration or commercial excellence, and thus are not able to provide the same magnitude of cost savings, value, and holistic solutions that we deliver for our customers.

Production and Raw Materials

We manufacture approximately one-third of our Medline Brand products, which are primarily Class I and II medical devices, through our 30 manufacturing facilities, of which 24 are in North America. We purchase many of the components and raw materials used in manufacturing our products from numerous suppliers. We focus our manufacturing capabilities on products where we can leverage technology and automation to drive higher quality and lower costs to better serve our customers. For the vast majority of the other two-thirds of our Medline Brand products, we work closely with our network of more than 600 global partners across approximately 40 countries, many of whom have decades-long exclusive relationships with us. The breadth of our global sourcing partnerships provides diversification and strengthens our resiliency, with no single sourcing partner accounting for more than 5% of total spend as of December 31, 2025.

We also have plans and measures in place to help ensure continuity of supply while maintaining high quality and reliability. Generally, we have been able to obtain adequate supplies of such raw materials and components. However, due to the FDA's manufacturing requirements and those of other regulatory authorities, we may not be able to quickly establish additional or replacement sources for certain components, materials or processes if we experience a sudden or unexpected reduction or interruption in supply or services and are unable to develop alternative sources.

Human Capital Resources

At Medline, our relentless focus on the customer drives our human capital strategy, which revolves around attracting, developing, and retaining employees to provide the best products and services for our customers. We have developed a strong foundation that drives our recruitment, retention and development efforts. We are committed to supporting the personal and professional development of our employees, as well as providing competitive benefits and a safe, inclusive workplace.

As of December 31, 2025, we employed over 45,000 employees worldwide, with over 26,000 located in the United States. Our largest non-U.S. employee populations are in Mexico, Dominican Republic, India, Canada, Slovakia, France, China, Japan, Germany, and Australia. None of our employees in the United States are unionized, though some of our employees in Mexico belong to unions. In Germany and the Netherlands, employees are represented through Works Councils; in France and Spain, employees are represented through both Works Councils and industry-wide collective bargaining agreements; and in Belgium and Italy, employees are also represented through industry-wide collective bargaining agreements. In Australia, certain employees are represented by an enterprise bargaining agreement; in Japan, employees are represented through a Work Council; and in Vietnam, employees are represented through a collective bargaining agreement. We believe that our positive employee relations and total employee experience drive the continual growth of our workforce.

Culture and Values

Our culture is grounded in a customer-focused, collaborative, and performance-driven approach, guided by core values emphasizing relentless customer focus, agility and flexibility, problem-solving, drive to succeed, purposeful candor, and the importance of relationships. Employees are encouraged to exercise judgment, work transparently with customers, and contribute meaningfully to our mission to make healthcare run better.

Talent Attraction and Development

We seek to attract employees whose skills, experience, and motivation align with our operational and technical needs. Through continual improvement of internal processes, an awareness of market and candidate driven trends, and in partnership with vendors and other outside organizations, our talent acquisition programs focus on efficient hiring processes, market awareness, and building a diverse pipeline of candidates. We support development through consistent performance management processes and early career opportunities to take on additional responsibilities to demonstrate their competencies and drive to succeed and on-the-job responsibility augmented by formal training and development to refine technical and leadership skills. New sales representatives participate in comprehensive training programs, and product managers have targeted development pathways through all stages of their careers, from mandatory onboarding offerings to advanced classes that provide the necessary skills with increasing levels of responsibility, to support progression over time.

Employee Engagement and Inclusion

We believe our employees' ability to communicate and cooperate effectively across functional and departmental teams positively impacts our performance. We engage in various listening strategies and foster engagement through survey feedback mechanisms, anonymous employee feedback platform, focus groups, increased attention to onboarding and offboarding feedback, pulse surveys on remote work needs, and other listening strategies. Insights from these efforts inform workplace improvements. We also support an inclusive environment through Employee Resource Groups and leadership training initiatives designed to reduce bias in talent decisions and strengthen representation across the company.

Health, Safety, and Well-Being

We are committed to maintaining a safe workplace and supporting the physical, emotional, and financial well-being of our employees. We provide competitive health and benefits programs, access to assistance resources where available, and opportunities for community involvement through charitable giving, including financial giving and in-kind giving such as product donations.

Intellectual Property

We rely upon patents, trademarks, copyrights, trade secrets and other intellectual property rights to maintain and improve our competitive position. We have a large portfolio of intellectual property, including more than 2,300 granted patents as well as trademark registrations protecting our notable brands, including Medline, Curad, Microtek, Hudson, and Proxima.

We consider the trademarks and know-how that we own to be material to our business. However, other than the Medline mark, we do not consider our business to be materially dependent upon any individual trademark registration or trade secret. In the aggregate, we consider our more than 2,300 granted patents to be material to our business. However, no single patent or group of related patents is material to our business as a whole or any segment of our business.

We believe that we have taken all necessary steps to protect our intellectual property rights, but no assurance can be given that we will be able to successfully enforce or protect our rights in the event that they are infringed upon or challenged by a third party. See Part I, "Item 1A —Risk Factors—Risks Related to Regulation and Legal Proceedings—Any failure to obtain, maintain, protect and enforce our intellectual property rights, or the failure of the strength or scope of our intellectual property rights, could harm our business, financial condition, and results of operations" and "—Risks Related to Regulation and Legal Proceedings—We may become subject to litigation brought by third parties claiming infringement, misappropriation, or other violation by us of their intellectual property rights."

Government Regulation

Our operations and products are subject to extensive regulation by numerous governmental regulatory authorities, including U.S. and other international regulatory authorities, and other government agencies inside and outside the United States. To varying degrees, each of these agencies requires us to comply with laws and regulations governing the development, design, materials, testing, safety, efficacy, quality, purity, manufacturing, methods, controls, testing, screening, recordkeeping, reporting, processing, storage, registration, authorization, licensing, permitting, labeling, advertising, marketing, distribution, offer for sale, sale, use, expiration, pricing, reimbursement, import, export, clinical trials, post-marketing surveillance of our products, the registration of our facilities, and the claims that we make about our products. The United States and other countries where we sell healthcare and other regulated products, including drugs, human cell and tissue products, dietary supplements, cosmetics, certain foods, and consumer products subject such products to their own clearance, authorization, approval, registration, listing, labeling, manufacturing, recordkeeping, reporting, and other regulatory requirements regarding the performance, safety, and quality of such products. We are also subject to healthcare and other regulations and enforcement by the federal government and the states and foreign governments and authorities in the locations in which we conduct our business. The U.S. governmental and regulatory authorities that enforce such laws and rules, and that issue guidance on compliance with such laws and rules include, without limitation, the FDA, the Centers for Medicare & Medicaid Services ("CMS"), other divisions of the U.S. Department of Health and Human Services ("HHS"), the HHS Office of Inspector General, U.S. Environmental Protection Agency ("EPA"), the Federal Trade Commission ("the FTC"), Consumer Product Safety Commission ("CPSC"), the U.S. Department of Justice ("DOJ") and individual U.S. Attorney offices within the DOJ, as well as state and local governments. Our business is also affected by patient and data privacy and security laws, government payer cost containment initiatives, government reimbursement laws and regulations, environmental, health, and safety laws and regulations, as well as laws and regulations with respect to the sale, transportation, storage, handling, and disposal of hazardous or potentially hazardous substances, and safe working conditions. Our business also maintains contracts with governmental agencies and such contracts are subject to various government procurement laws and regulations, required contract provisions, and other requirements relating to contract formation, administration and performance. Failure to comply with applicable laws and regulations or with contractual or other requirements may result in monetary damages and criminal or civil penalties as well as termination of our government contracts or our suspension or debarment from government contract work.

The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, including through the offering of new products and services or entering into new geographic areas, we may be subject to new and additional regulatory requirements. The foreign, federal, state, and local regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products, suspend, revoke, or terminate our product and facility licenses, permits, and authorizations, request the cessation of distribution and shipments of certain products due to regulatory, safety, or other issues, seize or order the recall of our products, issue safety, quality, or other communications to the public or healthcare providers, enforce laws related to marketing, including promotion of off-label uses of products, and impose injunctions and significant criminal, civil, and administrative sanctions for violations of laws and regulations. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, may impact our business practices and operations, including by limiting our ability to effectively market, ship, and sell our products, affecting the production and distribution of products by our manufacturing facilities, subjecting us to significant liability, and limiting our ability to obtain future authorizations. Although we are subject to international government regulations in the international end markets where we operate and/or provide our products, these regulations do not have a material impact on our products as no international market represents more than 3% of our net sales.

Government Regulation of Medical Devices

Our medical devices are subject to regulation by numerous government agencies, including the FDA and comparable state and foreign agencies. Regulations of the FDA and other regulatory agencies in and outside the United States impose extensive compliance and monitoring obligations on portions of our business. The FDA and other U.S. and foreign governmental agencies regulate, among other things, with respect to medical devices: design, development, and manufacturing; testing, registration, listing, labeling, content, and language of instructions for use and storage; clinical trials; product safety; marketing, sales, and distribution; licensing and permit requirements; premarket clearance, approval and authorization; record keeping procedures; advertising and promotion; recalls and field safety corrective actions; post-market surveillance, including reporting of deaths or serious injuries and malfunctions that, if they were to recur, could lead to death or serious injury; post-market approval studies; and product import and export. The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, we may be subject to new and additional regulatory requirements. The FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers; seize or order the recall of products; terminate, suspend, or revoke licenses and permits; and impose significant criminal, civil, and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers. In addition, the FDA and other governmental and regulatory authorities, both in and outside the United States (including the FTC, the HHS Office of the Inspector General, the DOJ, and various state Attorneys General), monitor the promotion and advertising of our products. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, depending on its magnitude, may limit our ability to effectively market, ship, and sell our products, limit our ability to obtain future premarket authorizations, or result in a substantial modification to our business practices and operations.

FDA Premarket Clearance and Approval Requirements

Each medical device we wish to distribute commercially in the United States requires marketing authorization from the FDA prior to distribution, unless the device is exempt from premarket notification requirements. The type of marketing authorization necessary is generally linked to the classification of the device. The FDA classifies medical devices into one of three classes-Class I, II, or III-based on the degree of risk associated with a device and the level of regulatory control deemed necessary to ensure its safety and effectiveness. Class I devices that pose the least risk are subject only to General Controls applicable to all devices, such as requirements for device labeling, premarket notification, and adherence to current good manufacturing practices for devices as set forth in the Quality System Regulation ("QSR"). Class II devices that pose a moderate risk are subject to General Controls and may also be subject to Special Controls, such as performance standards, product-specific guidance documents, special labeling requirements, patient registries, or post-market surveillance. Class III devices are those for which insufficient information exists to assure safety and effectiveness solely through General and Special Controls, including devices that support or sustain human life, are of substantial importance in preventing impairment of human health, or which present a potential unreasonable risk of illness or injury.

Most Class I devices and some Class II devices are exempted by regulation from the 510(k) clearance requirement and can be marketed without prior authorization from the FDA. Class I and II devices that are not exempted are eligible for marketing through the 510(k) clearance pathway. By contrast, devices placed in Class III generally require premarket approval ("PMA") or de novo clearance prior to commercial marketing. The PMA approval process is more stringent, time-consuming and expensive than the 510(k) clearance process; however, the 510(k) clearance process has also become increasingly stringent and expensive. None of our products are currently approved under a PMA, and we have no plans for any indication or system improvement or extension that we believe would require a PMA. If, in the future, we were to file a PMA, we may be subject to additional regulatory requirements.

510(k) Clearance Process

To obtain 510(k) clearance, we must submit a premarket notification to the FDA demonstrating the proposed device to be substantially equivalent to a predicate device. A device is substantially equivalent if, with respect to the predicate device, it has the same intended use and it has either the same technological characteristics, or it has different technological characteristics, but the information provided in the 510(k) submission demonstrates that the device does not raise new questions of safety or effectiveness. The standard review process for 510(k)s is between six to nine months, dependent upon the type of 510(k) filing submitted. Although many 510(k) premarket notifications are cleared without clinical data, in some cases, the FDA may require clinical data to support substantial equivalence. In reviewing a premarket notification, the FDA may request additional information, including clinical data, which may significantly prolong the review process and clearance is never assured. Clinical trials generally require the submission of an investigational device exemption ("IDE") to the FDA for a specified number of patients and study sites, unless the product is deemed a non-significant risk device eligible for more abbreviated IDE requirements. Clinical trials are subject to numerous requirements and institutional review board approval, oversight, and monitoring. Even if a trial is conducted, the results of clinical testing may not adequately demonstrate the safety and effectiveness of the device or be sufficient to obtain FDA clearance or approval for marketing.

After a device receives 510(k) clearance, any subsequent modification of the device that could significantly affect its safety or effectiveness, or that would constitute a major change in its intended use, requires a new 510(k) clearance or could require submission and approval of a de novo 510(k) or a PMA application in cases where new indications are sought for which there is no predicate. Non-significant changes are handled via internal documentation by the Company. Each manufacturer must judge the significance of modifications based on FDA 510(k) regulatory requirements and guidance documents. The FDA may review any such decision and may disagree with a manufacturer's determination. If the FDA disagrees with a manufacturer's determination, the FDA may require the manufacturer to cease marketing and distribution and/or recall the modified device until 510(k) clearance or PMA approval is obtained. In the future, we may make modifications to our products after they have received FDA clearance and, in appropriate circumstances, determine that new clearance is unnecessary. However, the FDA may disagree with our determination, and, if the FDA requires us to seek 510(k) clearance or submit new PMA applications for any modifications to a previously cleared product, we may be required to cease marketing or distributing or recall the modified device until we obtain the required clearance or approval. We may also market or acquire products that are marketed without a 510(k) clearance, appropriate labeling, or that otherwise are marketed in violation of FDA requirements, since medical devices can be marketed only for the indications for which they are cleared or approved. Under these circumstances, we may also be subject to warning letters, significant regulatory fines, or other penalties, and we may no longer be able to market particular products for which a 510(k) clearance is required.

Post-Marketing Requirements

Numerous FDA regulatory requirements apply to devices we manufacture and distribute, including: compliance with the QSR, which require manufacturers and their suppliers to follow the applicable design, testing, processes, control, documentation, labeling, and other quality assurance procedures during the manufacturing process; establishment registration, which requires establishments involved in the production and distribution of medical devices intended for commercial distribution in the United States to register with the FDA; medical device listing, which requires manufacturers to list the devices they have in commercial distribution with the FDA; labeling regulations, which prohibit "misbranded" devices from entering the market, as well as prohibit the promotion of products for unapproved or off-label uses and impose other restrictions on labeling; post-market surveillance, including medical device reporting requirements which requires manufacturers to report to the FDA if their device may have caused or contributed to a death or serious injury, or malfunctioned in a way that would likely cause or contribute to a death or serious injury if it were to recur; and corrections and removal reporting regulations, which require that manufacturers report to the FDA field corrections and product recalls or removals if undertaken to reduce a risk to health posed by the device or to remedy a violation of the Federal Food, Drug, and Cosmetic Act that may present a risk to health. The FDA and other governmental and regulatory authorities actively enforce the laws and regulations prohibiting the promotion of off-label uses, and a company that is found to have improperly promoted off-label uses may be subject to significant liability.

The FDA enforces these requirements by inspection and market surveillance. Domestic facility records and manufacturing processes are subject to periodic unscheduled inspections by the FDA. The FDA may also inspect foreign facilities that export products to the United States. Failure to comply with applicable regulatory requirements may result in enforcement action or other actions by the FDA, which may include one or more of the following sanctions: adverse press releases and safety communications; requests to stop shipments; untitled letters or warning letters; fines, injunctions, and civil penalties; mandatory recall or seizure of our products; customer notifications and repairs or replacements; administrative detention or banning of our products; consent decrees; operating restrictions, partial suspension or total shutdown of production; refusing our request for 510(k) clearances for new product versions or modifications to existing product versions; revocation of 510(k) clearances previously granted; refusal to grant export approval for our products; and criminal prosecution and penalties. If any of these events were to occur, they could have a material adverse effect on our business, financial condition, and results of operations.

International Regulation of Medical Devices

Sales of medical devices outside the United States are subject to foreign government regulations, which vary substantially from country to country. In order to market our products in other countries, we must comply with applicable regulatory requirements and authorizations and approvals and safety and quality regulations in each country in which the product is marketed. The time required to obtain authorization, approval, or certification by a foreign country may be longer or shorter than that required for FDA clearance, and the requirements may differ significantly.

EU Regulation of Medical Devices

In the European Union ("EU") until May 25, 2021, medical devices were regulated by the Council Directive 93/42/EEC, which has been repealed and replaced by the Medical Device Regulation ("EU MDR"). Unlike directives, regulations are directly applicable in all EU member states without the need for member states to implement into national law. The EU extended the EU MDR transitional periods for certain medical devices until December 31, 2027 or December 31, 2028, depending on a device's risk class and subject to certain conditions to ensure continued access to medical devices for patients and to allow medical devices already placed on the market in accordance with the current legal framework to remain on the market, provided that the requirements of the transitional provisions are fulfilled.

In the EU, there is currently no premarket government review of medical devices. However, all medical devices placed on the EU market must meet general safety and performance requirements, and compliance with the general safety and performance requirements is a prerequisite for European conformity marking without which medical devices cannot be marketed or sold in the EU. EU MDR requirements regarding the distribution, marketing, and sale, including quality systems and post-market surveillance, have to be observed by manufacturers, importers, and distributors as of the application date (i.e., since May 26, 2021), including registration of economic operators and of devices (once the relevant modules of Eudamed are functional), surveillance, and vigilance requirements. The aforementioned EU rules are generally applicable in the European Economic Area which consists of the 27 EU member states plus Norway, Liechtenstein, and Iceland.

The NDA Approval Process

For any new drug products regulated under the Federal Food, Drug, and Cosmetic Act such as our ReadyPrep CHG cloth, a sponsor must submit a New Drug Application ("NDA"), to the FDA for review and approval. The NDA review and approval process may take multiple years and involves steps including the following:

- completion of preclinical studies and analytical and stability testing in accordance with applicable regulations;
- submission to the FDA of an Investigational New Drug ("IND") application, which must become effective before clinical trials may begin and must be updated annually and amended when certain changes are made;
- approval by an institutional review board, or IRB, or independent ethics committee, or IEC, at each clinical trial site before each trial may be initiated;
- performance of adequate and well-controlled clinical trials in accordance with applicable IND regulations, good clinical practice, or GCP, requirements, including informed consent, financial disclosure by investigators, and other clinical trial-related regulations, to establish the safety and efficacy of the investigational product for each proposed indication and other condition of use;
- preparation and submission to the FDA of an NDA;

- satisfactory completion of one or more FDA pre-approval inspections of the manufacturing facility or facilities where the drug will be produced to assess compliance;
- satisfactory completion of FDA inspection of select clinical trial sites involved in conducting pivotal studies that generated the data in support of the NDA;
- payment of user fees for FDA review of the NDA; and
- FDA review and approval of the NDA, including of the proposed prescribing information and, where applicable, consideration of the views of any FDA advisory committee, prior to any commercial marketing or sale of the drug in the United States.

Any approvals that we may ultimately receive could be withdrawn if required post-marketing trials or analyses do not meet the FDA requirements, which could materially harm the commercial prospects for our products.

Even if a product candidate receives regulatory approval, the approval may be limited to specific disease states, patient populations and dosages, or might contain significant limitations on use in the form of warnings, precautions or contraindications, or in the form of onerous risk management plans, restrictions on distribution, or post-marketing study requirements. Further, even after regulatory approval is obtained, later discovery of previously unknown problems with a product may result in restrictions on the product or even complete withdrawal of the product from the market. Delay in obtaining, or failure to obtain, regulatory approval for our candidate products, or obtaining approval but for significantly limited use, would harm our business. In addition, we cannot predict what adverse governmental regulations may arise from future U.S. or foreign governmental action.

Trade Regulations

The movement of products, services, and investment across borders subjects us to extensive trade regulations. A variety of laws and regulations in the countries in which we transact business apply to the sale, shipment, and provision of goods, services, and technology across borders. These laws and regulations govern, among other things, our import, export, and other business activities. We are also subject to the risk that these laws and regulations could change in a way that would expose us to additional costs, penalties, or liabilities. Some governments also impose economic sanctions against certain countries, governments, persons, and entities, both for unlawful or malign conduct and to discourage or prevent entities from abiding by other countries' laws. In addition to our need to comply with such regulations in connection with our direct activities, we also sell and provide goods, technology, and services to agents, representatives, and distributors who may export such items to customers and end-users. If we, or the third parties through which we do business, are not in compliance with applicable import, export control, or economic sanctions laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability. Such actions may disrupt or delay sales of our products or services or result in restrictions on our distribution and sales of products or services that may materially impact our business.

Anti-Boycott Laws

Under U.S. laws and regulations, U.S. companies and their subsidiaries and affiliates are prohibited from participating or agreeing to participate in unsanctioned foreign boycotts in connection with certain business activities, including the sale, purchase, transfer, shipping, or financing of goods or services within the United States or between the United States and countries outside of the United States. If we, or certain third parties through which we sell or provide goods or services, violate U.S. anti-boycott laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability.

4X

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03404	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 251 Hilton Dr

City: Jeffersonville State: IN Zip: 47130

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 812-256-2199 Website: medline.com

Name of Designated Representative (DR): Filomena Kropiwiec

Licensing Company Email: ralicensing@medline.com DR Email: mkropiwiec@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Corporate Discipline History

Original Signature (electronic, copies or stamps not accepted)

4/15/16

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer, Inc.
Address: 66 Hudson Blvd E City: New York State: NY Zip: 10001

Name: ICU Medical Inc.
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare Inc.
Address: One Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Avenue City: Bethlehem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Medline Inc.
Corporation Name: See Attached Ownership Information
Mailing Address: 3 Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: (847) 949-5500 Email: ralicensing@medline.com
Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025 | SEC Registration Number: 0002046386 | Stock Exchange Symbol: MDLN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
MO Board of Pharmacy/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Lora Simmons

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

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www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ REQUESTS

_____ DOES NOT REQUEST

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for discipliming Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____

Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____

Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____

Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____

Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
N/A		Florida Department of Health		
Reason/Charge				
Medline's Florida Certified Designated Representative unexpectedly resigned.				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Florida Department of Health/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

Lara N. Simmons February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

Daisy Kung for February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Medline Industries, Inc., Case #2007-37412

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2008006	Louisiana Board of Wholesale Drug Distributors

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
LA Board of WDD/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingerman

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman
William Crates, Vice-Chairman
Randall Brooks, Secretary/Treasurer
John Liggio, Executive Director/Inspector
Hershal Paul, Board Member
Andy Milligan, Board Member
Wayne Gremillion, Board Member
Eric Vuitton, Board Member
Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
HI DCCA / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
119A
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

6. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

9. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

11. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 0 8 2008.

Bobbi W.Y. Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of July, 2007, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C&I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08 PHM 037	Wisconsin Department of Regulation and Licensing

Reason/Charge
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WI DSPS/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 1 day of February, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 19 A 9:4

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2009-7-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Lacy V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2009

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

---

POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dana N. Simmons Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Dana N. Simmons, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller
Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of January, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
27278	NY State Education Department- Board of Pharmacy

Reason/Charge
Discipline incurred in another jurisdiction

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NY Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: Ariana Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

---X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

---X

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

Willis Ingalls, on behalf of,
Medline Industries, Respondent

1-5-21

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer McRudell, RPh

1-6-2021

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

1-6-2021

Henry Appel, Ohio Assistant Attorney General

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2022-0333		FL DBPR- Div. of Drugs, Devices, and Cosmetics		
Reason/Charge				
Customer Licenses, Record Keeping				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
FL DBPR / Medline Industries, LP			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____

Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
0 9 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — Oct-29-2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 OCT 16 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent MEDLINE INDUSTRIES, L.P. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., and C.7. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____
IVY Y. E. KIM
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE Chair	December 21, 2023 DATE
PATRICK ADAMS Vice Chair	MARK BROWN
CATALINA CROSS	Kent Kikuchi KENT KIKUCHI
BRANDON RABANG	SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Daniel Stevens

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9/15/24

Date

PAID

Board Use Only	Date Received: 9/21/24	Amount: $100.00

Power of Attorney

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

POWER OF ATTORNEY

EXCELSIOR MEDICAL, LLC, an Illinois limited liability company, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Excelsior Medical, LLC

By: Medline Industries, LP
Its: Manager
By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Medline Industries, LP, as Manager of Excelsior Medical, LLC.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

POWER OF ATTORNEY

Centurion Medical Products, LP, an Delaware limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Centurion Medical Products, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Centurion Medical Products, LP.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries, LP

located at

251 Hilton Dr, Jeffersonville, IN, 47130

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

Ownership Information

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

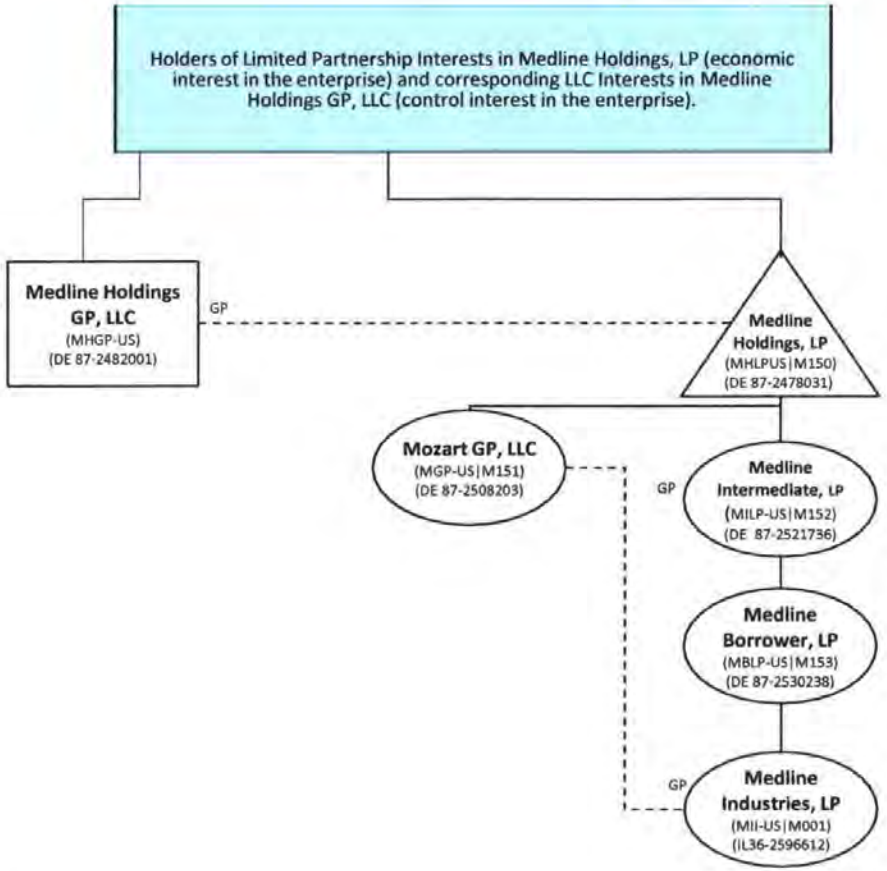
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

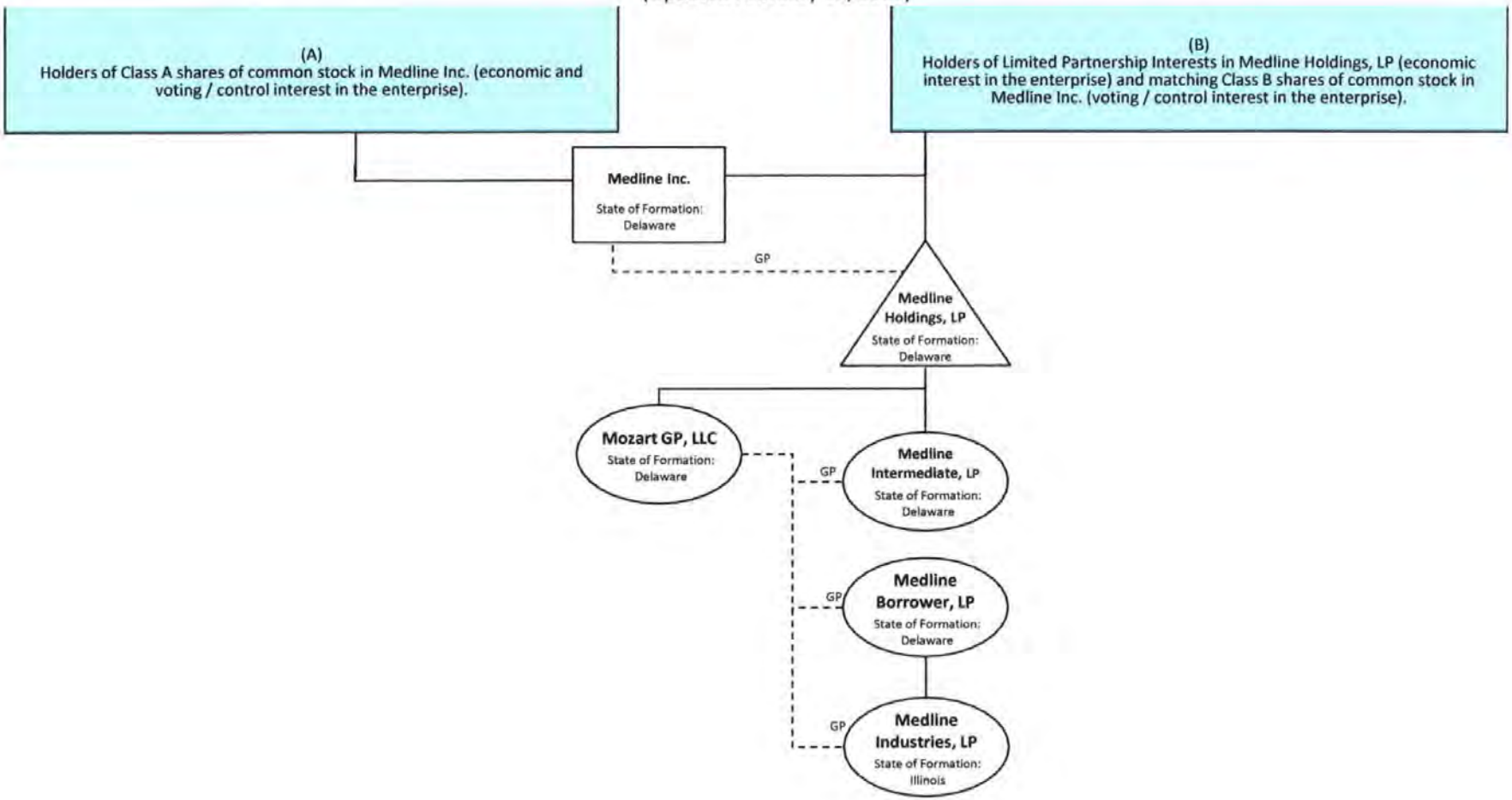


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

List of Officers, Directors, and Partners

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Centurion Medical Products, LP

FEIN: 38-1659420
A Delaware Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Industries, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	36-2596612
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC

FEIN: 32-0473772
An Illinois Limited Liability Company

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Member and Manager of LLC:

Medline Industries, LP
FEIN: 36-2596612

Officers:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC is a member managed LLC with the sole member and manager being Medline Industries, LP. Medline Industries, LP is a limited partnership and does not appoint corporate officers. Medline reports the officers for its general partner, Mozart GP, LLC, which retains 100% control of Medline Industries, LP.

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

Certificates of Good Standing

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502528 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURION MEDICAL PRODUCTS, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTURION MEDICAL PRODUCTS, LP" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203646965

Date: 04-15-26

6213666 8300

SR# 20261791715

You may verify this certificate online at corp.delaware.gov/authver.shtml

File Number 0543231-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

EXCELSIOR MEDICAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502534 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5143163 8300

SR# 20261572157

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203550646

Date: 04-03-26

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Wholesale Drug Distributor

Registration Number	Expire Date
48002488A	09/30/2026

Medline Industries, LP
251 Hilton Dr
Jeffersonville IN 47130

Eric J. Holcomb
Governor
State of Indiana

Lindsay M. Hyer
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Wholesale Drug Distributor

Registration Number	Expire Date
48002488A	**09/30/2026**

Medline Industries, LP

Signature

Certificates of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : N/A	N/A
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries LP
Excelsior Medical, LLC
Attn: Risk Management
Three Lakes Drive
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-28 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	4,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	SEE BELOW
	OTHER:							$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	
	DED RETENTION $							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) Y/N: Y	N/A		PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 : Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

ACORD 101 (2008/01)
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC. 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries, LP 3 Lakes Dr Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** Endurance Assurance Corporation — 11551 **INSURER C :** See Acord 101 for Carrier Participation **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	2,000,000
							GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
							BODILY INJURY (Per person)	$	
							BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
								$	
B	X **UMBRELLA LIAB** X OCCUR **EXCESS LIAB** CLAIMS-MADE DED X RETENTION $ 10,000			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
							AGGREGATE	$	10,000,000
								$	
A A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y — N / A If yes, describe under DESCRIPTION OF OPERATIONS below			LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2025 07/01/2025	07/01/2026 07/01/2026	X PER STATUTE OTH-ER		
							E.L. EACH ACCIDENT	$	1,000,000
							E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569.

SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S. Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St, Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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Surety Bonds

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **105625536**

Current Billing Term From **July 20, 2025** to **July 20, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **July 20, 2011**, in the amount of **One Hundred Thousand** (**$100,000.00**) on behalf of **MEDLINE INDUSTRIES, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **June 25, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 105625536 **Principal: MEDLINE INDUSTRIES, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February**, **2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25 day of June, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 25th day of June, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #105625536

Current Information as of 04/14/2026

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 5: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 6: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 7: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 8: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 9: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 10: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 11: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 12: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 13: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Location 14: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 15: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 16: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 17: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 18: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 19: (C71)
Medline Industries, LP
264 S 5750 W
Salt Lake City, UT 84104

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

Location 23: (ANG)
Medline Industries, LP
10 Glen Falls Techinical Park
Glen Falls, NY 12801

Location 24: : (EXC-TF)
Excelsior Medical, LLC
1470 Shafto Road
Tinton Falls, NJ 07712

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **108030426**

Current Billing Term From **September 03, 2025** to **September 03, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **September 03, 2024**, in the amount of **Twenty Five Thousand** (**$25,000.00**) on behalf of **CENTURION MEDICAL PRODUCTS, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee),
remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **July 23, 2025**

Travelers Casualty and Surety Company of America

By: _____
Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108030426 **Principal: CENTURION MEDICAL PRODUCTS, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 23 day of July, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 23rd day of July, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #108030426

Current Information as of 04/14/2026

Location 1: (B01)
Centurion Medical Products, LP
301 Catrell Drive
Howell, MI 48843

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP — MDEG License # (if applicable): WHO 3404

Physical Address: 251 Hilton Dr.

City: Jeffersonville — State: IN — Zip: 47130

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield — State: IL — Zip: 60093

Telephone: 847-643-3801 — Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Filomena — Middle: — Last: Kropiwiec

Alias(es, nicknames, name changes, etc.): Mena Kropiwiec

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: LaGrange — State: KY — Zip: [redacted]

Telephone: [redacted] — Email: mkropiwiec@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Carmel Catholic High School			1990-1994
Address	**City**	**State**	**Zip**
1 Carmel Parkway	Mundelein	IL	60060
Diploma/Degree obtained, if any			
High School Diploma			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/23 - Present	[redacted]	LaGrange	KY	[redacted]
From - To (MM/YY – MM/YY)		City	State	
07/04 - 04/23		Wauconda	IL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			09/22 - Present	
Business Address		**City**	**State**	**Zip**
251 Hilton Dr.		Jeffersonville	IN	47130
Phone	**Title**		**Number of Employed Hours**	
812-256-2199	Director of Operations		7,280+	
Description of Duties				
Oversee the facility to ensure proper receiving, distribution, storage, shipping and dispensing of prescription drugs and medical devices. Manage multiple team members to ensure proper record keeping, inventory, storage & product security.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:** N/A

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Fikmara Rasheed
Original Signature (electronic, copies or stamps not accepted)

04-07-2016
Date

I, Filomena Kropiwiec, **certify that as the MDEG Administrator for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. FK Have a high school diploma or its equivalent;
2. FK Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. FK Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. FK Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Filomena Kropiwiec
Print Name (First, Last)

Filomena Kropiwiec
Original Signature (electronic, copies or stamps not accepted)

04-07-2026
Date

Board Use Only	Date Received: 4/21/26

List of Employees
Medline Industries, LP
C89 - Jeffersonville, IN

Worker	Business Title
Aaron Cash	Warehouse Operator Operations
Aaron Dunn	Warehouse Operator Operations
Aaron Spalding	Warehouse Operator Operations
Ada Sanchez	Warehouse Operator Operations
Adam Fitz	Warehouse Operator Operations
Adam Freeman	Warehouse Operator Operations
Adam Mcgaren	Warehouse Operator Operations
Adam Parrella	Delivery Driver
Adam Travis	Warehouse Operator Operations
Adonis Fogg	Warehouse Operator Operations
Adrian Martinez Cerpa	Driver II
Adriana Lopez	Warehouse Operator Operations
Adriel Carter	Warehouse Operator Operations
Agnes Dell	Warehouse Operator Operations
Aileen Shortridge	Supv Warehouse
ALBERT FLIEG	Warehouse Operator Operations
Alejandro Ruiz Alvarez	Warehouse Operator Operations
Alester Phillips	Warehouse Operator Operations
Alex Grim	Warehouse Operator Operations
Alex Thompson	Driver I
Alexander Fry	Driver II
Alexi Gomez	Warehouse Operator Operations
Alexis Feller (On Leave)	Warehouse Operator Operations
Allen Mccowan	Warehouse Ld Operations
Ally Anderson	Warehouse Operator Operations
Alusine Turay	Warehouse Operator Operations
Alvin Palacios-Lopez	Warehouse Operator Operations
Amanda Baxter	Warehouse Operator Operations
Amber Snow	Warehouse Operator Operations
Amy Terry	Warehouse Operator Operations
Amya Petty	Warehouse Operator Operations
Ana Spencer	Warehouse Operator Operations
Andrea Yamaguchi	Warehouse Operator Operations
Andrew McIntyre-Berger	Warehouse Operator Operations
Andrew Murray	Warehouse Operator Operations
Angela Graves	Warehouse Operator Operations
Angela Hurt	Warehouse Operator Operations
Anita Halcomb	Warehouse Operator Operations
Anna Campos	Warehouse Operator Operations
Annette Davis	Warehouse Operator Operations
Anthony Givens	Warehouse Operator Operations
Antonio Dantzler	Warehouse Operator Operations
ANTONIO LAMON BOYD	Warehouse Operator Operations
Apollo Morelos jr	Warehouse Operator Operations
April Gentry	Warehouse Operator Operations
Aries Hall	Trainer Branch
Arol Allen	Driver II
Arreian Dale	Warehouse Operator Operations
Arron Savoie	Warehouse Operator Operations

Worker	Business Title
Arthur Oyugi (On Leave)	Warehouse Operator Operations
Ashley Hodge (On Leave)	Warehouse Operator Operations
Ashley Johnson	Warehouse Ld Operations
Ashley Vaughn	Warehouse Operator Operations
Austin Garbrough	Warehouse Operator Operations
Austin Griffin	Warehouse Operator Operations
Austin Hiser	Warehouse Operator Operations
Austin Roney (On Leave)	Quality Control Inspector I
Austin Whobrey (On Leave)	Warehouse Operator Operations
Ayuel Agany	Warehouse Operator Operations
Ben Haley	Driver II
Benjamin Cantrell	Sr Spec EH&S
Benjamin Hettler	Warehouse Operator Operations
Benjamin Scott	Warehouse Operator Operations
Bernardo Vazquez	Warehouse Operator Operations
Billy Dunn	Warehouse Operator Operations
Blaine Jenrette	Warehouse Operator Operations
Blake Durbin	Warehouse Operator Operations
Blake Feller	Warehouse Operator Operations
Blake Stuart	Warehouse Operator Operations
Boubacar Barry	Onsite Support Tech II
Brad Freestone	Supv Warehouse
Brad Henson	Trainer Branch
Brandon Coleman	Warehouse Operator Operations
Brandon Dudley	Warehouse Operator Operations
Brandon O'Donnell	Mgr Warehouse
Brandon Totten	Trainer Branch
Braxton Sheppard	Warehouse Operator Operations
Brenda Omalley (On Leave)	Warehouse Operator Operations
Brenda Wooldridge	Warehouse Operator Operations
Brent Thomas	Mgr HR
Brett Gonzales	Warehouse Ld Operations
Brian Leezer	Supv Warehouse
Brian Manning	Supv Warehouse
Brian Mohr	Mgr Maintenance
Brian Trowel	Warehouse Operator Operations
Brian Webb	Warehouse Operator Operations
Brittanie Cureton	Warehouse Operator Operations
Brittany Hurt	Warehouse Operator Operations
Brock Hutt	Warehouse Operator Operations
Brooks Johnson	Warehouse Operator Operations
Bryce Crutcher	Warehouse Operator Operations
Bryson Vibbert	Supv Training Branch
Calvin Clark	Warehouse Operator Operations
Cameron Beckley	Driver II
Carlos Fernandez	Warehouse Operator Operations
Carlos Iturrios	Warehouse Operator Operations
Carolyn Nobles	Warehouse Operator Operations
Casey Glenn	Warehouse Ld Operations

Cecil Thompson (On Leave)	Warehouse Operator Operations	Decorise Major	Warehouse Operator Operations
Cesar Diaz Vega	Warehouse Operator Operations	Dedrick Branham	Driver II
Chandra Fleenor	Warehouse Operator Operations	Demas Kharel	Warehouse Operator Operations
Charity Wright	Warehouse Operator Operations	Demon Lee (On Leave)	Warehouse Operator Operations
Charles Copeland	Warehouse Operator Operations	Demond Conner	Warehouse Operator Operations
CHARLES Smith	Driver II	Denise Sharpenstein	Warehouse Operator Operations
Charles Walls	Warehouse Operator Operations	Dereck Schultz	Driver I
Charles Woods	Warehouse Operator Operations	Derek McBirth	Warehouse Operator Operations
Charlita Dunn	Warehouse Operator Operations	Derick Ballew	Driver I
Chasity Richards	Warehouse Operator Operations	Devin Lewis	Warehouse Operator Operations
Cherise Perry	Warehouse Operator Operations	Devyn Long	Trainer Branch
Cherry Filburn	Janitor Operations	Dido Badedikisa	Warehouse Operator Operations
Cheryl Tucker	Warehouse Operator Operations	Don Ovens	Driver I
Chris Denzik	Maintenance Tech II	Doug Montgomery	Warehouse Operator Operations
Chris Goodhue	Warehouse Ld Operations	Douglas Tanner	Warehouse Operator Operations
Chris Jordan	Warehouse Operator Operations	DSHAUN STRONG	Warehouse Operator Operations
Chris Manek	Warehouse Operator Operations	Dupree Mines	Warehouse Operator Operations
Christian Puckett	Warehouse Operator Operations	Dylan Behne	Driver II
Christian Trevino	Warehouse Operator Operations	Dylan Gee	Warehouse Operator Operations
Christine Heil	Training Coord Sr	Dylan Murman	Warehouse Operator Operations
Christopher Alexander	Warehouse Operator Operations	Ed White	Quality Control Inspector II
Christopher Davis	Warehouse Operator Operations	Edna Carson (On Leave)	Warehouse Operator Operations
Christopher Vineyard	Warehouse Operator Operations	Edward Chickering	Driver II
Chrystal Key (On Leave)	Warehouse Operator Operations	Eli Fletcher	Warehouse Operator Operations
Chyanne Chandler	Warehouse Operator Operations	Elijah Horse	Warehouse Operator Operations
Cindy Doty	Warehouse Operator Operations	Emily Vincent-Lasher (On Leave)	Warehouse Operator Operations
Clinton Hawkins	Driver II	Emmanuel Ndayizeye	Warehouse Operator Operations
Collin Cain	Warehouse Operator Operations	Eric Burden	Driver I
Corey Mckinley	Warehouse Operator Operations	Eric Tellis	Warehouse Operator Operations
Corey Splond	Warehouse Operator Operations	Erica Redd Hudgins	HR Coord
Corey Warren	Warehouse Operator Operations	Erika Whitman	Warehouse Operator Operations
Cory Curtis	Supv MedTrans	Erin Vincent-Lasher	Warehouse Operator Operations
Craig Spears	Warehouse Operator Operations	Ethaniel Anderson	Warehouse Operator Operations
Crystal Lovett	Warehouse Operator Operations	Evan Downs	Warehouse Operator Operations
Curtis Gordon	Warehouse Operator Operations	Felicia White	Supv Warehouse
Cynthia Tatgenhorst	Warehouse Operator Operations	Fetima Rowell	Warehouse Operator Operations
Cyril Ross	Warehouse Operator Operations	Fidele Hatunga	Warehouse Operator Operations
Damaris Hickerson	Warehouse Ld Operations	Filomena Kropiwiec	Dir Operations
Damon Draper	Warehouse Operator Operations	Frank Mack	Inventory Control Ld Operations
Dan Warnke	Warehouse Operator Operations	Gabe Murdock	Warehouse Operator Operations
Daniel Batts	Mgr Warehouse	Gary Bowen	Driver II
Danny Brian	Driver II	Gary Porter	Warehouse Operator Operations
Darell Anderson	Warehouse Operator Operations	Gary Sosh	Warehouse Operator Operations
David Brown	Driver II	George Brooks	Driver II
David Faith	Trainer Branch	George Carter	Warehouse Operator Operations
David Hagan	Warehouse Operator Operations	George Malakas	Driver I
David Jennings	Driver II	Gerald Kleinhenz	Driver II
David Miklosh	Janitor Operations	Gilbert Stetser	Driver II
David mitchell	Warehouse Operator Operations	Gina Cann	Warehouse Operator Operations
David Smith	Maintenance Tech I	Giulianna Demeter	Warehouse Operator Operations
David Wheatley	Driver I	Gloria Bryant	Warehouse Operator Operations
Dawn Overall	Warehouse Operator Operations	Hailey Carlson	Warehouse Operator Operations
De'Tre Payton	Warehouse Operator Operations	Haileyanne Atwood	Warehouse Operator Operations
Debbie Finney	Warehouse Operator Operations	Haleigh Skaggs	Inventory Coord Operations

Hansel Sanchez Peguero	Driver II	Jessika Atchley	Warehouse Operator Operations
Harold Douglas	Warehouse Operator Operations	Jim Leinen	Delivery Driver
Hayden Boseker	Warehouse Operator Operations	Jimmy Henderson	Driver I
Heather Leezer	Warehouse Operator Operations	Jodi Dibwe	Warehouse Operator Operations
Hector Molina	Warehouse Operator Operations	Joe Schiess	Warehouse Operator Operations
Helder Rivas	Warehouse Operator Operations	Joellen Branham	Warehouse Operator Operations
Howard Griffin	Warehouse Operator Operations	Joey Mouser (On Leave)	Driver II
Hunter Ghiotti	Trainer Branch	Joey Uhl	Warehouse Operator Operations
Hunter Vance	Driver II	John Braboy	Warehouse Operator Operations
Ian Smith	Delivery Driver	John Herald	Driver II
Isaac Ford	Supv Warehouse	John Jones	Warehouse Operator Operations
Isaac Herrick	Maintenance Tech I	John Perry	Driver I
Jackie Wimp	Supv Warehouse	John Terhune	Trainer Branch
Jacob Ford	Warehouse Operator Operations	John Weatherby	Warehouse Operator Operations
Jacob Roos	Supv Warehouse	John Young	Driver II
Jacqueline James	Warehouse Ld Operations	Johnrussell Van Wie	Warehouse Operator Operations
Jaelon Dains	Warehouse Operator Operations	Jonas Watts	Warehouse Operator Operations
Jaihara Brown	Warehouse Operator Operations	Jonathan Gatliff	Supv Warehouse
Jaime Spencer	Quality Control Inspector II	Jonathan Redmond	Warehouse Ld Operations
Jake Mcfelea	Warehouse Operator Operations	Jordan Mcclellan	Warehouse Operator Operations
James Cox	Driver II	JOSEPH BALDWIN (On Leave)	Warehouse Operator Operations
JAMES CROUDEP	Warehouse Operator Operations	Joseph Dennis	Maintenance Tech II
james Hogue	Warehouse Operator Operations	Joseph Gardner	Warehouse Operator Operations
James Morris	Warehouse Ld Operations	Joseph Henderson	Warehouse Operator Operations
James Spinks	Driver II	Joseph Knight	Driver II
James Troutt	Warehouse Operator Operations	Josh Buchanan	Janitor Operations
Jamiah Brown	Warehouse Operator Operations	Joshua Otto	Warehouse Operator Operations
Jamie Barrett	Supv Warehouse	Joshua Rose	Driver II
Jason King	Warehouse Operator Operations	Joshua Wilson	Driver II
Jay Muhammad	Warehouse Operator Operations	Josue Ramos	Supv Warehouse
Jayce Newbolds	Warehouse Operator Operations	JT Parks	Warehouse Operator Operations
Jayden Anderson	Warehouse Operator Operations	Jules Bensing	Warehouse Operator Operations
Jayden Strickland	Warehouse Operator Operations	Julia Archey (On Leave)	Warehouse Operator Operations
Jc Molina	Warehouse Operator Operations	Julia Kelly	Warehouse Operator Operations
Jean Anderson	Warehouse Operator Operations	JULIE DUDLEY	Warehouse Operator Operations
Jean Marie Jovain	Trainer Branch	Jurera Clay	Maintenance Planner Ld
Jeanette Matthews	Driver II	Justen Watts	Warehouse Operator Operations
Jeff DeSensi	Driver II	JUSTIN FRANKLIN	Warehouse Operator Operations
Jeff Jaggers	Driver II	Justin Short	Warehouse Operator Operations
Jeff Miller	Maintenance Tech II	Justin Throckmorton	Warehouse Operator Operations
Jeffrey Bailey	Warehouse Operator Operations	Juwan Taylor	Warehouse Operator Operations
Jeffrey Kirkpatrick	Warehouse Operator Operations	Kalenga Kalenga	Warehouse Operator Operations
Jeffrey Leger	Warehouse Operator Operations	Kamdon Matthis	Warehouse Operator Operations
Jeffry Hodge	Sr Mgr Maintenance	Kara Otis	Warehouse Operator Operations
Jennifer Rattanachane	Warehouse Operator Operations	Karan Parmar	Warehouse Operator Operations
Jennifer Roberts	Warehouse Operator Operations	Kateesha Clark	Warehouse Operator Operations
Jeremiah Bushaw	Warehouse Operator Operations	Katie Kenworthy	Warehouse Operator Operations
Jeremy Micka	Warehouse Ld Operations	Katie Salyer	Warehouse Operator Operations
Jerod Ford	Warehouse Operator Operations	Kayci Sams	Warehouse Operator Operations
Jerome Hogue	Inventory Control Trainer	Kehinde Kolawole	Warehouse Operator Operations
Jesse Dermody	Warehouse Operator Operations	Keith Bailey	Warehouse Operator Operations
Jesse Overstreet	Inventory Coord Operations	Kelly Thornberry	Warehouse Operator Operations
Jessica Ford	Warehouse Operator Operations	Kelsey Rader	Warehouse Ld Operations
Jessica Minton	Trainer Branch	Kendall Gullion	Warehouse Operator Operations

Kenneth Dagenhart	Warehouse Operator Operations	Marken Jacques	Warehouse Operator Operations
Kenny Sanchez	Warehouse Operator Operations	Marlena DeMar	Warehouse Operator Operations
Kevin Cardwell (On Leave)	Warehouse Operator Operations	Martin Howard	Driver Ld
Kevin Hicks (On Leave)	Warehouse Operator Operations	Maryna Zhmurko	Warehouse Operator Operations
Kevin Hughes	Driver I	Matt Jones	Warehouse Operator Operations
Kevin Sanchez	Warehouse Operator Operations	Matthew Crady	Supv Inventory Control
Kevin Williams	Warehouse Operator Operations	Matthew Reynolds	Warehouse Operator Operations
Khadajia Coward	Warehouse Operator Operations	Matthew Wallen	Warehouse Operator Operations
Kim Grace	Transportation Coord	mccall lotte	Warehouse Operator Operations
Kim Howell	Office Coord	Megan Bruce	Warehouse Operator Operations
Kim Mayo	Warehouse Operator Operations	Melanie Casey	Trainer Branch
Kimberlye Moore	Warehouse Operator Operations	Melinda Bradley	Warehouse Operator Operations
Kirk Jensen	Warehouse Operator Operations	Melissa Mclean	Warehouse Operator Operations
Klizmarie Silva	Warehouse Operator Operations	Melissa Meredith	Warehouse Operator Operations
Kristie Knight	Warehouse Operator Operations	Michael Clizbe	Supv Warehouse
Kristy Duran	Supv Warehouse	Michael Graves	Warehouse Operator Operations
Krupa Parmar	Warehouse Operator Operations	Michael Hamlet	Warehouse Operator Operations
Kyle Savage	Warehouse Operator Operations	Michael Irwin	Mgr Warehouse
Kyle Schweiger	Mgr MedTrans	Michael Johnson	Inventory Coord Sr
Kyle Spencer	Inventory Coord Operations	Michael Lively	Supv Warehouse
Kylee Jones	Warehouse Operator Operations	Michael Minch	Quality Control Inspector II
Laise Mann	Warehouse Operator Operations	Michelle Ratcliff	Warehouse Operator Operations
Lance Wilson	Warehouse Ld Operations	Mike Faison	Warehouse Operator Operations
Larry Williams	Janitor Operations	Mike Finney	Warehouse Operator Operations
LaSonia Walton	Driver II	Misty Hurt	Trainer Branch
Latonya Powell	Warehouse Operator Operations	Mitch Eddings	Warehouse Operator Operations
Laura Spencer	Warehouse Operator Operations	Mitchell Hartman	Warehouse Operator Operations
Laurin Ross	Warehouse Operator Operations	Morgan Glover	Warehouse Ld Operations
Lawrence Greene	Driver I	Nancy Hall	Warehouse Operator Operations
lee willis	Warehouse Operator Operations	Naquita Sinkfield	Warehouse Operator Operations
Leinier De la torre	Driver II	Nathan Crowder	Warehouse Operator Operations
Leonard Alston JR.	Warehouse Operator Operations	Nicholas Kalinich	Inventory Coord Sr
Leonard Nichols	Warehouse Operator Operations	Nicholas Morris	Warehouse Operator Operations
Libby Mckinney	Warehouse Operator Operations	Nicholas Mutschler	Warehouse Operator Operations
Linda Uhl	Warehouse Operator Operations	Nicholas riggins [C]	Contingent Worker
Lindsey Reams	Warehouse Operator Operations	Nick Burgin	Warehouse Operator Operations
Linelly Nunez-Santiago	Training Coord Sr	Nick Zimmerman	Sr Supv Warehouse
Lisa Cook	Warehouse Operator Operations	Nihma Sadiq	Inventory Coord Operations
Lisa Hendricks	Warehouse Operator Operations	Noah Leep	Warehouse Operator Operations
Lisa Nunn	Warehouse Operator Operations	Noe Moran	Inventory Coord Operations
Lisa Schork	Inventory Coord Operations	Noha Melson	Warehouse Operator Operations
Louise Ndaruhutse	Warehouse Operator Operations	Nolan Knoebel	Warehouse Operator Operations
Luis Montiel	Warehouse Operator Operations	Norbert Batista	Warehouse Operator Operations
Maddie Bickett (On Leave)	Mgr Talent Acquisition	Oksana Dudko	Warehouse Operator Operations
MaKayla Corbett	Warehouse Operator Operations	Olivia Fleenor	Warehouse Operator Operations
Makiye Persley	Warehouse Operator Operations	Olivier Boubag	Warehouse Operator Operations
Malachi Looney	Warehouse Operator Operations	Oljins Metey	Warehouse Operator Operations
Malik Jackson	Warehouse Operator Operations	Otissare Mosley	Warehouse Operator Operations
Marcus Churn	Warehouse Operator Operations	Pablo Pacheco Ortiz	Warehouse Operator Operations
Maria Batton	Warehouse Operator Operations	Pamela Garcia	Warehouse Operator Operations
Maria Sanchez Frausto	Warehouse Operator Operations	Parker Molinari	Warehouse Operator Operations
Maricella Rios	Warehouse Operator Operations	Pat Herndon	Driver Ld
Mark Herthel	Warehouse Operator Operations	Patrick Beasley	Driver II
Mark Hoff	Warehouse Ld Operations	Patrick Micka	Inventory Coord Operations

Patrick Mullineaux	Warehouse Operator Operations	Stephen Bosley	Warehouse Operator Operations
Patty Geracitano	Warehouse Operator Operations	Stephen Loftus	Warehouse Operator Operations
Paul Allen	Warehouse Operator Operations	Stephen Reynolds	Warehouse Operator Operations
Paul Sumner	Warehouse Operator Operations	Steve Fowler	Driver II
Paul Thompson	Warehouse Operator Operations	Steven Parnell	Supv MedTrans
Paul Whitlow	Driver II	Sugar Ray	Driver II
Paul Young	Trainer Branch	Swifty Swift	Trainer Branch
Paully Mayrose	Warehouse Operator Operations	Tabatha Schocke	Warehouse Operator Operations
Pedro Noriega	Warehouse Operator Operations	Talon Jenrette	Warehouse Operator Operations
QUAM GBADAMOSI	Warehouse Operator Operations	Tameki Dishmon	Warehouse Operator Operations
Raemond Ellis	Warehouse Operator Operations	Tamera Nelson	HR Generalist
Randal Campbell	Warehouse Operator Operations	Tamirra Waters	Warehouse Operator Operations
Rasela Vai	Warehouse Operator Operations	Tammy Riley	Warehouse Operator Operations
Raymond Zinsius	Warehouse Operator Operations	Tanner Glover	Warehouse Operator Operations
Reggie Baker	Warehouse Operator Operations	Tara Smith	Warehouse Operator Operations
Renee Darland	Warehouse Operator Operations	Tasia Scruggs	Warehouse Operator Operations
Revona Vanhaverbeke	Inventory Coord Sr	Taylor Betts	Warehouse Operator Operations
Rich Wooldridge	Warehouse Operator Operations	Tee Pressel (On Leave)	Warehouse Operator Operations
Richard Kaminer	Warehouse Operator Operations	Teresa Bowling	Driver I
Richard Shelton	Mgr Warehouse	Terrance Harris	Warehouse Operator Operations
Richard Young	Warehouse Operator Operations	Theresa Perkins	Warehouse Operator Operations
Rinson Stevenson	Warehouse Operator Operations	Thomas Martin	Maintenance Tech I
Robert Acosta	Warehouse Operator Operations	Thomas Tedder	Fleet Maintenance Planner
Robert Ndizihiwe	Warehouse Operator Operations	Tia Johnson	Warehouse Operator Operations
Robert Reeves	Warehouse Operator Operations	Tiffany Hayes	Warehouse Operator Operations
Robert Watson	Driver I	Tiffany Svoboda	Warehouse Operator Operations
Rockale Vaughn	Warehouse Operator Operations	Tim Cohen	Driver Ld
Rodrick Womack	Warehouse Operator Operations	Tim Sims	Driver II
Ronnette Whaley (On Leave)	Warehouse Operator Operations	Tim Willis	Warehouse Operator Operations
Ryan Bradley	Supv Warehouse	Timothy Payne	Driver II
ryan charles	Driver II	Todd Love	Warehouse Operator Operations
Ryan Marion	Driver II	Tony Thompson	Warehouse Operator Operations
Sadam Mohamed-Salem	Warehouse Operator Operations	Trell Newbolt	Warehouse Operator Operations
Samantha Vaughn	Warehouse Operator Operations	Trenton Roby	Warehouse Operator Operations
Sara Jenkins	Warehouse Operator Operations	Trevonne Baxter	Warehouse Operator Operations
Scott Morris	Warehouse Operator Operations	Triston Otto	Warehouse Operator Operations
Scottie Page	Warehouse Operator Operations	Tyrell Cornelius	Warehouse Operator Operations
Sean Frank	Warehouse Operator Operations	TYROME DOUGLAS	Warehouse Operator Operations
Sean Jones	Warehouse Operator Operations	Vatarius Lane	Warehouse Operator Operations
Sean Robbins	Warehouse Operator Operations	Velvet Vausha-Bullington (On Leave)	Warehouse Operator Operations
Sean Smith	Warehouse Operator Operations	Victoria Martinez	Warehouse Operator Operations
Sebastian Camacho	Warehouse Operator Operations	victoria smith	Warehouse Operator Operations
Selena Mercer	Trainer Branch	Vince Brown	Driver II
Shane Cichocki	Warehouse Operator Operations	Wanda Cottrell	Transportation Coord
Shane Hiser	Warehouse Operator Operations	Wanda Hardin	Warehouse Operator Operations
Shaye Buechler	Warehouse Operator Operations	Wayne Elliott	Dispatcher
Sheetara Youngblood	Warehouse Operator Operations	Wenfang Chen	Warehouse Operator Operations
SHELBY ROSE	Warehouse Operator Operations	Wes Skaggs	Warehouse Operator Operations
Sherry Lewis	Warehouse Operator Operations	Will Griffin	Warehouse Operator Operations
Sierra Terry	Warehouse Operator Operations	Will Seng	Maintenance Apprentice
Soukeyna Ndiaye	Warehouse Operator Operations	William Boughton	Driver II
Stacey Clark	Warehouse Operator Operations	Wisdom Asare	Warehouse Operator Operations
Steph Powell	Driver I	Xavier Masterson	Warehouse Operator Operations
Stephanie Harmon	Warehouse Operator Operations	Yvonne Hammond	Warehouse Operator Operations

Yvonne Pennington	Warehouse Operator Operations
Zach Martin	Warehouse Operator Operations
Zachary Geyman	Warehouse Operator Operations
Zachary Swillinger	Supv Warehouse
Zak Yakubu	Warehouse Operator Operations

Copy of SEC 10K

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2025

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-43022

Medline Inc.

(Exact name of registrant as specified in its charter)

Delaware	**33-1845288**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
3 Lakes Drive Northfield, Illinois	**60093**
(Address of principal executive offices)	(Zip Code)

(847) 949 5500
Registrant's telephone number, including area code

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A common stock, par value $0.0001 per share	MDLN	Nasdaq Global Select Market

Securities registered pursuant to section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements.

☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b).

☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the Class A common stock held by non-affiliates of the registrant, based on the closing price of a share of Class A common stock on December 17, 2025, as reported by The Nasdaq Global Select Market on such date was approximately $13.0 billion. The registrant has elected to use December 17, 2025, which was the initial trading date of the registrant's Class A common stock on The Nasdaq Global Select Market, as the calculation date because on June 30, 2025 (the last business day of the registrant's most recently completed second fiscal quarter) the registrant was a privately held company. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose.

As of February 23, 2026, there were 811,647,534 shares of the registrant's Class A common stock and 502,045,878 shares of the registrant's Class B common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement related to its 2026 Annual Meeting of Stockholders to be filed with the U.S. Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2025 are incorporated by reference into Part III of this Annual Report on Form 10-K.

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Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K (this "Annual Report") contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Forward-looking statements include all statements that are not historical facts. Words such as "anticipate," "assume," "believe" "contemplate," "continue," "could," "estimate," "expect," "foreseeable," "intend," "may," "plan," "potentially," "predict," "project," "seek," "should," "will," or "would," or similar words or phrases that convey uncertainty of future events or outcomes, are intended to identify forward-looking statements in this Annual Report. These forward-looking statements relate to matters such as our industry, business strategy, costs, and costs savings, impacts of accounting standards and guidance, goals and expectations, market position, future operations, margins, profitability, capital expenditures, liquidity and capital resources, legal matters, trends, and other financial and operating information. The forward-looking statements are based on management's current expectations and are subject to various risks, uncertainty, and changes in circumstances, many of which are beyond our control, that could cause actual results to differ materially. Although we believe that the assumptions underlying the forward-looking statements are reasonable, we cannot guarantee future results, level of activity, performance, or achievements. Factors that may cause actual results to differ from expected results include those described in Part I, "Item 1A—Risk Factors" and Part II, "Item 7—Management's Discussion and Analysis of Financial Condition and Results of Operations". The forward-looking statements included in this Annual Report speak only as of the date of this Annual Report or as of the date they are made, as applicable. Except as otherwise required by law, we disclaim any intent or obligation to update any "forward-looking statement" made in this Annual Report to reflect changed assumptions, the occurrence of unanticipated events, or changes to future operating results over time.

INTRODUCTORY NOTE

Medline Inc. was incorporated as a Delaware corporation on November 6, 2024. Prior to the completion of its initial public offering (the "IPO") on December 18, 2025, Medline Inc. undertook certain reorganization transactions (the "Reorganization") such that Medline Inc. is now a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP ("Medline Holdings"). Following the IPO, Medline Holdings is the predecessor of Medline Inc. for financial reporting purposes. As the general partner of Medline Holdings, Medline Inc. now operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts its business. The Reorganization lacks economic substance and therefore is accounted for in a manner consistent with a reorganization of entities under common control. As a result, the consolidated financial statements of Medline Inc. recognize the assets and liabilities received in the Reorganization at their historical carrying amounts, as reflected in the historical financial statements of Medline Holdings. Medline Inc. will consolidate Medline Holdings on its consolidated financial statements and record a non-controlling interest related to the Units (as defined herein) held by the Continuing Unitholders (as defined herein) on its consolidated balance sheets and statements of comprehensive income.

Medline Inc. had no significant business transactions or activities prior to the Reorganization, and, as a result, the historical financial information reflects that of Medline Holdings.

Basis of Presentation

The consolidated financial statements and accompanying notes included herein are prepared in accordance with United States generally accepted accounting principles ("GAAP"). The results of businesses acquired or disposed of are included in the consolidated financial statements from the date of the acquisition or up to the date of disposal, respectively. All adjustments, in the opinion of management, necessary to a fair statement of the results for the annual periods presented have been made.

Certain monetary amounts, percentages, and other figures included in this Annual Report have been subject to rounding adjustments. Percentage amounts included in this Annual Report have been calculated, in some cases, not on the basis of such rounded figures, but on the basis of such amounts prior to rounding. For this reason, percentage amounts in this Annual Report may vary from those obtained by performing the same calculations using the figures, on the face of our consolidated financial statements included elsewhere in this Annual Report. Certain other amounts that appear in this Annual Report may not sum due to rounding.

In December 2024, we changed the name of Medline Holdings from Mozart Holdings, LP to Medline Holdings, LP. We will not distinguish between the prior and current name of Medline Holdings and will refer to the current name of Medline Holdings throughout this Annual Report. References in this Annual Report to "Medline," the "Company," "we," "us," and "our" refer (1) prior to the consummation of the IPO, to Medline Holdings, LP and its consolidated subsidiaries and (2) after the IPO to Medline Inc. and its consolidated subsidiaries.

CERTAIN DEFINITIONS

As used in this Annual Report, unless otherwise noted or the context requires otherwise, the following terms have the following meanings:

- "Class A Units" refers to the interests in Medline Holdings called "Class A Units" that were outstanding prior to the Reclassification. In connection with the Reclassification, (i) Class A Units held by Common Unitholders were converted into Common Units and (ii) Class A Units held by Exchanging Class A Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Class B Units" refers to the interests in Medline Holdings called "Class B Units" that were outstanding prior to the Reclassification, and does not include CUPI Units. In connection with the Reclassification, (i) Class B Units held by Incentive Unitholders were converted into Incentive Units and (ii) Class B Units held by Exchanging Class B Unitholders were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units).

- "Common Units" refers to the new class of units of Medline Holdings created by the Reclassification and does not include Incentive Units.
- "Common Unitholders" refers to certain pre-IPO holders of Class A Units and/or CUPI Units who hold Common Units following the Reclassification.
- "Incentive Unitholders" refers to certain pre-IPO holders of Class B Units who will hold Incentive Units following the Reclassification, as described under "Organizational Structure."
- "Continuing Unitholders" refers collectively to Common Unitholders and Incentive Unitholders.
- "CUPI Units" refers to the interests in Medline Holdings that were designated as "Catch-Up Class B Units" and outstanding prior to the Reclassification. In connection with the Reclassification, (i) CUPI Units held by Common Unitholders were converted into Common Units and (ii) CUPI Units held by Exchanging CUPI Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Designating Stockholder" refers to each of our Principal Stockholders with whom we entered into separate director nomination agreements.
- "Exchanging Class A Unitholder" refers to pre-IPO holders of Class A Units whose Class A Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Class B Unitholder" refers to pre-IPO holders of Class B Units whose Class B Units were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units) following the Reclassification.
- "Exchanging CUPI Unitholder" refers to pre-IPO holders of CUPI Units whose CUPI Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Unitholders" refers collectively to Exchanging Class A Unitholders, Exchanging CUPI Unitholders, and Exchanging Class B Unitholders.
- "Incentive Units" refers to the new class of units of Medline Holdings created by the reclassification of the Class B Units in the Reclassification. The Incentive Units are "profit interests" having economic characteristics similar to stock appreciation rights and having the right to share in any equity value of Medline Holdings above specified participation thresholds. Vested Incentive Units may be converted to Common Units and be subsequently exchanged for shares of Class A common stock.
- "Principal Stockholders" refers collectively to investment funds associated with Blackstone Inc., The Carlyle Group Inc. and Hellman & Friedman LLC, and members of the Mills family.
- "Reclassification" refers to the reclassification of the partnership interests of Medline Holdings prior to the IPO.
- "Sponsors" refers collectively to Blackstone Inc., The Carlyle Group Inc., and Hellman & Friedman LLC.
- "Units" refers collectively to Common Units and Incentive Units.

Summary of Risk Factors

The following is a summary of the principal factors that make an investment in our securities speculative or risky, all of which are more fully described below. This summary should be read together with the risk factors described under Part I, "Item 1A—Risk Factors" and should not be relied upon as an exhaustive summary of the material risks facing our business. In addition to the following summary, you should consider the information set forth below and the other information contained in this Annual Report before investing in our securities.

- Our global operations are subject to inherent risks that could materially adversely affect our business, results of operations, and financial condition.
- We may be unable to derive fully the anticipated benefits from our existing or future acquisitions, joint ventures, investments, dispositions, or other strategic transactions.
- Consolidation in the healthcare industry could have an adverse effect on our business, results of operations, and financial condition.
- We operate in a highly competitive industry, with accelerating pricing pressure and changes in technology.
- Changes to the U.S. and global healthcare environments may not be favorable to us.
- Increases in shipping costs or service issues with our third-party shippers could harm our business.

- Significant challenges or delays in our sourcing of new products and technologies could have an adverse impact on our long-term success.
- We have concentration in and dependence on certain healthcare provider customers and GPOs.
- Our business and operations depend on the proper functioning of our critical facilities and distribution networks and could be negatively impacted by events outside our control.
- Quality problems and product liability claims have in the past led, and could in the future lead, to recalls or safety alerts, reputational harm, adverse verdicts, or costly settlements, and could have a material adverse effect on our business, results of operations, and financial condition.
- Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline.
- If we experience increased pressure to maintain or decrease the price of our goods and services and we are unable to reduce our expenses, there may be a material adverse effect on our business, results of operations, and financial condition.
- Any failure by or loss of a third-party manufacturer or supplier or other manufacturing or supply-related impacts could result in delays and increased costs, which may adversely affect our business.
- We rely on the proper function, security, and availability of our information technology systems and data, as well as those of third parties throughout our global supply chain, to operate our business.
- We are subject to extensive and complex laws and governmental regulations and any adverse regulatory action may materially adversely affect our business, results of operations, and financial condition both inside and outside the United States.
- We are subject to complex and rapidly evolving data privacy, security, and data protection laws and regulations and the costs to comply with such laws and regulations or any ineffective compliance efforts with such laws and regulations may adversely impact our business.
- Our use or our third-party service providers' or business partners' use of AI, automated decision-making and machine learning technologies and the evolving regulatory framework in this area may subject us to risks or heightened costs that could adversely affect business, results of operation and financial condition.
- Our failure to comply with laws and regulations relating to reimbursement of healthcare goods and services may subject us to penalties and adversely impact our reputation, business, results of operations, financial condition, and cash flows.
- Uncertain global and domestic macro-economic and political conditions could materially adversely affect our business, results of operations, and financial condition.
- Our substantial indebtedness could adversely affect our financial condition, our ability to operate our business or react to changes in the economy or our industry, prevent us from fulfilling our obligations under our debts, and divert our cash flow from operations for debt payments.
- The credit agreement that governs the Senior Secured Credit Facilities and the indentures that govern the Senior Notes will each impose significant operating and financial restrictions on our subsidiaries, which may prevent us from capitalizing on business opportunities.
- Medline Inc. is a holding company and its only material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, and it is accordingly dependent upon distributions from Medline Holdings to pay taxes, make payments under the tax receivable agreement, and pay any dividends.
- The Designating Stockholders hold a significant percentage of our stock, and their interests may conflict with ours or yours in the future.
- Our amended and restated certificate of incorporation does not limit the ability of our Sponsors, the Mills family, and certain other pre-IPO investors to compete with us, and they may have investments in businesses whose interests conflict with ours.

The market price of shares of our Class A common stock may be volatile or may decline regardless of our operating performance, which could cause the value of your investment to decline.

Market and Industry Data

Unless otherwise indicated, information contained in this Annual Report concerning our industry, competitive position, and the markets in which we operate is based on information from independent industry and research organizations, other third-party sources and management estimates. Although we believe that these third-party sources are reliable, we do not guarantee the accuracy or completeness of this information, and we have not independently verified this information. Management estimates are derived from information obtained from surveys, reports by market research firms, our customers, distributors, suppliers, trade and business organizations, and other contacts in the markets in which we operate and have not been verified by independent sources, and are based on assumptions made by us upon reviewing such data, and our experience in, and knowledge of, such industry and markets, which we believe to be reasonable. In addition, assumptions and estimates of our and our industry's future performance are subject to a high degree of uncertainty and risk due to a variety of factors, including those described in Part I, "Item 1A—Risk Factors" and "Cautionary Note Regarding Forward-Looking Statements." These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

Statements regarding our market position (including statements that we are the largest company in a particular market), unless otherwise noted, are based on our 2025 net sales in the relevant market relative to the publicly reported net sales of our competitors in such market, including with respect to our statement of being the largest provider of med-surg products and supply chain solutions serving all points of care, as that statement is based on our 2025 net sales relative to the publicly reported net sales of med-surg products by companies that are both med-surg manufacturers and distributors.

Trademarks

We own or have the right to use trademarks, trade names, and service marks used in connection with our business, including, but not limited to, Medline, Curad, Microtek, Hudson, and Proxima. All trademarks, trade names, and service marks referred to in this Annual Report are the property of their respective owners. We do not intend our use or display of other companies' trade names, trademarks, or service marks to imply a relationship with, or endorsement or sponsorship of us by, these other companies. Solely for convenience, our trademarks, trade names, and service marks referred to in this Annual Report may appear without the ®, ™ or SM symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks, trade names, and service marks.

PART I

Item 1. Business

General

Medline Inc. (together with its subsidiaries, "Medline", "the Company", "we", "ours" and "us") is the largest provider of medical-surgical ("med-surg") products and supply chain solutions serving all points of care, based on total net sales of med-surg products. Medline was founded in 1966 and today delivers mission-critical products used daily across the full range of care settings, from hospitals and surgery centers to physician offices and post-acute facilities. Our mission is to make healthcare run better by delivering improved clinical, financial, and operational outcomes.

We have two reportable segments, Medline Brand and Supply Chain Solutions, the combination of which addresses critical needs in the market through a comprehensive solution. They are both supported by our Prime Vendor model, differentiated distribution network, and robust commercial platform. Through our two segments, we offer approximately 335,000 med-surg products, including surgical and procedural kits, gloves and protective apparel, urological and incontinence care, wound care, and consumable lab and diagnostics products. We distribute these products through our expansive network of global distribution facilities and our owned fleet of MedTrans trucks.

Medline Brand

As of December 31, 2025, we offer our customers approximately 190,000 med-surg products through our Medline Brand segment and hold leading positions across many key product families for our Medline Brand products. Our Medline Brand products are organized into three product categories: Front Line Care, Surgical Solutions, and Laboratory and Diagnostics.

- *Front Line Care* offers mission-critical med-surg products for patient-facing needs, including wound care products, exam gloves, skin care and incontinence products, environment cleaning supplies, textiles, hand sanitizer, durable medical equipment, patient plastics, and decolonization and infection control products.
- *Surgical Solutions* offers operating room and perioperative environment product solutions, including surgical procedure trays, drapes and gowns, personal protective equipment, sterile wraps, surgical instruments, surgeon's gloves, procedure kits, and orthopedic implants.
- *Laboratory and Diagnostics* offers a full range of laboratory and diagnostic product solutions, including point of care testing, analyzers and instrumentation, lab and diagnostic consumables, diagnostic instruments, vital signs monitors, and anatomic pathology and phlebotomy products.

Our product development approach incorporates customer feedback and ongoing innovation. We are also committed to delivering products of the highest standard, which is reflected by our robust quality team embedded across our manufacturing and sourcing locations. The expertise of our research and development team and quality team helps ensure products bearing the Medline brand meet both our rigorous quality standards and our customers' expectations.

Supply Chain Solutions

As of December 31, 2025, we offer approximately 145,000 med-surg products from over 1,300 third-party suppliers, including nearly all leading national brands, through our Supply Chain Solutions segment. We also provide our customers with supply chain optimization services such as consulting engagements, outsourced warehouse and technology management, put-away-ready packaging, third-party logistics, inventory rationalization, and route planning. Our third-party suppliers are primarily responsible for costs related to import and inbound freight, whereas we are primarily responsible for costs related to outbound freight from our distribution centers. Our supply chain expertise allows us to provide additional service offerings to optimize our customers' supply chain and inventory workflows, helping these customers cost-effectively manage their supply chain while building strong relationships and enhancing retention.

Our Prime Vendor Model

A Prime Vendor relationship is a relationship for which there is a multi-year distribution agreement between Medline and a customer, whereby the customer agrees to use Medline for the vast majority of its med-surg product needs.

In our Prime Vendor relationships, we enter into long-term agreements, typically structured with five-year terms, to act as the primary consolidated logistics partner for these customers' med-surg product needs. These agreements have been and are expected to continue to be a key contributor to our growth. Our customers realize efficiencies by partnering with one supply chain partner to consolidate their med-surg purchase volume. Prior to the market adoption of the Prime Vendor model, customers sourced such products individually from a highly fragmented base of suppliers. The Prime Vendor model instead centralizes procurement and distribution, which in turn drives efficiency and higher service levels.

As Prime Vendor, we drive significant cost savings to our customers. Our scale allows us to deliver consistently lower prices and better service levels on Medline Brand products relative to third-party alternatives, while also lowering the distribution cost for delivery of the full range of med-surg products. This often motivates customers to purchase more Medline Brand products over time. The opportunity is even greater in certain non-acute settings, where we sell a more focused product portfolio. Our Prime Vendor model allows us to provide cost savings to Prime Vendor customers, which, over time, supports incremental purchasing of our Medline Brand products and greater scale across our operations. As our scale grows, we are able to realize further efficiencies by offering superior or similar quality to third-party products at a more cost-effective price. We believe that Medline Brand conversion is mutually beneficial for both our customers and us-the value we provide customers at the outset of a Prime Vendor agreement meaningfully increases over time, as they accrue savings by purchasing our lower cost Medline Brand products, while our profitability grows given the enhanced margin profile of Medline Brand products. This compelling value proposition and supply chain relationship with our customers supports our greater than 98% average Prime Vendor retention rate over the past five years.

A portion of Supply Chain Solutions products sold to existing Prime Vendor customers has like-for-like Medline Brand product equivalents, representing a potential gross profit uplift consistent with our historical margin differentials if such products were converted for Medline Brand products. While we historically have earned higher margins upon conversion from third-party national brand products to like-for-like Medline Brand products, because of the lower average prices for Medline Brand products, there is typically a negative impact on net sales upon the conversion of Supply Chain Solutions products to like-for-like Medline Brand products if volume is assumed to be constant. For additional information on potential risks relating to this conversion opportunity, please see Part I, "Item 1A—Risk Factors—Risks Related to Our Business, Industry and Operations—Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline."

Our Distribution Network

We have a differentiated distribution network of 70 global distribution centers, warehouses, cross-docks, and transship facilities, 45 of which are in the United States, strategically located to provide next-day delivery to 95% of our U.S. customer base. We utilize artificial intelligence ("AI") and robotics technology in over 26 million square feet of warehouse space in the United States to improve efficiency and capacity to optimize distribution logistics and maximize utilization. The products we distribute are packaged to meet each customer's individual needs and to be "put-away-ready," which streamlines the customer's unloading and shelving process. We also operate our own fleet of more than 2,100 MedTrans trucks that deliver our products across care settings within the United States. As of December 31, 2025, we had approximately 25% in incremental capacity across our platform to support our long-term growth.

Our Commercial Platform

Our deep connectivity to our customers is driven by the strength of our dedicated and tenured commercial team. We have a U.S. commercial team of approximately 4,000 people across all points of care, which includes account managers, product specialists, specialized clinical resources, customer service representatives, supply chain specialists, Prime Vendor analysts, and a robust leadership team dedicated to driving efficiencies for our customers through their teams. We have created an entrepreneurial environment that empowers our salesforce to work with our product managers to create innovative products that meet market demand. We have a team devoted to each channel in the United States and each region or country internationally, which allows our salesforce teams to develop market-specific knowledge.

Research and Development

We have a track record of successfully bringing new products to market, with more than 2,300 granted patents and more than 450 U.S. Food and Drug Administration ("FDA") 510(k) clearances. Over the last three years, we have successfully launched more than 250 new products.

Competition

Our value proposition is derived from our integrated business model, the breadth of our Medline Brand portfolio, our differentiated supply chain, and the overall quality and cost of our products. As a result of our integrated business model, our competitors include both other leading med-surg product manufacturers and distributors.

Similar to us, other leading med-surg product manufacturers produce a wide range of med-surg supplies. However, unlike us, many of these competitors are reliant upon third-party distributors to deliver their products to customers. By nature of being a distributor, Medline has direct access to and manages the end customer relationships. This enables us to offer a complete solution as a manufacturer and a distributor, offering our customers what we believe to be best-in-class supply chain logistics, and driving value through our brand.

Additionally, other distributors of med-surg products similarly connect the fragmented supplier and provider bases and aggregate inventory from suppliers to deliver products to customers, such as McKesson, Cardinal Health, Owens & Minor, and Henry Schein. These distribution companies compete with us for Prime Vendor agreements. However, we believe that many of these competitors do not benefit from the scale and scope of our vertical integration or commercial excellence, and thus are not able to provide the same magnitude of cost savings, value, and holistic solutions that we deliver for our customers.

Production and Raw Materials

We manufacture approximately one-third of our Medline Brand products, which are primarily Class I and II medical devices, through our 30 manufacturing facilities, of which 24 are in North America. We purchase many of the components and raw materials used in manufacturing our products from numerous suppliers. We focus our manufacturing capabilities on products where we can leverage technology and automation to drive higher quality and lower costs to better serve our customers. For the vast majority of the other two-thirds of our Medline Brand products, we work closely with our network of more than 600 global partners across approximately 40 countries, many of whom have decades-long exclusive relationships with us. The breadth of our global sourcing partnerships provides diversification and strengthens our resiliency, with no single sourcing partner accounting for more than 5% of total spend as of December 31, 2025.

We also have plans and measures in place to help ensure continuity of supply while maintaining high quality and reliability. Generally, we have been able to obtain adequate supplies of such raw materials and components. However, due to the FDA's manufacturing requirements and those of other regulatory authorities, we may not be able to quickly establish additional or replacement sources for certain components, materials or processes if we experience a sudden or unexpected reduction or interruption in supply or services and are unable to develop alternative sources.

Human Capital Resources

At Medline, our relentless focus on the customer drives our human capital strategy, which revolves around attracting, developing, and retaining employees to provide the best products and services for our customers. We have developed a strong foundation that drives our recruitment, retention and development efforts. We are committed to supporting the personal and professional development of our employees, as well as providing competitive benefits and a safe, inclusive workplace.

As of December 31, 2025, we employed over 45,000 employees worldwide, with over 26,000 located in the United States. Our largest non-U.S. employee populations are in Mexico, Dominican Republic, India, Canada, Slovakia, France, China, Japan, Germany, and Australia. None of our employees in the United States are unionized, though some of our employees in Mexico belong to unions. In Germany and the Netherlands, employees are represented through Works Councils; in France and Spain, employees are represented through both Works Councils and industry-wide collective bargaining agreements; and in Belgium and Italy, employees are also represented through industry-wide collective bargaining agreements. In Australia, certain employees are represented by an enterprise bargaining agreement; in Japan, employees are represented through a Work Council; and in Vietnam, employees are represented through a collective bargaining agreement. We believe that our positive employee relations and total employee experience drive the continual growth of our workforce.

Culture and Values

Our culture is grounded in a customer-focused, collaborative, and performance-driven approach, guided by core values emphasizing relentless customer focus, agility and flexibility, problem-solving, drive to succeed, purposeful candor, and the importance of relationships. Employees are encouraged to exercise judgment, work transparently with customers, and contribute meaningfully to our mission to make healthcare run better.

Talent Attraction and Development

We seek to attract employees whose skills, experience, and motivation align with our operational and technical needs. Through continual improvement of internal processes, an awareness of market and candidate driven trends, and in partnership with vendors and other outside organizations, our talent acquisition programs focus on efficient hiring processes, market awareness, and building a diverse pipeline of candidates. We support development through consistent performance management processes and early career opportunities to take on additional responsibilities to demonstrate their competencies and drive to succeed and on-the-job responsibility augmented by formal training and development to refine technical and leadership skills. New sales representatives participate in comprehensive training programs, and product managers have targeted development pathways through all stages of their careers, from mandatory onboarding offerings to advanced classes that provide the necessary skills with increasing levels of responsibility, to support progression over time.

Employee Engagement and Inclusion

We believe our employees' ability to communicate and cooperate effectively across functional and departmental teams positively impacts our performance. We engage in various listening strategies and foster engagement through survey feedback mechanisms, anonymous employee feedback platform, focus groups, increased attention to onboarding and offboarding feedback, pulse surveys on remote work needs, and other listening strategies. Insights from these efforts inform workplace improvements. We also support an inclusive environment through Employee Resource Groups and leadership training initiatives designed to reduce bias in talent decisions and strengthen representation across the company.

Health, Safety, and Well-Being

We are committed to maintaining a safe workplace and supporting the physical, emotional, and financial well-being of our employees. We provide competitive health and benefits programs, access to assistance resources where available, and opportunities for community involvement through charitable giving, including financial giving and in-kind giving such as product donations.

Intellectual Property

We rely upon patents, trademarks, copyrights, trade secrets and other intellectual property rights to maintain and improve our competitive position. We have a large portfolio of intellectual property, including more than 2,300 granted patents as well as trademark registrations protecting our notable brands, including Medline, Curad, Microtek, Hudson, and Proxima.

We consider the trademarks and know-how that we own to be material to our business. However, other than the Medline mark, we do not consider our business to be materially dependent upon any individual trademark registration or trade secret. In the aggregate, we consider our more than 2,300 granted patents to be material to our business. However, no single patent or group of related patents is material to our business as a whole or any segment of our business.

We believe that we have taken all necessary steps to protect our intellectual property rights, but no assurance can be given that we will be able to successfully enforce or protect our rights in the event that they are infringed upon or challenged by a third party. See Part I, "Item 1A —Risk Factors—Risks Related to Regulation and Legal Proceedings—Any failure to obtain, maintain, protect and enforce our intellectual property rights, or the failure of the strength or scope of our intellectual property rights, could harm our business, financial condition, and results of operations" and "—Risks Related to Regulation and Legal Proceedings—We may become subject to litigation brought by third parties claiming infringement, misappropriation, or other violation by us of their intellectual property rights."

Government Regulation

Our operations and products are subject to extensive regulation by numerous governmental regulatory authorities, including U.S. and other international regulatory authorities, and other government agencies inside and outside the United States. To varying degrees, each of these agencies requires us to comply with laws and regulations governing the development, design, materials, testing, safety, efficacy, quality, purity, manufacturing, methods, controls, testing, screening, recordkeeping, reporting, processing, storage, registration, authorization, licensing, permitting, labeling, advertising, marketing, distribution, offer for sale, sale, use, expiration, pricing, reimbursement, import, export, clinical trials, post-marketing surveillance of our products, the registration of our facilities, and the claims that we make about our products. The United States and other countries where we sell healthcare and other regulated products, including drugs, human cell and tissue products, dietary supplements, cosmetics, certain foods, and consumer products subject such products to their own clearance, authorization, approval, registration, listing, labeling, manufacturing, recordkeeping, reporting, and other regulatory requirements regarding the performance, safety, and quality of such products. We are also subject to healthcare and other regulations and enforcement by the federal government and the states and foreign governments and authorities in the locations in which we conduct our business. The U.S. governmental and regulatory authorities that enforce such laws and rules, and that issue guidance on compliance with such laws and rules include, without limitation, the FDA, the Centers for Medicare & Medicaid Services ("CMS"), other divisions of the U.S. Department of Health and Human Services ("HHS"), the HHS Office of Inspector General, U.S. Environmental Protection Agency ("EPA"), the Federal Trade Commission ("the FTC"), Consumer Product Safety Commission ("CPSC"), the U.S. Department of Justice ("DOJ") and individual U.S. Attorney offices within the DOJ, as well as state and local governments. Our business is also affected by patient and data privacy and security laws, government payer cost containment initiatives, government reimbursement laws and regulations, environmental, health, and safety laws and regulations, as well as laws and regulations with respect to the sale, transportation, storage, handling, and disposal of hazardous or potentially hazardous substances, and safe working conditions. Our business also maintains contracts with governmental agencies and such contracts are subject to various government procurement laws and regulations, required contract provisions, and other requirements relating to contract formation, administration and performance. Failure to comply with applicable laws and regulations or with contractual or other requirements may result in monetary damages and criminal or civil penalties as well as termination of our government contracts or our suspension or debarment from government contract work.

The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, including through the offering of new products and services or entering into new geographic areas, we may be subject to new and additional regulatory requirements. The foreign, federal, state, and local regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products, suspend, revoke, or terminate our product and facility licenses, permits, and authorizations, request the cessation of distribution and shipments of certain products due to regulatory, safety, or other issues, seize or order the recall of our products, issue safety, quality, or other communications to the public or healthcare providers, enforce laws related to marketing, including promotion of off-label uses of products, and impose injunctions and significant criminal, civil, and administrative sanctions for violations of laws and regulations. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, may impact our business practices and operations, including by limiting our ability to effectively market, ship, and sell our products, affecting the production and distribution of products by our manufacturing facilities, subjecting us to significant liability, and limiting our ability to obtain future authorizations. Although we are subject to international government regulations in the international end markets where we operate and/or provide our products, these regulations do not have a material impact on our products as no international market represents more than 3% of our net sales.

Government Regulation of Medical Devices

Our medical devices are subject to regulation by numerous government agencies, including the FDA and comparable state and foreign agencies. Regulations of the FDA and other regulatory agencies in and outside the United States impose extensive compliance and monitoring obligations on portions of our business. The FDA and other U.S. and foreign governmental agencies regulate, among other things, with respect to medical devices: design, development, and manufacturing; testing, registration, listing, labeling, content, and language of instructions for use and storage; clinical trials; product safety; marketing, sales, and distribution; licensing and permit requirements; premarket clearance, approval and authorization; record keeping procedures; advertising and promotion; recalls and field safety corrective actions; post-market surveillance, including reporting of deaths or serious injuries and malfunctions that, if they were to recur, could lead to death or serious injury; post-market approval studies; and product import and export. The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, we may be subject to new and additional regulatory requirements. The FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers; seize or order the recall of products; terminate, suspend, or revoke licenses and permits; and impose significant criminal, civil, and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers. In addition, the FDA and other governmental and regulatory authorities, both in and outside the United States (including the FTC, the HHS Office of the Inspector General, the DOJ, and various state Attorneys General), monitor the promotion and advertising of our products. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, depending on its magnitude, may limit our ability to effectively market, ship, and sell our products, limit our ability to obtain future premarket authorizations, or result in a substantial modification to our business practices and operations.

FDA Premarket Clearance and Approval Requirements

Each medical device we wish to distribute commercially in the United States requires marketing authorization from the FDA prior to distribution, unless the device is exempt from premarket notification requirements. The type of marketing authorization necessary is generally linked to the classification of the device. The FDA classifies medical devices into one of three classes-Class I, II, or III-based on the degree of risk associated with a device and the level of regulatory control deemed necessary to ensure its safety and effectiveness. Class I devices that pose the least risk are subject only to General Controls applicable to all devices, such as requirements for device labeling, premarket notification, and adherence to current good manufacturing practices for devices as set forth in the Quality System Regulation ("QSR"). Class II devices that pose a moderate risk are subject to General Controls and may also be subject to Special Controls, such as performance standards, product-specific guidance documents, special labeling requirements, patient registries, or post-market surveillance. Class III devices are those for which insufficient information exists to assure safety and effectiveness solely through General and Special Controls, including devices that support or sustain human life, are of substantial importance in preventing impairment of human health, or which present a potential unreasonable risk of illness or injury.

Most Class I devices and some Class II devices are exempted by regulation from the 510(k) clearance requirement and can be marketed without prior authorization from the FDA. Class I and II devices that are not exempted are eligible for marketing through the 510(k) clearance pathway. By contrast, devices placed in Class III generally require premarket approval ("PMA") or de novo clearance prior to commercial marketing. The PMA approval process is more stringent, time-consuming and expensive than the 510(k) clearance process; however, the 510(k) clearance process has also become increasingly stringent and expensive. None of our products are currently approved under a PMA, and we have no plans for any indication or system improvement or extension that we believe would require a PMA. If, in the future, we were to file a PMA, we may be subject to additional regulatory requirements.

510(k) Clearance Process

To obtain 510(k) clearance, we must submit a premarket notification to the FDA demonstrating the proposed device to be substantially equivalent to a predicate device. A device is substantially equivalent if, with respect to the predicate device, it has the same intended use and it has either the same technological characteristics, or it has different technological characteristics, but the information provided in the 510(k) submission demonstrates that the device does not raise new questions of safety or effectiveness. The standard review process for 510(k)s is between six to nine months, dependent upon the type of 510(k) filing submitted. Although many 510(k) premarket notifications are cleared without clinical data, in some cases, the FDA may require clinical data to support substantial equivalence. In reviewing a premarket notification, the FDA may request additional information, including clinical data, which may significantly prolong the review process and clearance is never assured. Clinical trials generally require the submission of an investigational device exemption ("IDE") to the FDA for a specified number of patients and study sites, unless the product is deemed a non-significant risk device eligible for more abbreviated IDE requirements. Clinical trials are subject to numerous requirements and institutional review board approval, oversight, and monitoring. Even if a trial is conducted, the results of clinical testing may not adequately demonstrate the safety and effectiveness of the device or be sufficient to obtain FDA clearance or approval for marketing.

After a device receives 510(k) clearance, any subsequent modification of the device that could significantly affect its safety or effectiveness, or that would constitute a major change in its intended use, requires a new 510(k) clearance or could require submission and approval of a de novo 510(k) or a PMA application in cases where new indications are sought for which there is no predicate. Non-significant changes are handled via internal documentation by the Company. Each manufacturer must judge the significance of modifications based on FDA 510(k) regulatory requirements and guidance documents. The FDA may review any such decision and may disagree with a manufacturer's determination. If the FDA disagrees with a manufacturer's determination, the FDA may require the manufacturer to cease marketing and distribution and/or recall the modified device until 510(k) clearance or PMA approval is obtained. In the future, we may make modifications to our products after they have received FDA clearance and, in appropriate circumstances, determine that new clearance is unnecessary. However, the FDA may disagree with our determination, and, if the FDA requires us to seek 510(k) clearance or submit new PMA applications for any modifications to a previously cleared product, we may be required to cease marketing or distributing or recall the modified device until we obtain the required clearance or approval. We may also market or acquire products that are marketed without a 510(k) clearance, appropriate labeling, or that otherwise are marketed in violation of FDA requirements, since medical devices can be marketed only for the indications for which they are cleared or approved. Under these circumstances, we may also be subject to warning letters, significant regulatory fines, or other penalties, and we may no longer be able to market particular products for which a 510(k) clearance is required.

Post-Marketing Requirements

Numerous FDA regulatory requirements apply to devices we manufacture and distribute, including: compliance with the QSR, which require manufacturers and their suppliers to follow the applicable design, testing, processes, control, documentation, labeling, and other quality assurance procedures during the manufacturing process; establishment registration, which requires establishments involved in the production and distribution of medical devices intended for commercial distribution in the United States to register with the FDA; medical device listing, which requires manufacturers to list the devices they have in commercial distribution with the FDA; labeling regulations, which prohibit "misbranded" devices from entering the market, as well as prohibit the promotion of products for unapproved or off-label uses and impose other restrictions on labeling; post-market surveillance, including medical device reporting requirements which requires manufacturers to report to the FDA if their device may have caused or contributed to a death or serious injury, or malfunctioned in a way that would likely cause or contribute to a death or serious injury if it were to recur; and corrections and removal reporting regulations, which require that manufacturers report to the FDA field corrections and product recalls or removals if undertaken to reduce a risk to health posed by the device or to remedy a violation of the Federal Food, Drug, and Cosmetic Act that may present a risk to health. The FDA and other governmental and regulatory authorities actively enforce the laws and regulations prohibiting the promotion of off-label uses, and a company that is found to have improperly promoted off-label uses may be subject to significant liability.

The FDA enforces these requirements by inspection and market surveillance. Domestic facility records and manufacturing processes are subject to periodic unscheduled inspections by the FDA. The FDA may also inspect foreign facilities that export products to the United States. Failure to comply with applicable regulatory requirements may result in enforcement action or other actions by the FDA, which may include one or more of the following sanctions: adverse press releases and safety communications; requests to stop shipments; untitled letters or warning letters; fines, injunctions, and civil penalties; mandatory recall or seizure of our products; customer notifications and repairs or replacements; administrative detention or banning of our products; consent decrees; operating restrictions, partial suspension or total shutdown of production; refusing our request for 510(k) clearances for new product versions or modifications to existing product versions; revocation of 510(k) clearances previously granted; refusal to grant export approval for our products; and criminal prosecution and penalties. If any of these events were to occur, they could have a material adverse effect on our business, financial condition, and results of operations.

International Regulation of Medical Devices

Sales of medical devices outside the United States are subject to foreign government regulations, which vary substantially from country to country. In order to market our products in other countries, we must comply with applicable regulatory requirements and authorizations and approvals and safety and quality regulations in each country in which the product is marketed. The time required to obtain authorization, approval, or certification by a foreign country may be longer or shorter than that required for FDA clearance, and the requirements may differ significantly.

EU Regulation of Medical Devices

In the European Union ("EU") until May 25, 2021, medical devices were regulated by the Council Directive 93/42/EEC, which has been repealed and replaced by the Medical Device Regulation ("EU MDR"). Unlike directives, regulations are directly applicable in all EU member states without the need for member states to implement into national law. The EU extended the EU MDR transitional periods for certain medical devices until December 31, 2027 or December 31, 2028, depending on a device's risk class and subject to certain conditions to ensure continued access to medical devices for patients and to allow medical devices already placed on the market in accordance with the current legal framework to remain on the market, provided that the requirements of the transitional provisions are fulfilled.

In the EU, there is currently no premarket government review of medical devices. However, all medical devices placed on the EU market must meet general safety and performance requirements, and compliance with the general safety and performance requirements is a prerequisite for European conformity marking without which medical devices cannot be marketed or sold in the EU. EU MDR requirements regarding the distribution, marketing, and sale, including quality systems and post-market surveillance, have to be observed by manufacturers, importers, and distributors as of the application date (i.e., since May 26, 2021), including registration of economic operators and of devices (once the relevant modules of Eudamed are functional), surveillance, and vigilance requirements. The aforementioned EU rules are generally applicable in the European Economic Area which consists of the 27 EU member states plus Norway, Liechtenstein, and Iceland.

The NDA Approval Process

For any new drug products regulated under the Federal Food, Drug, and Cosmetic Act such as our ReadyPrep CHG cloth, a sponsor must submit a New Drug Application ("NDA"), to the FDA for review and approval. The NDA review and approval process may take multiple years and involves steps including the following:

- completion of preclinical studies and analytical and stability testing in accordance with applicable regulations;
- submission to the FDA of an Investigational New Drug ("IND") application, which must become effective before clinical trials may begin and must be updated annually and amended when certain changes are made;
- approval by an institutional review board, or IRB, or independent ethics committee, or IEC, at each clinical trial site before each trial may be initiated;
- performance of adequate and well-controlled clinical trials in accordance with applicable IND regulations, good clinical practice, or GCP, requirements, including informed consent, financial disclosure by investigators, and other clinical trial-related regulations, to establish the safety and efficacy of the investigational product for each proposed indication and other condition of use;
- preparation and submission to the FDA of an NDA;

- satisfactory completion of one or more FDA pre-approval inspections of the manufacturing facility or facilities where the drug will be produced to assess compliance;
- satisfactory completion of FDA inspection of select clinical trial sites involved in conducting pivotal studies that generated the data in support of the NDA;
- payment of user fees for FDA review of the NDA; and
- FDA review and approval of the NDA, including of the proposed prescribing information and, where applicable, consideration of the views of any FDA advisory committee, prior to any commercial marketing or sale of the drug in the United States.

Any approvals that we may ultimately receive could be withdrawn if required post-marketing trials or analyses do not meet the FDA requirements, which could materially harm the commercial prospects for our products.

Even if a product candidate receives regulatory approval, the approval may be limited to specific disease states, patient populations and dosages, or might contain significant limitations on use in the form of warnings, precautions or contraindications, or in the form of onerous risk management plans, restrictions on distribution, or post-marketing study requirements. Further, even after regulatory approval is obtained, later discovery of previously unknown problems with a product may result in restrictions on the product or even complete withdrawal of the product from the market. Delay in obtaining, or failure to obtain, regulatory approval for our candidate products, or obtaining approval but for significantly limited use, would harm our business. In addition, we cannot predict what adverse governmental regulations may arise from future U.S. or foreign governmental action.

Trade Regulations

The movement of products, services, and investment across borders subjects us to extensive trade regulations. A variety of laws and regulations in the countries in which we transact business apply to the sale, shipment, and provision of goods, services, and technology across borders. These laws and regulations govern, among other things, our import, export, and other business activities. We are also subject to the risk that these laws and regulations could change in a way that would expose us to additional costs, penalties, or liabilities. Some governments also impose economic sanctions against certain countries, governments, persons, and entities, both for unlawful or malign conduct and to discourage or prevent entities from abiding by other countries' laws. In addition to our need to comply with such regulations in connection with our direct activities, we also sell and provide goods, technology, and services to agents, representatives, and distributors who may export such items to customers and end-users. If we, or the third parties through which we do business, are not in compliance with applicable import, export control, or economic sanctions laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability. Such actions may disrupt or delay sales of our products or services or result in restrictions on our distribution and sales of products or services that may materially impact our business.

Anti-Boycott Laws

Under U.S. laws and regulations, U.S. companies and their subsidiaries and affiliates are prohibited from participating or agreeing to participate in unsanctioned foreign boycotts in connection with certain business activities, including the sale, purchase, transfer, shipping, or financing of goods or services within the United States or between the United States and countries outside of the United States. If we, or certain third parties through which we sell or provide goods or services, violate U.S. anti-boycott laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability.

4Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02358	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 3770 Hogum Bay Rd NE

City: Lacey State: WA Zip: 98516

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 360-491-0241 Website: medline.com

Name of Designated Representative (DR): Lilith Chan

Licensing Company Email: ralicensing@medline.com DR Email: lchan@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Corporate Discipline History

Original Signature (electronic, copies or stamps not accepted)

7/15/26

Date

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091 PHONE
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grimston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ REQUESTS

_____ DOES NOT REQUEST

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for discipliming Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____

Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____

Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____

Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____

Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Florida Department of Health

Reason/Charge
Medline's Florida Certified Designated Representative unexpectedly resigned.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

Lara N. Simmons February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

Daisy Kung for February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2008006		Louisiana Board of Wholesale Drug Distributors		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
LA Board of WDD/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingerman

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman
William Crates, Vice-Chairman
Randall Brooks, Secretary/Treasurer
John Liggio, Executive Director/Inspector
Hershal Paul, Board Member
Andy Milligan, Board Member
Wayne Gremillion, Board Member
Eric Voitier, Board Member
Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
119A
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

6. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

9. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

11. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 0 8 2008.

Bobbi'wy Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of Jan, 200 8, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C&I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08 PHM 037	Wisconsin Department of Regulation and Licensing

Reason/Charge
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WI DSPS/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 29 A 9:4

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2009-7-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Lee V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller
Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2009

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

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POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Asa N. Simms, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of March, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
27278	NY State Education Department- Board of Pharmacy

Reason/Charge
Discipline incurred in another jurisdiction

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NY Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: A. Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

1-5-21

Willis Ingalls, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer M. Rudell, RPh

1-6-2021

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

1-6-2021

Henry Appel, Ohio Assistant Attorney General

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

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1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2022-0333		FL DBPR- Div. of Drugs, Devices, and Cosmetics		
Reason/Charge				
Customer Licenses, Record Keeping				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
FL DBPR / Medline Industries, LP			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____

Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
0 9 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Oct - 27 - 2023
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

07.25.2023
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 OCT 16 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent MEDLINE INDUSTRIES, L.P. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., and C.7. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____
IVY Y. E. KIM
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE
Chair

December 21, 2023
DATE

PATRICK ADAMS
Vice Chair

MARK BROWN

CATALINA CROSS

Kent Kikuchi
KENT KIKUCHI

BRANDON RABANG

SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer, Inc.
Address: 66 Hudson Blvd E City: New York State: NY Zip: 10001

Name: ICU Medical Inc.
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare Inc.
Address: One Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Avenue City: Bethlehem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Medline Inc.
Corporation Name: See Attached Ownership Information
Mailing Address: 3 Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: (847) 949-5500 Email: ralicensing@medline.com
Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025 | SEC Registration Number: 0002046386 | Stock Exchange Symbol: MDLN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Daniel Stevens

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9/15/26

Date

PAID

Board Use Only	Date Received: 9/21/26	Amount: $1500.00

Power of Attorney

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

POWER OF ATTORNEY

EXCELSIOR MEDICAL, LLC, an Illinois limited liability company, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Excelsior Medical, LLC

By: Medline Industries, LP
Its: Manager
By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Medline Industries, LP, as Manager of Excelsior Medical, LLC.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

POWER OF ATTORNEY

Centurion Medical Products, LP, an Delaware limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Centurion Medical Products, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Centurion Medical Products, LP.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries, LP

located at

3770 Hogum Bay Rd NE, Lacey, WA 98516

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

Ownership Information

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

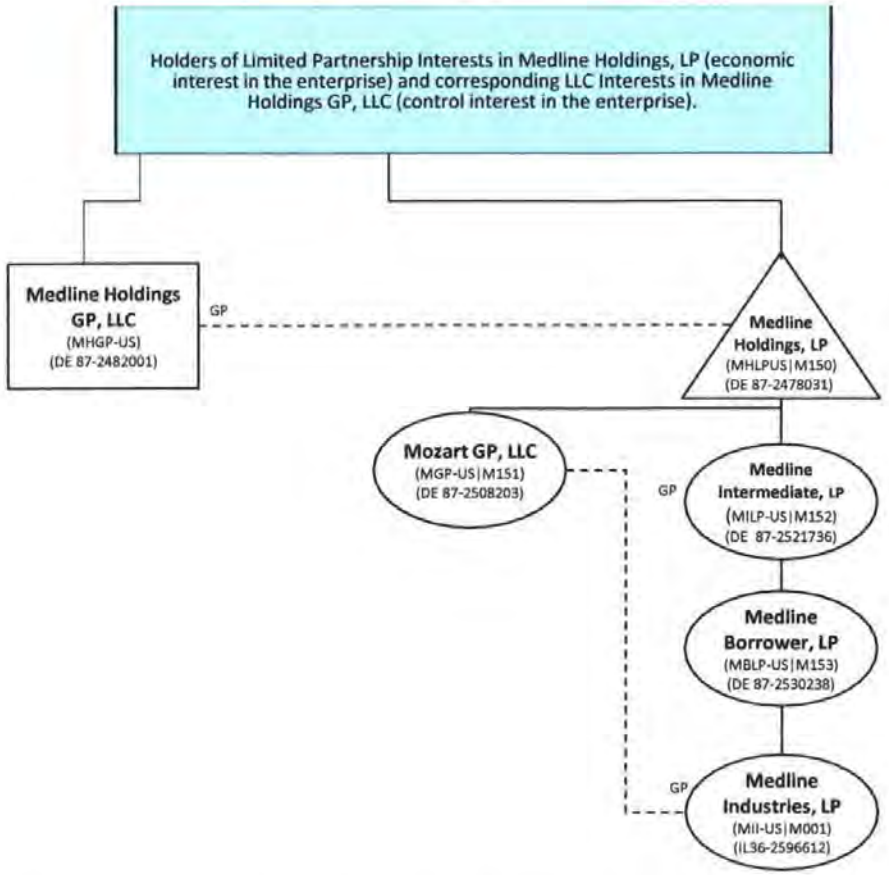
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

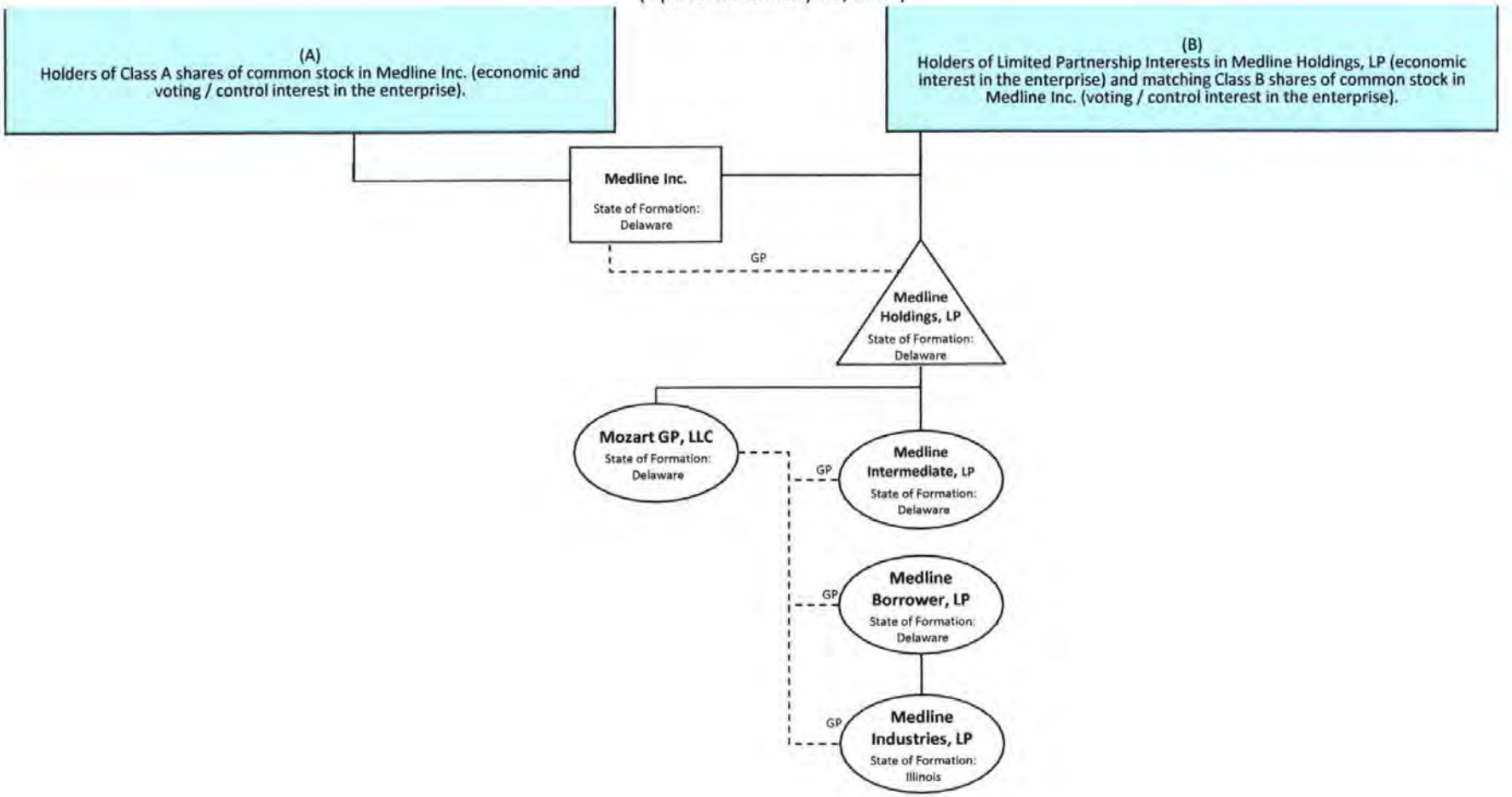


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

List of Officers, Directors, and Partners

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Centurion Medical Products, LP

FEIN: 38-1659420
A Delaware Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Industries, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	36-2596612
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC

FEIN: 32-0473772
An Illinois Limited Liability Company

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Member and Manager of LLC:

Medline Industries, LP
FEIN: 36-2596612

Officers:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC is a member managed LLC with the sole member and manager being Medline Industries, LP. Medline Industries, LP is a limited partnership and does not appoint corporate officers. Medline reports the officers for its general partner, Mozart GP, LLC, which retains 100% control of Medline Industries, LP.

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

Certificates of Good Standing

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 2610502528 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURION MEDICAL PRODUCTS, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTURION MEDICAL PRODUCTS, LP" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6213666 8300

SR# 20261791715

Authentication: 203646965

Date: 04-15-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

File Number 0543231-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

EXCELSIOR MEDICAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502534 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5143163 8300

SR# 20261572157

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203550646

Date: 04-03-26

Washington State Department of Health

This organization
Medline Industries, LP
is authorized by Chapter RCW 18.64
to have a
Pharmaceutical Wholesaler License

Operated by **Medline Industries, LP**

Located at **3770 Hogum Bay Rd NE**
Lacey, WA 98516-3137

Drug Wholesale type:Full line
Controlled Substance: No

Credential Number
PHWH.FX.61232089

Secretary

Status
Active

Effective Date
07/25/2025

Expiration Date
09/30/2026

THIS LICENSE IS NON-TRANSFERABLE

Certificates of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** N/A — N/A **INSURER C :** See Acord 101 for Carrier Participation **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-28 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	2,000,000
							GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
							BODILY INJURY (Per person)	$	
							BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE	$	
							AGGREGATE	$	
								$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A				PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
							E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 , Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	2,000,000 2,000,000 10,000 2,000,000 4,000,000 SEE BELOW
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	2,000,000
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE AGGREGATE	$ $	10,000,000 10,000,000
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: Y (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2025 07/01/2025	07/01/2026 07/01/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE:
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S . Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St, Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway. Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **105625536**

Current Billing Term From **July 20, 2025** to **July 20, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **July 20, 2011**, in the amount of **One Hundred Thousand** (**$100,000.00**) on behalf of **MEDLINE INDUSTRIES, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee),
remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **June 25, 2025**

Travelers Casualty and Surety Company of America

By: _____
Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS	Travelers Casualty and Surety Company of America Travelers Casualty and Surety Company St. Paul Fire and Marine Insurance Company Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 105625536 **Principal: MEDLINE INDUSTRIES, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25 day of June, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 25th day of June, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #105625536

Current Information as of 04/14/2026

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 5: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 6: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 7: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 8: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 9: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 10: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 11: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 12: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 13: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Location 14: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 15: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 16: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 17: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 18: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 19: (C71)
Medline Industries, LP
264 S 5750 W
Salt Lake City, UT 84104

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

Location 23: (ANG)
Medline Industries, LP
10 Glen Falls Techinical Park
Glen Falls, NY 12801

Location 24: : (EXC-TF)
Excelsior Medical, LLC
1470 Shafto Road
Tinton Falls, NJ 07712

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **108030426**

Current Billing Term From **September 03, 2025** to **September 03, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **September 03, 2024**, in the amount of **Twenty Five Thousand** (**$25,000.00**) on behalf of **CENTURION MEDICAL PRODUCTS, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **July 23, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108030426 **Principal: CENTURION MEDICAL PRODUCTS, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 23 day of July, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 23rd day of July, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #108030426

Current Information as of 04/14/2026

Location 1: (B01)
Centurion Medical Products, LP
301 Catrell Drive
Howell, MI 48843

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP — MDEG License # (if applicable): WH02358

Physical Address: 3770 Hogum Bay Rd NE

City: Lacey — State: WA — Zip: 98516

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield — State: IL — Zip: 60093

Telephone: 360-491-0241 — Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Lilith — Middle: Elaine — Last: Chan

Alias(es, nicknames, name changes, etc.): N/A

Date of Birt[redacted] — SSN or ITI[redacted] — Sex ☐ M ☑ F ☐ X

Mailing Addres[redacted]

City: Olympia — State: WA — Zi[redacted]

Telephone: 360-491-0241 — Email: LChan@medline.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Watkins Memorial High School		08/09 - 06/13	
Address	**City**	**State**	**Zip**
1954 Warrior Way	Pataskala	OH	43062
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/25 - Current	[redacted]	Olympia	WA	[redacted]
02/23 - 05/25		Columbus	OH	
02/21 - 02/23		Hilliard	OH	
08/18 - 02/21		Lancaster	OH	
10/17 - 08/18		Westerville	OH	
11/15 - 10/17		Pickerington	OH	
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			05/25 - Current	
Business Address		**City**	**State**	**Zip**
3770 Hogum Bay Road NE		Lacey	WA	98516
Phone	**Title**		**Number of Employed Hours**	
360-491-0241	Sr. Manager of Operations		1,040 Hours	
Description of Duties				
Oversee the facility to ensure proper receiving, distribution, storage, shipping and dispensing of products. Manage multiple team members and ensure proper record keeping, inventory, storage and product security.				

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			02/20 - 05/25	
Business Address		**City**	**State**	**Zip**
1040 Enterprise Parkway South		West Jefferson	OH	43162
Phone	**Title**		**Number of Employed Hours**	
614-879-9728	Warehouse Manager		11,000	
Description of Duties				
Oversee the facility to ensure proper receiving, distribution, storage, shipping and dispensing of products. Manage multiple team members and ensure proper record keeping, inventory, storage and product security.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

I, Lilith Chan, **certify that as the MDEG Administrator for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. LC Have a high school diploma or its equivalent;
2. LC Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. LC Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. LC Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lilith Chan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/10/26

Date

Board Use Only	Date Received: 4/21/26

List of Employees
Medline Industries, LP
C75 - Lacey, WA

Worker	Business Title
Aaron Apple	Warehouse Operator Operations
Aaryn Chappell	Warehouse Operator Operations
Acquian Nowells	Warehouse Operator Operations
Adam Brooks	Warehouse Operator Operations
Adam Harrison	Warehouse Operator Operations
Adam Lachat	Mgr Warehouse
Adam Long	Warehouse Operator Operations
Adderli Andrade	Quality Control Inspector II
Aderly Peralta	Inventory Coord Operations
Adrian Epperson	Warehouse Operator Operations
Aggie Mareko (On Leave)	Warehouse Operator Operations
Alan Trammell	Warehouse Operator Operations
Alana Kuresa	Warehouse Operator Operations
Aleisha Tydingco	Warehouse Operator Operations
Alex Gibson	Driver II
Alex Pollock	Warehouse Operator Operations
Alex Segarra	Warehouse Operator Operations
Alexander Polu	Warehouse Operator Operations
Alla Kelley	Warehouse Operator Operations
Allen Hall	Maintenance Tech I
Allen Leiato	Warehouse Operator Operations
Allen Ogletree	Warehouse Operator Operations
Allison Martin	Supv Warehouse
Amaya Whitaker	Warehouse Operator Operations
Amber Ridenour	Warehouse Operator Operations
Amninder Singh	Driver II
Amy Andrews	Warehouse Operator Operations
Amyah Gibson	Warehouse Operator Operations
Andrea Reid	Warehouse Operator Operations
Andres Vasquez	Warehouse Operator Operations
Andres Velazquez	Sr Supv Warehouse
Andrew Nansen	Warehouse Operator Operations
Andrew O'Brien	Warehouse Operator Operations
Andy Dishman	Warehouse Operator Operations
Angi Creech	Transportation Coord
Anna Anderson	Janitor Operations
Anna Lewis	Supv Warehouse
Annavilla Lozada-Glowacki	Supv Warehouse
Anthony Hudson	Warehouse Operator Operations
Antonio Davis	Warehouse Operator Operations
Antonio Moreno	Warehouse Operator Operations
Armadeyus Mailoto	Warehouse Operator Operations
Armani Woodson	Supv Warehouse
ARTHUR DOYLE	Warehouse Operator Operations
Arthur Meives	Driver I
Ash Blazquez	Warehouse Operator Operations
Ashley Hunt	Warehouse Ld Operations
Ashli Graving-Mead	Warehouse Operator Operations
Ashton Deibert	Spec EH&S

Worker	Business Title
Athree Ilon	Driver II
Austen Sleeper	Warehouse Operator Operations
Austin Buck	Janitor Operations
Austin Swihart	Warehouse Operator Operations
Axel Mora-Ibarra	Warehouse Operator Operations
Ayden Goodwin	Warehouse Operator Operations
Azeim Abraham	Warehouse Operator Operations
Beau Yukish	Warehouse Operator Operations
Bel Nededog	Inventory Coord Operations
Benjamin Jean-Baptiste	Warehouse Operator Operations
Bhuwan Sharma	Warehouse Operator Operations
Blake Stucky	Warehouse Operator Operations
Braden Primrose	Warehouse Operator Operations
Bradley Wheeler	Driver II
Brandon Buckley	Warehouse Operator Operations
Brandon Burkett	HR Coord
Brandon Johnson	Warehouse Operator Operations
Brandon Moore	Warehouse Operator Operations
Brandon Pierce	Janitor Operations
Brandon Rogers	Warehouse Operator Operations
Brandon Sauer	Maintenance Tech II
Brayden Carroll	Warehouse Operator Operations
Braydon Tweed	Driver II
Brendan Brien	Warehouse Operator Operations
Brent Liddell	Driver II
Brent Sherhag	Warehouse Operator Operations
Bret Huseth	Warehouse Operator Operations
Brett Craft	Inventory Coord Sr
Brian Barton	Driver II
Bridget Courcy	Warehouse Operator Operations
Britt Isham	Line Haul Driver
Brittany Chun Fook	Supv Training Branch
Brooke Humphrey	Supv Inventory Control
Bryan Smith	Warehouse Operator Operations
Bryant Morant	Warehouse Operator Operations
BRYCE SMOTHERS	Warehouse Operator Operations
Bryndon Terrell	Warehouse Operator Operations
Bunchin Hy	Warehouse Operator Operations
Byoung Kim	Driver II
Caden Fernquist	Warehouse Operator Operations
Cagle Andersen	Warehouse Operator Operations
Caleb Hansen	Supv Warehouse
Cameron Blue	Warehouse Operator Operations
Cameron Durbin	Warehouse Operator Operations
Cameron Lofgren	Warehouse Operator Operations
Cameron Smith	Warehouse Operator Operations
Camilla Sorensen	Warehouse Operator Operations
Camryn Dixson	Warehouse Operator Operations
Carmine Anderson	Warehouse Operator Operations

Casey Pollari	Driver II	Denzel Ibay	Warehouse Ld Operations
Charles Brown	Driver II	Devin Herbin	Warehouse Operator Operations
Charles Tate	Warehouse Operator Operations	Devon Compton	Warehouse Operator Operations
Charles Williams	Warehouse Operator Operations	Diana Mckenna (On Leave)	Driver I
Charles Wright	Warehouse Operator Operations	Dima Suslikov	Warehouse Operator Operations
CHEANDTON WARREN	Delivery Driver	Dipesh Pokhrel	Warehouse Operator Operations
Chris Barton	Warehouse Operator Operations	Dom Lopez	Warehouse Operator Operations
Chris Butler	Mgr Maintenance	Dominique Lizama	Warehouse Operator Operations
Chris Freenor	Inventory Coord Operations	Donald Brown	Warehouse Operator Operations
Christian Pereda	Warehouse Operator Operations	Donald Earls	Trainer Branch
Christina Arciniega-Leatiota	Warehouse Operator Operations	Donovan Smith	Warehouse Operator Operations
Christopher Reyes	Warehouse Operator Operations	Donte Pridgen	Warehouse Operator Operations
Cindy Milne	Warehouse Operator Operations	Doug Johnson	Driver II
Cisco Negrete	Warehouse Operator Operations	Douglas Lambert	Warehouse Operator Operations
Clarissa Hernandez	Inventory Coord Sr	Duke Nuxoll	Trainer Branch
CLAUDIA CUNNINGHAM (On Leave)	Delivery Driver	Dung Huynh	Janitor Operations
Clinton Bond	Warehouse Operator Operations	Dwane Kirkland	Warehouse Operator Operations
Cody Carroll	Warehouse Operator Operations	Dwayne French	Janitor Operations
Cody Daggett	Driver II	Dylan Knuckles	Warehouse Operator Operations
Cody Mosier	Warehouse Ld Operations	Dylan Sordahl	Warehouse Operator Operations
Cohdie Tavares	Warehouse Operator Operations	DYLAN WERKMAN	Warehouse Operator Operations
Colton Dewey	Warehouse Operator Operations	Ebony Kelly-Fowler	Driver II
Connor Harrison	Warehouse Operator Operations	Eddy Tuzolana	Warehouse Operator Operations
Conrad Gurtner	Supv Warehouse	Eduardo Baltazar-Lozano	Warehouse Operator Operations
Cory Wittig	Warehouse Operator Operations	Edward Pender	Warehouse Operator Operations
Courtney Harper	Mgr Warehouse	Edwin Beltran Garcia	Supv Warehouse
Craig Caswell	Supv Warehouse	Edwin Maidesil	Warehouse Operator Operations
CRETIA REYES	Warehouse Operator Operations	Elhadji Mbengue (On Leave)	Warehouse Operator Operations
Crystal Vessey	Warehouse Operator Operations	Elian Ramos	Warehouse Operator Operations
Dakota Sotak	Warehouse Operator Operations	Elisa Garcia	Warehouse Operator Operations
Dalaesha Harris	Warehouse Ld Operations	Elisiva Masaniai	Warehouse Operator Operations
Damein Pulawa	Warehouse Operator Operations	Elizabeth Gauntlett	Warehouse Operator Operations
Dan Raymond	Warehouse Operator Operations	Eloy Pena Hamilton	Warehouse Operator Operations
Daniel Nail	Warehouse Operator Operations	Emyhjahna Kelly	Warehouse Operator Operations
Daniel Short	Supv Warehouse	Enmanuel Jimenez Bravo	Delivery Driver
Danny Greene	Shuttle Driver	Eric Halvorson	Driver Ld
Daric Lasater	Driver II	Eric Mallek	Warehouse Operator Operations
Darnell Taylor	Driver II	Erica Iles	Warehouse Operator Operations
Daron Flores	Warehouse Operator Operations	Erick Velasquez (On Leave)	Warehouse Operator Operations
Darrell Borst	Warehouse Operator Operations	Ester Prieto	Warehouse Operator Operations
Daryl Flesher	Warehouse Operator Operations	Ethan Puckett-Coons	Warehouse Operator Operations
Dathen Sanchez	Warehouse Operator Operations	Ethyn Johnson	Janitor Operations
David Craig	Mgr Warehouse	Eugene White	Warehouse Operator Operations
David Handlen (On Leave)	Driver II	Evan Castro	Warehouse Operator Operations
David Macedo	Delivery Driver	Faith Todd	Warehouse Operator Operations
David Pitcher	Maintenance Tech II	fernando llaguno	Warehouse Operator Operations
David Shearer	Sr HR Generalist	Filipo Pauu	Warehouse Operator Operations
Davin Sablan	Warehouse Operator Operations	Foe Lavea	Training Coord Sr
Davion Pheann	Warehouse Operator Operations	Fox Comstock	Warehouse Operator Operations
Daylan Stevenson	Warehouse Operator Operations	Francisco Cunel	Warehouse Operator Operations
DEAN SANNICOLAS	Warehouse Operator Operations	Fred Arriola	Warehouse Operator Operations
Demarco Dennison	Driver II	Gage Shepard	Maintenance Planner Ld
Denny Thach	Driver Ld	Gavin Alfau	Warehouse Operator Operations

Gavin Cruz	Trainer Branch	Jennifer Hughes	Warehouse Operator Operations
Gavin Jones	Warehouse Operator Operations	Jeremy Benthin	Warehouse Operator Operations
Gavin Ogo	Warehouse Operator Operations	Jeremy Halos	Sr Supv Warehouse
Genevieve Marchand	Trainer Branch	Jeremy Sorensen	Warehouse Operator Operations
Gerald Martin	Janitor Operations	Jerry Schepisi	Driver Ld
Gilberto Soto-Oseguera	Warehouse Operator Operations	Jess Borja	Janitor Operations
gladys ortiz-tamayo	Warehouse Operator Operations	Jesse ruiz	Warehouse Operator Operations
Gordon Demapan [C]	Driver	Jessica Bonsignore	Warehouse Operator Operations
Grace Solt	Warehouse Operator Operations	Jesus Felix	Line Haul Driver
Grey McBride	Warehouse Operator Operations	Jillian Chamberlain	Warehouse Operator Operations
Guillermo Granado	Supv Warehouse	Jim Poxon	Driver II
Harmony Parker	Dispatcher	Jodi Pender	Warehouse Operator Operations
Hayden Reese	Warehouse Operator Operations	Joel Moriset	Driver II
Hayden Tveten	Warehouse Operator Operations	Joey Ngiralmau	Warehouse Operator Operations
Heather Hoefs	Driver II	Joey Weiss	Warehouse Operator Operations
Henry Kariuki	Warehouse Operator Operations	John Deremiah	Warehouse Operator Operations
Howard Agnew (On Leave)	Driver I	John Flanagan	Warehouse Operator Operations
Hugo Rodriguez serrano	Warehouse Operator Operations	John Irizarry	Warehouse Operator Operations
Hunter Nashleanas	Warehouse Operator Operations	John McCullough	Driver II
Hunter Wilcutt	Driver II	Johnathan Doerrheim	Onsite Support Tech II
Ian Smith	Shuttle Driver	Johnny Sanborn	Delivery Driver
Ida Mizzles	Warehouse Operator Operations	Jonas Tinsley	Driver II
Ieremia Falute	Warehouse Operator Operations	Jonathan Andrews	Warehouse Operator Operations
irvin Lopez	Warehouse Operator Operations	Jonathan Carter (On Leave)	Warehouse Operator Operations
Isaac Benjamin	Maintenance Tech I	Jonathan Villegas	Warehouse Operator Operations
Isaac Reynvaan	Warehouse Operator Operations	Jontrel Harvey	Inventory Coord Operations
Ivan Boijseauneau	Sr Mgr Medtrans	Jordan Hubbard	Inventory Coord Operations
Ivon Renteria Romero	Warehouse Operator Operations	Jordan Sallee	Warehouse Clerk Operations
Jaden LeMoine	Warehouse Operator Operations	Jordan Sandaine	Trainer Branch
Jaiden Cason	Warehouse Operator Operations	Jordan Wright	Warehouse Operator Operations
Jaime Rosario	Warehouse Operator Operations	Jorge Granda	Warehouse Operator Operations
Jakob Vinson	Warehouse Operator Operations	Jory Johnson	Warehouse Operator Operations
Jalena Gilbert	Warehouse Operator Operations	Jose Ortiz	Driver I
James Janus	Warehouse Operator Operations	Joseph French	Warehouse Operator Operations
James Johnson	Janitor Operations	Josephine Patten	Warehouse Ld Operations
James Koonce	Warehouse Operator Operations	Josh McGurk	Warehouse Operator Operations
James Mangtamag	Trainer Branch	Josh Ramirez	Warehouse Operator Operations
James Prutzman	Warehouse Operator Operations	Joshua Bolen	Delivery Driver
James Schultz	Driver II	Joshua Clementz	Warehouse Ld Operations
Jamilla Saunders	Warehouse Operator Operations	Joshua Deloney	Shuttle Driver
Jared Brent Lunas	Warehouse Operator Operations	Joshua Dibble	Warehouse Operator Operations
JAREN TAIJERON (On Leave)	Warehouse Operator Operations	Joshua Eversole	Delivery Driver
Jarvis Cruz	Warehouse Operator Operations	Joshua Muna	Trainer Branch
JASKIRAT RANDHAWA	Delivery Driver	Joshua Partida-Lope	Warehouse Operator Operations
Jason Burns	Warehouse Operator Operations	Joshua Wooten	Warehouse Operator Operations
Jason Ford	Driver II	Josiah Jensen	Warehouse Operator Operations
Jasper Ramirez	Warehouse Ld Operations	Jourdan Duffney	Warehouse Operator Operations
Javier Villegas-Magallon Jr	Warehouse Operator Operations	Joy Panyanouvong	Warehouse Operator Operations
Jay Jacinto	Warehouse Ld Operations	Juan Cruz	Warehouse Operator Operations
Jaycob Clement	Warehouse Operator Operations	Juan Moreno	Driver II
JAYTON San Nicolas	Warehouse Operator Operations	Julian Coria (On Leave)	Warehouse Operator Operations
Jeffery Nelson	Warehouse Operator Operations	Julius Koto	Warehouse Operator Operations
Jeffrey Cook	Warehouse Operator Operations	Junior Wright	Warehouse Operator Operations
Jen Sword	Warehouse Ld Operations	Justin Blackburn	Warehouse Operator Operations

Justin Johnson	Supv MedTrans	Louk Quinata	Warehouse Operator Operations
Justin Kohn	Warehouse Operator Operations	Lucian Ripan	Warehouse Operator Operations
Justin Robbins	Warehouse Operator Operations	Luke Lawrence	Driver II
Justin Tennis	Warehouse Operator Operations	Lyonel Padilla	Driver I
Kaelynn Thompson	Warehouse Operator Operations	Maddox Isenburg	Warehouse Operator Operations
Kaiila Atkinson	Warehouse Operator Operations	Mafi Sua	Warehouse Operator Operations
Kalliyan Chuon	Warehouse Operator Operations	Makani Oleole	Warehouse Operator Operations
Kameron Lagasa	Warehouse Operator Operations	Makayla Charfauros	Warehouse Operator Operations
Karyne McCray	Sr Mgr HR	Manny Cruz	Warehouse Operator Operations
Kasia Tanuvasa	Warehouse Operator Operations	Manny Reece	Trainer Branch
Kathy Pettigrew	Warehouse Operator Operations	Marcos Gomez-Castro	Warehouse Operator Operations
Katie Fischer	Analyst Inbound Receiving	Marcus Wilson	Driver Ld
Kawika Waxman (On Leave)	Warehouse Operator Operations	Margie Jones	Warehouse Operator Operations
Keith Edwin Naputi	Warehouse Operator Operations	Maria Martinez	Trainer Branch
Kellen Seeley	Warehouse Operator Operations	Mario Trujillo	Warehouse Operator Operations
Kelsey Candelaria	Warehouse Operator Operations	Mark Jason Ordillo	Warehouse Operator Operations
Ken Le Mons	Delivery Driver	Marley Smith	Inventory Coord Operations
Kenneth Marks	Maintenance Ld	Marvin Merchant	Maintenance Tech I
Kevin Eickerman	Driver II	Mateo Ledesma	Engineer Process
Kevin Reynolds	Inventory Control Ld Operations	Mathew Lochen	Mgr MedTrans
Kevin Willingham	Warehouse Operator Operations	Mathew Tryon	Warehouse Operator Operations
Kevins Gomez Galvez	Warehouse Operator Operations	Mathis Jensen	Warehouse Operator Operations
Kinjohn San Nicolas (On Leave)	Warehouse Operator Operations	Matson Gwinn	Warehouse Operator Operations
Klowani Joy Quinata	Warehouse Operator Operations	Matthew Brixey (On Leave)	Warehouse Operator Operations
Konesane Neemia	Warehouse Operator Operations	Matthew Heasley	Warehouse Clerk Operations
Kris Hernandez	Warehouse Operator Operations	Matthew Lee	Warehouse Operator Operations
Kyla Cardey	Warehouse Operator Operations	Matthew Youngblood	Warehouse Operator Operations
Kyle Aguon	Warehouse Operator Operations	Maximilian Armajo	Warehouse Operator Operations
Kyle Bracken	Driver II	Mayson Nashleanas	Warehouse Operator Operations
Kyle Campbell	Warehouse Operator Operations	Meiling Hayes	Supv Warehouse
Kyle Craig	Sr Mgr Inventory Control	Meisha Douglas	Training Coord Sr
Kyle Fisk	Driver II	Melvin Perry	Warehouse Operator Operations
Lailah Heiser-Olmstead (On Leave)	Warehouse Ld Operations	Mia Welchert	Warehouse Operator Operations
Landon Velasquez	Warehouse Operator Operations	Michael French	Warehouse Operator Operations
LANGSTON REVADA	Driver II	Michael Mazurek	Driver II
Larry Fitzpatrick	Delivery Driver	Michael Pace	Warehouse Operator Operations
Larry Williams	Warehouse Operator Operations	Michael Peters	Driver II
Leaso Pele (On Leave)	Warehouse Operator Operations	Michael Robbings	Sr Dir Operations
LeeAnn Morris (On Leave)	Warehouse Operator Operations	Michael Walbert	Warehouse Operator Operations
leilani quinata	Warehouse Operator Operations	Michele Gamet	Supv Warehouse
Lenny Lekanoff	Shuttle Driver	Muhammad Khan	Warehouse Operator Operations
Lenny Lopez	Warehouse Operator Operations	Narat Kong	Warehouse Operator Operations
Leo Gonzales	Warehouse Operator Operations	Nathan Mecom (On Leave)	Driver II
Leo Munoz	Trainer Branch	Nathan Moli	Warehouse Operator Operations
Leonardo Vega-Allen	Driver II	Nathan Roth	Mgr Warehouse
Les Singleton III	Driver II	Nathan Weiss	Driver II
Lester Tardeo	Warehouse Ld Operations	Nelson Emerson	Warehouse Operator Operations
Lewis mills	Warehouse Operator Operations	Nicholas Myers	Trainer Branch
Li Cerizo	HR Generalist	Nicholas Owens	Warehouse Operator Operations
Lilith Chan	Sr Mgr Operations	Nick Salter	Driver II
Lillian Grissom	Janitor Operations	Nick Todd	Maintenance Ld
Logan Smith	Warehouse Ld Operations	Nick Wells	Warehouse Operator Operations
Lonnie Newton	Warehouse Operator Operations	Nicole Camacho	Warehouse Operator Operations

Nicolle Griffin	Warehouse Operator Operations	Robert Smith	Delivery Driver
NIKIA BROWN	Warehouse Operator Operations	Robert Walker (On Leave)	Maintenance Tech I
Nikki Burbank (On Leave)	Warehouse Operator Operations	Roberto Cordova	Warehouse Operator Operations
Niraj Karki	Warehouse Operator Operations	Robyn Cole	Warehouse Operator Operations
Nnamdi Boucree	Warehouse Operator Operations	Rodeo Medul	Warehouse Operator Operations
Noel Costa	Warehouse Operator Operations	Rodjin Hamilton	Warehouse Operator Operations
Noel Joseph	Driver I	Rodney Charfauros	Warehouse Operator Operations
Nolan Beeler	Warehouse Operator Operations	Ron Kramer	Driver II
Paden Reitz	Warehouse Operator Operations	Ronald Decoteau	Inventory Coord Operations
Patricia AhChong	Supv Warehouse	Rowan Graff	Warehouse Operator Operations
Patricia Hibdon	Warehouse Operator Operations	Ruben Ortega-Garcia	Driver II
Patrick Easterday (On Leave)	Delivery Driver	Ryan Dameron	Warehouse Operator Operations
Patrick Martinson	Driver II	Ryan San Nicolas	Warehouse Operator Operations
Paul Du Charme	Inventory Coord Operations	Rylee Luebbe	Warehouse Operator Operations
Paul Malernee	Warehouse Operator Operations	Sale' Peapealalo	Sr Supv Warehouse
Paulo Uti	Warehouse Ld Operations	Sam Forriester	Warehouse Operator Operations
Peter Olson	Warehouse Operator Operations	Sam Kong	Warehouse Operator Operations
Peyton Sanchez	Warehouse Operator Operations	Samantha Borja	Warehouse Operator Operations
Phil Elder	Driver II	Samantha Doll	Office Coord
Phoebe Browning	Warehouse Operator Operations	Sandra Martinez	Warehouse Operator Operations
Phommakot Khamvongsa	Warehouse Operator Operations	Sarah Salts	Warehouse Operator Operations
Poga Ioane	Warehouse Operator Operations	Sarath Ben	Janitor Operations
Ramon Warren	Warehouse Operator Operations	Sasivimol Christensen	Warehouse Operator Operations
Rater Eram	Warehouse Operator Operations	Sath Ros	Warehouse Operator Operations
Raymond Aquiningoc	Quality Control Inspector II	Sav Black	Warehouse Operator Operations
Rayon Kilmete	Warehouse Ld Operations	Savannah Capella	Warehouse Operator Operations
Rayton Rose	Warehouse Operator Operations	Savannah Flores	Warehouse Operator Operations
Rebecca McLamore	Sr Operations Production Controller	Scott Fox	Supv Warehouse
Rebecca Yan	Warehouse Operator Operations	Sean Garton (On Leave)	Maintenance Tech I
Remi Weems	Warehouse Operator Operations	Seth Jensen	Warehouse Operator Operations
Remington Gorman	Warehouse Operator Operations	Shana Renner	Warehouse Operator Operations
Renae Wilhelm	Warehouse Operator Operations	Shane Borja	Warehouse Operator Operations
Rheizel Aranas	Janitor Operations	Shane Parks	Warehouse Operator Operations
Richard Armstrong	Warehouse Operator Operations	Shauna Burkett	Maintenance Tech I
Richard Baker (On Leave)	Inventory Coord Operations	Shawn Atkinson	Warehouse Operator Operations
Richard Espinoza	Warehouse Operator Operations	Shawn Ciauri	Warehouse Operator Operations
Richard Lacy	Warehouse Operator Operations	Sherlin Herard	Warehouse Operator Operations
Richard Nava	Warehouse Operator Operations	Shyam Shiwakoti	Warehouse Operator Operations
Richard Taimanglo	Warehouse Operator Operations	SIA LAVEA	Warehouse Operator Operations
Richard White	Warehouse Operator Operations	Sierra Street	Warehouse Operator Operations
Riley Larson	Warehouse Operator Operations	Silvester Lopez	Warehouse Operator Operations
Rob McFarren	Mgr Warehouse	Skylar Starkey	Warehouse Operator Operations
Robert Bustamante-Sandobal	Warehouse Ld Operations	Sopheak Neou	Warehouse Clerk Operations
Robert Curtright	Delivery Driver	Sophy Hem	Warehouse Operator Operations
Robert Edwards	Supv Warehouse	Souen Setbun	Warehouse Operator Operations
Robert Graham	Warehouse Operator Operations	Stephanie Clapsaddle	Supv MedTrans
Robert Hall (On Leave)	Warehouse Operator Operations	Stevenson Georges	Warehouse Operator Operations
Robert Houdyshell	Warehouse Operator Operations	Tanner Watson	Warehouse Operator Operations
Robert Johns	Warehouse Operator Operations	Tanya Rosario	Warehouse Operator Operations
Robert Jordan	Delivery Driver	Taralena Mareko	Warehouse Operator Operations
Robert Larisch	Warehouse Operator Operations	Taylor Clawson	Warehouse Operator Operations
Robert O'Keefe	Driver II	Taylor Martinez	Warehouse Operator Operations
Robert Ransom	Warehouse Operator Operations	Taylor Nuxoll	Warehouse Operator Operations

Temi Ajibade	Janitor Operations
Terry Torgerson	Maintenance Tech II
Teshawn Conley	Warehouse Operator Operations
Thearse Claiborne	Warehouse Operator Operations
Thesa Galaz	Warehouse Operator Operations
Tiffany Johnson	Warehouse Ld Operations
Tiffany Weber	Warehouse Operator Operations
Tim Sandberg	Warehouse Ld Operations
Timoa Sauafea	Warehouse Operator Operations
Timothy Grunenfelder	Fleet Maintenance Planner
TIMOTHY HAWTHORNE	Warehouse Operator Operations
Toby Miller	Warehouse Operator Operations
Todd Mattila	Driver Ld
Tony Steward (On Leave)	Warehouse Operator Operations
Trace Coleman	Warehouse Operator Operations
Tracey Deloney	Delivery Driver
Travis Cameron	Warehouse Operator Operations
Tristan Gutsche	Warehouse Operator Operations
Tristan Zukowski	Warehouse Operator Operations
Troy Curtis	Supv MedTrans
Troy Males	Warehouse Operator Operations
Tyler Anthony Marques	Janitor Operations
Tyler Romero	Warehouse Operator Operations
Uriel Lopez Garcia	Warehouse Operator Operations
Vany Ke	Warehouse Operator Operations
Vasago Soeuth	Warehouse Operator Operations
Victor Kitner	Warehouse Operator Operations
Victor Pineda Apantipan	Maintenance Tech II
Victoria Gomez Galvez	Warehouse Operator Operations
Victoria Komboukos	Warehouse Operator Operations
Vinicia Borja	Trainer Branch
WESLEY IBAY	Warehouse Operator Operations
Will Wirtz	Delivery Driver
William Davidson	Driver II
William Elm	Warehouse Operator Operations
William Jordan	Driver II
William Lyon	Warehouse Operator Operations
William Quan	Warehouse Operator Operations
Yader Velasquez-Hernandez	Warehouse Operator Operations

Copy of SEC 10K

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2025

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-43022

Medline Inc.

(Exact name of registrant as specified in its charter)

Delaware	**33-1845288**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
3 Lakes Drive Northfield, Illinois	**60093**
(Address of principal executive offices)	(Zip Code)

(847) 949 5500
Registrant's telephone number, including area code

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A common stock, par value $0.0001 per share	MDLN	Nasdaq Global Select Market

Securities registered pursuant to section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements.

☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b).

☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the Class A common stock held by non-affiliates of the registrant, based on the closing price of a share of Class A common stock on December 17, 2025, as reported by The Nasdaq Global Select Market on such date was approximately $13.0 billion. The registrant has elected to use December 17, 2025, which was the initial trading date of the registrant's Class A common stock on The Nasdaq Global Select Market, as the calculation date because on June 30, 2025 (the last business day of the registrant's most recently completed second fiscal quarter) the registrant was a privately held company. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose.

As of February 23, 2026, there were 811,647,534 shares of the registrant's Class A common stock and 502,045,878 shares of the registrant's Class B common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement related to its 2026 Annual Meeting of Stockholders to be filed with the U.S. Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2025 are incorporated by reference into Part III of this Annual Report on Form 10-K.

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Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K (this "Annual Report") contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Forward-looking statements include all statements that are not historical facts. Words such as "anticipate," "assume," "believe" "contemplate," "continue," "could," "estimate," "expect," "foreseeable," "intend," "may," "plan," "potentially," "predict," "project," "seek," "should," "will," or "would," or similar words or phrases that convey uncertainty of future events or outcomes, are intended to identify forward-looking statements in this Annual Report. These forward-looking statements relate to matters such as our industry, business strategy, costs, and costs savings, impacts of accounting standards and guidance, goals and expectations, market position, future operations, margins, profitability, capital expenditures, liquidity and capital resources, legal matters, trends, and other financial and operating information. The forward-looking statements are based on management's current expectations and are subject to various risks, uncertainty, and changes in circumstances, many of which are beyond our control, that could cause actual results to differ materially. Although we believe that the assumptions underlying the forward-looking statements are reasonable, we cannot guarantee future results, level of activity, performance, or achievements. Factors that may cause actual results to differ from expected results include those described in Part I, "Item 1A—Risk Factors" and Part II, "Item 7—Management's Discussion and Analysis of Financial Condition and Results of Operations". The forward-looking statements included in this Annual Report speak only as of the date of this Annual Report or as of the date they are made, as applicable. Except as otherwise required by law, we disclaim any intent or obligation to update any "forward-looking statement" made in this Annual Report to reflect changed assumptions, the occurrence of unanticipated events, or changes to future operating results over time.

INTRODUCTORY NOTE

Medline Inc. was incorporated as a Delaware corporation on November 6, 2024. Prior to the completion of its initial public offering (the "IPO") on December 18, 2025, Medline Inc. undertook certain reorganization transactions (the "Reorganization") such that Medline Inc. is now a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP ("Medline Holdings"). Following the IPO, Medline Holdings is the predecessor of Medline Inc. for financial reporting purposes. As the general partner of Medline Holdings, Medline Inc. now operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts its business. The Reorganization lacks economic substance and therefore is accounted for in a manner consistent with a reorganization of entities under common control. As a result, the consolidated financial statements of Medline Inc. recognize the assets and liabilities received in the Reorganization at their historical carrying amounts, as reflected in the historical financial statements of Medline Holdings. Medline Inc. will consolidate Medline Holdings on its consolidated financial statements and record a non-controlling interest related to the Units (as defined herein) held by the Continuing Unitholders (as defined herein) on its consolidated balance sheets and statements of comprehensive income.

Medline Inc. had no significant business transactions or activities prior to the Reorganization, and, as a result, the historical financial information reflects that of Medline Holdings.

Basis of Presentation

The consolidated financial statements and accompanying notes included herein are prepared in accordance with United States generally accepted accounting principles ("GAAP"). The results of businesses acquired or disposed of are included in the consolidated financial statements from the date of the acquisition or up to the date of disposal, respectively. All adjustments, in the opinion of management, necessary to a fair statement of the results for the annual periods presented have been made.

Certain monetary amounts, percentages, and other figures included in this Annual Report have been subject to rounding adjustments. Percentage amounts included in this Annual Report have been calculated, in some cases, not on the basis of such rounded figures, but on the basis of such amounts prior to rounding. For this reason, percentage amounts in this Annual Report may vary from those obtained by performing the same calculations using the figures, on the face of our consolidated financial statements included elsewhere in this Annual Report. Certain other amounts that appear in this Annual Report may not sum due to rounding.

In December 2024, we changed the name of Medline Holdings from Mozart Holdings, LP to Medline Holdings, LP. We will not distinguish between the prior and current name of Medline Holdings and will refer to the current name of Medline Holdings throughout this Annual Report. References in this Annual Report to "Medline," the "Company," "we," "us," and "our" refer (1) prior to the consummation of the IPO, to Medline Holdings, LP and its consolidated subsidiaries and (2) after the IPO to Medline Inc. and its consolidated subsidiaries.

CERTAIN DEFINITIONS

As used in this Annual Report, unless otherwise noted or the context requires otherwise, the following terms have the following meanings:

- "Class A Units" refers to the interests in Medline Holdings called "Class A Units" that were outstanding prior to the Reclassification. In connection with the Reclassification, (i) Class A Units held by Common Unitholders were converted into Common Units and (ii) Class A Units held by Exchanging Class A Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Class B Units" refers to the interests in Medline Holdings called "Class B Units" that were outstanding prior to the Reclassification, and does not include CUPI Units. In connection with the Reclassification, (i) Class B Units held by Incentive Unitholders were converted into Incentive Units and (ii) Class B Units held by Exchanging Class B Unitholders were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units).

- "Common Units" refers to the new class of units of Medline Holdings created by the Reclassification and does not include Incentive Units.
- "Common Unitholders" refers to certain pre-IPO holders of Class A Units and/or CUPI Units who hold Common Units following the Reclassification.
- "Incentive Unitholders" refers to certain pre-IPO holders of Class B Units who will hold Incentive Units following the Reclassification, as described under "Organizational Structure."
- "Continuing Unitholders" refers collectively to Common Unitholders and Incentive Unitholders.
- "CUPI Units" refers to the interests in Medline Holdings that were designated as "Catch-Up Class B Units" and outstanding prior to the Reclassification. In connection with the Reclassification, (i) CUPI Units held by Common Unitholders were converted into Common Units and (ii) CUPI Units held by Exchanging CUPI Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Designating Stockholder" refers to each of our Principal Stockholders with whom we entered into separate director nomination agreements.
- "Exchanging Class A Unitholder" refers to pre-IPO holders of Class A Units whose Class A Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Class B Unitholder" refers to pre-IPO holders of Class B Units whose Class B Units were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units) following the Reclassification.
- "Exchanging CUPI Unitholder" refers to pre-IPO holders of CUPI Units whose CUPI Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Unitholders" refers collectively to Exchanging Class A Unitholders, Exchanging CUPI Unitholders, and Exchanging Class B Unitholders.
- "Incentive Units" refers to the new class of units of Medline Holdings created by the reclassification of the Class B Units in the Reclassification. The Incentive Units are "profit interests" having economic characteristics similar to stock appreciation rights and having the right to share in any equity value of Medline Holdings above specified participation thresholds. Vested Incentive Units may be converted to Common Units and be subsequently exchanged for shares of Class A common stock.
- "Principal Stockholders" refers collectively to investment funds associated with Blackstone Inc., The Carlyle Group Inc. and Hellman & Friedman LLC, and members of the Mills family.
- "Reclassification" refers to the reclassification of the partnership interests of Medline Holdings prior to the IPO.
- "Sponsors" refers collectively to Blackstone Inc., The Carlyle Group Inc., and Hellman & Friedman LLC.
- "Units" refers collectively to Common Units and Incentive Units.

Summary of Risk Factors

The following is a summary of the principal factors that make an investment in our securities speculative or risky, all of which are more fully described below. This summary should be read together with the risk factors described under Part I, "Item 1A—Risk Factors" and should not be relied upon as an exhaustive summary of the material risks facing our business. In addition to the following summary, you should consider the information set forth below and the other information contained in this Annual Report before investing in our securities.

- Our global operations are subject to inherent risks that could materially adversely affect our business, results of operations, and financial condition.
- We may be unable to derive fully the anticipated benefits from our existing or future acquisitions, joint ventures, investments, dispositions, or other strategic transactions.
- Consolidation in the healthcare industry could have an adverse effect on our business, results of operations, and financial condition.
- We operate in a highly competitive industry, with accelerating pricing pressure and changes in technology.
- Changes to the U.S. and global healthcare environments may not be favorable to us.
- Increases in shipping costs or service issues with our third-party shippers could harm our business.

- Significant challenges or delays in our sourcing of new products and technologies could have an adverse impact on our long-term success.
- We have concentration in and dependence on certain healthcare provider customers and GPOs.
- Our business and operations depend on the proper functioning of our critical facilities and distribution networks and could be negatively impacted by events outside our control.
- Quality problems and product liability claims have in the past led, and could in the future lead, to recalls or safety alerts, reputational harm, adverse verdicts, or costly settlements, and could have a material adverse effect on our business, results of operations, and financial condition.
- Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline.
- If we experience increased pressure to maintain or decrease the price of our goods and services and we are unable to reduce our expenses, there may be a material adverse effect on our business, results of operations, and financial condition.
- Any failure by or loss of a third-party manufacturer or supplier or other manufacturing or supply-related impacts could result in delays and increased costs, which may adversely affect our business.
- We rely on the proper function, security, and availability of our information technology systems and data, as well as those of third parties throughout our global supply chain, to operate our business.
- We are subject to extensive and complex laws and governmental regulations and any adverse regulatory action may materially adversely affect our business, results of operations, and financial condition both inside and outside the United States.
- We are subject to complex and rapidly evolving data privacy, security, and data protection laws and regulations and the costs to comply with such laws and regulations or any ineffective compliance efforts with such laws and regulations may adversely impact our business.
- Our use or our third-party service providers' or business partners' use of AI, automated decision-making and machine learning technologies and the evolving regulatory framework in this area may subject us to risks or heightened costs that could adversely affect business, results of operation and financial condition.
- Our failure to comply with laws and regulations relating to reimbursement of healthcare goods and services may subject us to penalties and adversely impact our reputation, business, results of operations, financial condition, and cash flows.
- Uncertain global and domestic macro-economic and political conditions could materially adversely affect our business, results of operations, and financial condition.
- Our substantial indebtedness could adversely affect our financial condition, our ability to operate our business or react to changes in the economy or our industry, prevent us from fulfilling our obligations under our debts, and divert our cash flow from operations for debt payments.
- The credit agreement that governs the Senior Secured Credit Facilities and the indentures that govern the Senior Notes will each impose significant operating and financial restrictions on our subsidiaries, which may prevent us from capitalizing on business opportunities.
- Medline Inc. is a holding company and its only material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, and it is accordingly dependent upon distributions from Medline Holdings to pay taxes, make payments under the tax receivable agreement, and pay any dividends.
- The Designating Stockholders hold a significant percentage of our stock, and their interests may conflict with ours or yours in the future.
- Our amended and restated certificate of incorporation does not limit the ability of our Sponsors, the Mills family, and certain other pre-IPO investors to compete with us, and they may have investments in businesses whose interests conflict with ours.

The market price of shares of our Class A common stock may be volatile or may decline regardless of our operating performance, which could cause the value of your investment to decline.

Market and Industry Data

Unless otherwise indicated, information contained in this Annual Report concerning our industry, competitive position, and the markets in which we operate is based on information from independent industry and research organizations, other third-party sources and management estimates. Although we believe that these third-party sources are reliable, we do not guarantee the accuracy or completeness of this information, and we have not independently verified this information. Management estimates are derived from information obtained from surveys, reports by market research firms, our customers, distributors, suppliers, trade and business organizations, and other contacts in the markets in which we operate and have not been verified by independent sources, and are based on assumptions made by us upon reviewing such data, and our experience in, and knowledge of, such industry and markets, which we believe to be reasonable. In addition, assumptions and estimates of our and our industry's future performance are subject to a high degree of uncertainty and risk due to a variety of factors, including those described in Part I, "Item 1A—Risk Factors" and "Cautionary Note Regarding Forward-Looking Statements." These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

Statements regarding our market position (including statements that we are the largest company in a particular market), unless otherwise noted, are based on our 2025 net sales in the relevant market relative to the publicly reported net sales of our competitors in such market, including with respect to our statement of being the largest provider of med-surg products and supply chain solutions serving all points of care, as that statement is based on our 2025 net sales relative to the publicly reported net sales of med-surg products by companies that are both med-surg manufacturers and distributors.

Trademarks

We own or have the right to use trademarks, trade names, and service marks used in connection with our business, including, but not limited to, Medline, Curad, Microtek, Hudson, and Proxima. All trademarks, trade names, and service marks referred to in this Annual Report are the property of their respective owners. We do not intend our use or display of other companies' trade names, trademarks, or service marks to imply a relationship with, or endorsement or sponsorship of us by, these other companies. Solely for convenience, our trademarks, trade names, and service marks referred to in this Annual Report may appear without the ®, ™ or SM symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks, trade names, and service marks.

PART I

Item 1. Business

General

Medline Inc. (together with its subsidiaries, "Medline", "the Company", "we", "ours" and "us") is the largest provider of medical-surgical ("med-surg") products and supply chain solutions serving all points of care, based on total net sales of med-surg products. Medline was founded in 1966 and today delivers mission-critical products used daily across the full range of care settings, from hospitals and surgery centers to physician offices and post-acute facilities. Our mission is to make healthcare run better by delivering improved clinical, financial, and operational outcomes.

We have two reportable segments, Medline Brand and Supply Chain Solutions, the combination of which addresses critical needs in the market through a comprehensive solution. They are both supported by our Prime Vendor model, differentiated distribution network, and robust commercial platform. Through our two segments, we offer approximately 335,000 med-surg products, including surgical and procedural kits, gloves and protective apparel, urological and incontinence care, wound care, and consumable lab and diagnostics products. We distribute these products through our expansive network of global distribution facilities and our owned fleet of MedTrans trucks.

Medline Brand

As of December 31, 2025, we offer our customers approximately 190,000 med-surg products through our Medline Brand segment and hold leading positions across many key product families for our Medline Brand products. Our Medline Brand products are organized into three product categories: Front Line Care, Surgical Solutions, and Laboratory and Diagnostics.

- *Front Line Care* offers mission-critical med-surg products for patient-facing needs, including wound care products, exam gloves, skin care and incontinence products, environment cleaning supplies, textiles, hand sanitizer, durable medical equipment, patient plastics, and decolonization and infection control products.
- *Surgical Solutions* offers operating room and perioperative environment product solutions, including surgical procedure trays, drapes and gowns, personal protective equipment, sterile wraps, surgical instruments, surgeon's gloves, procedure kits, and orthopedic implants.
- *Laboratory and Diagnostics* offers a full range of laboratory and diagnostic product solutions, including point of care testing, analyzers and instrumentation, lab and diagnostic consumables, diagnostic instruments, vital signs monitors, and anatomic pathology and phlebotomy products.

Our product development approach incorporates customer feedback and ongoing innovation. We are also committed to delivering products of the highest standard, which is reflected by our robust quality team embedded across our manufacturing and sourcing locations. The expertise of our research and development team and quality team helps ensure products bearing the Medline brand meet both our rigorous quality standards and our customers' expectations.

Supply Chain Solutions

As of December 31, 2025, we offer approximately 145,000 med-surg products from over 1,300 third-party suppliers, including nearly all leading national brands, through our Supply Chain Solutions segment. We also provide our customers with supply chain optimization services such as consulting engagements, outsourced warehouse and technology management, put-away-ready packaging, third-party logistics, inventory rationalization, and route planning. Our third-party suppliers are primarily responsible for costs related to import and inbound freight, whereas we are primarily responsible for costs related to outbound freight from our distribution centers. Our supply chain expertise allows us to provide additional service offerings to optimize our customers' supply chain and inventory workflows, helping these customers cost-effectively manage their supply chain while building strong relationships and enhancing retention.

Our Prime Vendor Model

A Prime Vendor relationship is a relationship for which there is a multi-year distribution agreement between Medline and a customer, whereby the customer agrees to use Medline for the vast majority of its med-surg product needs.

In our Prime Vendor relationships, we enter into long-term agreements, typically structured with five-year terms, to act as the primary consolidated logistics partner for these customers' med-surg product needs. These agreements have been and are expected to continue to be a key contributor to our growth. Our customers realize efficiencies by partnering with one supply chain partner to consolidate their med-surg purchase volume. Prior to the market adoption of the Prime Vendor model, customers sourced such products individually from a highly fragmented base of suppliers. The Prime Vendor model instead centralizes procurement and distribution, which in turn drives efficiency and higher service levels.

As Prime Vendor, we drive significant cost savings to our customers. Our scale allows us to deliver consistently lower prices and better service levels on Medline Brand products relative to third-party alternatives, while also lowering the distribution cost for delivery of the full range of med-surg products. This often motivates customers to purchase more Medline Brand products over time. The opportunity is even greater in certain non-acute settings, where we sell a more focused product portfolio. Our Prime Vendor model allows us to provide cost savings to Prime Vendor customers, which, over time, supports incremental purchasing of our Medline Brand products and greater scale across our operations. As our scale grows, we are able to realize further efficiencies by offering superior or similar quality to third-party products at a more cost-effective price. We believe that Medline Brand conversion is mutually beneficial for both our customers and us-the value we provide customers at the outset of a Prime Vendor agreement meaningfully increases over time, as they accrue savings by purchasing our lower cost Medline Brand products, while our profitability grows given the enhanced margin profile of Medline Brand products. This compelling value proposition and supply chain relationship with our customers supports our greater than 98% average Prime Vendor retention rate over the past five years.

A portion of Supply Chain Solutions products sold to existing Prime Vendor customers has like-for-like Medline Brand product equivalents, representing a potential gross profit uplift consistent with our historical margin differentials if such products were converted for Medline Brand products. While we historically have earned higher margins upon conversion from third-party national brand products to like-for-like Medline Brand products, because of the lower average prices for Medline Brand products, there is typically a negative impact on net sales upon the conversion of Supply Chain Solutions products to like-for-like Medline Brand products if volume is assumed to be constant. For additional information on potential risks relating to this conversion opportunity, please see Part I, "Item 1A—Risk Factors—Risks Related to Our Business, Industry and Operations—Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline."

Our Distribution Network

We have a differentiated distribution network of 70 global distribution centers, warehouses, cross-docks, and transship facilities, 45 of which are in the United States, strategically located to provide next-day delivery to 95% of our U.S. customer base. We utilize artificial intelligence ("AI") and robotics technology in over 26 million square feet of warehouse space in the United States to improve efficiency and capacity to optimize distribution logistics and maximize utilization. The products we distribute are packaged to meet each customer's individual needs and to be "put-away-ready," which streamlines the customer's unloading and shelving process. We also operate our own fleet of more than 2,100 MedTrans trucks that deliver our products across care settings within the United States. As of December 31, 2025, we had approximately 25% in incremental capacity across our platform to support our long-term growth.

Our Commercial Platform

Our deep connectivity to our customers is driven by the strength of our dedicated and tenured commercial team. We have a U.S. commercial team of approximately 4,000 people across all points of care, which includes account managers, product specialists, specialized clinical resources, customer service representatives, supply chain specialists, Prime Vendor analysts, and a robust leadership team dedicated to driving efficiencies for our customers through their teams. We have created an entrepreneurial environment that empowers our salesforce to work with our product managers to create innovative products that meet market demand. We have a team devoted to each channel in the United States and each region or country internationally, which allows our salesforce teams to develop market-specific knowledge.

Research and Development

We have a track record of successfully bringing new products to market, with more than 2,300 granted patents and more than 450 U.S. Food and Drug Administration ("FDA") 510(k) clearances. Over the last three years, we have successfully launched more than 250 new products.

Competition

Our value proposition is derived from our integrated business model, the breadth of our Medline Brand portfolio, our differentiated supply chain, and the overall quality and cost of our products. As a result of our integrated business model, our competitors include both other leading med-surg product manufacturers and distributors.

Similar to us, other leading med-surg product manufacturers produce a wide range of med-surg supplies. However, unlike us, many of these competitors are reliant upon third-party distributors to deliver their products to customers. By nature of being a distributor, Medline has direct access to and manages the end customer relationships. This enables us to offer a complete solution as a manufacturer and a distributor, offering our customers what we believe to be best-in-class supply chain logistics, and driving value through our brand.

Additionally, other distributors of med-surg products similarly connect the fragmented supplier and provider bases and aggregate inventory from suppliers to deliver products to customers, such as McKesson, Cardinal Health, Owens & Minor, and Henry Schein. These distribution companies compete with us for Prime Vendor agreements. However, we believe that many of these competitors do not benefit from the scale and scope of our vertical integration or commercial excellence, and thus are not able to provide the same magnitude of cost savings, value, and holistic solutions that we deliver for our customers.

Production and Raw Materials

We manufacture approximately one-third of our Medline Brand products, which are primarily Class I and II medical devices, through our 30 manufacturing facilities, of which 24 are in North America. We purchase many of the components and raw materials used in manufacturing our products from numerous suppliers. We focus our manufacturing capabilities on products where we can leverage technology and automation to drive higher quality and lower costs to better serve our customers. For the vast majority of the other two-thirds of our Medline Brand products, we work closely with our network of more than 600 global partners across approximately 40 countries, many of whom have decades-long exclusive relationships with us. The breadth of our global sourcing partnerships provides diversification and strengthens our resiliency, with no single sourcing partner accounting for more than 5% of total spend as of December 31, 2025.

We also have plans and measures in place to help ensure continuity of supply while maintaining high quality and reliability. Generally, we have been able to obtain adequate supplies of such raw materials and components. However, due to the FDA's manufacturing requirements and those of other regulatory authorities, we may not be able to quickly establish additional or replacement sources for certain components, materials or processes if we experience a sudden or unexpected reduction or interruption in supply or services and are unable to develop alternative sources.

Human Capital Resources

At Medline, our relentless focus on the customer drives our human capital strategy, which revolves around attracting, developing, and retaining employees to provide the best products and services for our customers. We have developed a strong foundation that drives our recruitment, retention and development efforts. We are committed to supporting the personal and professional development of our employees, as well as providing competitive benefits and a safe, inclusive workplace.

As of December 31, 2025, we employed over 45,000 employees worldwide, with over 26,000 located in the United States. Our largest non-U.S. employee populations are in Mexico, Dominican Republic, India, Canada, Slovakia, France, China, Japan, Germany, and Australia. None of our employees in the United States are unionized, though some of our employees in Mexico belong to unions. In Germany and the Netherlands, employees are represented through Works Councils; in France and Spain, employees are represented through both Works Councils and industry-wide collective bargaining agreements; and in Belgium and Italy, employees are also represented through industry-wide collective bargaining agreements. In Australia, certain employees are represented by an enterprise bargaining agreement; in Japan, employees are represented through a Work Council; and in Vietnam, employees are represented through a collective bargaining agreement. We believe that our positive employee relations and total employee experience drive the continual growth of our workforce.

Culture and Values

Our culture is grounded in a customer-focused, collaborative, and performance-driven approach, guided by core values emphasizing relentless customer focus, agility and flexibility, problem-solving, drive to succeed, purposeful candor, and the importance of relationships. Employees are encouraged to exercise judgment, work transparently with customers, and contribute meaningfully to our mission to make healthcare run better.

Talent Attraction and Development

We seek to attract employees whose skills, experience, and motivation align with our operational and technical needs. Through continual improvement of internal processes, an awareness of market and candidate driven trends, and in partnership with vendors and other outside organizations, our talent acquisition programs focus on efficient hiring processes, market awareness, and building a diverse pipeline of candidates. We support development through consistent performance management processes and early career opportunities to take on additional responsibilities to demonstrate their competencies and drive to succeed and on-the-job responsibility augmented by formal training and development to refine technical and leadership skills. New sales representatives participate in comprehensive training programs, and product managers have targeted development pathways through all stages of their careers, from mandatory onboarding offerings to advanced classes that provide the necessary skills with increasing levels of responsibility, to support progression over time.

Employee Engagement and Inclusion

We believe our employees' ability to communicate and cooperate effectively across functional and departmental teams positively impacts our performance. We engage in various listening strategies and foster engagement through survey feedback mechanisms, anonymous employee feedback platform, focus groups, increased attention to onboarding and offboarding feedback, pulse surveys on remote work needs, and other listening strategies. Insights from these efforts inform workplace improvements. We also support an inclusive environment through Employee Resource Groups and leadership training initiatives designed to reduce bias in talent decisions and strengthen representation across the company.

Health, Safety, and Well-Being

We are committed to maintaining a safe workplace and supporting the physical, emotional, and financial well-being of our employees. We provide competitive health and benefits programs, access to assistance resources where available, and opportunities for community involvement through charitable giving, including financial giving and in-kind giving such as product donations.

Intellectual Property

We rely upon patents, trademarks, copyrights, trade secrets and other intellectual property rights to maintain and improve our competitive position. We have a large portfolio of intellectual property, including more than 2,300 granted patents as well as trademark registrations protecting our notable brands, including Medline, Curad, Microtek, Hudson, and Proxima.

We consider the trademarks and know-how that we own to be material to our business. However, other than the Medline mark, we do not consider our business to be materially dependent upon any individual trademark registration or trade secret. In the aggregate, we consider our more than 2,300 granted patents to be material to our business. However, no single patent or group of related patents is material to our business as a whole or any segment of our business.

We believe that we have taken all necessary steps to protect our intellectual property rights, but no assurance can be given that we will be able to successfully enforce or protect our rights in the event that they are infringed upon or challenged by a third party. See Part I, "Item 1A —Risk Factors—Risks Related to Regulation and Legal Proceedings—Any failure to obtain, maintain, protect and enforce our intellectual property rights, or the failure of the strength or scope of our intellectual property rights, could harm our business, financial condition, and results of operations" and "—Risks Related to Regulation and Legal Proceedings—We may become subject to litigation brought by third parties claiming infringement, misappropriation, or other violation by us of their intellectual property rights."

Government Regulation

Our operations and products are subject to extensive regulation by numerous governmental regulatory authorities, including U.S. and other international regulatory authorities, and other government agencies inside and outside the United States. To varying degrees, each of these agencies requires us to comply with laws and regulations governing the development, design, materials, testing, safety, efficacy, quality, purity, manufacturing, methods, controls, testing, screening, recordkeeping, reporting, processing, storage, registration, authorization, licensing, permitting, labeling, advertising, marketing, distribution, offer for sale, sale, use, expiration, pricing, reimbursement, import, export, clinical trials, post-marketing surveillance of our products, the registration of our facilities, and the claims that we make about our products. The United States and other countries where we sell healthcare and other regulated products, including drugs, human cell and tissue products, dietary supplements, cosmetics, certain foods, and consumer products subject such products to their own clearance, authorization, approval, registration, listing, labeling, manufacturing, recordkeeping, reporting, and other regulatory requirements regarding the performance, safety, and quality of such products. We are also subject to healthcare and other regulations and enforcement by the federal government and the states and foreign governments and authorities in the locations in which we conduct our business. The U.S. governmental and regulatory authorities that enforce such laws and rules, and that issue guidance on compliance with such laws and rules include, without limitation, the FDA, the Centers for Medicare & Medicaid Services ("CMS"), other divisions of the U.S. Department of Health and Human Services ("HHS"), the HHS Office of Inspector General, U.S. Environmental Protection Agency ("EPA"), the Federal Trade Commission ("the FTC"), Consumer Product Safety Commission ("CPSC"), the U.S. Department of Justice ("DOJ") and individual U.S. Attorney offices within the DOJ, as well as state and local governments. Our business is also affected by patient and data privacy and security laws, government payer cost containment initiatives, government reimbursement laws and regulations, environmental, health, and safety laws and regulations, as well as laws and regulations with respect to the sale, transportation, storage, handling, and disposal of hazardous or potentially hazardous substances, and safe working conditions. Our business also maintains contracts with governmental agencies and such contracts are subject to various government procurement laws and regulations, required contract provisions, and other requirements relating to contract formation, administration and performance. Failure to comply with applicable laws and regulations or with contractual or other requirements may result in monetary damages and criminal or civil penalties as well as termination of our government contracts or our suspension or debarment from government contract work.

The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, including through the offering of new products and services or entering into new geographic areas, we may be subject to new and additional regulatory requirements. The foreign, federal, state, and local regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products, suspend, revoke, or terminate our product and facility licenses, permits, and authorizations, request the cessation of distribution and shipments of certain products due to regulatory, safety, or other issues, seize or order the recall of our products, issue safety, quality, or other communications to the public or healthcare providers, enforce laws related to marketing, including promotion of off-label uses of products, and impose injunctions and significant criminal, civil, and administrative sanctions for violations of laws and regulations. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, may impact our business practices and operations, including by limiting our ability to effectively market, ship, and sell our products, affecting the production and distribution of products by our manufacturing facilities, subjecting us to significant liability, and limiting our ability to obtain future authorizations. Although we are subject to international government regulations in the international end markets where we operate and/or provide our products, these regulations do not have a material impact on our products as no international market represents more than 3% of our net sales.

Government Regulation of Medical Devices

Our medical devices are subject to regulation by numerous government agencies, including the FDA and comparable state and foreign agencies. Regulations of the FDA and other regulatory agencies in and outside the United States impose extensive compliance and monitoring obligations on portions of our business. The FDA and other U.S. and foreign governmental agencies regulate, among other things, with respect to medical devices: design, development, and manufacturing; testing, registration, listing, labeling, content, and language of instructions for use and storage; clinical trials; product safety; marketing, sales, and distribution; licensing and permit requirements; premarket clearance, approval and authorization; record keeping procedures; advertising and promotion; recalls and field safety corrective actions; post-market surveillance, including reporting of deaths or serious injuries and malfunctions that, if they were to recur, could lead to death or serious injury; post-market approval studies; and product import and export. The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, we may be subject to new and additional regulatory requirements. The FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers; seize or order the recall of products; terminate, suspend, or revoke licenses and permits; and impose significant criminal, civil, and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers. In addition, the FDA and other governmental and regulatory authorities, both in and outside the United States (including the FTC, the HHS Office of the Inspector General, the DOJ, and various state Attorneys General), monitor the promotion and advertising of our products. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, depending on its magnitude, may limit our ability to effectively market, ship, and sell our products, limit our ability to obtain future premarket authorizations, or result in a substantial modification to our business practices and operations.

FDA Premarket Clearance and Approval Requirements

Each medical device we wish to distribute commercially in the United States requires marketing authorization from the FDA prior to distribution, unless the device is exempt from premarket notification requirements. The type of marketing authorization necessary is generally linked to the classification of the device. The FDA classifies medical devices into one of three classes-Class I, II, or III-based on the degree of risk associated with a device and the level of regulatory control deemed necessary to ensure its safety and effectiveness. Class I devices that pose the least risk are subject only to General Controls applicable to all devices, such as requirements for device labeling, premarket notification, and adherence to current good manufacturing practices for devices as set forth in the Quality System Regulation ("QSR"). Class II devices that pose a moderate risk are subject to General Controls and may also be subject to Special Controls, such as performance standards, product-specific guidance documents, special labeling requirements, patient registries, or post-market surveillance. Class III devices are those for which insufficient information exists to assure safety and effectiveness solely through General and Special Controls, including devices that support or sustain human life, are of substantial importance in preventing impairment of human health, or which present a potential unreasonable risk of illness or injury.

Most Class I devices and some Class II devices are exempted by regulation from the 510(k) clearance requirement and can be marketed without prior authorization from the FDA. Class I and II devices that are not exempted are eligible for marketing through the 510(k) clearance pathway. By contrast, devices placed in Class III generally require premarket approval ("PMA") or de novo clearance prior to commercial marketing. The PMA approval process is more stringent, time-consuming and expensive than the 510(k) clearance process; however, the 510(k) clearance process has also become increasingly stringent and expensive. None of our products are currently approved under a PMA, and we have no plans for any indication or system improvement or extension that we believe would require a PMA. If, in the future, we were to file a PMA, we may be subject to additional regulatory requirements.

510(k) Clearance Process

To obtain 510(k) clearance, we must submit a premarket notification to the FDA demonstrating the proposed device to be substantially equivalent to a predicate device. A device is substantially equivalent if, with respect to the predicate device, it has the same intended use and it has either the same technological characteristics, or it has different technological characteristics, but the information provided in the 510(k) submission demonstrates that the device does not raise new questions of safety or effectiveness. The standard review process for 510(k)s is between six to nine months, dependent upon the type of 510(k) filing submitted. Although many 510(k) premarket notifications are cleared without clinical data, in some cases, the FDA may require clinical data to support substantial equivalence. In reviewing a premarket notification, the FDA may request additional information, including clinical data, which may significantly prolong the review process and clearance is never assured. Clinical trials generally require the submission of an investigational device exemption ("IDE") to the FDA for a specified number of patients and study sites, unless the product is deemed a non-significant risk device eligible for more abbreviated IDE requirements. Clinical trials are subject to numerous requirements and institutional review board approval, oversight, and monitoring. Even if a trial is conducted, the results of clinical testing may not adequately demonstrate the safety and effectiveness of the device or be sufficient to obtain FDA clearance or approval for marketing.

After a device receives 510(k) clearance, any subsequent modification of the device that could significantly affect its safety or effectiveness, or that would constitute a major change in its intended use, requires a new 510(k) clearance or could require submission and approval of a de novo 510(k) or a PMA application in cases where new indications are sought for which there is no predicate. Non-significant changes are handled via internal documentation by the Company. Each manufacturer must judge the significance of modifications based on FDA 510(k) regulatory requirements and guidance documents. The FDA may review any such decision and may disagree with a manufacturer's determination. If the FDA disagrees with a manufacturer's determination, the FDA may require the manufacturer to cease marketing and distribution and/or recall the modified device until 510(k) clearance or PMA approval is obtained. In the future, we may make modifications to our products after they have received FDA clearance and, in appropriate circumstances, determine that new clearance is unnecessary. However, the FDA may disagree with our determination, and, if the FDA requires us to seek 510(k) clearance or submit new PMA applications for any modifications to a previously cleared product, we may be required to cease marketing or distributing or recall the modified device until we obtain the required clearance or approval. We may also market or acquire products that are marketed without a 510(k) clearance, appropriate labeling, or that otherwise are marketed in violation of FDA requirements, since medical devices can be marketed only for the indications for which they are cleared or approved. Under these circumstances, we may also be subject to warning letters, significant regulatory fines, or other penalties, and we may no longer be able to market particular products for which a 510(k) clearance is required.

Post-Marketing Requirements

Numerous FDA regulatory requirements apply to devices we manufacture and distribute, including: compliance with the QSR, which require manufacturers and their suppliers to follow the applicable design, testing, processes, control, documentation, labeling, and other quality assurance procedures during the manufacturing process; establishment registration, which requires establishments involved in the production and distribution of medical devices intended for commercial distribution in the United States to register with the FDA; medical device listing, which requires manufacturers to list the devices they have in commercial distribution with the FDA; labeling regulations, which prohibit "misbranded" devices from entering the market, as well as prohibit the promotion of products for unapproved or off-label uses and impose other restrictions on labeling; post-market surveillance, including medical device reporting requirements which requires manufacturers to report to the FDA if their device may have caused or contributed to a death or serious injury, or malfunctioned in a way that would likely cause or contribute to a death or serious injury if it were to recur; and corrections and removal reporting regulations, which require that manufacturers report to the FDA field corrections and product recalls or removals if undertaken to reduce a risk to health posed by the device or to remedy a violation of the Federal Food, Drug, and Cosmetic Act that may present a risk to health. The FDA and other governmental and regulatory authorities actively enforce the laws and regulations prohibiting the promotion of off-label uses, and a company that is found to have improperly promoted off-label uses may be subject to significant liability.

The FDA enforces these requirements by inspection and market surveillance. Domestic facility records and manufacturing processes are subject to periodic unscheduled inspections by the FDA. The FDA may also inspect foreign facilities that export products to the United States. Failure to comply with applicable regulatory requirements may result in enforcement action or other actions by the FDA, which may include one or more of the following sanctions: adverse press releases and safety communications; requests to stop shipments; untitled letters or warning letters; fines, injunctions, and civil penalties; mandatory recall or seizure of our products; customer notifications and repairs or replacements; administrative detention or banning of our products; consent decrees; operating restrictions, partial suspension or total shutdown of production; refusing our request for 510(k) clearances for new product versions or modifications to existing product versions; revocation of 510(k) clearances previously granted; refusal to grant export approval for our products; and criminal prosecution and penalties. If any of these events were to occur, they could have a material adverse effect on our business, financial condition, and results of operations.

International Regulation of Medical Devices

Sales of medical devices outside the United States are subject to foreign government regulations, which vary substantially from country to country. In order to market our products in other countries, we must comply with applicable regulatory requirements and authorizations and approvals and safety and quality regulations in each country in which the product is marketed. The time required to obtain authorization, approval, or certification by a foreign country may be longer or shorter than that required for FDA clearance, and the requirements may differ significantly.

EU Regulation of Medical Devices

In the European Union ("EU") until May 25, 2021, medical devices were regulated by the Council Directive 93/42/EEC, which has been repealed and replaced by the Medical Device Regulation ("EU MDR"). Unlike directives, regulations are directly applicable in all EU member states without the need for member states to implement into national law. The EU extended the EU MDR transitional periods for certain medical devices until December 31, 2027 or December 31, 2028, depending on a device's risk class and subject to certain conditions to ensure continued access to medical devices for patients and to allow medical devices already placed on the market in accordance with the current legal framework to remain on the market, provided that the requirements of the transitional provisions are fulfilled.

In the EU, there is currently no premarket government review of medical devices. However, all medical devices placed on the EU market must meet general safety and performance requirements, and compliance with the general safety and performance requirements is a prerequisite for European conformity marking without which medical devices cannot be marketed or sold in the EU. EU MDR requirements regarding the distribution, marketing, and sale, including quality systems and post-market surveillance, have to be observed by manufacturers, importers, and distributors as of the application date (i.e., since May 26, 2021), including registration of economic operators and of devices (once the relevant modules of Eudamed are functional), surveillance, and vigilance requirements. The aforementioned EU rules are generally applicable in the European Economic Area which consists of the 27 EU member states plus Norway, Liechtenstein, and Iceland.

The NDA Approval Process

For any new drug products regulated under the Federal Food, Drug, and Cosmetic Act such as our ReadyPrep CHG cloth, a sponsor must submit a New Drug Application ("NDA"), to the FDA for review and approval. The NDA review and approval process may take multiple years and involves steps including the following:

- completion of preclinical studies and analytical and stability testing in accordance with applicable regulations;
- submission to the FDA of an Investigational New Drug ("IND") application, which must become effective before clinical trials may begin and must be updated annually and amended when certain changes are made;
- approval by an institutional review board, or IRB, or independent ethics committee, or IEC, at each clinical trial site before each trial may be initiated;
- performance of adequate and well-controlled clinical trials in accordance with applicable IND regulations, good clinical practice, or GCP, requirements, including informed consent, financial disclosure by investigators, and other clinical trial-related regulations, to establish the safety and efficacy of the investigational product for each proposed indication and other condition of use;
- preparation and submission to the FDA of an NDA;

- satisfactory completion of one or more FDA pre-approval inspections of the manufacturing facility or facilities where the drug will be produced to assess compliance;
- satisfactory completion of FDA inspection of select clinical trial sites involved in conducting pivotal studies that generated the data in support of the NDA;
- payment of user fees for FDA review of the NDA; and
- FDA review and approval of the NDA, including of the proposed prescribing information and, where applicable, consideration of the views of any FDA advisory committee, prior to any commercial marketing or sale of the drug in the United States.

Any approvals that we may ultimately receive could be withdrawn if required post-marketing trials or analyses do not meet the FDA requirements, which could materially harm the commercial prospects for our products.

Even if a product candidate receives regulatory approval, the approval may be limited to specific disease states, patient populations and dosages, or might contain significant limitations on use in the form of warnings, precautions or contraindications, or in the form of onerous risk management plans, restrictions on distribution, or post-marketing study requirements. Further, even after regulatory approval is obtained, later discovery of previously unknown problems with a product may result in restrictions on the product or even complete withdrawal of the product from the market. Delay in obtaining, or failure to obtain, regulatory approval for our candidate products, or obtaining approval but for significantly limited use, would harm our business. In addition, we cannot predict what adverse governmental regulations may arise from future U.S. or foreign governmental action.

Trade Regulations

The movement of products, services, and investment across borders subjects us to extensive trade regulations. A variety of laws and regulations in the countries in which we transact business apply to the sale, shipment, and provision of goods, services, and technology across borders. These laws and regulations govern, among other things, our import, export, and other business activities. We are also subject to the risk that these laws and regulations could change in a way that would expose us to additional costs, penalties, or liabilities. Some governments also impose economic sanctions against certain countries, governments, persons, and entities, both for unlawful or malign conduct and to discourage or prevent entities from abiding by other countries' laws. In addition to our need to comply with such regulations in connection with our direct activities, we also sell and provide goods, technology, and services to agents, representatives, and distributors who may export such items to customers and end-users. If we, or the third parties through which we do business, are not in compliance with applicable import, export control, or economic sanctions laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability. Such actions may disrupt or delay sales of our products or services or result in restrictions on our distribution and sales of products or services that may materially impact our business.

Anti-Boycott Laws

Under U.S. laws and regulations, U.S. companies and their subsidiaries and affiliates are prohibited from participating or agreeing to participate in unsanctioned foreign boycotts in connection with certain business activities, including the sale, purchase, transfer, shipping, or financing of goods or services within the United States or between the United States and countries outside of the United States. If we, or certain third parties through which we sell or provide goods or services, violate U.S. anti-boycott laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability.

4Z

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03403	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 1500 Medline Pl.

City: McDonough State: GA Zip: 30253

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 770-320-7037 Website: medline.com

Name of Designated Representative (DR): James Ellis

Licensing Company Email: ralicensing@medline.com DR Email: jaellis@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Corporate Discipline History

Original Signature (electronic, copies or stamps not accepted)

4/15/26
Date

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Lora Simmons

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
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P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091 PHONE
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800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grimston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
3605 Missouri Boulevard
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573-526-3464 FAX
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800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ **REQUESTS**

_____ **DOES NOT REQUEST**

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____
Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____
Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____
Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____
Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Florida Department of Health

Reason/Charge
Medline's Florida Certified Designated Representative unexpectedly resigned.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

_____ February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

_____ February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Medline Industries, Inc., Case #2007-37412

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2008006		Louisiana Board of Wholesale Drug Distributors		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
LA Board of WDD/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingsporn

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman
William Crates, Vice-Chairman
Randall Brooks, Secretary/Treasurer
John Liggio, Executive Director/Inspector
Hershal Paul, Board Member
Andy Milligan, Board Member
Wayne Gremillion, Board Member
Eric Voitier, Board Member
Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
HI DCCA / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
1144
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

6. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

9. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

11. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 08 2008.

Bobbi W.Y. Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of July, 2007, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C&I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08 PHM 037	Wisconsin Department of Regulation and Licensing

Reason/Charge
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WI DSPS/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 29 A 9:4

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2009-7-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Lacy V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller
Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2009

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

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POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Asa N. Simms, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of March, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
27278	NY State Education Department- Board of Pharmacy

Reason/Charge
Discipline incurred in another jurisdiction

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NY Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: Ariana Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

---X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

---X

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

Willis Ingalls, on behalf of,
Medline Industries, Respondent

1-5-21

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer McRudell, RPh

1-6-2021

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

1-6-2021

Henry Appel, Ohio Assistant Attorney General

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

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THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2022-0333		FL DBPR- Div. of Drugs, Devices, and Cosmetics		
Reason/Charge				
Customer Licenses, Record Keeping				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
FL DBPR / Medline Industries, LP			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____

Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
0 9 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — Oct - 27 - 2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 OCT 16 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent MEDLINE INDUSTRIES, L.P. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., and C.7. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____
IVY Y. E. KIM
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE Chair	December 21, 2023 DATE
PATRICK ADAMS Vice Chair	MARK BROWN
CATALINA CROSS	Kent Kikuchi KENT KIKUCHI
BRANDON RABANG	SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer, Inc.
Address: 66 Hudson Blvd E City: New York State: NY Zip: 10001

Name: ICU Medical Inc.
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare Inc.
Address: One Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Avenue City: Bethlehem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): See Attached Ownership Information
Corporation Name: Medline Inc.
Mailing Address: 3 Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: (847) 949-5500 Email: ralicensing@medline.com
Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025	SEC Registration Number: 0002046386	Stock Exchange Symbol: MDLN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Daniel Stevens

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9/15/26

Date

PAID

Board Use Only	Date Received: 9/17/26	Amount: $1,000.00

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

POWER OF ATTORNEY

EXCELSIOR MEDICAL, LLC, an Illinois limited liability company, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Excelsior Medical, LLC

By: Medline Industries, LP
Its: Manager
By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Medline Industries, LP, as Manager of Excelsior Medical, LLC.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

POWER OF ATTORNEY

Centurion Medical Products, LP, an Delaware limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Centurion Medical Products, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Centurion Medical Products, LP.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries, LP

located at

1500 Medline Place, McDonough, GA 30253

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

07/05/2023 - 07/04/2026
Period of Accreditation

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

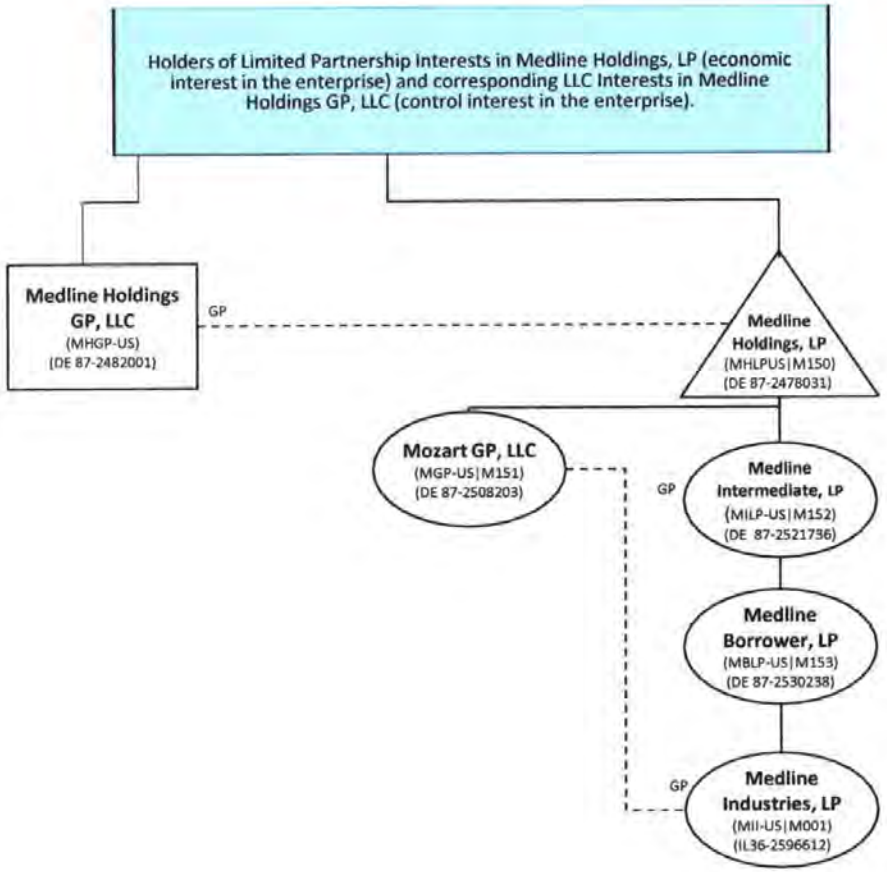
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

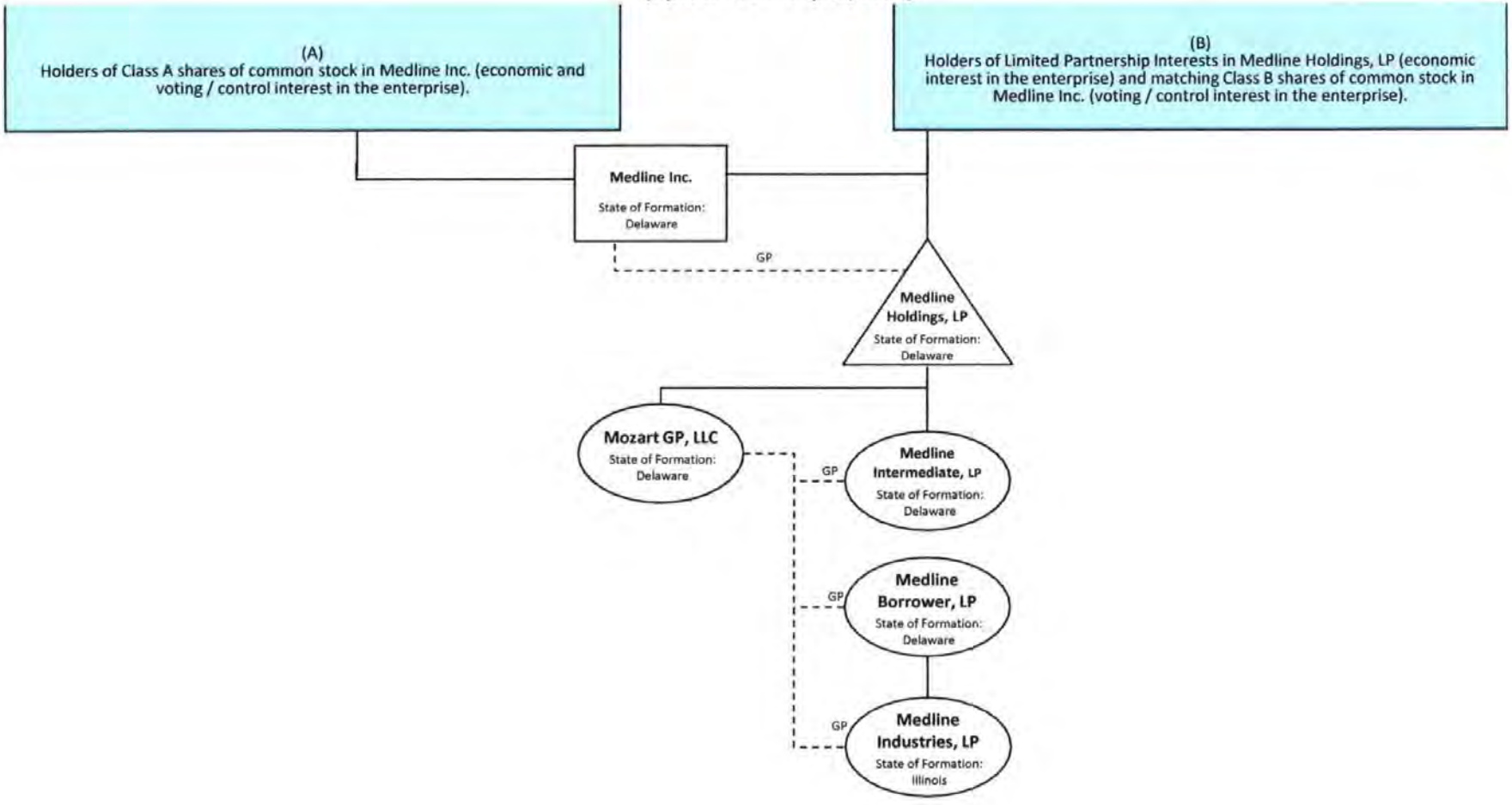


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Centurion Medical Products, LP

FEIN: 38-1659420
A Delaware Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Industries, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	36-2596612
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC

FEIN: 32-0473772
An Illinois Limited Liability Company

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Member and Manager of LLC:

Medline Industries, LP
FEIN: 36-2596612

Officers:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC is a member managed LLC with the sole member and manager being Medline Industries, LP. Medline Industries, LP is a limited partnership and does not appoint corporate officers. Medline reports the officers for its general partner, Mozart GP, LLC, which retains 100% control of Medline Industries, LP.

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502528 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURION MEDICAL PRODUCTS, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTURION MEDICAL PRODUCTS, LP" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6213666 8300

SR# 20261791715

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203646965

Date: 04-15-26

File Number 0543231-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

EXCELSIOR MEDICAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502534 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5143163 8300

SR# 20261572157

Authentication: 203550646

Date: 04-03-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH005218 Status: Active

Medline Industries LP

1500 Medline Place
McDonough GA 30253

Expires: 06/30/2027
Issued: 12/01/2021

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Wholesaler Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.
Please notify the Board if you have a change of address.

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH005218 Status: Active
Medline Industries LP
Attn: RA Licensing - 3D
Three Lakes Drive
Winnetka IL 60093

Expires: 06/30/2027
Issued: 12/01/2021
Real-time license verification is available at gadch.mylicense.com/verification

Certificates of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC. 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** N/A — N/A **INSURER C :** See Acord 101 for Carrier Participation **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-26 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	2,000,000
							GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
							BODILY INJURY (Per person)	$	
							BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
								$	
	[ ] **UMBRELLA LIAB** [ ] OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$	
							AGGREGATE	$	
								$	
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE [ ] OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [Y] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
							E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$	10,000
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$	2,000,000
	OTHER:						GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y	N/A		PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr. Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S . Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St. Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd. Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **105625536**

Current Billing Term From **July 20, 2025** to **July 20, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **July 20, 2011**, in the amount of **One Hundred Thousand** (**$100,000.00**) on behalf of **MEDLINE INDUSTRIES, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **June 25, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 105625536 **Principal: MEDLINE INDUSTRIES, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25 day of June, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 25th day of June, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #105625536

Current Information as of 04/14/2026

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 5: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 6: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 7: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 8: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 9: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 10: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 11: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 12: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 13: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Location 14: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 15: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 16: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 17: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 18: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 19: (C71)
Medline Industries, LP
264 S 5750 W
Salt Lake City, UT 84104

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

Location 23: (ANG)
Medline Industries, LP
10 Glen Falls Techinical Park
Glen Falls, NY 12801

Location 24: : (EXC-TF)
Excelsior Medical, LLC
1470 Shafto Road
Tinton Falls, NJ 07712

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **108030426**

Current Billing Term From **September 03, 2025** to **September 03, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **September 03, 2024**, in the amount of **Twenty Five Thousand** (**$25,000.00**) on behalf of **CENTURION MEDICAL PRODUCTS, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **July 23, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108030426 **Principal: CENTURION MEDICAL PRODUCTS, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

SEAL SEAL SEAL SEAL

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

NOTARY PUBLIC

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 23 day of July, 2025.

SEAL SEAL SEAL SEAL

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 23rd day of July, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #108030426

Current Information as of 04/14/2026

Location 1: (B01)
Centurion Medical Products, LP
301 Catrell Drive
Howell, MI 48843

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP — MDEG License # (if applicable): WH03403

Physical Address: 1500 Medline Place

City: McDonough — State: GA — Zip: 30253

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield — State: IL — Zip: 60093

Telephone: 847-643-3801 — Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: James — Middle: Allen — Last: Ellis

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Griffin — State: GA — Zip: [redacted]

Telephone: [redacted] — Email: jaellis@medline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Embry Riddle Aeronautical University			Graduated in 2010
Address	**City**	**State**	**Zip**
1 Aerospace Blvd	Daytona Beach	FL	32114
Diploma/Degree obtained, if any			
Masters in Operational Management			

School Name			From - To (MM/YY – MM/YY)
Embry Riddle Aeronautical University			Graduated in 2001
Address	**City**	**State**	**Zip**
1 Aerospace Blvd	Daytona Beach	FL	32114
Diploma/Degree obtained, if any			
Bachelors of Science in Professional Aeronautics			

School Name			From - To (MM/YY – MM/YY)
Weaver High School			1987-1991
Address	**City**	**State**	**Zip**
917 Clairmont Drive	Weaver	AL	36277
Diploma/Degree obtained, if any			
High School Diploma m			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/2022 - Current	[redacted]	Griffin	GA	[redacted]
11/2019 - 02/2022		McDonough	GA	
08/2017 - 11/2019		Kapolei	HI	
04/2015 - 08/2017		Kapolei	HI	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			08/2019 - Current	
Business Address		**City**	**State**	**Zip**
1500 Medline Place		McDonough	GA	30253
Phone	**Title**		**Number of Employed Hours**	
770-320-7037	Warehouse Manager		12,000+	
Description of Duties				
Oversee the facility to ensure proper receiving, distribution, storage, shipping and dispensing of prescription drugs and medical devices. Manage multiple team members to ensure proper record keeping,inventory,storage and product security				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, James Ellis, **certify that as the MDEG Administrator for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. JE Have a high school diploma or its equivalent;
2. JE Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JE Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JE Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Ellis
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

23 Apr 24
Date

Board Use Only	Date Received: 5/9/2024

List of Employees
Medline Industries, LP
C03 - McDonough, GA

Worker	Business Title	Worker	Business Title
Aaron Holmes	Warehouse Operator Operations	Asha Oliver	Warehouse Operator Operations
Adarius Davis	Supv Warehouse	Ashley Cunningham	Warehouse Operator Operations
Addison Hobdy	Warehouse Operator Operations	Ashley Hall	Warehouse Operator Operations
Adrania Phillips (On Leave)	Warehouse Operator Operations	Ashley Riley	Warehouse Operator Operations
Ajairus Ross	Warehouse Operator Operations	Avanti Whitfield	Warehouse Operator Operations
Akeem Berry	Driver II	Ayana Butler	Warehouse Operator Operations
Alan Diaz	Warehouse Ld Operations	Bao Luu	Warehouse Operator Operations
Alandis Ford	Warehouse Operator Operations	Barry Gay	Warehouse Operator Operations
Alex Belay	Sr Engineer Process	Benjamin Hall	Delivery Driver
Alexander Benford	Inventory Coord Operations	Billy Smith	Warehouse Operator Operations
Alexis Cason	Warehouse Operator Operations	Brandavious Johnson	Warehouse Operator Operations
Alexis Castro gonzalez	Maintenance Tech II	Brandi Gabriel	Warehouse Operator Operations
Alexis Sanders	Warehouse Operator Operations	Brandon Wilson	Warehouse Operator Operations
Alisha Jackson	Warehouse Operator Operations	Braxton Green	Warehouse Operator Operations
Aliya Stewart	Warehouse Ld Operations	Breanna Spencer	Warehouse Operator Operations
Allen Parker	Warehouse Operator Operations	Brian Barnes	Driver II
Alneika Crawford	Warehouse Operator Operations	Brian Owen	Warehouse Operator Operations
Alshawn Holder	Mgr Warehouse	Brian Talmadge	Warehouse Operator Operations
Alva Nestor	Warehouse Operator Operations	Briana Knight	Warehouse Operator Operations
AMADU BAH	HR Generalist	Brianna Jenkins	Warehouse Operator Operations
Amari Evans	Warehouse Operator Operations	Brianna Rouse	Warehouse Operator Operations
Amarise Kerrin	Inventory Coord Operations	Brittany Henderson	Warehouse Operator Operations
Amber Thornton	Warehouse Operator Operations	Bryan Kent	Warehouse Operator Operations
Andre Ford	Warehouse Operator Operations	Bryce Fleming	Warehouse Operator Operations
Andre Simmons	Warehouse Operator Operations	Bugg Spruill	Driver II
Andrew Brotherson	Warehouse Operator Operations	Calvin Johnson	Driver II
Angela Barber	Warehouse Operator Operations	Calvin Moody	Warehouse Operator Operations
Angela Doaks	Office Coord	Cameron Willis	Warehouse Operator Operations
Angela Grier	Warehouse Operator Operations	Caren Thomas	Trainer Branch
Angela Welch	Warehouse Operator Operations	Carlos Alberto	Driver II
Angie Paulder	Training Coord Sr	Carlos Riley	Driver II
Anita Hodo	Delivery Driver	Carlos Wright	Warehouse Operator Operations
Aniyah Collier	Warehouse Operator Operations	Carlosis Johnson	Warehouse Operator Operations
Ann Williams (On Leave)	Warehouse Operator Operations	Carlton Ussery	Warehouse Operator Operations
Anthony Ball	Warehouse Operator Operations	Carol Smith	Warehouse Ld Operations
Anthony Burris	Warehouse Operator Operations	Carolyn Duncan	Training Coord Sr
Anthony Jones	Line Haul Driver	Cassandra Newton	Supv Warehouse
ANTHONY LEE	Warehouse Operator Operations	Chaka Jones	Warehouse Ld Operations
Anthony Malone	Onsite Support Tech III	Charlene Lowe (On Leave)	Warehouse Operator Operations
Anthony McFadden	Driver II	Charles Johnson	Driver II
Antonio McKinnie	Warehouse Operator Operations	Charles Keys	Warehouse Operator Operations
Antonio Mckissic	Warehouse Operator Operations	Charles Thomas	Supv MedTrans
Antonio Wallace	Driver Ld	Charlie Byrd	Driver II
Antuanna Melton	Warehouse Operator Operations	Charlie Perdue	Warehouse Operator Operations
Antwan Pierce	Driver II	Chico Solorzano	Warehouse Operator Operations
Anyia Carter	Trainer Branch	Chistopher Mosley [C]	Warehouse Operator
Arian Gray	Driver II	Chris Jean-Charles	Warehouse Operator Operations
Arthur Hood	Driver II	Chris Pfohl	Driver Ld
Arthur Roberts	Delivery Driver	Chris Terry	Warehouse Operator Operations
Artisha Parker	Warehouse Operator Operations	Christen Scurry	Warehouse Operator Operations

Christian Candelario	Inventory Coord Operations
Christian Roberts	Warehouse Operator Operations
Christopher Bellamy (On Leave)	Warehouse Operator Operations
Christopher Fisher	Inventory Coord Operations
Christopher Reynolds	Warehouse Operator Operations
Christopher Watson	Maintenance Tech II
Chuma Williams	Driver Ld
Ciera Strickland	Warehouse Operator Operations
CJ DeWindt	Driver II
Clarence Elam	Warehouse Operator Operations
Cleveland Randolph	Line Haul Driver
Constance Gray	Warehouse Operator Operations
Cornelius Hall	Warehouse Operator Operations
Cornelius Robinson	Warehouse Operator Operations
Courtney Knowles	Supv Warehouse
Craig Page	Warehouse Operator Operations
Crystal Roberts	Warehouse Ld Operations
Crystal Robinson (On Leave)	Warehouse Operator Operations
Curtis Roach	Warehouse Operator Operations
D'Mitre Mighty	Trainer Branch
Da'Jour Johnson (On Leave)	Warehouse Operator Operations
Daneshia Atwater	Warehouse Operator Operations
DaNia Mapp	Driver II
Danielle Gaddist	Supv Warehouse
DANIELLE HICKEY	Warehouse Operator Operations
Danny Gaines (On Leave)	Warehouse Operator Operations
Daquon Booker	Warehouse Operator Operations
Darius Muse	Warehouse Operator Operations
DARIUS THOMAS (On Leave)	Warehouse Operator Operations
DARRICK JOHNSON	Warehouse Operator Operations
Dashaun Langhorne	Warehouse Operator Operations
David Bankston	Driver II
David Claxton	Delivery Driver
David Tremonte	Maintenance Tech I
Davonte Vanhorne	Warehouse Operator Operations
Dawayna Mccarter	Inventory Coord Operations
Deaijah Benning	Warehouse Operator Operations
DeAndre Smith	Warehouse Operator Operations
Deion Terry	Warehouse Operator Operations
Deionte Martin	Warehouse Operator Operations
Dejjah Raymond	Warehouse Operator Operations
Delafayette Hill	Mgr Warehouse
Demaje Ashe	Warehouse Operator Operations
Demarcus Potts	Warehouse Operator Operations
DeMarcus Stroud	Driver II
DeMarkus West	Warehouse Operator Operations
Demelvard Edrice [C]	Janitor
Demetrius Betton	Warehouse Operator Operations
Demetrius Edwards	Driver II
Demetrius Freeman	Warehouse Operator Operations
Dennis Frimpong	Warehouse Ld Operations
Dennis Gruver	Warehouse Operator Operations
Deon Scott (On Leave)	Warehouse Operator Operations
Deondrea Cole-Thomas	Warehouse Operator Operations
Deontre' Shields	Warehouse Operator Operations
Dequarius Black	Trainer Branch
Derek James	Warehouse Ld Operations
Dereka Baugh	Warehouse Operator Operations
DeRel Ford	Warehouse Operator Operations
Derick McCune	Warehouse Operator Operations
Derrick Williams	Warehouse Operator Operations
Desaray Daniel	Warehouse Operator Operations
Deshawn Barkley	Sr Operations Production Controller
Desmond Graham	Warehouse Operator Operations
Destiny Pulliam	Warehouse Operator Operations
Destoni Ellis	Driver II
Detavius Bailey	Warehouse Operator Operations
Deunta Williams	Warehouse Operator Operations
Dewaune Murphy	Warehouse Operator Operations
Dillon Rodney	Warehouse Operator Operations
Dominic Turner	Driver II
Dominique Gilbert	Warehouse Operator Operations
Dominique Taylor	Warehouse Operator Operations
Don Dennis	Warehouse Operator Operations
Donald James	Warehouse Operator Operations
Donald Maurice	Warehouse Operator Operations
Donna Edwards	Warehouse Operator Operations
Donna Fitzpatrick	Supv Warehouse
Donna Williams	Warehouse Clerk Operations
Donovan Stiggers	Warehouse Operator Operations
Douglas Brookins	Warehouse Operator Operations
Dreka Kidd	Quality Control Inspector I
Duery Leonard	Warehouse Operator Operations
Dunte Forrest	Warehouse Operator Operations
Durrell Evans	Warehouse Operator Operations
Eddie Degbou	Warehouse Operator Operations
Eddie Flowers	Warehouse Operator Operations
Edward Curtis	Warehouse Ld Operations
Edward Vaughn	Driver II
Edwind Wilcox	Warehouse Operator Operations
Elet Milam	Warehouse Operator Operations
Eli Israel	Driver II
Elijah Plunkett	Warehouse Operator Operations
Eliud Martinez	Maintenance Ld
Elizabeth Blackwell	Warehouse Operator Operations
Ender Pena	Warehouse Operator Operations
Eprise Belcher	Warehouse Operator Operations
Eric Green [C]	Quality Support
Eric Green [C]	Quality Inspector
Eric Jones	Spec EH&S
Eric Mensah (On Leave)	Warehouse Operator Operations
Erica Powell	Line Haul Driver
Ernest Graham	Warehouse Operator Operations
Farquaris Copeland	Warehouse Operator Operations
Fatima Mata Martinez	Warehouse Ld Operations
Fernando Arnoid	Driver II
Frank Brown	Warehouse Operator Operations
Frank Welch	Warehouse Ld Operations

Freddie Engram	Supv Warehouse
Frederick Daniel	Driver II
Gary Ellis	Warehouse Operator Operations
George Diggs (On Leave)	Warehouse Operator Operations
Ghita Rtabi	Warehouse Clerk Operations
Glenn Griswold	Inventory Coord Operations
Glenn Queen	Maintenance Tech I
Gregory Bloodworth (On Leave)	Driver II
Gwen Mann	Dispatcher
Haile Williams	Warehouse Operator Operations
Harold Wanton	Line Haul Driver
Harry Vazquez Martinez	Maintenance Tech II
Harvey Brown	Warehouse Operator Operations
Heath Childress	Driver II
Hillary Mcginnis	Warehouse Operator Operations
Hiram Jones	Warehouse Operator Operations
Hugo Sanchez	Warehouse Operator Operations
I.D. Miller	Sr Mgr Maintenance
Ida Hall	Warehouse Operator Operations
IDOWU LADIPO	Warehouse Operator Operations
Imani Credle	Warehouse Operator Operations
Ingrid Casey-Watson	Sr Mgr HR
Ira Johnson	Warehouse Operator Operations
Irene Potts	Warehouse Operator Operations
Irish Chandler	Warehouse Operator Operations
Irissa Trice	Warehouse Operator Operations
Isaiah Goodman	Warehouse Operator Operations
Isaiah Holt	Driver II
Ivoree Gardner	Warehouse Operator Operations
J T	Supv Warehouse
Jacques Toussaint	Recruiter
Jada Ballard	Warehouse Operator Operations
Jadarius Williams	Warehouse Operator Operations
Jaden Collier	Warehouse Operator Operations
Jaden Knight	Warehouse Operator Operations
Jalen Birditt	Warehouse Operator Operations
Jalen McCowan-Dennis	Warehouse Operator Operations
Jalin Grier	Warehouse Operator Operations
Jamal Angrish	Warehouse Operator Operations
James Ellis	Mgr Warehouse
James Keesee	Warehouse Operator Operations
James Kitchens	Driver II
James Nichols	Fleet Maintenance Planner
James Purcell	Mgr Warehouse
James Simpson	Warehouse Operator Operations
James wing	Warehouse Operator Operations
Jamie Barge	Warehouse Operator Operations
Jamie Langdon	Warehouse Clerk Operations
Jamir Duffus (On Leave)	Warehouse Operator Operations
Jamon Wright	Supv Warehouse
Jamydia Myles	Warehouse Operator Operations
Janda Rhine	Warehouse Operator Operations
Janice Grier	Warehouse Operator Operations
Jaquivus Maxer	Delivery Driver
Jasmine Brown	Supv QC
Jasmine Parks	Warehouse Operator Operations
Jasmine Terrell	Warehouse Operator Operations
Jason Ivey	Driver II
Jason Martin	Warehouse Operator Operations
Jason Williams	Warehouse Operator Operations
Javorius Barron	Warehouse Operator Operations
Jawaski EVans	Supv MedTrans
JAWAUN DAVIS	Warehouse Operator Operations
Jay Jackson	Warehouse Operator Operations
Jay Jackson	Warehouse Operator Operations
Jay Mckay	Warehouse Operator Operations
Jayquan Johnson	Trainer Branch
Jazmin Mcbride	Warehouse Operator Operations
Jd Dowdy	Driver II
JD Randall	Warehouse Operator Operations
Jeep Jones	Inventory Coord Operations
Jeffie Sims	Warehouse Operator Operations
Jei Hayes	Warehouse Operator Operations
Jennifer Bartlett	Sr Supv Warehouse
Jephte Severe [C]	Janitor
Jeremiah Altius	Shuttle Driver
Jeremy Purvis	Warehouse Operator Operations
Jerome Bowie	Delivery Driver
Jerome Hill	Supv Warehouse
JEVERA TOLBERT	Warehouse Operator Operations
Jimmy Stewart	Warehouse Operator Operations
Jinsoo Deline	Warehouse Operator Operations
John Meyers	Driver II
Johnnie Gilbert	Driver I
Johnny Gray (On Leave)	Driver II
Joknowle Patrick	Supv Warehouse
Jordan Collier	Warehouse Operator Operations
JORDAN GRIER	Warehouse Operator Operations
Jordan Harper	Warehouse Operator Operations
Jordan Tyson	Warehouse Operator Operations
Jorge Wiltz	Warehouse Operator Operations
Jose Huerta Uvina	Warehouse Ld Operations
Jose Villalobos	Supv Warehouse
Josh Bray	Warehouse Operator Operations
Joshua Howard	Driver II
Joshua Tookes	Warehouse Operator Operations
Juana Hernandez	Inventory Coord Sr
Julian Woodson	Trainer Branch
Julie Wanzer	Driver II
Julius Butler	Warehouse Operator Operations
Justin Basile	Warehouse Operator Operations
Justin Harvey [C]	Quality Support
Justin Ross [C]	Quality Support
Kalia Lee	Warehouse Operator Operations
Kanita Ridgeway	Warehouse Operator Operations
Kareem Jefferson	Warehouse Operator Operations
Karen Buckner	Warehouse Operator Operations
Karlyn Breecher	Transportation Coord
Karneisha Reaves	Warehouse Operator Operations
Karzell Robinson	Delivery Driver

Kasheta Vann	Warehouse Operator Operations
Katherine Boyce	Inventory Coord Operations
Katy Jones	Warehouse Operator Operations
Kawanta Davis	Warehouse Operator Operations
Kecia Minter	Warehouse Operator Operations
Keirra Williams	Warehouse Operator Operations
Keith Pittard	Driver II
Kelvin Carter	Warehouse Operator Operations
Kelvin Grant	Warehouse Operator Operations
Kemarja Whitten	Warehouse Operator Operations
Ken Bartlett	Driver II
Kenneth House	Inventory Control Ld Operations
Kenneth Noble	Warehouse Operator Operations
Kenneth Tharpe	Driver II
Kenya Finley	Warehouse Operator Operations
Kenya Sandifer	Driver II
Keoka Stewart	Warehouse Operator Operations
Kermit Dearman	Warehouse Operator Operations
Kerrin King	Warehouse Operator Operations
Kerry Parks	Warehouse Operator Operations
Kestlaine Lafrance	Warehouse Operator Operations
kevin hawkins	Warehouse Operator Operations
Kevin Ray	Mgr Maintenance
Kevin White	Warehouse Operator Operations
Keyondre Leverette	Inventory Control Ld Operations
Khadijah Fitzpatrick	Warehouse Operator Operations
Khania Reese	Warehouse Operator Operations
Kiaeem Wilson	Warehouse Operator Operations
Kianna Whitfield (On Leave)	Warehouse Operator Operations
KIMBERLY BANKS	Warehouse Operator Operations
Kimberly Price	Warehouse Operator Operations
Kimissie Miller	Warehouse Operator Operations
Kinte Thompson	Driver II
Kraig Wade	Supv Warehouse
Krashanna Smith	Trainer Branch
Kyle Ball (On Leave)	Driver II
Kyziah Davis	Warehouse Operator Operations
LABRESHA MILES	Warehouse Operator Operations
LaCharles Butler	Warehouse Operator Operations
Ladarius Crawford	Maintenance Tech I
LaDella Tutson	Warehouse Operator Operations
Lamar Cornish	Warehouse Operator Operations
Lamarcus Bailey	Warehouse Operator Operations
Lametrice Smith	Warehouse Clerk Operations
Lamont Brown	Warehouse Operator Operations
Lamont Calloway	Warehouse Operator Operations
Larry Stroud	Warehouse Operator Operations
Lashara Wheeler	Sr Mgr Inventory Control
Lathario Pinder	Driver II
Latissa Souder (On Leave)	Training Coord Sr
Latray Jackson	Warehouse Operator Operations
Latysha White	Warehouse Operator Operations
Lavelle Cobb	Trainer Branch
Laytonia Johnson	Driver II
Leroy Jones	Warehouse Operator Operations
Levi Sobers	Warehouse Operator Operations
Levi Springs	Supv Warehouse
Liliana Ramirez-Pacheco	Warehouse Operator Operations
Linda St.Hilaire-Manigat	Warehouse Operator Operations
Lisa Blessett	Dispatcher
Lisa Kemp	Warehouse Operator Operations
Lisa Perreault	Supv Warehouse
Loy Bouaphayphengprachan	Warehouse Operator Operations
Loyd Eurich	Warehouse Operator Operations
Luis Sanchez	Warehouse Operator Operations
Maheen Shaikh	Sr Engineer Operations
Malakai Adlam	Warehouse Operator Operations
Malique Hillman	Warehouse Operator Operations
Malisia Scott	Warehouse Operator Operations
Marc-Henry Raymond	Warehouse Operator Operations
Marcus Hightower	Warehouse Operator Operations
Marcus Moreland	Dispatcher
Marcus Sparks	Line Haul Driver
Mario Bradford	Trainer Branch
Mario Hernandez	Warehouse Operator Operations
Mark Heaton	Quality Control Inspector II
Markei Davis	Warehouse Operator Operations
Markesha Coopwood	Warehouse Operator Operations
Markita Hannah	Warehouse Operator Operations
Marquevas Smith	Warehouse Operator Operations
Marquise Ellis-Randall (On Leave)	Warehouse Operator Operations
Marrell Lawson	Delivery Driver
Marsden Turner	Warehouse Operator Operations
Martha Gomez	Warehouse Operator Operations
Matthew Dunlap	Warehouse Operator Operations
Maya Edwards	Quality Control Inspector II
meek varner	Warehouse Operator Operations
Melissa Ramey	Warehouse Operator Operations
Melvin Jackson	Warehouse Operator Operations
Messiah bouie	Warehouse Operator Operations
Michael Baxter	Warehouse Operator Operations
Michael James	Warehouse Operator Operations
Michael Moore	Driver II
Michael Orton	Warehouse Operator Operations
Michael Shelby	Warehouse Operator Operations
Mike Baylor	Warehouse Operator Operations
Mike Hutton	Warehouse Operator Operations
Mikhail Beckles	Trainer Branch
Mikhail Utkin	Sr Spec Systems LUM
Misy Giles	Inventory Coord Operations
Moniek Pierre	Warehouse Operator Operations
Monkeita Bradshaw	Warehouse Operator Operations
Montavious Williams	Warehouse Operator Operations
Montavius Gaines	Warehouse Operator Operations
Montez Franklin	Driver II
Moon Souvannasinh	Warehouse Ld Operations
Mustafa Idin	Delivery Driver
Myron White	Warehouse Operator Operations
Naflec Werts	Inventory Coord Operations
Nakita Knighton	Warehouse Operator Operations

Nathaniel Lee	Delivery Driver
Navotney Ferguson	Warehouse Ld Operations
Neiko Gray	Warehouse Operator Operations
Nelson Thompson	Warehouse Operator Operations
NeNe Bridges	Warehouse Operator Operations
Nickolas Blythe	Warehouse Operator Operations
Nigel Blanton	Warehouse Operator Operations
Noah Burton	Warehouse Operator Operations
Nya Harrell	Warehouse Operator Operations
Obtavious Holcombe	Warehouse Operator Operations
Octavious Fears	Warehouse Operator Operations
Octavius Ponder	Warehouse Operator Operations
Odyssey Willis	Supv Warehouse
OJ Allen	Warehouse Operator Operations
Okeria Moore	Warehouse Operator Operations
Olando Watson	Delivery Driver
Olivia Griffin	Inventory Coord Operations
Omar Barragan	Warehouse Operator Operations
Osmir Morrison	Warehouse Ld Operations
Oswalt Guy	Warehouse Operator Operations
OT Taylor	Warehouse Operator Operations
Otha Canty	Warehouse Operator Operations
Othel Edwards	Warehouse Ld Operations
Paris Walls	Warehouse Operator Operations
Patricia Hall	Warehouse Operator Operations
Paul Lurch	Driver II
Philip Trice	Warehouse Operator Operations
Portia Liddell	Supv Warehouse
Princess Flakes	Quality Control Inspector I
Quadre Marshall	Driver II
QUALESHA ANDERSON	Warehouse Operator Operations
Quan Gaines	Warehouse Operator Operations
Quincy Gripper	Driver II
Quinton Jordan	Driver II
Raissa Ines Alima Noah	Warehouse Operator Operations
Ralph Stinson	Warehouse Operator Operations
Ramon Thomas	Warehouse Operator Operations
Ramonia Porter	Warehouse Operator Operations
Randy Faulk	Driver II
Randy Olivarria	Warehouse Operator Operations
Rashard Graham	Warehouse Operator Operations
Rashedah Arnold	Sr Mgr Operations
Ratanak Kong	Warehouse Operator Operations
Raven Henry	Warehouse Operator Operations
Raven Jackson	HR Generalist
Ray Stargent	Warehouse Operator Operations
raymon lambert	Warehouse Operator Operations
Raynard Coward	Driver II
Regina Crawford	Warehouse Operator Operations
Reginald Thomas	Warehouse Operator Operations
Reid Trussell	Mgr Training
Rhykeisha Stone	Warehouse Operator Operations
Richard Johnney	Maintenance Tech II
Rob Reynolds	Driver I
Robert Callaway	Driver II
Robert Cooper	Warehouse Operator Operations
Robert Kerr	Warehouse Ld Operations
Robert Leonard	Warehouse Operator Operations
Robert Stewart	Warehouse Operator Operations
Robert Thomas	Warehouse Operator Operations
Rocio Martinez	Warehouse Ld Operations
Rocky Losco	Sr Dir Operations
Rodney Dunn	Maintenance Tech II
Roger Schuman	Line Haul Driver
Rolander Person	Sr Mgr Operations
Roman Morrow	Delivery Driver
Romel Edwards	Trainer Branch
Ronje Richardson	Warehouse Operator Operations
Ronnie Moses	Warehouse Operator Operations
Rosha Walker	Warehouse Operator Operations
Russell Swint	Supv Warehouse
Ryan Miller	Warehouse Operator Operations
Ryan Wills	Driver II
Sade Castle [C]	Contingent Worker
Samuel Awate	Warehouse Operator Operations
Sandra Wimberly	Warehouse Operator Operations
Sara Nolder	Warehouse Clerk Operations
Scott Bankston	Warehouse Operator Operations
Scott Neal	Supv Training Branch
Sedarius Matthews	Warehouse Operator Operations
Sevren Wallace	Driver II
Shabreka Jackson	Warehouse Operator Operations
Shae Berry (On Leave)	Warehouse Operator Operations
Shakeria Brown	Warehouse Operator Operations
Shakiesha Ellis	Inventory Coord Operations
Shamonica Perkins	Warehouse Operator Operations
Shan Emanuel	Trainer Branch
Shaneika Wimby	Warehouse Operator Operations
Shanieya Bell	Warehouse Operator Operations
Shanna Harris	Trainer Branch
Shantell Robinson	Warehouse Operator Operations
Shaquan Murphy	Driver II
Sharon Wright	Warehouse Operator Operations
Shatoria Roberts	Warehouse Operator Operations
Shaun Turner	Warehouse Operator Operations
Shawn Robinson	Warehouse Operator Operations
Shawn Rufus	Warehouse Operator Operations
Shedline Raphael	Inventory Coord Sr
Shekela Gray	Warehouse Operator Operations
Shelalah Gibson (On Leave)	Warehouse Operator Operations
Sheldon Wilcox	Warehouse Operator Operations
Sheldon Wilson	Warehouse Operator Operations
Shem Baker	Warehouse Operator Operations
Sherika Jester	Warehouse Ld Operations
Sherlanda Mccrary	Warehouse Operator Operations
Shivaun Clancy	Warehouse Operator Operations
Shunkeytia Nelson (On Leave)	Warehouse Operator Operations
Sierra McGill	Line Haul Driver
Simone Allen	Warehouse Operator Operations
SIRI LOWE	Warehouse Operator Operations

Sirtavius Morgan	Inventory Coord Operations
Sly Clemons	Warehouse Operator Operations
Sonovia Watkins	Warehouse Operator Operations
Stacey Willis	Warehouse Operator Operations
Star-Rhett McHenry	Warehouse Operator Operations
Stephanie Espinoza	Warehouse Operator Operations
Stephanie Wimbley	Line Haul Driver
Steve MCCray	Delivery Driver
Susan Young	Supv Training Branch
Tajh Wilson	Driver II
Takeshia Chandler	Driver II
TAKEYAH CURTIS	Warehouse Operator Operations
Tamelia Young	Warehouse Operator Operations
Tamia Hill	Warehouse Operator Operations
Tanesa Thorpe	Driver II
Tayshawn Allen	Warehouse Operator Operations
Teion Fields	Warehouse Operator Operations
Tenesha Anderson	Warehouse Operator Operations
Teniqua Roberts	Warehouse Operator Operations
Tereca Monroe	Warehouse Operator Operations
Terika Snelson	Warehouse Operator Operations
Terrell Banks	Warehouse Operator Operations
Terry Lathern [C]	Contingent Worker
Thien Nguyen	Warehouse Operator Operations
Thomas Farmers [C]	Maintenance Tech Helper
Thomas Karmanue	Warehouse Operator Operations
Tiana Godwin	Warehouse Operator Operations
Tiffany Griffin	Warehouse Operator Operations
Timothy Price	Warehouse Operator Operations
Tish Hodge	Warehouse Operator Operations
Tisha Burton-Nixon	Warehouse Operator Operations
Tkeyah Williams	Delivery Driver
Todd Michelitch	Mgr Warehouse
Tony Connell	Warehouse Operator Operations
Tony Housley	Warehouse Operator Operations
Tony Paige	Line Haul Driver
TONYA HARDGE	Inventory Coord Operations
Tracey Ruffin	Delivery Driver
Tracy Miller	Warehouse Operator Operations
Travis Marion	Warehouse Operator Operations
Trenedy Wright	Warehouse Operator Operations
Troy White	Driver Ld
Twanissha Willis	Warehouse Operator Operations
Tymesha Walker	Warehouse Operator Operations
Tyquarius Tucker	Warehouse Operator Operations
Tyreke LaPlante	Warehouse Operator Operations
Tyrone Hayes	Warehouse Operator Operations
Tyrone Johnson	Warehouse Operator Operations
Tyrra Parks	Warehouse Operator Operations
Tywan Wilkerson	Warehouse Ld Operations
Uganda Edmonds	Warehouse Operator Operations
Ursula Greer	Trainer Branch
Vanessa Middleton (On Leave)	Warehouse Operator Operations
Ventavius Smith	Warehouse Operator Operations
Vernon Dennery	Supv MedTrans
Vickie Williams	Warehouse Operator Operations
Victor Collymore	Shuttle Driver
Victor Montgomery [C]	Janitor
Vinicki Wade	Warehouse Operator Operations
Vondarious Watson	Warehouse Operator Operations
Walter Olivera	Driver II
Warren South	Warehouse Operator Operations
Whitney Moody	Mgr MedTrans
Whitney Rainey	Warehouse Operator Operations
Whitney Strickland	Warehouse Operator Operations
William Jones	Driver II
William Morales	Mgr Warehouse
William Tinsley	Warehouse Operator Operations
Willie Simpson	Driver II
Winston Murphy	Warehouse Operator Operations
Wisdom Hycienth [C]	Janitor
Yolonda Williams	Transportation Coord
Yootha Vernava	Warehouse Clerk Operations
Zavier Moore	Warehouse Operator Operations
Zayon Mills	Warehouse Operator Operations

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2025

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-43022

Medline Inc.

(Exact name of registrant as specified in its charter)

Delaware	**33-1845288**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
3 Lakes Drive Northfield, Illinois	**60093**
(Address of principal executive offices)	(Zip Code)

(847) 949 5500
Registrant's telephone number, including area code

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A common stock, par value $0.0001 per share	MDLN	Nasdaq Global Select Market

Securities registered pursuant to section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements.

☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b).

☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the Class A common stock held by non-affiliates of the registrant, based on the closing price of a share of Class A common stock on December 17, 2025, as reported by The Nasdaq Global Select Market on such date was approximately $13.0 billion. The registrant has elected to use December 17, 2025, which was the initial trading date of the registrant's Class A common stock on The Nasdaq Global Select Market, as the calculation date because on June 30, 2025 (the last business day of the registrant's most recently completed second fiscal quarter) the registrant was a privately held company. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose.

As of February 23, 2026, there were 811,647,534 shares of the registrant's Class A common stock and 502,045,878 shares of the registrant's Class B common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement related to its 2026 Annual Meeting of Stockholders to be filed with the U.S. Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2025 are incorporated by reference into Part III of this Annual Report on Form 10-K.

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Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K (this "Annual Report") contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Forward-looking statements include all statements that are not historical facts. Words such as "anticipate," "assume," "believe" "contemplate," "continue," "could," "estimate," "expect," "foreseeable," "intend," "may," "plan," "potentially," "predict," "project," "seek," "should," "will," or "would," or similar words or phrases that convey uncertainty of future events or outcomes, are intended to identify forward-looking statements in this Annual Report. These forward-looking statements relate to matters such as our industry, business strategy, costs, and costs savings, impacts of accounting standards and guidance, goals and expectations, market position, future operations, margins, profitability, capital expenditures, liquidity and capital resources, legal matters, trends, and other financial and operating information. The forward-looking statements are based on management's current expectations and are subject to various risks, uncertainty, and changes in circumstances, many of which are beyond our control, that could cause actual results to differ materially. Although we believe that the assumptions underlying the forward-looking statements are reasonable, we cannot guarantee future results, level of activity, performance, or achievements. Factors that may cause actual results to differ from expected results include those described in Part I, "Item 1A—Risk Factors" and Part II, "Item 7—Management's Discussion and Analysis of Financial Condition and Results of Operations". The forward-looking statements included in this Annual Report speak only as of the date of this Annual Report or as of the date they are made, as applicable. Except as otherwise required by law, we disclaim any intent or obligation to update any "forward-looking statement" made in this Annual Report to reflect changed assumptions, the occurrence of unanticipated events, or changes to future operating results over time.

INTRODUCTORY NOTE

Medline Inc. was incorporated as a Delaware corporation on November 6, 2024. Prior to the completion of its initial public offering (the "IPO") on December 18, 2025, Medline Inc. undertook certain reorganization transactions (the "Reorganization") such that Medline Inc. is now a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP ("Medline Holdings"). Following the IPO, Medline Holdings is the predecessor of Medline Inc. for financial reporting purposes. As the general partner of Medline Holdings, Medline Inc. now operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts its business. The Reorganization lacks economic substance and therefore is accounted for in a manner consistent with a reorganization of entities under common control. As a result, the consolidated financial statements of Medline Inc. recognize the assets and liabilities received in the Reorganization at their historical carrying amounts, as reflected in the historical financial statements of Medline Holdings. Medline Inc. will consolidate Medline Holdings on its consolidated financial statements and record a non-controlling interest related to the Units (as defined herein) held by the Continuing Unitholders (as defined herein) on its consolidated balance sheets and statements of comprehensive income.

Medline Inc. had no significant business transactions or activities prior to the Reorganization, and, as a result, the historical financial information reflects that of Medline Holdings.

Basis of Presentation

The consolidated financial statements and accompanying notes included herein are prepared in accordance with United States generally accepted accounting principles ("GAAP"). The results of businesses acquired or disposed of are included in the consolidated financial statements from the date of the acquisition or up to the date of disposal, respectively. All adjustments, in the opinion of management, necessary to a fair statement of the results for the annual periods presented have been made.

Certain monetary amounts, percentages, and other figures included in this Annual Report have been subject to rounding adjustments. Percentage amounts included in this Annual Report have been calculated, in some cases, not on the basis of such rounded figures, but on the basis of such amounts prior to rounding. For this reason, percentage amounts in this Annual Report may vary from those obtained by performing the same calculations using the figures, on the face of our consolidated financial statements included elsewhere in this Annual Report. Certain other amounts that appear in this Annual Report may not sum due to rounding.

In December 2024, we changed the name of Medline Holdings from Mozart Holdings, LP to Medline Holdings, LP. We will not distinguish between the prior and current name of Medline Holdings and will refer to the current name of Medline Holdings throughout this Annual Report. References in this Annual Report to "Medline," the "Company," "we," "us," and "our" refer (1) prior to the consummation of the IPO, to Medline Holdings, LP and its consolidated subsidiaries and (2) after the IPO to Medline Inc. and its consolidated subsidiaries.

CERTAIN DEFINITIONS

As used in this Annual Report, unless otherwise noted or the context requires otherwise, the following terms have the following meanings:

- "Class A Units" refers to the interests in Medline Holdings called "Class A Units" that were outstanding prior to the Reclassification. In connection with the Reclassification, (i) Class A Units held by Common Unitholders were converted into Common Units and (ii) Class A Units held by Exchanging Class A Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Class B Units" refers to the interests in Medline Holdings called "Class B Units" that were outstanding prior to the Reclassification, and does not include CUPI Units. In connection with the Reclassification, (i) Class B Units held by Incentive Unitholders were converted into Incentive Units and (ii) Class B Units held by Exchanging Class B Unitholders were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units).

- "Common Units" refers to the new class of units of Medline Holdings created by the Reclassification and does not include Incentive Units.
- "Common Unitholders" refers to certain pre-IPO holders of Class A Units and/or CUPI Units who hold Common Units following the Reclassification.
- "Incentive Unitholders" refers to certain pre-IPO holders of Class B Units who will hold Incentive Units following the Reclassification, as described under "Organizational Structure."
- "Continuing Unitholders" refers collectively to Common Unitholders and Incentive Unitholders.
- "CUPI Units" refers to the interests in Medline Holdings that were designated as "Catch-Up Class B Units" and outstanding prior to the Reclassification. In connection with the Reclassification, (i) CUPI Units held by Common Unitholders were converted into Common Units and (ii) CUPI Units held by Exchanging CUPI Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Designating Stockholder" refers to each of our Principal Stockholders with whom we entered into separate director nomination agreements.
- "Exchanging Class A Unitholder" refers to pre-IPO holders of Class A Units whose Class A Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Class B Unitholder" refers to pre-IPO holders of Class B Units whose Class B Units were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units) following the Reclassification.
- "Exchanging CUPI Unitholder" refers to pre-IPO holders of CUPI Units whose CUPI Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Unitholders" refers collectively to Exchanging Class A Unitholders, Exchanging CUPI Unitholders, and Exchanging Class B Unitholders.
- "Incentive Units" refers to the new class of units of Medline Holdings created by the reclassification of the Class B Units in the Reclassification. The Incentive Units are "profit interests" having economic characteristics similar to stock appreciation rights and having the right to share in any equity value of Medline Holdings above specified participation thresholds. Vested Incentive Units may be converted to Common Units and be subsequently exchanged for shares of Class A common stock.
- "Principal Stockholders" refers collectively to investment funds associated with Blackstone Inc., The Carlyle Group Inc. and Hellman & Friedman LLC, and members of the Mills family.
- "Reclassification" refers to the reclassification of the partnership interests of Medline Holdings prior to the IPO.
- "Sponsors" refers collectively to Blackstone Inc., The Carlyle Group Inc., and Hellman & Friedman LLC.
- "Units" refers collectively to Common Units and Incentive Units.

Summary of Risk Factors

The following is a summary of the principal factors that make an investment in our securities speculative or risky, all of which are more fully described below. This summary should be read together with the risk factors described under Part I, "Item 1A—Risk Factors" and should not be relied upon as an exhaustive summary of the material risks facing our business. In addition to the following summary, you should consider the information set forth below and the other information contained in this Annual Report before investing in our securities.

- Our global operations are subject to inherent risks that could materially adversely affect our business, results of operations, and financial condition.
- We may be unable to derive fully the anticipated benefits from our existing or future acquisitions, joint ventures, investments, dispositions, or other strategic transactions.
- Consolidation in the healthcare industry could have an adverse effect on our business, results of operations, and financial condition.
- We operate in a highly competitive industry, with accelerating pricing pressure and changes in technology.
- Changes to the U.S. and global healthcare environments may not be favorable to us.
- Increases in shipping costs or service issues with our third-party shippers could harm our business.

- Significant challenges or delays in our sourcing of new products and technologies could have an adverse impact on our long-term success.
- We have concentration in and dependence on certain healthcare provider customers and GPOs.
- Our business and operations depend on the proper functioning of our critical facilities and distribution networks and could be negatively impacted by events outside our control.
- Quality problems and product liability claims have in the past led, and could in the future lead, to recalls or safety alerts, reputational harm, adverse verdicts, or costly settlements, and could have a material adverse effect on our business, results of operations, and financial condition.
- Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline.
- If we experience increased pressure to maintain or decrease the price of our goods and services and we are unable to reduce our expenses, there may be a material adverse effect on our business, results of operations, and financial condition.
- Any failure by or loss of a third-party manufacturer or supplier or other manufacturing or supply-related impacts could result in delays and increased costs, which may adversely affect our business.
- We rely on the proper function, security, and availability of our information technology systems and data, as well as those of third parties throughout our global supply chain, to operate our business.
- We are subject to extensive and complex laws and governmental regulations and any adverse regulatory action may materially adversely affect our business, results of operations, and financial condition both inside and outside the United States.
- We are subject to complex and rapidly evolving data privacy, security, and data protection laws and regulations and the costs to comply with such laws and regulations or any ineffective compliance efforts with such laws and regulations may adversely impact our business.
- Our use or our third-party service providers' or business partners' use of AI, automated decision-making and machine learning technologies and the evolving regulatory framework in this area may subject us to risks or heightened costs that could adversely affect business, results of operation and financial condition.
- Our failure to comply with laws and regulations relating to reimbursement of healthcare goods and services may subject us to penalties and adversely impact our reputation, business, results of operations, financial condition, and cash flows.
- Uncertain global and domestic macro-economic and political conditions could materially adversely affect our business, results of operations, and financial condition.
- Our substantial indebtedness could adversely affect our financial condition, our ability to operate our business or react to changes in the economy or our industry, prevent us from fulfilling our obligations under our debts, and divert our cash flow from operations for debt payments.
- The credit agreement that governs the Senior Secured Credit Facilities and the indentures that govern the Senior Notes will each impose significant operating and financial restrictions on our subsidiaries, which may prevent us from capitalizing on business opportunities.
- Medline Inc. is a holding company and its only material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, and it is accordingly dependent upon distributions from Medline Holdings to pay taxes, make payments under the tax receivable agreement, and pay any dividends.
- The Designating Stockholders hold a significant percentage of our stock, and their interests may conflict with ours or yours in the future.
- Our amended and restated certificate of incorporation does not limit the ability of our Sponsors, the Mills family, and certain other pre-IPO investors to compete with us, and they may have investments in businesses whose interests conflict with ours.

The market price of shares of our Class A common stock may be volatile or may decline regardless of our operating performance, which could cause the value of your investment to decline.

Market and Industry Data

Unless otherwise indicated, information contained in this Annual Report concerning our industry, competitive position, and the markets in which we operate is based on information from independent industry and research organizations, other third-party sources and management estimates. Although we believe that these third-party sources are reliable, we do not guarantee the accuracy or completeness of this information, and we have not independently verified this information. Management estimates are derived from information obtained from surveys, reports by market research firms, our customers, distributors, suppliers, trade and business organizations, and other contacts in the markets in which we operate and have not been verified by independent sources, and are based on assumptions made by us upon reviewing such data, and our experience in, and knowledge of, such industry and markets, which we believe to be reasonable. In addition, assumptions and estimates of our and our industry's future performance are subject to a high degree of uncertainty and risk due to a variety of factors, including those described in Part I, "Item 1A—Risk Factors" and "Cautionary Note Regarding Forward-Looking Statements." These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

Statements regarding our market position (including statements that we are the largest company in a particular market), unless otherwise noted, are based on our 2025 net sales in the relevant market relative to the publicly reported net sales of our competitors in such market, including with respect to our statement of being the largest provider of med-surg products and supply chain solutions serving all points of care, as that statement is based on our 2025 net sales relative to the publicly reported net sales of med-surg products by companies that are both med-surg manufacturers and distributors.

Trademarks

We own or have the right to use trademarks, trade names, and service marks used in connection with our business, including, but not limited to, Medline, Curad, Microtek, Hudson, and Proxima. All trademarks, trade names, and service marks referred to in this Annual Report are the property of their respective owners. We do not intend our use or display of other companies' trade names, trademarks, or service marks to imply a relationship with, or endorsement or sponsorship of us by, these other companies. Solely for convenience, our trademarks, trade names, and service marks referred to in this Annual Report may appear without the ®, ™ or SM symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks, trade names, and service marks.

PART I

Item 1. Business

General

Medline Inc. (together with its subsidiaries, "Medline", "the Company", "we", "ours" and "us") is the largest provider of medical-surgical ("med-surg") products and supply chain solutions serving all points of care, based on total net sales of med-surg products. Medline was founded in 1966 and today delivers mission-critical products used daily across the full range of care settings, from hospitals and surgery centers to physician offices and post-acute facilities. Our mission is to make healthcare run better by delivering improved clinical, financial, and operational outcomes.

We have two reportable segments, Medline Brand and Supply Chain Solutions, the combination of which addresses critical needs in the market through a comprehensive solution. They are both supported by our Prime Vendor model, differentiated distribution network, and robust commercial platform. Through our two segments, we offer approximately 335,000 med-surg products, including surgical and procedural kits, gloves and protective apparel, urological and incontinence care, wound care, and consumable lab and diagnostics products. We distribute these products through our expansive network of global distribution facilities and our owned fleet of MedTrans trucks.

Medline Brand

As of December 31, 2025, we offer our customers approximately 190,000 med-surg products through our Medline Brand segment and hold leading positions across many key product families for our Medline Brand products. Our Medline Brand products are organized into three product categories: Front Line Care, Surgical Solutions, and Laboratory and Diagnostics.

- *Front Line Care* offers mission-critical med-surg products for patient-facing needs, including wound care products, exam gloves, skin care and incontinence products, environment cleaning supplies, textiles, hand sanitizer, durable medical equipment, patient plastics, and decolonization and infection control products.
- *Surgical Solutions* offers operating room and perioperative environment product solutions, including surgical procedure trays, drapes and gowns, personal protective equipment, sterile wraps, surgical instruments, surgeon's gloves, procedure kits, and orthopedic implants.
- *Laboratory and Diagnostics* offers a full range of laboratory and diagnostic product solutions, including point of care testing, analyzers and instrumentation, lab and diagnostic consumables, diagnostic instruments, vital signs monitors, and anatomic pathology and phlebotomy products.

Our product development approach incorporates customer feedback and ongoing innovation. We are also committed to delivering products of the highest standard, which is reflected by our robust quality team embedded across our manufacturing and sourcing locations. The expertise of our research and development team and quality team helps ensure products bearing the Medline brand meet both our rigorous quality standards and our customers' expectations.

Supply Chain Solutions

As of December 31, 2025, we offer approximately 145,000 med-surg products from over 1,300 third-party suppliers, including nearly all leading national brands, through our Supply Chain Solutions segment. We also provide our customers with supply chain optimization services such as consulting engagements, outsourced warehouse and technology management, put-away-ready packaging, third-party logistics, inventory rationalization, and route planning. Our third-party suppliers are primarily responsible for costs related to import and inbound freight, whereas we are primarily responsible for costs related to outbound freight from our distribution centers. Our supply chain expertise allows us to provide additional service offerings to optimize our customers' supply chain and inventory workflows, helping these customers cost-effectively manage their supply chain while building strong relationships and enhancing retention.

Our Prime Vendor Model

A Prime Vendor relationship is a relationship for which there is a multi-year distribution agreement between Medline and a customer, whereby the customer agrees to use Medline for the vast majority of its med-surg product needs.

In our Prime Vendor relationships, we enter into long-term agreements, typically structured with five-year terms, to act as the primary consolidated logistics partner for these customers' med-surg product needs. These agreements have been and are expected to continue to be a key contributor to our growth. Our customers realize efficiencies by partnering with one supply chain partner to consolidate their med-surg purchase volume. Prior to the market adoption of the Prime Vendor model, customers sourced such products individually from a highly fragmented base of suppliers. The Prime Vendor model instead centralizes procurement and distribution, which in turn drives efficiency and higher service levels.

As Prime Vendor, we drive significant cost savings to our customers. Our scale allows us to deliver consistently lower prices and better service levels on Medline Brand products relative to third-party alternatives, while also lowering the distribution cost for delivery of the full range of med-surg products. This often motivates customers to purchase more Medline Brand products over time. The opportunity is even greater in certain non-acute settings, where we sell a more focused product portfolio. Our Prime Vendor model allows us to provide cost savings to Prime Vendor customers, which, over time, supports incremental purchasing of our Medline Brand products and greater scale across our operations. As our scale grows, we are able to realize further efficiencies by offering superior or similar quality to third-party products at a more cost-effective price. We believe that Medline Brand conversion is mutually beneficial for both our customers and us-the value we provide customers at the outset of a Prime Vendor agreement meaningfully increases over time, as they accrue savings by purchasing our lower cost Medline Brand products, while our profitability grows given the enhanced margin profile of Medline Brand products. This compelling value proposition and supply chain relationship with our customers supports our greater than 98% average Prime Vendor retention rate over the past five years.

A portion of Supply Chain Solutions products sold to existing Prime Vendor customers has like-for-like Medline Brand product equivalents, representing a potential gross profit uplift consistent with our historical margin differentials if such products were converted for Medline Brand products. While we historically have earned higher margins upon conversion from third-party national brand products to like-for-like Medline Brand products, because of the lower average prices for Medline Brand products, there is typically a negative impact on net sales upon the conversion of Supply Chain Solutions products to like-for-like Medline Brand products if volume is assumed to be constant. For additional information on potential risks relating to this conversion opportunity, please see Part I, "Item 1A—Risk Factors—Risks Related to Our Business, Industry and Operations—Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline."

Our Distribution Network

We have a differentiated distribution network of 70 global distribution centers, warehouses, cross-docks, and transship facilities, 45 of which are in the United States, strategically located to provide next-day delivery to 95% of our U.S. customer base. We utilize artificial intelligence ("AI") and robotics technology in over 26 million square feet of warehouse space in the United States to improve efficiency and capacity to optimize distribution logistics and maximize utilization. The products we distribute are packaged to meet each customer's individual needs and to be "put-away-ready," which streamlines the customer's unloading and shelving process. We also operate our own fleet of more than 2,100 MedTrans trucks that deliver our products across care settings within the United States. As of December 31, 2025, we had approximately 25% in incremental capacity across our platform to support our long-term growth.

Our Commercial Platform

Our deep connectivity to our customers is driven by the strength of our dedicated and tenured commercial team. We have a U.S. commercial team of approximately 4,000 people across all points of care, which includes account managers, product specialists, specialized clinical resources, customer service representatives, supply chain specialists, Prime Vendor analysts, and a robust leadership team dedicated to driving efficiencies for our customers through their teams. We have created an entrepreneurial environment that empowers our salesforce to work with our product managers to create innovative products that meet market demand. We have a team devoted to each channel in the United States and each region or country internationally, which allows our salesforce teams to develop market-specific knowledge.

Research and Development

We have a track record of successfully bringing new products to market, with more than 2,300 granted patents and more than 450 U.S. Food and Drug Administration ("FDA") 510(k) clearances. Over the last three years, we have successfully launched more than 250 new products.

Competition

Our value proposition is derived from our integrated business model, the breadth of our Medline Brand portfolio, our differentiated supply chain, and the overall quality and cost of our products. As a result of our integrated business model, our competitors include both other leading med-surg product manufacturers and distributors.

Similar to us, other leading med-surg product manufacturers produce a wide range of med-surg supplies. However, unlike us, many of these competitors are reliant upon third-party distributors to deliver their products to customers. By nature of being a distributor, Medline has direct access to and manages the end customer relationships. This enables us to offer a complete solution as a manufacturer and a distributor, offering our customers what we believe to be best-in-class supply chain logistics, and driving value through our brand.

Additionally, other distributors of med-surg products similarly connect the fragmented supplier and provider bases and aggregate inventory from suppliers to deliver products to customers, such as McKesson, Cardinal Health, Owens & Minor, and Henry Schein. These distribution companies compete with us for Prime Vendor agreements. However, we believe that many of these competitors do not benefit from the scale and scope of our vertical integration or commercial excellence, and thus are not able to provide the same magnitude of cost savings, value, and holistic solutions that we deliver for our customers.

Production and Raw Materials

We manufacture approximately one-third of our Medline Brand products, which are primarily Class I and II medical devices, through our 30 manufacturing facilities, of which 24 are in North America. We purchase many of the components and raw materials used in manufacturing our products from numerous suppliers. We focus our manufacturing capabilities on products where we can leverage technology and automation to drive higher quality and lower costs to better serve our customers. For the vast majority of the other two-thirds of our Medline Brand products, we work closely with our network of more than 600 global partners across approximately 40 countries, many of whom have decades-long exclusive relationships with us. The breadth of our global sourcing partnerships provides diversification and strengthens our resiliency, with no single sourcing partner accounting for more than 5% of total spend as of December 31, 2025.

We also have plans and measures in place to help ensure continuity of supply while maintaining high quality and reliability. Generally, we have been able to obtain adequate supplies of such raw materials and components. However, due to the FDA's manufacturing requirements and those of other regulatory authorities, we may not be able to quickly establish additional or replacement sources for certain components, materials or processes if we experience a sudden or unexpected reduction or interruption in supply or services and are unable to develop alternative sources.

Human Capital Resources

At Medline, our relentless focus on the customer drives our human capital strategy, which revolves around attracting, developing, and retaining employees to provide the best products and services for our customers. We have developed a strong foundation that drives our recruitment, retention and development efforts. We are committed to supporting the personal and professional development of our employees, as well as providing competitive benefits and a safe, inclusive workplace.

As of December 31, 2025, we employed over 45,000 employees worldwide, with over 26,000 located in the United States. Our largest non-U.S. employee populations are in Mexico, Dominican Republic, India, Canada, Slovakia, France, China, Japan, Germany, and Australia. None of our employees in the United States are unionized, though some of our employees in Mexico belong to unions. In Germany and the Netherlands, employees are represented through Works Councils; in France and Spain, employees are represented through both Works Councils and industry-wide collective bargaining agreements; and in Belgium and Italy, employees are also represented through industry-wide collective bargaining agreements. In Australia, certain employees are represented by an enterprise bargaining agreement; in Japan, employees are represented through a Work Council; and in Vietnam, employees are represented through a collective bargaining agreement. We believe that our positive employee relations and total employee experience drive the continual growth of our workforce.

Culture and Values

Our culture is grounded in a customer-focused, collaborative, and performance-driven approach, guided by core values emphasizing relentless customer focus, agility and flexibility, problem-solving, drive to succeed, purposeful candor, and the importance of relationships. Employees are encouraged to exercise judgment, work transparently with customers, and contribute meaningfully to our mission to make healthcare run better.

Talent Attraction and Development

We seek to attract employees whose skills, experience, and motivation align with our operational and technical needs. Through continual improvement of internal processes, an awareness of market and candidate driven trends, and in partnership with vendors and other outside organizations, our talent acquisition programs focus on efficient hiring processes, market awareness, and building a diverse pipeline of candidates. We support development through consistent performance management processes and early career opportunities to take on additional responsibilities to demonstrate their competencies and drive to succeed and on-the-job responsibility augmented by formal training and development to refine technical and leadership skills. New sales representatives participate in comprehensive training programs, and product managers have targeted development pathways through all stages of their careers, from mandatory onboarding offerings to advanced classes that provide the necessary skills with increasing levels of responsibility, to support progression over time.

Employee Engagement and Inclusion

We believe our employees' ability to communicate and cooperate effectively across functional and departmental teams positively impacts our performance. We engage in various listening strategies and foster engagement through survey feedback mechanisms, anonymous employee feedback platform, focus groups, increased attention to onboarding and offboarding feedback, pulse surveys on remote work needs, and other listening strategies. Insights from these efforts inform workplace improvements. We also support an inclusive environment through Employee Resource Groups and leadership training initiatives designed to reduce bias in talent decisions and strengthen representation across the company.

Health, Safety, and Well-Being

We are committed to maintaining a safe workplace and supporting the physical, emotional, and financial well-being of our employees. We provide competitive health and benefits programs, access to assistance resources where available, and opportunities for community involvement through charitable giving, including financial giving and in-kind giving such as product donations.

Intellectual Property

We rely upon patents, trademarks, copyrights, trade secrets and other intellectual property rights to maintain and improve our competitive position. We have a large portfolio of intellectual property, including more than 2,300 granted patents as well as trademark registrations protecting our notable brands, including Medline, Curad, Microtek, Hudson, and Proxima.

We consider the trademarks and know-how that we own to be material to our business. However, other than the Medline mark, we do not consider our business to be materially dependent upon any individual trademark registration or trade secret. In the aggregate, we consider our more than 2,300 granted patents to be material to our business. However, no single patent or group of related patents is material to our business as a whole or any segment of our business.

We believe that we have taken all necessary steps to protect our intellectual property rights, but no assurance can be given that we will be able to successfully enforce or protect our rights in the event that they are infringed upon or challenged by a third party. See Part I, "Item 1A —Risk Factors—Risks Related to Regulation and Legal Proceedings—Any failure to obtain, maintain, protect and enforce our intellectual property rights, or the failure of the strength or scope of our intellectual property rights, could harm our business, financial condition, and results of operations" and "—Risks Related to Regulation and Legal Proceedings—We may become subject to litigation brought by third parties claiming infringement, misappropriation, or other violation by us of their intellectual property rights."

Government Regulation

Our operations and products are subject to extensive regulation by numerous governmental regulatory authorities, including U.S. and other international regulatory authorities, and other government agencies inside and outside the United States. To varying degrees, each of these agencies requires us to comply with laws and regulations governing the development, design, materials, testing, safety, efficacy, quality, purity, manufacturing, methods, controls, testing, screening, recordkeeping, reporting, processing, storage, registration, authorization, licensing, permitting, labeling, advertising, marketing, distribution, offer for sale, sale, use, expiration, pricing, reimbursement, import, export, clinical trials, post-marketing surveillance of our products, the registration of our facilities, and the claims that we make about our products. The United States and other countries where we sell healthcare and other regulated products, including drugs, human cell and tissue products, dietary supplements, cosmetics, certain foods, and consumer products subject such products to their own clearance, authorization, approval, registration, listing, labeling, manufacturing, recordkeeping, reporting, and other regulatory requirements regarding the performance, safety, and quality of such products. We are also subject to healthcare and other regulations and enforcement by the federal government and the states and foreign governments and authorities in the locations in which we conduct our business. The U.S. governmental and regulatory authorities that enforce such laws and rules, and that issue guidance on compliance with such laws and rules include, without limitation, the FDA, the Centers for Medicare & Medicaid Services ("CMS"), other divisions of the U.S. Department of Health and Human Services ("HHS"), the HHS Office of Inspector General, U.S. Environmental Protection Agency ("EPA"), the Federal Trade Commission ("the FTC"), Consumer Product Safety Commission ("CPSC"), the U.S. Department of Justice ("DOJ") and individual U.S. Attorney offices within the DOJ, as well as state and local governments. Our business is also affected by patient and data privacy and security laws, government payer cost containment initiatives, government reimbursement laws and regulations, environmental, health, and safety laws and regulations, as well as laws and regulations with respect to the sale, transportation, storage, handling, and disposal of hazardous or potentially hazardous substances, and safe working conditions. Our business also maintains contracts with governmental agencies and such contracts are subject to various government procurement laws and regulations, required contract provisions, and other requirements relating to contract formation, administration and performance. Failure to comply with applicable laws and regulations or with contractual or other requirements may result in monetary damages and criminal or civil penalties as well as termination of our government contracts or our suspension or debarment from government contract work.

The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, including through the offering of new products and services or entering into new geographic areas, we may be subject to new and additional regulatory requirements. The foreign, federal, state, and local regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products, suspend, revoke, or terminate our product and facility licenses, permits, and authorizations, request the cessation of distribution and shipments of certain products due to regulatory, safety, or other issues, seize or order the recall of our products, issue safety, quality, or other communications to the public or healthcare providers, enforce laws related to marketing, including promotion of off-label uses of products, and impose injunctions and significant criminal, civil, and administrative sanctions for violations of laws and regulations. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, may impact our business practices and operations, including by limiting our ability to effectively market, ship, and sell our products, affecting the production and distribution of products by our manufacturing facilities, subjecting us to significant liability, and limiting our ability to obtain future authorizations. Although we are subject to international government regulations in the international end markets where we operate and/or provide our products, these regulations do not have a material impact on our products as no international market represents more than 3% of our net sales.

Government Regulation of Medical Devices

Our medical devices are subject to regulation by numerous government agencies, including the FDA and comparable state and foreign agencies. Regulations of the FDA and other regulatory agencies in and outside the United States impose extensive compliance and monitoring obligations on portions of our business. The FDA and other U.S. and foreign governmental agencies regulate, among other things, with respect to medical devices: design, development, and manufacturing; testing, registration, listing, labeling, content, and language of instructions for use and storage; clinical trials; product safety; marketing, sales, and distribution; licensing and permit requirements; premarket clearance, approval and authorization; record keeping procedures; advertising and promotion; recalls and field safety corrective actions; post-market surveillance, including reporting of deaths or serious injuries and malfunctions that, if they were to recur, could lead to death or serious injury; post-market approval studies; and product import and export. The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, we may be subject to new and additional regulatory requirements. The FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers; seize or order the recall of products; terminate, suspend, or revoke licenses and permits; and impose significant criminal, civil, and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers. In addition, the FDA and other governmental and regulatory authorities, both in and outside the United States (including the FTC, the HHS Office of the Inspector General, the DOJ, and various state Attorneys General), monitor the promotion and advertising of our products. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, depending on its magnitude, may limit our ability to effectively market, ship, and sell our products, limit our ability to obtain future premarket authorizations, or result in a substantial modification to our business practices and operations.

FDA Premarket Clearance and Approval Requirements

Each medical device we wish to distribute commercially in the United States requires marketing authorization from the FDA prior to distribution, unless the device is exempt from premarket notification requirements. The type of marketing authorization necessary is generally linked to the classification of the device. The FDA classifies medical devices into one of three classes-Class I, II, or III-based on the degree of risk associated with a device and the level of regulatory control deemed necessary to ensure its safety and effectiveness. Class I devices that pose the least risk are subject only to General Controls applicable to all devices, such as requirements for device labeling, premarket notification, and adherence to current good manufacturing practices for devices as set forth in the Quality System Regulation ("QSR"). Class II devices that pose a moderate risk are subject to General Controls and may also be subject to Special Controls, such as performance standards, product-specific guidance documents, special labeling requirements, patient registries, or post-market surveillance. Class III devices are those for which insufficient information exists to assure safety and effectiveness solely through General and Special Controls, including devices that support or sustain human life, are of substantial importance in preventing impairment of human health, or which present a potential unreasonable risk of illness or injury.

Most Class I devices and some Class II devices are exempted by regulation from the 510(k) clearance requirement and can be marketed without prior authorization from the FDA. Class I and II devices that are not exempted are eligible for marketing through the 510(k) clearance pathway. By contrast, devices placed in Class III generally require premarket approval ("PMA") or de novo clearance prior to commercial marketing. The PMA approval process is more stringent, time-consuming and expensive than the 510(k) clearance process; however, the 510(k) clearance process has also become increasingly stringent and expensive. None of our products are currently approved under a PMA, and we have no plans for any indication or system improvement or extension that we believe would require a PMA. If, in the future, we were to file a PMA, we may be subject to additional regulatory requirements.

510(k) Clearance Process

To obtain 510(k) clearance, we must submit a premarket notification to the FDA demonstrating the proposed device to be substantially equivalent to a predicate device. A device is substantially equivalent if, with respect to the predicate device, it has the same intended use and it has either the same technological characteristics, or it has different technological characteristics, but the information provided in the 510(k) submission demonstrates that the device does not raise new questions of safety or effectiveness. The standard review process for 510(k)s is between six to nine months, dependent upon the type of 510(k) filing submitted. Although many 510(k) premarket notifications are cleared without clinical data, in some cases, the FDA may require clinical data to support substantial equivalence. In reviewing a premarket notification, the FDA may request additional information, including clinical data, which may significantly prolong the review process and clearance is never assured. Clinical trials generally require the submission of an investigational device exemption ("IDE") to the FDA for a specified number of patients and study sites, unless the product is deemed a non-significant risk device eligible for more abbreviated IDE requirements. Clinical trials are subject to numerous requirements and institutional review board approval, oversight, and monitoring. Even if a trial is conducted, the results of clinical testing may not adequately demonstrate the safety and effectiveness of the device or be sufficient to obtain FDA clearance or approval for marketing.

After a device receives 510(k) clearance, any subsequent modification of the device that could significantly affect its safety or effectiveness, or that would constitute a major change in its intended use, requires a new 510(k) clearance or could require submission and approval of a de novo 510(k) or a PMA application in cases where new indications are sought for which there is no predicate. Non-significant changes are handled via internal documentation by the Company. Each manufacturer must judge the significance of modifications based on FDA 510(k) regulatory requirements and guidance documents. The FDA may review any such decision and may disagree with a manufacturer's determination. If the FDA disagrees with a manufacturer's determination, the FDA may require the manufacturer to cease marketing and distribution and/or recall the modified device until 510(k) clearance or PMA approval is obtained. In the future, we may make modifications to our products after they have received FDA clearance and, in appropriate circumstances, determine that new clearance is unnecessary. However, the FDA may disagree with our determination, and, if the FDA requires us to seek 510(k) clearance or submit new PMA applications for any modifications to a previously cleared product, we may be required to cease marketing or distributing or recall the modified device until we obtain the required clearance or approval. We may also market or acquire products that are marketed without a 510(k) clearance, appropriate labeling, or that otherwise are marketed in violation of FDA requirements, since medical devices can be marketed only for the indications for which they are cleared or approved. Under these circumstances, we may also be subject to warning letters, significant regulatory fines, or other penalties, and we may no longer be able to market particular products for which a 510(k) clearance is required.

Post-Marketing Requirements

Numerous FDA regulatory requirements apply to devices we manufacture and distribute, including: compliance with the QSR, which require manufacturers and their suppliers to follow the applicable design, testing, processes, control, documentation, labeling, and other quality assurance procedures during the manufacturing process; establishment registration, which requires establishments involved in the production and distribution of medical devices intended for commercial distribution in the United States to register with the FDA; medical device listing, which requires manufacturers to list the devices they have in commercial distribution with the FDA; labeling regulations, which prohibit "misbranded" devices from entering the market, as well as prohibit the promotion of products for unapproved or off-label uses and impose other restrictions on labeling; post-market surveillance, including medical device reporting requirements which requires manufacturers to report to the FDA if their device may have caused or contributed to a death or serious injury, or malfunctioned in a way that would likely cause or contribute to a death or serious injury if it were to recur; and corrections and removal reporting regulations, which require that manufacturers report to the FDA field corrections and product recalls or removals if undertaken to reduce a risk to health posed by the device or to remedy a violation of the Federal Food, Drug, and Cosmetic Act that may present a risk to health. The FDA and other governmental and regulatory authorities actively enforce the laws and regulations prohibiting the promotion of off-label uses, and a company that is found to have improperly promoted off-label uses may be subject to significant liability.

The FDA enforces these requirements by inspection and market surveillance. Domestic facility records and manufacturing processes are subject to periodic unscheduled inspections by the FDA. The FDA may also inspect foreign facilities that export products to the United States. Failure to comply with applicable regulatory requirements may result in enforcement action or other actions by the FDA, which may include one or more of the following sanctions: adverse press releases and safety communications; requests to stop shipments; untitled letters or warning letters; fines, injunctions, and civil penalties; mandatory recall or seizure of our products; customer notifications and repairs or replacements; administrative detention or banning of our products; consent decrees; operating restrictions, partial suspension or total shutdown of production; refusing our request for 510(k) clearances for new product versions or modifications to existing product versions; revocation of 510(k) clearances previously granted; refusal to grant export approval for our products; and criminal prosecution and penalties. If any of these events were to occur, they could have a material adverse effect on our business, financial condition, and results of operations.

International Regulation of Medical Devices

Sales of medical devices outside the United States are subject to foreign government regulations, which vary substantially from country to country. In order to market our products in other countries, we must comply with applicable regulatory requirements and authorizations and approvals and safety and quality regulations in each country in which the product is marketed. The time required to obtain authorization, approval, or certification by a foreign country may be longer or shorter than that required for FDA clearance, and the requirements may differ significantly.

EU Regulation of Medical Devices

In the European Union ("EU") until May 25, 2021, medical devices were regulated by the Council Directive 93/42/EEC, which has been repealed and replaced by the Medical Device Regulation ("EU MDR"). Unlike directives, regulations are directly applicable in all EU member states without the need for member states to implement into national law. The EU extended the EU MDR transitional periods for certain medical devices until December 31, 2027 or December 31, 2028, depending on a device's risk class and subject to certain conditions to ensure continued access to medical devices for patients and to allow medical devices already placed on the market in accordance with the current legal framework to remain on the market, provided that the requirements of the transitional provisions are fulfilled.

In the EU, there is currently no premarket government review of medical devices. However, all medical devices placed on the EU market must meet general safety and performance requirements, and compliance with the general safety and performance requirements is a prerequisite for European conformity marking without which medical devices cannot be marketed or sold in the EU. EU MDR requirements regarding the distribution, marketing, and sale, including quality systems and post-market surveillance, have to be observed by manufacturers, importers, and distributors as of the application date (i.e., since May 26, 2021), including registration of economic operators and of devices (once the relevant modules of Eudamed are functional), surveillance, and vigilance requirements. The aforementioned EU rules are generally applicable in the European Economic Area which consists of the 27 EU member states plus Norway, Liechtenstein, and Iceland.

The NDA Approval Process

For any new drug products regulated under the Federal Food, Drug, and Cosmetic Act such as our ReadyPrep CHG cloth, a sponsor must submit a New Drug Application ("NDA"), to the FDA for review and approval. The NDA review and approval process may take multiple years and involves steps including the following:

- completion of preclinical studies and analytical and stability testing in accordance with applicable regulations;
- submission to the FDA of an Investigational New Drug ("IND") application, which must become effective before clinical trials may begin and must be updated annually and amended when certain changes are made;
- approval by an institutional review board, or IRB, or independent ethics committee, or IEC, at each clinical trial site before each trial may be initiated;
- performance of adequate and well-controlled clinical trials in accordance with applicable IND regulations, good clinical practice, or GCP, requirements, including informed consent, financial disclosure by investigators, and other clinical trial-related regulations, to establish the safety and efficacy of the investigational product for each proposed indication and other condition of use;
- preparation and submission to the FDA of an NDA;

- satisfactory completion of one or more FDA pre-approval inspections of the manufacturing facility or facilities where the drug will be produced to assess compliance;
- satisfactory completion of FDA inspection of select clinical trial sites involved in conducting pivotal studies that generated the data in support of the NDA;
- payment of user fees for FDA review of the NDA; and
- FDA review and approval of the NDA, including of the proposed prescribing information and, where applicable, consideration of the views of any FDA advisory committee, prior to any commercial marketing or sale of the drug in the United States.

Any approvals that we may ultimately receive could be withdrawn if required post-marketing trials or analyses do not meet the FDA requirements, which could materially harm the commercial prospects for our products.

Even if a product candidate receives regulatory approval, the approval may be limited to specific disease states, patient populations and dosages, or might contain significant limitations on use in the form of warnings, precautions or contraindications, or in the form of onerous risk management plans, restrictions on distribution, or post-marketing study requirements. Further, even after regulatory approval is obtained, later discovery of previously unknown problems with a product may result in restrictions on the product or even complete withdrawal of the product from the market. Delay in obtaining, or failure to obtain, regulatory approval for our candidate products, or obtaining approval but for significantly limited use, would harm our business. In addition, we cannot predict what adverse governmental regulations may arise from future U.S. or foreign governmental action.

Trade Regulations

The movement of products, services, and investment across borders subjects us to extensive trade regulations. A variety of laws and regulations in the countries in which we transact business apply to the sale, shipment, and provision of goods, services, and technology across borders. These laws and regulations govern, among other things, our import, export, and other business activities. We are also subject to the risk that these laws and regulations could change in a way that would expose us to additional costs, penalties, or liabilities. Some governments also impose economic sanctions against certain countries, governments, persons, and entities, both for unlawful or malign conduct and to discourage or prevent entities from abiding by other countries' laws. In addition to our need to comply with such regulations in connection with our direct activities, we also sell and provide goods, technology, and services to agents, representatives, and distributors who may export such items to customers and end-users. If we, or the third parties through which we do business, are not in compliance with applicable import, export control, or economic sanctions laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability. Such actions may disrupt or delay sales of our products or services or result in restrictions on our distribution and sales of products or services that may materially impact our business.

Anti-Boycott Laws

Under U.S. laws and regulations, U.S. companies and their subsidiaries and affiliates are prohibited from participating or agreeing to participate in unsanctioned foreign boycotts in connection with certain business activities, including the sale, purchase, transfer, shipping, or financing of goods or services within the United States or between the United States and countries outside of the United States. If we, or certain third parties through which we sell or provide goods or services, violate U.S. anti-boycott laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability.

4AA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03402	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 494 State Route 416

City: Montgomery State: NY Zip: 12549

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 845-457-5463 Website: medline.com

Name of Designated Representative (DR): Thomas Fallon

Licensing Company Email: ralicensing@medline.com DR Email: tfallon@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Corporate Discipline History

Original Signature (electronic, copies or stamps not accepted)

4/15/26
Date

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
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Jefferson City, MO 65102-0625
573-751-0091 PHONE
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800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grimston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
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800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ REQUESTS

_____ DOES NOT REQUEST

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____

Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____

Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____

Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____

Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Florida Department of Health

Reason/Charge
Medline's Florida Certified Designated Representative unexpectedly resigned.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

Lara N. Simmons February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

Daisy Kung for February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Medline Industries, Inc., Case #2007-37412

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2008006		Louisiana Board of Wholesale Drug Distributors		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
LA Board of WDD/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingerman

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman; William Crates, Vice-Chairman; Randall Brooks, Secretary/Treasurer; John Liggio, Executive Director/Inspector
Hershal Paul, Board Member; Andy Milligan, Board Member; Wayne Gremillion, Board Member; Eric Vidrine, Board Member; Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C Baton Rouge, LA 70816
(225) 295-8567 fax (225) 295-8568 Lsbwdd@bellsouth.net www.Lsbwdd.org

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
HI DCCA / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
119A
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

6. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

9. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

11. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 0 8 2008.

Bobbi'wy Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of July, 2007, before me personally appeared Larry Sonnes, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C&I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08 PHM 037	Wisconsin Department of Regulation and Licensing

Reason/Charge
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WI DSPS/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 1 day of February, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer, Inc.
Address: 66 Hudson Blvd E City: New York State: NY Zip: 10001

Name: ICU Medical Inc.
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare Inc.
Address: One Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Avenue City: Bethlehem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Medline Inc.
Corporation Name: See Attached Ownership Information
Mailing Address: 3 Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: (847) 949-5500 Email: ralicensing@medline.com
Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025 | SEC Registration Number: 0002046386 | Stock Exchange Symbol: MDLN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 19 A 9:4

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2009-7-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Lee V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2009

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

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POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dana N. Simmons Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Dana N. Simmons, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller
Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of January, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
27278	NY State Education Department- Board of Pharmacy

Reason/Charge
Discipline incurred in another jurisdiction

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NY Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: Ariana Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

1-5-21

Willis Ingalls, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer M. Rudell, RPh

1-6-2021

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

1-6-2021

Henry Appel, Ohio Assistant Attorney General

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

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THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

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imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

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1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. **The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.**

2. **Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.**

3. **Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.**

4. **The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.**

5. **Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.**

6. **Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.**

7. **Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.**

8. **Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.**

9. **This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.**

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	FL DBPR- Div. of Drugs, Devices, and Cosmetics

Reason/Charge
Customer Licenses, Record Keeping

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DBPR / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____
Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
0 9 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — 06-29-2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 OCT 16 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent MEDLINE INDUSTRIES, L.P. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., and C.7. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____

IVY Y. E. KIM
Attorney for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE Chair	December 21, 2023 DATE
PATRICK ADAMS Vice Chair	MARK BROWN
CATALINA CROSS	Kent Kikuchi KENT KIKUCHI
BRANDON RABANG	SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Daniel Stevens

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/15/24

Date

PAID

Board Use Only	Date Received: 4/22/24	Amount: $1,000.00

Power of Attorney

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

POWER OF ATTORNEY

EXCELSIOR MEDICAL, LLC, an Illinois limited liability company, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Excelsior Medical, LLC

By: Medline Industries, LP
Its: Manager
By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Medline Industries, LP, as Manager of Excelsior Medical, LLC.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

POWER OF ATTORNEY

Centurion Medical Products, LP, an Delaware limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Centurion Medical Products, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Centurion Medical Products, LP.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries, LP

located at

494 State Route 416, Montgomery, NY, 12549

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

Ownership Information

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

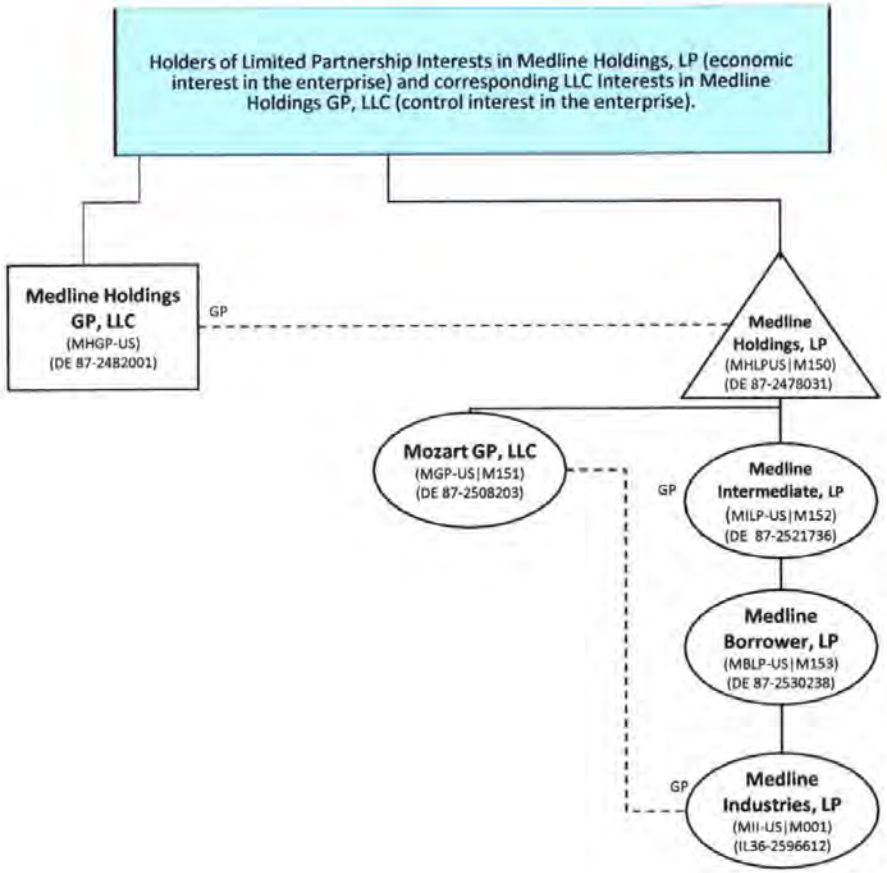
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

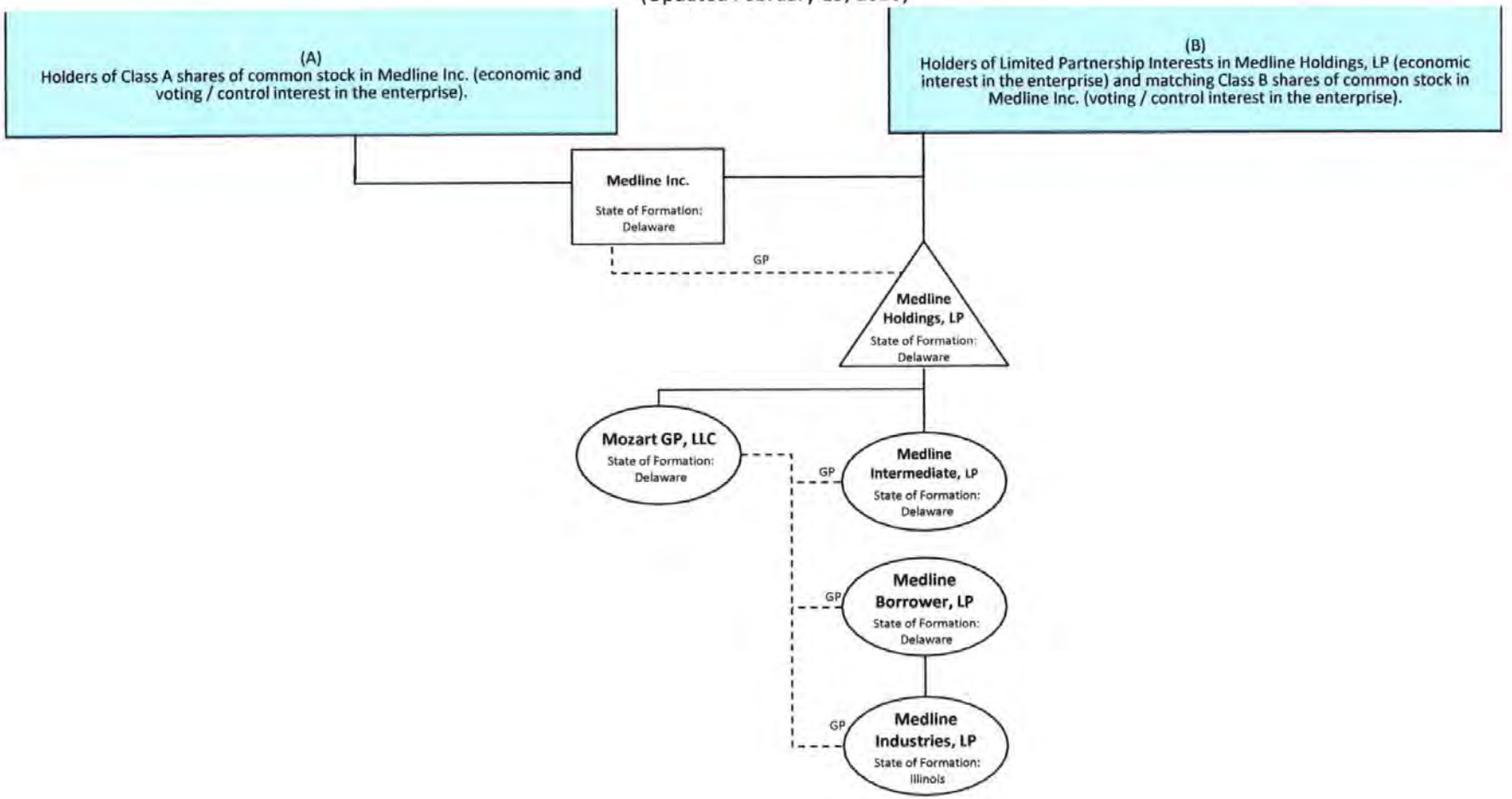


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

List of Officers, Directors, and Partners

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Centurion Medical Products, LP

FEIN: 38-1659420
A Delaware Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Industries, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	36-2596612
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC

FEIN: 32-0473772
An Illinois Limited Liability Company

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Member and Manager of LLC:

Medline Industries, LP
FEIN: 36-2596612

Officers:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC is a member managed LLC with the sole member and manager being Medline Industries, LP. Medline Industries, LP is a limited partnership and does not appoint corporate officers. Medline reports the officers for its general partner, Mozart GP, LLC, which retains 100% control of Medline Industries, LP.

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

Certificates of Good Standing

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

SEAL OF THE STATE OF ILLINOIS — AUG. 26TH 1818

Authentication #: 2610502528 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURION MEDICAL PRODUCTS, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTURION MEDICAL PRODUCTS, LP" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6213666 8300

SR# 20261791715

Authentication: 203646965

Date: 04-15-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

File Number 0543231-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

EXCELSIOR MEDICAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502534 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5143163 8300

SR# 20261572157

Authentication: 203550646

Date: 04-03-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2024-27

NAME OF SUPERVISOR
THOMAS J. FALLON III

THIS IS TO CERTIFY

MEDLINE INDUSTRIES, L.P.
494 ST ROUTE 416
MONTGOMERY, NY 12549

is duly recorded as a

REGISTERED WHOLESALER OF DRUGS AND/OR DEVICES

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF DECEMBER, 2024.
THIS CERTIFICATE EXPIRES ON THE THIRTIETH DAY OF NOVEMBER, 2027.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER

039262

Dina Lynn

EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

Certificates of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC. 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** N/A — N/A **INSURER C :** See Acord 101 for Carrier Participation **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-26 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 2,000,000 $ 10,000 $ 2,000,000 $ 4,000,000 $ SEE BELOW
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
	UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
A A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2025 07/01/2025	07/01/2026 07/01/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:

57.86% of the layer is insured by Lloyds of London

17.14% of the layer is insured by AXA XL UK Ltd. (A+)

25% of the layer is insured by Harleysville Insurance Company of NY (A)

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$	10,000
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$	2,000,000
	OTHER:						GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y	N/A		PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr. Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S . Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St. Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd. Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **105625536**

Current Billing Term From **July 20, 2025** to **July 20, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **July 20, 2011**, in the amount of **One Hundred Thousand** (**$100,000.00**) on behalf of **MEDLINE INDUSTRIES, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **June 25, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 105625536 **Principal: MEDLINE INDUSTRIES, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25 day of June, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 25th day of June, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Oscar F. Rincon

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #105625536

Current Information as of 04/14/2026

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 5: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 6: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 7: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 8: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 9: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 10: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 11: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 12: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 13: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Location 14: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 15: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 16: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 17: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 18: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 19: (C71)
Medline Industries, LP
264 S 5750 W
Salt Lake City, UT 84104

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

Location 23: (ANG)
Medline Industries, LP
10 Glen Falls Techinical Park
Glen Falls, NY 12801

Location 24: : (EXC-TF)
Excelsior Medical, LLC
1470 Shafto Road
Tinton Falls, NJ 07712

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **108030426**

Current Billing Term From **September 03, 2025** to **September 03, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **September 03, 2024**, in the amount of **Twenty Five Thousand** (**$25,000.00**) on behalf of **CENTURION MEDICAL PRODUCTS, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **July 23, 2025**

Travelers Casualty and Surety Company of America

By: _____
Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108030426 **Principal: CENTURION MEDICAL PRODUCTS, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

SEAL SEAL SEAL SEAL

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

NOTARY PUBLIC

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 23 day of July, 2025.

SEAL SEAL SEAL SEAL

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 23rd day of July, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #108030426

Current Information as of 04/14/2026

Location 1: (B01)
Centurion Medical Products, LP
301 Catrell Drive
Howell, MI 48843

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP — MDEG License # (if applicable): WH03402

Physical Address: 494 Route 416

City: Montgomery — State: NY — Zip: 12549

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield — State: IL — Zip: 60093

Telephone: 845-457-5463 — Website: WWW.MEDLINE.COM

Licensing Company Email: RALICENSING@MEDLINE.COM

Section 2: Personal Information

First: Thomas — Middle: Joseph — Last: Fallon III

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Monroe — State: NY — Zip: [redacted]

Telephon[redacted] — Email: Tfallon@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Monroe Woodbury High School		09/78 - 06/82	
Address	City	State	Zip
155 Dunderberg Rd	Central Valley	NY	10917
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
West Liberty State College		08/82 - 05/86	
Address	City	State	Zip
208 University Drive	West Liberty	WV	26074
Diploma/Degree obtained, if any			
Bachelor of Science in Business Administration - Management			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
8/2004 to Present	[redacted]	Monroe	NY	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Medline Industries LP			9/1/2021 to Present
Business Address	**City**	**State**	**Zip**
494 Route 416	Montgomery	NY	12549
Phone	**Title**	**Number of Employed Hours**	
845-344-3301	Sr Director of Operations	1500 +	

Description of Duties

As the Sr Director of Operations, I oversee the facility and i am involved with decision making, procedures, policies, record keeping and inventory.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries LP			4/1/2017 to 8/31/2021
Business Address	**City**	**State**	**Zip**
494 Route 416	Montgomery	NY	12549
Phone	**Title**	**Number of Employed Hours**	
845-344-3301	Director of Operations	1500 +	

Description of Duties

As the Director of Operations, I oversee the facility and i am involved with decision making, procedures, policies, record keeping and inventory.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries LP			10/25/2016 to 4/1/2017
Business Address	**City**	**State**	**Zip**
494 Route 416	Montgomery	NY	12549
Phone	**Title**	**Number of Employed Hours**	
845-344-3301	Director of Operations in training	1500 +	

Description of Duties

As the Director of Operations in training, I oversee the facility and i am involved with decision making, procedures, policies, record keeping and inventory.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. **Provide all the following *<u>where applicable</u>*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Thomas Fallon III, **certify that as the MDEG Administrator for**

Medline Industries, ,LP,

that I (initial that you have read and meet the following requirements):

1. TF Have a high school diploma or its equivalent;
2. TF Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. TF Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. TF Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Thomas Fallon III

Print Name (First, Last)

Th Fallon III

Original Signature (electronic, copies or stamps not accepted)

Date

Board Use Only	Date Received: 4/21/20

List of Employees
Medline Industries, LP
C54 - Montgomery, NY

Worker	Business Title
Aaron Etienne	Warehouse Operator Operations
Aaron Miller	Warehouse Operator Operations
Aaron Perez	Warehouse Operator Operations
Abner Pena	Warehouse Operator Operations
Adahir MayaHernandez	Warehouse Operator Operations
Adam Akers	Trainer Branch
Adam Almodovar	Warehouse Operator Operations
Adam Bernstein	Driver Ld
Adrian Cifuentes	Supv Warehouse
Adrian Moran	Warehouse Operator Operations
Adrian Stanley	Delivery Driver
Adriel Israel	Line Haul Driver
Aislinn Rodriguez	Inventory Coord Operations
Alan Melanson	Sr Mgr Operations
Alba Casas	Warehouse Clerk Operations
Alberto Leal	Trainer Branch
Alejandro Beato	Warehouse Operator Operations
Alejandro Ramos	Warehouse Operator Operations
Alesha Slocum	Warehouse Operator Operations
Alex Diaz	Warehouse Operator Operations
Alex FATHIZADEH (On Leave)	Warehouse Clerk Operations
Alex Lopez	Warehouse Operator Operations
Alexander Garcia	Warehouse Operator Operations
Alexander Roman	Warehouse Operator Operations
Alexander Wagner	Warehouse Operator Operations
Alexandr Abramov	Warehouse Operator Operations
Alexia Caltenco	Warehouse Operator Operations
Alexis Acevedo	Warehouse Operator Operations
Alexis Brown	Warehouse Operator Operations
Alexis Olivo	Warehouse Clerk Operations
Alexus Parkes	Warehouse Operator Operations
Alfredo Embree	Warehouse Operator Operations
Alfredo Granado	Warehouse Operator Operations
Alice Metzgar	Warehouse Operator Operations
Alira Jones	Warehouse Operator Operations
Allen Mark Lupera	Warehouse Operator Operations
Allen Smith	Warehouse Operator Operations
Allison Lajara	Warehouse Operator Operations
Alonzo Hobson	Warehouse Operator Operations
Amadeus Guseman	Warehouse Operator Operations
Amalvis Ortiz	Warehouse Operator Operations
Amancio Salazar	Inventory Coord Operations
Amari Burton	Warehouse Operator Operations
Amber Nelson	Trainer Branch
America Tovar Lopez	Warehouse Ld Operations
Amir Armstrong	Warehouse Operator Operations
Amy Bonnell	Warehouse Operator Operations
Ana Godinez-Ramos	Warehouse Operator Operations
Ana Martinez	Warehouse Operator Operations
Anatoliy Kochetkov	Line Haul Driver
Anderson Sanchez	Warehouse Ld Operations
Andre Henry	Warehouse Operator Operations
Andrea Vargas	Warehouse Ld Operations
Andres Felipe Valencia lasso	Warehouse Operator Operations
Andrew Gonzalez	Warehouse Operator Operations
Andrew Martin	Warehouse Operator Operations
Andrzej Lukaszynski	Maintenance Tech II
Andy Guzman	Warehouse Operator Operations
Ange Lachaud	Delivery Driver
Angel Lopez	Warehouse Operator Operations
Angel Mendez	Inventory Coord Operations
Angel Negron	Warehouse Operator Operations
Angel Ramos	Driver II
Angel Reyes	Warehouse Operator Operations
ANGEL VAZQUEZ (On Leave)	Warehouse Operator Operations
Angela Schaffer	Inventory Coord Operations
Angelica Romero	Warehouse Operator Operations
Angie Montes	Warehouse Ld Operations
Anieca Diaz	Warehouse Operator Operations
Annette Weygant	Warehouse Operator Operations
Anthony Davis	Warehouse Operator Operations
Anthony Donghia	Maintenance Tech II
Anthony Edminster	Warehouse Operator Operations
Anthony Giammatteo	Warehouse Operator Operations
Anthony Kovalcik	Warehouse Ld Operations
Anthony Nail	Driver I
Anthony Ramos	Warehouse Operator Operations
Anthony Sanchez	Warehouse Operator Operations
Antonio Purvis (On Leave)	Warehouse Operator Operations
Arely Galaviz	Supv Inventory Control
Aren Figueroa	Warehouse Operator Operations
Ariel Gomez	Driver II
Arodys Ponce	Warehouse Operator Operations
Ashley Berard	Office Coord
Ashley Souffrant	Warehouse Operator Operations
Avery Willis	Warehouse Operator Operations
Aysea Horton	Warehouse Operator Operations
Baboucarr Camara	Warehouse Operator Operations
Badwin Lajara	Driver II
Baruch Azcarraga	Warehouse Operator Operations
Beatrice Valentin	Warehouse Operator Operations
Beatriz Garcia	Trainer Branch
Ben Callender	Warehouse Operator Operations
Ben Gerstel	Inventory Coord Operations
Bernard Robinson	Warehouse Operator Operations
Bernardo Jop	Warehouse Operator Operations
Bilbil Ismailaj	Driver II
Bill Corrado	Warehouse Ld Operations

Bladimir Acosta	Delivery Driver	Charles Johnson	Driver II
Blake Powell	Warehouse Operator Operations	Charly Celestin	Driver II
Blanca Aguirre	Warehouse Operator Operations	Cheryce Fludd	Warehouse Operator Operations
Blanca Cholula	Warehouse Operator Operations	Cheyenne Morvillo	Supv Warehouse
Blanca Collins	Inventory Coord Operations	Chris Basalone	Warehouse Operator Operations
Blanca Martinez	Warehouse Operator Operations	Chris Houck	Driver Ld
Blanca Pineda	Warehouse Operator Operations	Chris Jones	Trainer Branch
Blessing Rogers	Warehouse Clerk Operations	Chris Nevarez	Warehouse Operator Operations
Bob Elsibai (On Leave)	Driver I	Chris Standridge	Warehouse Operator Operations
Bobby Santini	Delivery Driver	Chris Stipak	Maintenance Tech I
Bradley Norris	Driver Ld	Christian Caceda	Warehouse Operator Operations
Branden Best	Warehouse Operator Operations	Christian Garcia	Warehouse Operator Operations
Brandon Auerbach	Warehouse Operator Operations	Christian Geagley	Warehouse Operator Operations
Brandon Patterson	Warehouse Operator Operations	Christian Grillo	Warehouse Operator Operations
Brenda Conroy	Delivery Driver	Christian Isidoro	Warehouse Operator Operations
Brian Burke	Delivery Driver	Christina Cruz (On Leave)	Warehouse Operator Operations
Brian Chardon (On Leave)	Supv Warehouse	CHRISTOPHER ACEVEDO	Warehouse Operator Operations
Brian Cuahutle	Warehouse Operator Operations	Christopher Beltran	Driver II
Brian Cummings	Supv Warehouse	Christopher Esposito	Driver I
Brian Esquivias	Warehouse Operator Operations	Christopher Geer	Warehouse Operator Operations
Brian Martinez	Warehouse Operator Operations	Christopher Granata	Warehouse Ld Operations
Brian Thomas	Warehouse Operator Operations	Christopher LaRosa	Warehouse Operator Operations
Brian Watkins	Transportation Coord	Christopher Mahoney	Warehouse Operator Operations
Brisa Velez	Warehouse Operator Operations	Christopher Martinez	Warehouse Operator Operations
Britney Sirois	Warehouse Operator Operations	Christopher Pisano	Warehouse Operator Operations
Bryan Bailey	Driver II	Christopher Scott (On Leave)	Warehouse Operator Operations
Bryan Giron	Warehouse Operator Operations	Christopher Sebesta	Warehouse Operator Operations
Bryan Sebring	Driver II	Christopher Srofe	Warehouse Operator Operations
Byron Zhirzhan	Warehouse Operator Operations	Christopher Sutherland	Warehouse Operator Operations
Cain Ramirez-Francisco (On Leave)	Warehouse Operator Operations	Chynice Fludd	Warehouse Operator Operations
Carina Dominguez (On Leave)	Warehouse Operator Operations	Cj Jebourd	Warehouse Operator Operations
Carl Batykefer	Warehouse Ld Operations	Claudia Correa (On Leave)	Warehouse Operator Operations
Carl Beard	Warehouse Operator Operations	Claudia Larios	Warehouse Operator Operations
Carl Bennett	Driver II	Clive Thomas	Warehouse Operator Operations
Carl Janvier	Warehouse Operator Operations	Cody Reynolds	Warehouse Operator Operations
Carl Logiudice (On Leave)	Driver II	Cody Schachel	Warehouse Operator Operations
Carlena Decker	Warehouse Operator Operations	Collin Van Ort	Supv Warehouse
Carlentz Desire	Driver II	cookie Torres	Warehouse Operator Operations
Carlos Esteves	Warehouse Operator Operations	Corey Dayton	Warehouse Operator Operations
Carlos Mendez	Driver II	Cory Esposito	Warehouse Operator Operations
Carlos Roca Cevallos	Warehouse Operator Operations	Craig Goff	Line Haul Driver
Carlos Sanchez	Driver I	Craig Horan	Warehouse Operator Operations
Carlos Silva	Warehouse Operator Operations	Cristian Bautista	Warehouse Ld Operations
Carlos Velasquez	Warehouse Operator Operations	Cristian Gomez-Puello	Warehouse Operator Operations
Carlton Henry	Delivery Driver	CRISTINA CRUZ	Warehouse Operator Operations
Cassie Frankel	Warehouse Operator Operations	Crystal Arocho Lopez	Warehouse Operator Operations
Catherine Vargas (On Leave)	Trainer Branch	Crystal Parsells	Sr Analyst Inventory Control
Cesar Corona	Warehouse Operator Operations	Curtis York	Warehouse Operator Operations
Chamari Torrence	Warehouse Operator Operations	Dalvin Beltran	Warehouse Operator Operations
Chanee Lewis	Inventory Control Ld Operations	Damian Ponce	Driver II
Charles Barry	Warehouse Operator Operations	Damian Soraire	Warehouse Operator Operations
Charles Corbin	Warehouse Operator Operations	Damian Stewart	Delivery Driver
Charles Green	Inventory Coord Operations	Damien Sinclair	Warehouse Operator Operations

Dan Hegarty	Warehouse Operator Operations	Doris Maloney	Warehouse Operator Operations
Dana Rabassa	Warehouse Operator Operations	Douglas White	Warehouse Operator Operations
Dani Lavella (On Leave)	Warehouse Operator Operations	Dougtavis Williams	Warehouse Operator Operations
Daniel Cardona-Colón	Warehouse Operator Operations	DRAYDEN WARNER	Warehouse Operator Operations
Daniel Cronin (On Leave)	Warehouse Operator Operations	Dror Sela	Driver II
DANIEL HELT	Warehouse Operator Operations	Duane Mallory	Warehouse Operator Operations
Daniel McLeod	Warehouse Operator Operations	Duane Mcpherson	Warehouse Ld Operations
Daniel OHare	Dispatcher	Duane Penister	Warehouse Operator Operations
Daniel Rios	Warehouse Operator Operations	Dulce Aguilar Garcia	Warehouse Operator Operations
Daniel Romero Honor	Warehouse Operator Operations	Dwight Linton	Warehouse Operator Operations
Daniela Orozco	Warehouse Operator Operations	Dylan Etienne	Warehouse Operator Operations
Danny White	Warehouse Operator 3PL Services	Dylan Hopper	Warehouse Operator Operations
Darlin Perez	Warehouse Operator Operations	Earl Jackson	Trainer Branch
Darnell Holmes (On Leave)	Warehouse Operator Operations	Eddie Deschamps	Driver II
Darnell Mclaurin	Warehouse Operator Operations	Edgar Espinoza	Delivery Driver
Darrell Carey	Supv Warehouse	Edgard Irizarry	Line Haul Driver
Darrin Dyle	Maintenance Tech I	EDUARDO BALBUENA	Warehouse Operator Operations
David Bakuradze	Driver II	Eduardo Castillo Ramos	Warehouse Operator Operations
David Baylis	Warehouse Operator Operations	Eduardo Flores-Torres	Warehouse Operator Operations
David Belgrave	Warehouse Operator Operations	Eduardo Hernandez	Warehouse Operator Operations
David Burris (On Leave)	Warehouse Operator Operations	Edward Foote	Driver II
David Devalue	Supv Warehouse	Edward Hill	Line Haul Driver
David Guzman	Warehouse Operator Operations	Edward Martin	Trainer Branch
David Kerkhoven	Supv Warehouse	Edward McIntyre	Line Haul Driver
David Kozak	Line Haul Driver	Edward Monteiro	Driver II
David Kozak	Line Haul Driver	Edwin G	Warehouse Operator Operations
David Martinez Rojas	Trainer Branch	Edwin Jandres	Warehouse Operator Operations
David Reed	Line Haul Driver	Edwin Mejia	Warehouse Operator Operations
David Rosas Sanchez	Maintenance Tech I	Eider Amaya Contreras	Warehouse Operator Operations
David Smith	Warehouse Operator Operations	Eileen Lorenzen	Warehouse Operator Operations
David Winters	Warehouse Operator Operations	Elias Gomez	Warehouse Operator Operations
Dawn Kuhn	Warehouse Operator Operations	Elijah Nicholas	Delivery Driver
Deizanae Rivera	Warehouse Operator Operations	Elijah Woodard	Warehouse Operator Operations
Delroy Henningham	Warehouse Operator Operations	Elisa Garrick	Warehouse Operator Operations
Demetrius Brown	Warehouse Operator Operations	Elisa Rivas Aguilar (On Leave)	Warehouse Operator Operations
Denise Morales-Warner	Warehouse Operator Operations	Elizabeth Dyes	Warehouse Operator Operations
Denise Yeaple	Warehouse Operator Operations	Ellen Welby (On Leave)	Supv Warehouse
Derek Fergus	Warehouse Operator Operations	Emanuel Rivera	Line Haul Driver
Derick Belsito	Trainer Branch	Emily Murcko	Warehouse Operator Operations
Dericson Garcia	Warehouse Operator Operations	Endy Castillo	Warehouse Operator Operations
Derrick Flournoy	Driver I	Enrico Raballo	Line Haul Driver
Deschanel Goulbourne	Delivery Driver	Enrique Jimenez	Warehouse Operator Operations
Devineo Inniss-leach	Warehouse Operator Operations	Enzo Rachitoff	Driver II
Devon Thomas	Warehouse Operator Operations	Erhan Mamudoski	Supv Warehouse
Dezanai Taylor	Warehouse Operator Operations	Eric Alma	Line Haul Driver
Diana Velez	Warehouse Operator Operations	Eric Parker (On Leave)	Warehouse Operator Operations
Dino Baldino	Warehouse Operator Operations	Eric Tijani	Warehouse Operator Operations
Dionisio Melo	Trainer Branch	Erica Suarez Nieto	Warehouse Operator Operations
Dolores Christophersen	Training Coord Sr	Erick Gonzalez (On Leave)	Warehouse Operator Operations
Dominic Pellino	Warehouse Operator Operations	Erik Byrne	Trainer Branch
Dominica Wright	Delivery Driver	Erik Romer	Supv Warehouse
Donald Kemble	Line Haul Driver	Erik Schulman	Warehouse Operator Operations
Donald Wright	Warehouse Operator Operations	Ernest Francis	Warehouse Operator Operations

Ernesto Soto Hidalgo	Warehouse Operator Operations	Godofredo Moya	Warehouse Operator Operations
Espiridion Gallardo	Warehouse Operator Operations	Gordon Farrior	Warehouse Ld Operations
Essense Greene	Warehouse Operator Operations	Gregory Arne	Trainer Branch
Estee Toth	Trainer Branch	Gregory Broughton	Line Haul Driver
Eugene Vega	Warehouse Operator Operations	Gregory Holbert	Driver II
Evan Decker	Warehouse Operator Operations	Gregory Stvil	Warehouse Operator Operations
Evan Gandulla	Warehouse Operator Operations	HANNAH GARCIA	Warehouse Clerk Operations
Evan Judd	Maintenance Ld	Hannah Reilly	Warehouse Operator Operations
Everett Gatling	Warehouse Operator Operations	Hansel Garcia	Warehouse Operator Operations
Everett Halsey	Warehouse Operator Operations	Harrison Leal	Warehouse Operator Operations
Ezra Gilliam	Warehouse Operator Operations	Hayro Grullon Garcia	Driver II
Fania Jimenez	Dispatcher	Heather Fasanaro	Warehouse Operator Operations
FELIX FERNANDEZ (On Leave)	Delivery Driver	Heather Monroe	Warehouse Operator Operations
Fernando Ramos	Warehouse Operator Operations	Hector Alvarez	Warehouse Operator Operations
Fernell Mccombs	Driver II	Henry Mc Intire	Warehouse Operator Operations
Flor Amador	Warehouse Operator Operations	Henry Rosales Magana	Warehouse Operator Operations
Forrol Mitchell	Warehouse Operator Operations	HENRY TROCHE	Warehouse Operator Operations
Francis Moore	Driver II	Horacio Jimenez	Warehouse Operator Operations
Francisca Hernandez	Warehouse Operator Operations	Howard Kerr	Warehouse Operator Operations
Francisco Duran	Warehouse Operator Operations	Hugo Garcia Acevedo	Warehouse Operator Operations
Francisco Garcia	Warehouse Operator Operations	Humberto Navarro	Warehouse Operator Operations
Francisco Tobon	Warehouse Operator Operations	Ian Camper	Warehouse Operator Operations
Frank Flores	Mgr Maintenance	Iljaz Ismailaj	Driver II
Frank Taylor	Warehouse Operator Operations	Iris Guzman	Warehouse Operator Operations
Frankie Cintron	Driver I	Iris Pagan	Warehouse Operator Operations
Franklin Beco	Warehouse Operator Operations	Irma Alonzo Quinonez	Quality Control Inspector II
Frederick Nugent	Supv Warehouse	Isaac Gutierrez	Warehouse Operator Operations
Fredrick Whitted	Warehouse Operator Operations	Isabel Torres	Warehouse Operator Operations
Fredrick Williams	Delivery Driver	Isai gomez	Warehouse Operator Operations
Fredy Rodriguez	Warehouse Operator Operations	Isaiah Carthy	Warehouse Operator Operations
Fredy Tlatelpa	Warehouse Operator Operations	Isaih Roman (On Leave)	Warehouse Operator Operations
Gabriel Alvarado	Warehouse Operator Operations	Isajah Adams (On Leave)	Warehouse Operator Operations
Gabriel Barayuga	Warehouse Operator Operations	Isiah Bradberry	Warehouse Operator Operations
Gabriela Lopez De Rodas	Warehouse Operator Operations	Israel Alvarez	Warehouse Operator Operations
Gabriela Mendoza	Warehouse Operator Operations	Israel Rodriguez	Warehouse Operator Operations
Gale Thomas	Warehouse Operator Operations	Ivan Hernandez Ojeda	Warehouse Operator Operations
Garth Mclaughlin	Supv Warehouse	Jacinto Ordonez Flores	Warehouse Operator Operations
Gary Alfred	Warehouse Operator Operations	Jacob Bruno (On Leave)	Inventory Coord Operations
Gary Budd	Warehouse Operator Operations	Jade Thoby	Warehouse Operator Operations
Genti Ismailaj	Driver II	Jaden Tulloch	Warehouse Operator Operations
George Fichter	Driver II	JAEMAR WALTERS	Delivery Driver
George Henry	Delivery Driver	Jah-Quan Williams	Warehouse Operator Operations
George Jimenez	Warehouse Operator Operations	Jahmar Thomas	Delivery Driver
George Thomas	Warehouse Operator Operations	Jakida Mcknight	HR Generalist
Geovanni Carbarin	Delivery Driver	Jalaine Nesl	Line Haul Driver
Germain Figueroa	Warehouse Operator Operations	Jamal Wilson	Warehouse Operator Operations
Geronimo Morel	Driver II	James Bassett	Warehouse Operator Operations
Gino Riccoboni	Driver I	James Burnette	Driver II
Giovanni Perez	Warehouse Operator Operations	James Cohen	Warehouse Operator Operations
Gisselle Patrocinio	Warehouse Operator Operations	James Dolman	Driver I
Gisselle Torres	Warehouse Clerk Operations	James Eccleston	Driver II
Gladys Galarza	Warehouse Operator Operations	James Hinton	Warehouse Operator Operations
Glenroy Bailey	Driver II	James Mccabe	Line Haul Driver
Gloria Reyes	Warehouse Operator Operations	James Mccarrin	Line Haul Driver

James Santiago	Warehouse Operator Operations
James Thorpe	Driver II
Jamie Mcabier	Warehouse Operator Operations
Jannette Mendoza de solis	Warehouse Operator Operations
Jaquelin Nieto Zamora	Warehouse Operator Operations
Jariel Vidal	Warehouse Operator Operations
Jaritza Ramirez (On Leave)	Warehouse Operator Operations
Jarred Travell	Warehouse Operator Operations
Jarrett Salvant	Quality Control Inspector I
Jasmine Daniels (On Leave)	Warehouse Operator Operations
Jasmine Hammer	Warehouse Operator Operations
Jason Melamed	Driver II
Jason Morgan	Delivery Driver
Jason Napoleon	Trainer Branch
Jason Nunez	Warehouse Operator Operations
Jason Skalak	Warehouse Operator Operations
Jason Sullivan	Driver Ld
Jason Willis	Warehouse Ld Operations
Jassiah Hall	Warehouse Operator Operations
Javier Bernal Huezo	Warehouse Operator Operations
Javier Jimenez	Delivery Driver
Javin Donawa (On Leave)	Warehouse Operator Operations
Jay Carias	Driver I
Jay Krosche	Sr Dir MedTrans
Jayden Ortiz	Warehouse Operator Operations
Jayson Torres	Warehouse Operator Operations
Jazmin Hulse	Warehouse Operator Operations
Jeano Palmer	Warehouse Operator Operations
Jeferson Almendares	Warehouse Operator Operations
Jeff Fredericks	Driver I
Jeffrey Lander	Delivery Driver
Jeffry Warren	Driver II
Jenn Spears	Warehouse Clerk Operations
Jenna Sharrow	Supv Warehouse
Jennifer Albro	inbound Coord
Jennifer Cordero	Warehouse Operator Operations
Jennifer Perez	Sr Mgr HR
Jenny Cortez	Warehouse Operator Operations
Jeremy Crane	Warehouse Operator Operations
Jeremy Johnson	Warehouse Operator Operations
Jeremy Schneider	Delivery Driver
Jeremy Wooten	Driver II
Jermaine Robinson	Supv Inventory 3PL Services
Jerrod Austin	Line Haul Driver
Jerry Bressi (On Leave)	Warehouse Operator Operations
Jerry Brown	Supv Warehouse
Jerry Quinones	Delivery Driver
Jesse Burke	Warehouse Operator Operations
Jesse Martinez	Warehouse Operator Operations
Jesse Youmans	Warehouse Operator Operations
Jesus Baca	Warehouse Operator Operations
jesus fernandez	Warehouse Operator Operations
Jesus Guerra	Warehouse Operator Operations
Jesus Morales	Line Haul Driver
Jesus Rosado	Delivery Driver
Jesus Sanchez	Warehouse Operator Operations
jesus suarez	Warehouse Operator Operations
Jet Sisouvong	Warehouse Operator Operations
Jewel Smith	Warehouse Operator Operations
Jhon Velasquez	Supv Warehouse
Jhulian Sanchez	Warehouse Operator Operations
Jim Bustelos	Warehouse Operator Operations
Jim Juillerat	Supv MedTrans
Jimmy Santiago	Warehouse Operator Operations
Joan Daniels	HR Coord
Joanna Acevedo	Warehouse Ld Operations
Joanna Varela	Warehouse Operator Operations
Joao Borjas	Warehouse Operator Operations
Jodi Spiecker	Sr Mgr Inventory Control
Joe Mastropaolo	Onsite Support Tech II
Joe Niosi	Warehouse Operator Operations
Joe Townsend	Supv Inventory Control
Joe Velazquez	Sr Operations Production Controller
Joel Serapio Mejia	Trainer Branch
Joelle Santini	Warehouse Operator Operations
Johana Sanchez	Warehouse Operator Operations
John Cuevas	Warehouse Operator Operations
John Dullaghan	Warehouse Operator Operations
John Kelly	Driver I
John Tabares	Warehouse Operator Operations
John Verlin	Warehouse Operator Operations
Johnathan Bruno	Warehouse Operator Operations
Johnny Campos	Warehouse Operator Operations
Jon Salas	Line Haul Driver
Jonathan Bove	Delivery Driver
Jonathan Cesar	Warehouse Operator Operations
Jonathan Sierra	Warehouse Operator Operations
Jonathan Tapiacabrera	Warehouse Operator Operations
Jonathan Vargas (On Leave)	Warehouse Operator Operations
Jony Giron	Warehouse Operator Operations
Jordan Forbes	Warehouse Operator Operations
Jordan Jackson	Warehouse Operator Operations
Jorge Flores	Warehouse Operator Operations
jorge goenaga	Warehouse Operator Operations
Jorge Ocampo	Driver II
Jorge Perez	Warehouse Operator Operations
JORGE PEREZ	Warehouse Operator Operations
Jorge Pozo	Driver II
Joritza Sanchez	Warehouse Operator Operations
Jose Cepeda Garcia	Driver Ld
Jose Checo (On Leave)	Warehouse Operator Operations
Jose Cortez Mercado	Supv MedTrans
Jose Diaz	Warehouse Operator Operations
Jose Gonzalez	Warehouse Operator Operations
Jose Hernandez	Trainer Branch
Jose Lupian	Trainer Branch
Jose Martinez Ramirez	Warehouse Operator Operations
Jose Rodriguez	Line Haul Driver

Jose Romero Bautista	Quality Control Inspector II
José Rosario Valles	Warehouse Operator Operations
Jose Soto	Warehouse Operator Operations
Josefa Pascual Muniz	Warehouse Operator Operations
JOSEPH BERISH	Warehouse Operator Operations
Joseph Gleeson	Warehouse Ld Operations
Joseph Haas	Line Haul Driver
Joseph Mercurio	Driver II
Joseph Morse	Driver II
JOSEPH PULICHENE	Supv Warehouse
Joseph Ronca	Quality Control Inspector I
Joseph Ruiz	Driver I
Joshua Baez	Trainer Branch
Joshua Imperato	Warehouse Operator Operations
Joshua Lynch	Warehouse Operator Operations
Joshua Mendez (On Leave)	Delivery Driver
Joshua Pinet	Delivery Driver Ld
Joshua Rodriguez (On Leave)	Warehouse Operator Operations
Josue Marcano	Warehouse Operator Operations
Josue Martinez	Warehouse Operator Operations
Josue Osorio	Warehouse Operator Operations
Josue Vasquez Ruiz	Warehouse Operator Operations
Juan Galarza	Driver II
Juan Naizaque	Warehouse Ld Operations
Juan Parsi	Line Haul Driver
Juan Rodriguez	Warehouse Operator Operations
Juan Soriano	Warehouse Operator Operations
Juana Cordova	Warehouse Operator Operations
Judy Garcia	Warehouse Operator Operations
Julia Small	Warehouse Operator Operations
Julian Rosario	Warehouse Operator Operations
Julio Bayron	Warehouse Operator Operations
Julisa Clarke	Training Coord Sr
Julius Fryar	Warehouse Operator Operations
Julius Santosa	Line Haul Driver
JULIUS WILSON	Warehouse Operator Operations
Justin Lott	Warehouse Operator Operations
Justin Lyons	Warehouse Operator Operations
justin mendez	Warehouse Operator Operations
Justin Wilcox	Mgr MedTrans
Kahrell Riley	Warehouse Operator Operations
Kanwaljit kaur	Warehouse Operator Operations
Kareem Barnes	Line Haul Driver
Karen Hamilton	Quality Control Inspector II
Katherine Villa (On Leave)	Warehouse Operator Operations
Keith Sublett	Driver II
Kelsey Rodriguez	Office Coord
Kelvin Cornielle De La Cruz (On Leave)	Driver II
Kelvin Frias (On Leave)	Driver II
Kenneth Johnson	Warehouse Operator Operations
Kervens Charles	Warehouse Operator Operations
Kevin Brown	Driver II
Kevin Conboy	Warehouse Operator Operations
Kevin Green	Warehouse Operator Operations
Kevin Kucker	Driver II
Kevin Lefebvre	Driver II
Kevin Mejia Trujillo	Warehouse Operator Operations
Kevin Wilbur	Supv Warehouse
Kevol Smith Smith	Delivery Driver
Khalil Thomas	Warehouse Operator Operations
Knymo Gumbs	Supv Warehouse
Kiara Ramos	Warehouse Operator Operations
Kim Kautz	Warehouse Operator Operations
Kimberley Cosh	Warehouse Operator Operations
Kimberly Gonzalez	Driver II
Kj Jenkins	Warehouse Operator Operations
Kristopher Green	Warehouse Operator Operations
Kurt Mulleavy	Warehouse Operator Operations
Kyle Clark	Trainer Branch
Kyle Hansen	Warehouse Operator Operations
Kyle Kucker	Warehouse Operator Operations
Kyle Redner	Driver I
KYLE RIVERA	Warehouse Ld Operations
Kyra Thomas	Warehouse Operator Operations
Lajuan Leeper (On Leave)	Delivery Driver
Larry Costa	Spec EH&S
Lashawn Thompson	Warehouse Ld Operations
Laura Rigney	Warehouse Operator Operations
leo linquanti	Warehouse Operator Operations
LEO SHAUGHNESSY	Supv Warehouse
Leonard Barnard	Line Haul Driver
Leonardo Contreras	Warehouse Operator Operations
LeRoy Brown	Warehouse Operator Operations
Lesley Davis	Warehouse Operator Operations
Levar Grant	Warehouse Operator Operations
Lewis Berard	Warehouse Operator Operations
Liliana Vargas	Inventory Coord Operations
Lindsay Otto	Dispatcher
Lionel Williams	Delivery Driver
Lisa Sinert	Inventory Coord Operations
Lisha Parnell	Warehouse Operator Operations
Lissette Gonzalez	Warehouse Ld Operations
Liz Benedict	Warehouse Clerk Operations
Loghan Talmadge	Warehouse Operator Operations
Lorne Mccrae	Warehouse Operator Operations
Louis Haddock	Driver II
Lucas Banach	Warehouse Operator Operations
Lucila Tapia	Warehouse Operator Operations
luis carattini	Warehouse Operator Operations
Luis Gonzalez	Warehouse Operator Operations
Luis Huezo	Driver II
Luis Laureanoclaudio	Warehouse Operator Operations
Luis Liranzo	Driver II
Luis Ossa (On Leave)	Delivery Driver
LUIS ROSA COLON	Supv Maintenance
Luke Van Vlack	Supv Warehouse

Lynnel Riggins (On Leave)	Warehouse Operator Operations	McKayla Mann	Warehouse Operator Operations
Malanye Millan	Warehouse Operator Operations	Melissa Goggin	Supv Inventory 3PL Services
Manuel Gutierrez-Macareno	Warehouse Operator Operations	Melvin Barrett	Warehouse Operator Operations
Manuel Valladares	Warehouse Operator Operations	Melvin Caballero	Warehouse Operator Operations
Marc Shaw	Warehouse Operator Operations	Mercedes Aguilar	Warehouse Operator Operations
Marco Loayza	Warehouse Operator Operations	Michael Armao	Warehouse Ld Operations
Marco Zhuno	Warehouse Operator Operations	Michael Blakeney	Warehouse Operator Operations
Marcos Figueroa Lopez	Warehouse Operator Operations	Michael Daley	Warehouse Operator Operations
Marcos Pacheco	Warehouse Operator Operations	Michael Fitzgerald (On Leave)	Warehouse Operator Operations
Marcos Yadaicela caicedo	Warehouse Operator Operations	Michael Gannon	Supv MedTrans
Marcus Albert	Warehouse Operator Operations	Michael Glover	Warehouse Operator Operations
Marcus Fisher	Warehouse Operator Operations	Michael Isaacs	Warehouse Operator Operations
Margaret Urbanski	Warehouse Operator Operations	Michael Jackson	Warehouse Operator Operations
Margarito de leon	Warehouse Operator Operations	Michael Kelly	Warehouse Operator Operations
Maria Cabrera	Warehouse Operator Operations	Michael Kopchak	Line Haul Driver
Maria De Lourdes Castro	Warehouse Operator Operations	Michael Marco	Sr Mgr Medtrans
Maria Garcia	Warehouse Operator Operations	Michael Ogla	Warehouse Operator Operations
Maria Pinguil	Warehouse Operator Operations	Michael Rivera	Warehouse Operator Operations
Maribel Rosado	Warehouse Operator Operations	Michael Torres	Warehouse Operator Operations
Mario Jean	Warehouse Operator Operations	Michael Torres	Warehouse Operator Operations
Mario Stewart	Delivery Driver	Michael Townsend	Warehouse Operator Operations
Marisol Diaz Perez	Warehouse Operator Operations	Micheal Lindsey	Warehouse Operator Operations
Marisol Gonzalez	Warehouse Operator Operations	Michou Willis	Warehouse Operator Operations
Maritza Banegas	Warehouse Operator Operations	Miguel Alarcon	Driver II
Mark Callanan	Warehouse Operator Operations	Miguel Candelaria	Delivery Driver
Mark Capossela	Warehouse Operator Operations	Miguel Jimenez	Warehouse Operator Operations
Mark Guevara	Warehouse Operator Operations	Miguel Rodriguez	Driver II
Mark Hostovich	Warehouse Operator Operations	Miguel Teran Rabanal	Warehouse Operator Operations
Mark Young	Warehouse Operator Operations	Miguel Vasquez	Warehouse Operator Operations
Marlene Moreta	Warehouse Operator Operations	Mike Escobar	Supv Warehouse
Marleni Escolastico	Warehouse Operator Operations	Mike Guillen	Warehouse Operator Operations
Marlon Calderon	Warehouse Operator Operations	Miranda Galaviz	Warehouse Operator Operations
Martin Mansilla Alvarez	Warehouse Operator Operations	Miranda Urso	Warehouse Operator Operations
Martina Martinez	Warehouse Operator Operations	Miriam Goris	Warehouse Operator Operations
Marty Shortway	Driver II	Miriam Isidoro Romero	Warehouse Operator Operations
Marvin Mungo	Delivery Driver	MIRIAM MORENO	Warehouse Operator Operations
Mary Bellamy	Warehouse Operator Operations	Moise Jean-Baptiste	Warehouse Operator Operations
Mary Martin	Warehouse Operator Operations	Molly Cavanagh	Warehouse Operator Operations
Maryalma Valladares	Warehouse Operator Operations	Monica Gomez	Warehouse Operator Operations
Mason Willis	Trainer Branch	Mrunal Ravipati [C]	Controls Engineer II
Matthew Acevedo	Driver II	Mykaela Vasquez	Warehouse Operator Operations
Matthew Cahall [C]	Software Engineer III	Nae Lee	Warehouse Operator Operations
Matthew Freer	Warehouse Operator Operations	Nathaniel Farr	Driver II
Matthew Gutierrez	Warehouse Operator Operations	Nathaniel Kirby	Warehouse Operator Operations
Matthew McCalla	Warehouse Operator Operations	Natifa Green	Warehouse Operator Operations
Matthew Perry	Warehouse Operator Operations	Nayely Roca Lopez	Trainer Branch
Matthew Pinckney	Warehouse Operator Operations	Neil Kerkhoven	Supv Warehouse
Matthew Reed	Warehouse Operator Operations	Nermine Meikhaeil	Transportation Coord
Matthew Williams	Warehouse Operator Operations	Nery Garcia Chavez	Warehouse Operator Operations
Maurice Mathies	Line Haul Driver	Nicholas Brown	Warehouse Operator Operations
Mauro Garcia	Warehouse Operator Operations	Nicholas Del Grosso	Driver II
Max Ferri	Warehouse Operator Operations	Nicholas Hichak	Warehouse Operator Operations
Max Mosen	Warehouse Operator Operations	Nicholas Marciano	Warehouse Operator Operations
Maya Chanona	Warehouse Operator Operations	Nicholas Rodriguez	Warehouse Operator Operations

Nick Candelaria	Delivery Driver	Ranique Muir (On Leave)	Delivery Driver
Nicko Rosario	Warehouse Ld Operations	Raul Gonzalez	Driver II
Nickolas Loaiza	Warehouse Operator Operations	Raulin Gomez	Warehouse Operator Operations
Nigel Argyle	Warehouse Operator Operations	Raven Inge	Training Coord Sr
Noah Robinson	Warehouse Operator Operations	Ravindra Rajmangal	Warehouse Operator Operations
noe bello	Warehouse Operator Operations	Raymond Maurer	Maintenance Tech II
Noel Pinales	Warehouse Operator Operations	Raymond Mejias	Line Haul Driver
Norris Brown	Warehouse Operator Operations	RAYON MCLAUGHLIN	Delivery Driver
Olivia Smith	Warehouse Operator Operations	Reginald Ingram	Warehouse Ld Operations
Omar Alkhulaidi	Driver II	Rene Armijo	Warehouse Operator Operations
Omar Class	Driver II	Rene Perez	Supv MedTrans
Omar Ramos	Warehouse Operator Operations	Rey Rios	Warehouse Operator Operations
Orlando Ortiz (On Leave)	Driver I	Ricardo Aviles (On Leave)	Driver II
Oscar Ferreira Medina	Warehouse Operator Operations	Ricardo Joseph	Warehouse Operator Operations
Oshane Carr	Delivery Driver	Ricardo Rios	Warehouse Operator Operations
Oshane Jenkins (On Leave)	Delivery Driver	Rich Arne	Supv Warehouse
Osiris Gonzales	Warehouse Operator Operations	Richard Benedyth	Delivery Driver
Osvaldo Guzman	Inventory Coord Operations	Richard Colon	Line Haul Driver
Osvaldo Rivera Pabon	Warehouse Operator Operations	Richard Morgan	Warehouse Operator Operations
Pablo Villalobos	Warehouse Operator Operations	RICHARD NEGRON	Warehouse Operator Operations
Pamela Chalen-Ippolito	Warehouse Operator Operations	Richard Ramirez	Warehouse Operator Operations
Paola Mafla	Warehouse Clerk Operations	Rickell Palmore	Line Haul Driver
Patricia Bauernfeind	Warehouse Operator Operations	Rigoberto Paredes	Warehouse Operator Operations
Patricia Heitzmann	Mgr Warehouse	Ritza Flores	Warehouse Operator Operations
Patricia Sanchez Serrano	Warehouse Operator Operations	robert Fogg	Driver II
Patrick McGarry (On Leave)	Warehouse Operator Operations	Robert Lemke	Driver II
Patrick Sullivan	Inventory Coord Sr	Robert Sanders	Warehouse Operator Operations
Paty Medina	Warehouse Operator Operations	Robert Sherwin	Warehouse Operator Operations
Paul Belsito	Maintenance Tech I	Robert Yarbrough (On Leave)	Warehouse Operator Operations
Paul Courts	Delivery Driver	Roberto Ayala	Trainer Branch
Paul Domond	Warehouse Operator Operations	Roberto Moran	Warehouse Operator Operations
Paul Kelly	Delivery Driver	Rodolfo Iglesias	Warehouse Operator Operations
Paul Rodriguez	Supv Warehouse	Roger Sherman	Delivery Driver
Paul Snyder	Trainer Branch	Ronald Culp	Maintenance Ld
Paul Toney [C]	Software Engineer I	Ronald Riccardulli	Driver I
Pedro Lopez	Warehouse Operator Operations	Ronaldo Lizarondo	Warehouse Operator Operations
Pete Timpson	Driver II	Ronny Rodriguez	Warehouse Operator Operations
Peter Grethe	Warehouse Operator Operations	Rosa Gonzalez (On Leave)	Warehouse Operator Operations
Peter Kase	Driver II	Rosa Menendez (On Leave)	Warehouse Operator Operations
Peter Stagg	Mgr Warehouse	Roselene Saint-Vil	Warehouse Operator Operations
Phil Merlino	Inventory Coord Operations	Rossemery Rojas Mauricio De Ortega	Warehouse Operator Operations
Philip Esposito	Warehouse Operator Operations	Roy Frausto Martinez	Warehouse Operator Operations
Phillip Patterson	Delivery Driver Ld	Roy Mantz	Warehouse Operator Operations
Pierce Rainey	Warehouse Operator Operations	Roy Marin	Warehouse Operator Operations
Plinio Legario	Warehouse Operator Operations	Royce Watford	Trainer Branch
Quenisha Mcpherson	Warehouse Ld Operations	Royston Hopkins	Warehouse Operator Operations
Rafael Reyes Galicia	Warehouse Operator Operations	Ruben Rivera	Inventory Coord Operations
Rafael Rodriguez	Supv Warehouse	Ruby Caltenco	Warehouse Operator Operations
RAFAEL SOAMANDAUGH	Warehouse Operator Operations	Rufina Torres	Warehouse Operator Operations
Ramon Moreno	Driver I	Runa Bisnath	Warehouse Operator Operations
randall Boyd II	Warehouse Operator Operations	Russ Ruger	Warehouse Operator Operations
Randy Cook	Warehouse Operator Operations	Ryan Fryar	Warehouse Operator Operations
Randy Rodriguez	Driver II	Ryan Greene	Warehouse Operator Operations
Randy Youngblood	Line Haul Driver	Ryan Pope	Warehouse Operator Operations

Sahadeo Ramnarine	Warehouse Operator Operations	Terry Sullivan	Maintenance Tech I
Sal Sutton	Warehouse Operator Operations	Thasia Wigfall	Warehouse Operator Operations
Salvatore Lamancusa	Driver II	Thierry Casimir	Driver II
SAMAD CLYBURN	Warehouse Operator Operations	Thomas Donahue	Warehouse Ld Operations
Samuel Anyasodor	Warehouse Operator Operations	Thomas Eidukot	Warehouse Operator Operations
Sandra Borrillo	Warehouse Operator Operations	Thomas Fallon	Sr Dir Operations
SANDRA MORALES	Warehouse Operator Operations	Thomas Gildea	Supv Warehouse
Santos Crespo	Warehouse Operator Operations	Thomas Steinberger	Warehouse Operator Operations
Sarbjit Singh	Inventory Coord Operations	Tim Kearns	Warehouse Operator Operations
Saul Garcia Moran	Supv QC	Timothy Albro	Supv MedTrans
Scarlet Munoz	Warehouse Operator Operations	Timothy Becker	Driver I
Scott Glover	Warehouse Operator Operations	Timothy Hughes	Mgr Warehouse
Scott Keeley	Warehouse Operator Operations	Tito SANOJA RODRIGUEZ (On Leave)	Warehouse Operator Operations
Scott Kunda	Warehouse Operator 3PL Services	Toby Gose [C]	Software Engineer III
Sean Brown	Warehouse Operator Operations	Todd Fillette	Warehouse Operator Operations
Sean Hughes	Warehouse Operator Operations	Tom Sheldon	Warehouse Operator Operations
Sean Warren	Driver II	Tony Jackson	Warehouse Operator Operations
Sebastien Raphael	Trainer Branch	Torey Broadwater	Delivery Driver
Shane Rosa	Warehouse Operator Operations	Tori Forman	Inventory Coord Operations
Shane Stack	Warehouse Operator Operations	Tremayne McZorn	Warehouse Operator Operations
Shane Stoebling	Warehouse Operator Operations	Tristan Herbster	Warehouse Operator Operations
Shannon Maxwell	Warehouse Operator Operations	Tristan Nolan	Supv Training Branch
Sharay Garcia	Warehouse Operator Operations	Twyves Baptiste	Warehouse Operator Operations
Shaun Lane	Warehouse Operator Operations	Tyallen Pickett	Warehouse Operator Operations
Shawn Rosa	Warehouse Operator Operations	Tyler Siegel	Warehouse Operator Operations
Sheylla Lemus	Warehouse Operator Operations	Tyler Studwell	Trainer Branch
Shiela Guzman	Inventory Coord Operations	Tyrese Taylor	Warehouse Operator Operations
Simyon Isidore	Delivery Driver	Tyriqe Beamon	Warehouse Operator Operations
Stephanie Candelaria	Warehouse Clerk Operations	Vernon Bonneau	Trainer Branch
stephanie Dolores	Warehouse Operator Operations	Vernon Bonneau	Warehouse Operator Operations
Stephanie Heitzmann	Mgr Warehouse	Vicente Lozano	Warehouse Operator Operations
Stephen Ford	Line Haul Driver	Victor Nunez	Warehouse Operator Operations
Stephen Lewis	Warehouse Operator Operations	Victoriano Arias	Warehouse Operator Operations
Stephen Polk	Warehouse Operator Operations	Vincent Grant	Warehouse Operator Operations
Stetson Davis	Warehouse Operator Operations	Walter Asamoah	Line Haul Driver
Steve Postowski	Driver Ld	Wardell Perry	Driver II
STEVEN BARROS	Warehouse Operator Operations	Wil Ortiz	Warehouse Operator Operations
Steven Brescia	Maintenance Tech II	Wilfred Paul	Warehouse Operator Operations
Steven Decker	Driver II	Wilfredo Cortez	Driver II
steven duran	Warehouse Operator Operations	Wilfredo Rivera (On Leave)	Driver II
Steven Greer	Delivery Driver	Willard Sherman	Driver I
STEVEN RIVERA	Warehouse Operator Operations	William Calderon Castro	Delivery Driver
Steven Smith	Warehouse Operator Operations	William Gray	Line Haul Driver
Susan Jensen	Warehouse Operator Operations	William Lang	Inventory Coord Operations
Takoda Betz	Warehouse Operator Operations	William Mooney	Driver Ld
Tanya Ruiz	Warehouse Operator Operations	William Rivera	Warehouse Operator Operations
Taphael Joyel	Warehouse Operator Operations	William Sibilia	Warehouse Operator Operations
Tatianise Moise	Warehouse Operator Operations	William Smith (On Leave)	Line Haul Driver
Taylor Irizarry	Engineer Process	William Unterman	Warehouse Operator Operations
Terrence Boone (On Leave)	Maintenance Tech I	Wilmer Perez	Warehouse Operator Operations
Terrence Milhouse	Supv Warehouse	Wilson Abreu	Warehouse Operator Operations
Terron Lee	Delivery Driver	Wolfenson Dorceme	Warehouse Operator Operations
Terry Hooks (On Leave)	Driver I	Woodney Pierre paul	Warehouse Operator Operations

Xavier Ewen	Warehouse Operator Operations
Yerson Alonzo	Warehouse Operator Operations
Yuriko Gutierrez Leon	Warehouse Operator Operations
Yusufu Johnson	Driver II
Yvan Arias	Driver Ld
Zach Santo	Warehouse Operator Operations
Zachary Marshall	Warehouse Operator Operations
Zachary Roque	Warehouse Ld Operations
Zack De La Paz	Maintenance Apprentice
Zania Jones	Warehouse Operator Operations
Zosimo Flores	Delivery Driver
Zoumana Wague	Driver II
Zusan Figueroa Bahena	Warehouse Operator Operations

Copy of SEC 10K

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2025

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-43022

Medline Inc.

(Exact name of registrant as specified in its charter)

Delaware	**33-1845288**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
3 Lakes Drive Northfield, Illinois	**60093**
(Address of principal executive offices)	(Zip Code)

(847) 949 5500
Registrant's telephone number, including area code

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A common stock, par value $0.0001 per share	MDLN	Nasdaq Global Select Market

Securities registered pursuant to section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements.

☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b).

☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the Class A common stock held by non-affiliates of the registrant, based on the closing price of a share of Class A common stock on December 17, 2025, as reported by The Nasdaq Global Select Market on such date was approximately $13.0 billion. The registrant has elected to use December 17, 2025, which was the initial trading date of the registrant's Class A common stock on The Nasdaq Global Select Market, as the calculation date because on June 30, 2025 (the last business day of the registrant's most recently completed second fiscal quarter) the registrant was a privately held company. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose.

As of February 23, 2026, there were 811,647,534 shares of the registrant's Class A common stock and 502,045,878 shares of the registrant's Class B common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement related to its 2026 Annual Meeting of Stockholders to be filed with the U.S. Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2025 are incorporated by reference into Part III of this Annual Report on Form 10-K.

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Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K (this "Annual Report") contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Forward-looking statements include all statements that are not historical facts. Words such as "anticipate," "assume," "believe" "contemplate," "continue," "could," "estimate," "expect," "foreseeable," "intend," "may," "plan," "potentially," "predict," "project," "seek," "should," "will," or "would," or similar words or phrases that convey uncertainty of future events or outcomes, are intended to identify forward-looking statements in this Annual Report. These forward-looking statements relate to matters such as our industry, business strategy, costs, and costs savings, impacts of accounting standards and guidance, goals and expectations, market position, future operations, margins, profitability, capital expenditures, liquidity and capital resources, legal matters, trends, and other financial and operating information. The forward-looking statements are based on management's current expectations and are subject to various risks, uncertainty, and changes in circumstances, many of which are beyond our control, that could cause actual results to differ materially. Although we believe that the assumptions underlying the forward-looking statements are reasonable, we cannot guarantee future results, level of activity, performance, or achievements. Factors that may cause actual results to differ from expected results include those described in Part I, "Item 1A—Risk Factors" and Part II, "Item 7—Management's Discussion and Analysis of Financial Condition and Results of Operations". The forward-looking statements included in this Annual Report speak only as of the date of this Annual Report or as of the date they are made, as applicable. Except as otherwise required by law, we disclaim any intent or obligation to update any "forward-looking statement" made in this Annual Report to reflect changed assumptions, the occurrence of unanticipated events, or changes to future operating results over time.

INTRODUCTORY NOTE

Medline Inc. was incorporated as a Delaware corporation on November 6, 2024. Prior to the completion of its initial public offering (the "IPO") on December 18, 2025, Medline Inc. undertook certain reorganization transactions (the "Reorganization") such that Medline Inc. is now a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP ("Medline Holdings"). Following the IPO, Medline Holdings is the predecessor of Medline Inc. for financial reporting purposes. As the general partner of Medline Holdings, Medline Inc. now operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts its business. The Reorganization lacks economic substance and therefore is accounted for in a manner consistent with a reorganization of entities under common control. As a result, the consolidated financial statements of Medline Inc. recognize the assets and liabilities received in the Reorganization at their historical carrying amounts, as reflected in the historical financial statements of Medline Holdings. Medline Inc. will consolidate Medline Holdings on its consolidated financial statements and record a non-controlling interest related to the Units (as defined herein) held by the Continuing Unitholders (as defined herein) on its consolidated balance sheets and statements of comprehensive income.

Medline Inc. had no significant business transactions or activities prior to the Reorganization, and, as a result, the historical financial information reflects that of Medline Holdings.

Basis of Presentation

The consolidated financial statements and accompanying notes included herein are prepared in accordance with United States generally accepted accounting principles ("GAAP"). The results of businesses acquired or disposed of are included in the consolidated financial statements from the date of the acquisition or up to the date of disposal, respectively. All adjustments, in the opinion of management, necessary to a fair statement of the results for the annual periods presented have been made.

Certain monetary amounts, percentages, and other figures included in this Annual Report have been subject to rounding adjustments. Percentage amounts included in this Annual Report have been calculated, in some cases, not on the basis of such rounded figures, but on the basis of such amounts prior to rounding. For this reason, percentage amounts in this Annual Report may vary from those obtained by performing the same calculations using the figures, on the face of our consolidated financial statements included elsewhere in this Annual Report. Certain other amounts that appear in this Annual Report may not sum due to rounding.

In December 2024, we changed the name of Medline Holdings from Mozart Holdings, LP to Medline Holdings, LP. We will not distinguish between the prior and current name of Medline Holdings and will refer to the current name of Medline Holdings throughout this Annual Report. References in this Annual Report to "Medline," the "Company," "we," "us," and "our" refer (1) prior to the consummation of the IPO, to Medline Holdings, LP and its consolidated subsidiaries and (2) after the IPO to Medline Inc. and its consolidated subsidiaries.

CERTAIN DEFINITIONS

As used in this Annual Report, unless otherwise noted or the context requires otherwise, the following terms have the following meanings:

- "Class A Units" refers to the interests in Medline Holdings called "Class A Units" that were outstanding prior to the Reclassification. In connection with the Reclassification, (i) Class A Units held by Common Unitholders were converted into Common Units and (ii) Class A Units held by Exchanging Class A Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Class B Units" refers to the interests in Medline Holdings called "Class B Units" that were outstanding prior to the Reclassification, and does not include CUPI Units. In connection with the Reclassification, (i) Class B Units held by Incentive Unitholders were converted into Incentive Units and (ii) Class B Units held by Exchanging Class B Unitholders were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units).

- "Common Units" refers to the new class of units of Medline Holdings created by the Reclassification and does not include Incentive Units.
- "Common Unitholders" refers to certain pre-IPO holders of Class A Units and/or CUPI Units who hold Common Units following the Reclassification.
- "Incentive Unitholders" refers to certain pre-IPO holders of Class B Units who will hold Incentive Units following the Reclassification, as described under "Organizational Structure."
- "Continuing Unitholders" refers collectively to Common Unitholders and Incentive Unitholders.
- "CUPI Units" refers to the interests in Medline Holdings that were designated as "Catch-Up Class B Units" and outstanding prior to the Reclassification. In connection with the Reclassification, (i) CUPI Units held by Common Unitholders were converted into Common Units and (ii) CUPI Units held by Exchanging CUPI Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Designating Stockholder" refers to each of our Principal Stockholders with whom we entered into separate director nomination agreements.
- "Exchanging Class A Unitholder" refers to pre-IPO holders of Class A Units whose Class A Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Class B Unitholder" refers to pre-IPO holders of Class B Units whose Class B Units were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units) following the Reclassification.
- "Exchanging CUPI Unitholder" refers to pre-IPO holders of CUPI Units whose CUPI Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Unitholders" refers collectively to Exchanging Class A Unitholders, Exchanging CUPI Unitholders, and Exchanging Class B Unitholders.
- "Incentive Units" refers to the new class of units of Medline Holdings created by the reclassification of the Class B Units in the Reclassification. The Incentive Units are "profit interests" having economic characteristics similar to stock appreciation rights and having the right to share in any equity value of Medline Holdings above specified participation thresholds. Vested Incentive Units may be converted to Common Units and be subsequently exchanged for shares of Class A common stock.
- "Principal Stockholders" refers collectively to investment funds associated with Blackstone Inc., The Carlyle Group Inc. and Hellman & Friedman LLC, and members of the Mills family.
- "Reclassification" refers to the reclassification of the partnership interests of Medline Holdings prior to the IPO.
- "Sponsors" refers collectively to Blackstone Inc., The Carlyle Group Inc., and Hellman & Friedman LLC.
- "Units" refers collectively to Common Units and Incentive Units.

Summary of Risk Factors

The following is a summary of the principal factors that make an investment in our securities speculative or risky, all of which are more fully described below. This summary should be read together with the risk factors described under Part I, "Item 1A—Risk Factors" and should not be relied upon as an exhaustive summary of the material risks facing our business. In addition to the following summary, you should consider the information set forth below and the other information contained in this Annual Report before investing in our securities.

- Our global operations are subject to inherent risks that could materially adversely affect our business, results of operations, and financial condition.
- We may be unable to derive fully the anticipated benefits from our existing or future acquisitions, joint ventures, investments, dispositions, or other strategic transactions.
- Consolidation in the healthcare industry could have an adverse effect on our business, results of operations, and financial condition.
- We operate in a highly competitive industry, with accelerating pricing pressure and changes in technology.
- Changes to the U.S. and global healthcare environments may not be favorable to us.
- Increases in shipping costs or service issues with our third-party shippers could harm our business.

- Significant challenges or delays in our sourcing of new products and technologies could have an adverse impact on our long-term success.
- We have concentration in and dependence on certain healthcare provider customers and GPOs.
- Our business and operations depend on the proper functioning of our critical facilities and distribution networks and could be negatively impacted by events outside our control.
- Quality problems and product liability claims have in the past led, and could in the future lead, to recalls or safety alerts, reputational harm, adverse verdicts, or costly settlements, and could have a material adverse effect on our business, results of operations, and financial condition.
- Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline.
- If we experience increased pressure to maintain or decrease the price of our goods and services and we are unable to reduce our expenses, there may be a material adverse effect on our business, results of operations, and financial condition.
- Any failure by or loss of a third-party manufacturer or supplier or other manufacturing or supply-related impacts could result in delays and increased costs, which may adversely affect our business.
- We rely on the proper function, security, and availability of our information technology systems and data, as well as those of third parties throughout our global supply chain, to operate our business.
- We are subject to extensive and complex laws and governmental regulations and any adverse regulatory action may materially adversely affect our business, results of operations, and financial condition both inside and outside the United States.
- We are subject to complex and rapidly evolving data privacy, security, and data protection laws and regulations and the costs to comply with such laws and regulations or any ineffective compliance efforts with such laws and regulations may adversely impact our business.
- Our use or our third-party service providers' or business partners' use of AI, automated decision-making and machine learning technologies and the evolving regulatory framework in this area may subject us to risks or heightened costs that could adversely affect business, results of operation and financial condition.
- Our failure to comply with laws and regulations relating to reimbursement of healthcare goods and services may subject us to penalties and adversely impact our reputation, business, results of operations, financial condition, and cash flows.
- Uncertain global and domestic macro-economic and political conditions could materially adversely affect our business, results of operations, and financial condition.
- Our substantial indebtedness could adversely affect our financial condition, our ability to operate our business or react to changes in the economy or our industry, prevent us from fulfilling our obligations under our debts, and divert our cash flow from operations for debt payments.
- The credit agreement that governs the Senior Secured Credit Facilities and the indentures that govern the Senior Notes will each impose significant operating and financial restrictions on our subsidiaries, which may prevent us from capitalizing on business opportunities.
- Medline Inc. is a holding company and its only material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, and it is accordingly dependent upon distributions from Medline Holdings to pay taxes, make payments under the tax receivable agreement, and pay any dividends.
- The Designating Stockholders hold a significant percentage of our stock, and their interests may conflict with ours or yours in the future.
- Our amended and restated certificate of incorporation does not limit the ability of our Sponsors, the Mills family, and certain other pre-IPO investors to compete with us, and they may have investments in businesses whose interests conflict with ours.

The market price of shares of our Class A common stock may be volatile or may decline regardless of our operating performance, which could cause the value of your investment to decline.

Market and Industry Data

Unless otherwise indicated, information contained in this Annual Report concerning our industry, competitive position, and the markets in which we operate is based on information from independent industry and research organizations, other third-party sources and management estimates. Although we believe that these third-party sources are reliable, we do not guarantee the accuracy or completeness of this information, and we have not independently verified this information. Management estimates are derived from information obtained from surveys, reports by market research firms, our customers, distributors, suppliers, trade and business organizations, and other contacts in the markets in which we operate and have not been verified by independent sources, and are based on assumptions made by us upon reviewing such data, and our experience in, and knowledge of, such industry and markets, which we believe to be reasonable. In addition, assumptions and estimates of our and our industry's future performance are subject to a high degree of uncertainty and risk due to a variety of factors, including those described in Part I, "Item 1A—Risk Factors" and "Cautionary Note Regarding Forward-Looking Statements." These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

Statements regarding our market position (including statements that we are the largest company in a particular market), unless otherwise noted, are based on our 2025 net sales in the relevant market relative to the publicly reported net sales of our competitors in such market, including with respect to our statement of being the largest provider of med-surg products and supply chain solutions serving all points of care, as that statement is based on our 2025 net sales relative to the publicly reported net sales of med-surg products by companies that are both med-surg manufacturers and distributors.

Trademarks

We own or have the right to use trademarks, trade names, and service marks used in connection with our business, including, but not limited to, Medline, Curad, Microtek, Hudson, and Proxima. All trademarks, trade names, and service marks referred to in this Annual Report are the property of their respective owners. We do not intend our use or display of other companies' trade names, trademarks, or service marks to imply a relationship with, or endorsement or sponsorship of us by, these other companies. Solely for convenience, our trademarks, trade names, and service marks referred to in this Annual Report may appear without the ®, ™ or SM symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks, trade names, and service marks.

PART I

Item 1. Business

General

Medline Inc. (together with its subsidiaries, "Medline", "the Company", "we", "ours" and "us") is the largest provider of medical-surgical ("med-surg") products and supply chain solutions serving all points of care, based on total net sales of med-surg products. Medline was founded in 1966 and today delivers mission-critical products used daily across the full range of care settings, from hospitals and surgery centers to physician offices and post-acute facilities. Our mission is to make healthcare run better by delivering improved clinical, financial, and operational outcomes.

We have two reportable segments, Medline Brand and Supply Chain Solutions, the combination of which addresses critical needs in the market through a comprehensive solution. They are both supported by our Prime Vendor model, differentiated distribution network, and robust commercial platform. Through our two segments, we offer approximately 335,000 med-surg products, including surgical and procedural kits, gloves and protective apparel, urological and incontinence care, wound care, and consumable lab and diagnostics products. We distribute these products through our expansive network of global distribution facilities and our owned fleet of MedTrans trucks.

Medline Brand

As of December 31, 2025, we offer our customers approximately 190,000 med-surg products through our Medline Brand segment and hold leading positions across many key product families for our Medline Brand products. Our Medline Brand products are organized into three product categories: Front Line Care, Surgical Solutions, and Laboratory and Diagnostics.

- *Front Line Care* offers mission-critical med-surg products for patient-facing needs, including wound care products, exam gloves, skin care and incontinence products, environment cleaning supplies, textiles, hand sanitizer, durable medical equipment, patient plastics, and decolonization and infection control products.
- *Surgical Solutions* offers operating room and perioperative environment product solutions, including surgical procedure trays, drapes and gowns, personal protective equipment, sterile wraps, surgical instruments, surgeon's gloves, procedure kits, and orthopedic implants.
- *Laboratory and Diagnostics* offers a full range of laboratory and diagnostic product solutions, including point of care testing, analyzers and instrumentation, lab and diagnostic consumables, diagnostic instruments, vital signs monitors, and anatomic pathology and phlebotomy products.

Our product development approach incorporates customer feedback and ongoing innovation. We are also committed to delivering products of the highest standard, which is reflected by our robust quality team embedded across our manufacturing and sourcing locations. The expertise of our research and development team and quality team helps ensure products bearing the Medline brand meet both our rigorous quality standards and our customers' expectations.

Supply Chain Solutions

As of December 31, 2025, we offer approximately 145,000 med-surg products from over 1,300 third-party suppliers, including nearly all leading national brands, through our Supply Chain Solutions segment. We also provide our customers with supply chain optimization services such as consulting engagements, outsourced warehouse and technology management, put-away-ready packaging, third-party logistics, inventory rationalization, and route planning. Our third-party suppliers are primarily responsible for costs related to import and inbound freight, whereas we are primarily responsible for costs related to outbound freight from our distribution centers. Our supply chain expertise allows us to provide additional service offerings to optimize our customers' supply chain and inventory workflows, helping these customers cost-effectively manage their supply chain while building strong relationships and enhancing retention.

Our Prime Vendor Model

A Prime Vendor relationship is a relationship for which there is a multi-year distribution agreement between Medline and a customer, whereby the customer agrees to use Medline for the vast majority of its med-surg product needs.

In our Prime Vendor relationships, we enter into long-term agreements, typically structured with five-year terms, to act as the primary consolidated logistics partner for these customers' med-surg product needs. These agreements have been and are expected to continue to be a key contributor to our growth. Our customers realize efficiencies by partnering with one supply chain partner to consolidate their med-surg purchase volume. Prior to the market adoption of the Prime Vendor model, customers sourced such products individually from a highly fragmented base of suppliers. The Prime Vendor model instead centralizes procurement and distribution, which in turn drives efficiency and higher service levels.

As Prime Vendor, we drive significant cost savings to our customers. Our scale allows us to deliver consistently lower prices and better service levels on Medline Brand products relative to third-party alternatives, while also lowering the distribution cost for delivery of the full range of med-surg products. This often motivates customers to purchase more Medline Brand products over time. The opportunity is even greater in certain non-acute settings, where we sell a more focused product portfolio. Our Prime Vendor model allows us to provide cost savings to Prime Vendor customers, which, over time, supports incremental purchasing of our Medline Brand products and greater scale across our operations. As our scale grows, we are able to realize further efficiencies by offering superior or similar quality to third-party products at a more cost-effective price. We believe that Medline Brand conversion is mutually beneficial for both our customers and us-the value we provide customers at the outset of a Prime Vendor agreement meaningfully increases over time, as they accrue savings by purchasing our lower cost Medline Brand products, while our profitability grows given the enhanced margin profile of Medline Brand products. This compelling value proposition and supply chain relationship with our customers supports our greater than 98% average Prime Vendor retention rate over the past five years.

A portion of Supply Chain Solutions products sold to existing Prime Vendor customers has like-for-like Medline Brand product equivalents, representing a potential gross profit uplift consistent with our historical margin differentials if such products were converted for Medline Brand products. While we historically have earned higher margins upon conversion from third-party national brand products to like-for-like Medline Brand products, because of the lower average prices for Medline Brand products, there is typically a negative impact on net sales upon the conversion of Supply Chain Solutions products to like-for-like Medline Brand products if volume is assumed to be constant. For additional information on potential risks relating to this conversion opportunity, please see Part I, "Item 1A—Risk Factors—Risks Related to Our Business, Industry and Operations—Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline."

Our Distribution Network

We have a differentiated distribution network of 70 global distribution centers, warehouses, cross-docks, and transship facilities, 45 of which are in the United States, strategically located to provide next-day delivery to 95% of our U.S. customer base. We utilize artificial intelligence ("AI") and robotics technology in over 26 million square feet of warehouse space in the United States to improve efficiency and capacity to optimize distribution logistics and maximize utilization. The products we distribute are packaged to meet each customer's individual needs and to be "put-away-ready," which streamlines the customer's unloading and shelving process. We also operate our own fleet of more than 2,100 MedTrans trucks that deliver our products across care settings within the United States. As of December 31, 2025, we had approximately 25% in incremental capacity across our platform to support our long-term growth.

Our Commercial Platform

Our deep connectivity to our customers is driven by the strength of our dedicated and tenured commercial team. We have a U.S. commercial team of approximately 4,000 people across all points of care, which includes account managers, product specialists, specialized clinical resources, customer service representatives, supply chain specialists, Prime Vendor analysts, and a robust leadership team dedicated to driving efficiencies for our customers through their teams. We have created an entrepreneurial environment that empowers our salesforce to work with our product managers to create innovative products that meet market demand. We have a team devoted to each channel in the United States and each region or country internationally, which allows our salesforce teams to develop market-specific knowledge.

Research and Development

We have a track record of successfully bringing new products to market, with more than 2,300 granted patents and more than 450 U.S. Food and Drug Administration ("FDA") 510(k) clearances. Over the last three years, we have successfully launched more than 250 new products.

Competition

Our value proposition is derived from our integrated business model, the breadth of our Medline Brand portfolio, our differentiated supply chain, and the overall quality and cost of our products. As a result of our integrated business model, our competitors include both other leading med-surg product manufacturers and distributors.

Similar to us, other leading med-surg product manufacturers produce a wide range of med-surg supplies. However, unlike us, many of these competitors are reliant upon third-party distributors to deliver their products to customers. By nature of being a distributor, Medline has direct access to and manages the end customer relationships. This enables us to offer a complete solution as a manufacturer and a distributor, offering our customers what we believe to be best-in-class supply chain logistics, and driving value through our brand.

Additionally, other distributors of med-surg products similarly connect the fragmented supplier and provider bases and aggregate inventory from suppliers to deliver products to customers, such as McKesson, Cardinal Health, Owens & Minor, and Henry Schein. These distribution companies compete with us for Prime Vendor agreements. However, we believe that many of these competitors do not benefit from the scale and scope of our vertical integration or commercial excellence, and thus are not able to provide the same magnitude of cost savings, value, and holistic solutions that we deliver for our customers.

Production and Raw Materials

We manufacture approximately one-third of our Medline Brand products, which are primarily Class I and II medical devices, through our 30 manufacturing facilities, of which 24 are in North America. We purchase many of the components and raw materials used in manufacturing our products from numerous suppliers. We focus our manufacturing capabilities on products where we can leverage technology and automation to drive higher quality and lower costs to better serve our customers. For the vast majority of the other two-thirds of our Medline Brand products, we work closely with our network of more than 600 global partners across approximately 40 countries, many of whom have decades-long exclusive relationships with us. The breadth of our global sourcing partnerships provides diversification and strengthens our resiliency, with no single sourcing partner accounting for more than 5% of total spend as of December 31, 2025.

We also have plans and measures in place to help ensure continuity of supply while maintaining high quality and reliability. Generally, we have been able to obtain adequate supplies of such raw materials and components. However, due to the FDA's manufacturing requirements and those of other regulatory authorities, we may not be able to quickly establish additional or replacement sources for certain components, materials or processes if we experience a sudden or unexpected reduction or interruption in supply or services and are unable to develop alternative sources.

Human Capital Resources

At Medline, our relentless focus on the customer drives our human capital strategy, which revolves around attracting, developing, and retaining employees to provide the best products and services for our customers. We have developed a strong foundation that drives our recruitment, retention and development efforts. We are committed to supporting the personal and professional development of our employees, as well as providing competitive benefits and a safe, inclusive workplace.

As of December 31, 2025, we employed over 45,000 employees worldwide, with over 26,000 located in the United States. Our largest non-U.S. employee populations are in Mexico, Dominican Republic, India, Canada, Slovakia, France, China, Japan, Germany, and Australia. None of our employees in the United States are unionized, though some of our employees in Mexico belong to unions. In Germany and the Netherlands, employees are represented through Works Councils; in France and Spain, employees are represented through both Works Councils and industry-wide collective bargaining agreements; and in Belgium and Italy, employees are also represented through industry-wide collective bargaining agreements. In Australia, certain employees are represented by an enterprise bargaining agreement; in Japan, employees are represented through a Work Council; and in Vietnam, employees are represented through a collective bargaining agreement. We believe that our positive employee relations and total employee experience drive the continual growth of our workforce.

Culture and Values

Our culture is grounded in a customer-focused, collaborative, and performance-driven approach, guided by core values emphasizing relentless customer focus, agility and flexibility, problem-solving, drive to succeed, purposeful candor, and the importance of relationships. Employees are encouraged to exercise judgment, work transparently with customers, and contribute meaningfully to our mission to make healthcare run better.

Talent Attraction and Development

We seek to attract employees whose skills, experience, and motivation align with our operational and technical needs. Through continual improvement of internal processes, an awareness of market and candidate driven trends, and in partnership with vendors and other outside organizations, our talent acquisition programs focus on efficient hiring processes, market awareness, and building a diverse pipeline of candidates. We support development through consistent performance management processes and early career opportunities to take on additional responsibilities to demonstrate their competencies and drive to succeed and on-the-job responsibility augmented by formal training and development to refine technical and leadership skills. New sales representatives participate in comprehensive training programs, and product managers have targeted development pathways through all stages of their careers, from mandatory onboarding offerings to advanced classes that provide the necessary skills with increasing levels of responsibility, to support progression over time.

Employee Engagement and Inclusion

We believe our employees' ability to communicate and cooperate effectively across functional and departmental teams positively impacts our performance. We engage in various listening strategies and foster engagement through survey feedback mechanisms, anonymous employee feedback platform, focus groups, increased attention to onboarding and offboarding feedback, pulse surveys on remote work needs, and other listening strategies. Insights from these efforts inform workplace improvements. We also support an inclusive environment through Employee Resource Groups and leadership training initiatives designed to reduce bias in talent decisions and strengthen representation across the company.

Health, Safety, and Well-Being

We are committed to maintaining a safe workplace and supporting the physical, emotional, and financial well-being of our employees. We provide competitive health and benefits programs, access to assistance resources where available, and opportunities for community involvement through charitable giving, including financial giving and in-kind giving such as product donations.

Intellectual Property

We rely upon patents, trademarks, copyrights, trade secrets and other intellectual property rights to maintain and improve our competitive position. We have a large portfolio of intellectual property, including more than 2,300 granted patents as well as trademark registrations protecting our notable brands, including Medline, Curad, Microtek, Hudson, and Proxima.

We consider the trademarks and know-how that we own to be material to our business. However, other than the Medline mark, we do not consider our business to be materially dependent upon any individual trademark registration or trade secret. In the aggregate, we consider our more than 2,300 granted patents to be material to our business. However, no single patent or group of related patents is material to our business as a whole or any segment of our business.

We believe that we have taken all necessary steps to protect our intellectual property rights, but no assurance can be given that we will be able to successfully enforce or protect our rights in the event that they are infringed upon or challenged by a third party. See Part I, "Item 1A —Risk Factors—Risks Related to Regulation and Legal Proceedings—Any failure to obtain, maintain, protect and enforce our intellectual property rights, or the failure of the strength or scope of our intellectual property rights, could harm our business, financial condition, and results of operations" and "—Risks Related to Regulation and Legal Proceedings—We may become subject to litigation brought by third parties claiming infringement, misappropriation, or other violation by us of their intellectual property rights."

Government Regulation

Our operations and products are subject to extensive regulation by numerous governmental regulatory authorities, including U.S. and other international regulatory authorities, and other government agencies inside and outside the United States. To varying degrees, each of these agencies requires us to comply with laws and regulations governing the development, design, materials, testing, safety, efficacy, quality, purity, manufacturing, methods, controls, testing, screening, recordkeeping, reporting, processing, storage, registration, authorization, licensing, permitting, labeling, advertising, marketing, distribution, offer for sale, sale, use, expiration, pricing, reimbursement, import, export, clinical trials, post-marketing surveillance of our products, the registration of our facilities, and the claims that we make about our products. The United States and other countries where we sell healthcare and other regulated products, including drugs, human cell and tissue products, dietary supplements, cosmetics, certain foods, and consumer products subject such products to their own clearance, authorization, approval, registration, listing, labeling, manufacturing, recordkeeping, reporting, and other regulatory requirements regarding the performance, safety, and quality of such products. We are also subject to healthcare and other regulations and enforcement by the federal government and the states and foreign governments and authorities in the locations in which we conduct our business. The U.S. governmental and regulatory authorities that enforce such laws and rules, and that issue guidance on compliance with such laws and rules include, without limitation, the FDA, the Centers for Medicare & Medicaid Services ("CMS"), other divisions of the U.S. Department of Health and Human Services ("HHS"), the HHS Office of Inspector General, U.S. Environmental Protection Agency ("EPA"), the Federal Trade Commission ("the FTC"), Consumer Product Safety Commission ("CPSC"), the U.S. Department of Justice ("DOJ") and individual U.S. Attorney offices within the DOJ, as well as state and local governments. Our business is also affected by patient and data privacy and security laws, government payer cost containment initiatives, government reimbursement laws and regulations, environmental, health, and safety laws and regulations, as well as laws and regulations with respect to the sale, transportation, storage, handling, and disposal of hazardous or potentially hazardous substances, and safe working conditions. Our business also maintains contracts with governmental agencies and such contracts are subject to various government procurement laws and regulations, required contract provisions, and other requirements relating to contract formation, administration and performance. Failure to comply with applicable laws and regulations or with contractual or other requirements may result in monetary damages and criminal or civil penalties as well as termination of our government contracts or our suspension or debarment from government contract work.

The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, including through the offering of new products and services or entering into new geographic areas, we may be subject to new and additional regulatory requirements. The foreign, federal, state, and local regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products, suspend, revoke, or terminate our product and facility licenses, permits, and authorizations, request the cessation of distribution and shipments of certain products due to regulatory, safety, or other issues, seize or order the recall of our products, issue safety, quality, or other communications to the public or healthcare providers, enforce laws related to marketing, including promotion of off-label uses of products, and impose injunctions and significant criminal, civil, and administrative sanctions for violations of laws and regulations. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, may impact our business practices and operations, including by limiting our ability to effectively market, ship, and sell our products, affecting the production and distribution of products by our manufacturing facilities, subjecting us to significant liability, and limiting our ability to obtain future authorizations. Although we are subject to international government regulations in the international end markets where we operate and/or provide our products, these regulations do not have a material impact on our products as no international market represents more than 3% of our net sales.

Government Regulation of Medical Devices

Our medical devices are subject to regulation by numerous government agencies, including the FDA and comparable state and foreign agencies. Regulations of the FDA and other regulatory agencies in and outside the United States impose extensive compliance and monitoring obligations on portions of our business. The FDA and other U.S. and foreign governmental agencies regulate, among other things, with respect to medical devices: design, development, and manufacturing; testing, registration, listing, labeling, content, and language of instructions for use and storage; clinical trials; product safety; marketing, sales, and distribution; licensing and permit requirements; premarket clearance, approval and authorization; record keeping procedures; advertising and promotion; recalls and field safety corrective actions; post-market surveillance, including reporting of deaths or serious injuries and malfunctions that, if they were to recur, could lead to death or serious injury; post-market approval studies; and product import and export. The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, we may be subject to new and additional regulatory requirements. The FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers; seize or order the recall of products; terminate, suspend, or revoke licenses and permits; and impose significant criminal, civil, and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers. In addition, the FDA and other governmental and regulatory authorities, both in and outside the United States (including the FTC, the HHS Office of the Inspector General, the DOJ, and various state Attorneys General), monitor the promotion and advertising of our products. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, depending on its magnitude, may limit our ability to effectively market, ship, and sell our products, limit our ability to obtain future premarket authorizations, or result in a substantial modification to our business practices and operations.

FDA Premarket Clearance and Approval Requirements

Each medical device we wish to distribute commercially in the United States requires marketing authorization from the FDA prior to distribution, unless the device is exempt from premarket notification requirements. The type of marketing authorization necessary is generally linked to the classification of the device. The FDA classifies medical devices into one of three classes-Class I, II, or III-based on the degree of risk associated with a device and the level of regulatory control deemed necessary to ensure its safety and effectiveness. Class I devices that pose the least risk are subject only to General Controls applicable to all devices, such as requirements for device labeling, premarket notification, and adherence to current good manufacturing practices for devices as set forth in the Quality System Regulation ("QSR"). Class II devices that pose a moderate risk are subject to General Controls and may also be subject to Special Controls, such as performance standards, product-specific guidance documents, special labeling requirements, patient registries, or post-market surveillance. Class III devices are those for which insufficient information exists to assure safety and effectiveness solely through General and Special Controls, including devices that support or sustain human life, are of substantial importance in preventing impairment of human health, or which present a potential unreasonable risk of illness or injury.

Most Class I devices and some Class II devices are exempted by regulation from the 510(k) clearance requirement and can be marketed without prior authorization from the FDA. Class I and II devices that are not exempted are eligible for marketing through the 510(k) clearance pathway. By contrast, devices placed in Class III generally require premarket approval ("PMA") or de novo clearance prior to commercial marketing. The PMA approval process is more stringent, time-consuming and expensive than the 510(k) clearance process; however, the 510(k) clearance process has also become increasingly stringent and expensive. None of our products are currently approved under a PMA, and we have no plans for any indication or system improvement or extension that we believe would require a PMA. If, in the future, we were to file a PMA, we may be subject to additional regulatory requirements.

510(k) Clearance Process

To obtain 510(k) clearance, we must submit a premarket notification to the FDA demonstrating the proposed device to be substantially equivalent to a predicate device. A device is substantially equivalent if, with respect to the predicate device, it has the same intended use and it has either the same technological characteristics, or it has different technological characteristics, but the information provided in the 510(k) submission demonstrates that the device does not raise new questions of safety or effectiveness. The standard review process for 510(k)s is between six to nine months, dependent upon the type of 510(k) filing submitted. Although many 510(k) premarket notifications are cleared without clinical data, in some cases, the FDA may require clinical data to support substantial equivalence. In reviewing a premarket notification, the FDA may request additional information, including clinical data, which may significantly prolong the review process and clearance is never assured. Clinical trials generally require the submission of an investigational device exemption ("IDE") to the FDA for a specified number of patients and study sites, unless the product is deemed a non-significant risk device eligible for more abbreviated IDE requirements. Clinical trials are subject to numerous requirements and institutional review board approval, oversight, and monitoring. Even if a trial is conducted, the results of clinical testing may not adequately demonstrate the safety and effectiveness of the device or be sufficient to obtain FDA clearance or approval for marketing.

After a device receives 510(k) clearance, any subsequent modification of the device that could significantly affect its safety or effectiveness, or that would constitute a major change in its intended use, requires a new 510(k) clearance or could require submission and approval of a de novo 510(k) or a PMA application in cases where new indications are sought for which there is no predicate. Non-significant changes are handled via internal documentation by the Company. Each manufacturer must judge the significance of modifications based on FDA 510(k) regulatory requirements and guidance documents. The FDA may review any such decision and may disagree with a manufacturer's determination. If the FDA disagrees with a manufacturer's determination, the FDA may require the manufacturer to cease marketing and distribution and/or recall the modified device until 510(k) clearance or PMA approval is obtained. In the future, we may make modifications to our products after they have received FDA clearance and, in appropriate circumstances, determine that new clearance is unnecessary. However, the FDA may disagree with our determination, and, if the FDA requires us to seek 510(k) clearance or submit new PMA applications for any modifications to a previously cleared product, we may be required to cease marketing or distributing or recall the modified device until we obtain the required clearance or approval. We may also market or acquire products that are marketed without a 510(k) clearance, appropriate labeling, or that otherwise are marketed in violation of FDA requirements, since medical devices can be marketed only for the indications for which they are cleared or approved. Under these circumstances, we may also be subject to warning letters, significant regulatory fines, or other penalties, and we may no longer be able to market particular products for which a 510(k) clearance is required.

Post-Marketing Requirements

Numerous FDA regulatory requirements apply to devices we manufacture and distribute, including: compliance with the QSR, which require manufacturers and their suppliers to follow the applicable design, testing, processes, control, documentation, labeling, and other quality assurance procedures during the manufacturing process; establishment registration, which requires establishments involved in the production and distribution of medical devices intended for commercial distribution in the United States to register with the FDA; medical device listing, which requires manufacturers to list the devices they have in commercial distribution with the FDA; labeling regulations, which prohibit "misbranded" devices from entering the market, as well as prohibit the promotion of products for unapproved or off-label uses and impose other restrictions on labeling; post-market surveillance, including medical device reporting requirements which requires manufacturers to report to the FDA if their device may have caused or contributed to a death or serious injury, or malfunctioned in a way that would likely cause or contribute to a death or serious injury if it were to recur; and corrections and removal reporting regulations, which require that manufacturers report to the FDA field corrections and product recalls or removals if undertaken to reduce a risk to health posed by the device or to remedy a violation of the Federal Food, Drug, and Cosmetic Act that may present a risk to health. The FDA and other governmental and regulatory authorities actively enforce the laws and regulations prohibiting the promotion of off-label uses, and a company that is found to have improperly promoted off-label uses may be subject to significant liability.

The FDA enforces these requirements by inspection and market surveillance. Domestic facility records and manufacturing processes are subject to periodic unscheduled inspections by the FDA. The FDA may also inspect foreign facilities that export products to the United States. Failure to comply with applicable regulatory requirements may result in enforcement action or other actions by the FDA, which may include one or more of the following sanctions: adverse press releases and safety communications; requests to stop shipments; untitled letters or warning letters; fines, injunctions, and civil penalties; mandatory recall or seizure of our products; customer notifications and repairs or replacements; administrative detention or banning of our products; consent decrees; operating restrictions, partial suspension or total shutdown of production; refusing our request for 510(k) clearances for new product versions or modifications to existing product versions; revocation of 510(k) clearances previously granted; refusal to grant export approval for our products; and criminal prosecution and penalties. If any of these events were to occur, they could have a material adverse effect on our business, financial condition, and results of operations.

International Regulation of Medical Devices

Sales of medical devices outside the United States are subject to foreign government regulations, which vary substantially from country to country. In order to market our products in other countries, we must comply with applicable regulatory requirements and authorizations and approvals and safety and quality regulations in each country in which the product is marketed. The time required to obtain authorization, approval, or certification by a foreign country may be longer or shorter than that required for FDA clearance, and the requirements may differ significantly.

EU Regulation of Medical Devices

In the European Union ("EU") until May 25, 2021, medical devices were regulated by the Council Directive 93/42/EEC, which has been repealed and replaced by the Medical Device Regulation ("EU MDR"). Unlike directives, regulations are directly applicable in all EU member states without the need for member states to implement into national law. The EU extended the EU MDR transitional periods for certain medical devices until December 31, 2027 or December 31, 2028, depending on a device's risk class and subject to certain conditions to ensure continued access to medical devices for patients and to allow medical devices already placed on the market in accordance with the current legal framework to remain on the market, provided that the requirements of the transitional provisions are fulfilled.

In the EU, there is currently no premarket government review of medical devices. However, all medical devices placed on the EU market must meet general safety and performance requirements, and compliance with the general safety and performance requirements is a prerequisite for European conformity marking without which medical devices cannot be marketed or sold in the EU. EU MDR requirements regarding the distribution, marketing, and sale, including quality systems and post-market surveillance, have to be observed by manufacturers, importers, and distributors as of the application date (i.e., since May 26, 2021), including registration of economic operators and of devices (once the relevant modules of Eudamed are functional), surveillance, and vigilance requirements. The aforementioned EU rules are generally applicable in the European Economic Area which consists of the 27 EU member states plus Norway, Liechtenstein, and Iceland.

The NDA Approval Process

For any new drug products regulated under the Federal Food, Drug, and Cosmetic Act such as our ReadyPrep CHG cloth, a sponsor must submit a New Drug Application ("NDA"), to the FDA for review and approval. The NDA review and approval process may take multiple years and involves steps including the following:

- completion of preclinical studies and analytical and stability testing in accordance with applicable regulations;
- submission to the FDA of an Investigational New Drug ("IND") application, which must become effective before clinical trials may begin and must be updated annually and amended when certain changes are made;
- approval by an institutional review board, or IRB, or independent ethics committee, or IEC, at each clinical trial site before each trial may be initiated;
- performance of adequate and well-controlled clinical trials in accordance with applicable IND regulations, good clinical practice, or GCP, requirements, including informed consent, financial disclosure by investigators, and other clinical trial-related regulations, to establish the safety and efficacy of the investigational product for each proposed indication and other condition of use;
- preparation and submission to the FDA of an NDA;

- satisfactory completion of one or more FDA pre-approval inspections of the manufacturing facility or facilities where the drug will be produced to assess compliance;
- satisfactory completion of FDA inspection of select clinical trial sites involved in conducting pivotal studies that generated the data in support of the NDA;
- payment of user fees for FDA review of the NDA; and
- FDA review and approval of the NDA, including of the proposed prescribing information and, where applicable, consideration of the views of any FDA advisory committee, prior to any commercial marketing or sale of the drug in the United States.

Any approvals that we may ultimately receive could be withdrawn if required post-marketing trials or analyses do not meet the FDA requirements, which could materially harm the commercial prospects for our products.

Even if a product candidate receives regulatory approval, the approval may be limited to specific disease states, patient populations and dosages, or might contain significant limitations on use in the form of warnings, precautions or contraindications, or in the form of onerous risk management plans, restrictions on distribution, or post-marketing study requirements. Further, even after regulatory approval is obtained, later discovery of previously unknown problems with a product may result in restrictions on the product or even complete withdrawal of the product from the market. Delay in obtaining, or failure to obtain, regulatory approval for our candidate products, or obtaining approval but for significantly limited use, would harm our business. In addition, we cannot predict what adverse governmental regulations may arise from future U.S. or foreign governmental action.

Trade Regulations

The movement of products, services, and investment across borders subjects us to extensive trade regulations. A variety of laws and regulations in the countries in which we transact business apply to the sale, shipment, and provision of goods, services, and technology across borders. These laws and regulations govern, among other things, our import, export, and other business activities. We are also subject to the risk that these laws and regulations could change in a way that would expose us to additional costs, penalties, or liabilities. Some governments also impose economic sanctions against certain countries, governments, persons, and entities, both for unlawful or malign conduct and to discourage or prevent entities from abiding by other countries' laws. In addition to our need to comply with such regulations in connection with our direct activities, we also sell and provide goods, technology, and services to agents, representatives, and distributors who may export such items to customers and end-users. If we, or the third parties through which we do business, are not in compliance with applicable import, export control, or economic sanctions laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability. Such actions may disrupt or delay sales of our products or services or result in restrictions on our distribution and sales of products or services that may materially impact our business.

Anti-Boycott Laws

Under U.S. laws and regulations, U.S. companies and their subsidiaries and affiliates are prohibited from participating or agreeing to participate in unsanctioned foreign boycotts in connection with certain business activities, including the sale, purchase, transfer, shipping, or financing of goods or services within the United States or between the United States and countries outside of the United States. If we, or certain third parties through which we sell or provide goods or services, violate U.S. anti-boycott laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability.

4BB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03401	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 239 Belvidere Rd

City: Perryville State: MD Zip: 21903

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 410-642-2020 Website: medline.com

Name of Designated Representative (DR): Mark Rizzo

Licensing Company Email: ralicensing@medline.com DR Email: mrizzo@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Corporate Discipline History

Original Signature (electronic, copies or stamps not accepted)

4/15/26

Date

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
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800-735-2466 Voice Relay Missouri

Kimberly A. Grimston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
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800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

Don Walker

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> > (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ REQUESTS

_____ DOES NOT REQUEST

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____

Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____

Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____

Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____

Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
N/A		Florida Department of Health		
Reason/Charge				
Medline's Florida Certified Designated Representative unexpectedly resigned.				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Florida Department of Health/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

_____ February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

_____ February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Medline Industries, Inc., Case #2007-37412

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2008006		Louisiana Board of Wholesale Drug Distributors		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
LA Board of WDD/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingerman

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman
William Crates, Vice-Chairman
Randall Brooks, Secretary/Treasurer
John Liggio, Executive Director/Inspector
Hershal Paul, Board Member
Andy Milligan, Board Member
Wayne Gremillion, Board Member
Eric Vuitton, Board Member
Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
PHA 2008-71-L	Hawaii Department of Commerce and Consumer Affairs

Reason/Charge
Late Discipline Reporting

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
HI DCCA / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
1314
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

6. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

9. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

11. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 0 8 2008.

Bobbi'wy Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of Jan, 2007, before me personally appeared Larry Sonnes, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of Ops/IT, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08 PHM 037	Wisconsin Department of Regulation and Licensing

Reason/Charge
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WI DSPS/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 19 A 9:4

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2009-7-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Lacy V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2209

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: Gregory C. Lisby
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

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POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dana N. Simmons Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Dana N. Simmons, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller
Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of January, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
27278	NY State Education Department- Board of Pharmacy

Reason/Charge
Discipline incurred in another jurisdiction

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NY Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: A. Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

---X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

---X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2020-0054	Ohio Board of Pharmacy

Reason/Charge
Customer License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

1-5-21

Willis Ingalls, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer M. Rudell, RPh

1-6-2021

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

1-6-2021

Henry Appel, Ohio Assistant Attorney General

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

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1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	FL DBPR- Div. of Drugs, Devices, and Cosmetics

Reason/Charge
Customer Licenses, Record Keeping

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DBPR / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____
Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
0 9 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — 06-29-2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 OCT 16 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent MEDLINE INDUSTRIES, L.P. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., and C.7. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____
IVY Y. E. KIM
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE Chair	December 21, 2023 DATE
PATRICK ADAMS Vice Chair	MARK BROWN
CATALINA CROSS	Kent Kikuchi KENT KIKUCHI
BRANDON RABANG	SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer, Inc.
Address: 66 Hudson Blvd E City: New York State: NY Zip: 10001

Name: ICU Medical Inc.
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare Inc.
Address: One Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Avenue City: Bethlehem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Medline Inc.
Corporation Name: See Attached Ownership Information
Mailing Address: 3 Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: (847) 949-5500 Email: ralicensing@medline.com
Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025 | SEC Registration Number: 0002046386 | Stock Exchange Symbol: MDLN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Daniel Stevens

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/15/25

Date

PAID

Board Use Only	Date Received: 4/21/25	Amount: $1000.00

Power of Attorney

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

POWER OF ATTORNEY

EXCELSIOR MEDICAL, LLC, an Illinois limited liability company, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Excelsior Medical, LLC

By: Medline Industries, LP
Its: Manager
By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Medline Industries, LP, as Manager of Excelsior Medical, LLC.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

POWER OF ATTORNEY

Centurion Medical Products, LP, an Delaware limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Centurion Medical Products, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Centurion Medical Products, LP.

Natalie D Paulov
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries, LP

located at

239 Belvidere Road, Perryville, MD, 21903

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

Ownership Information

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

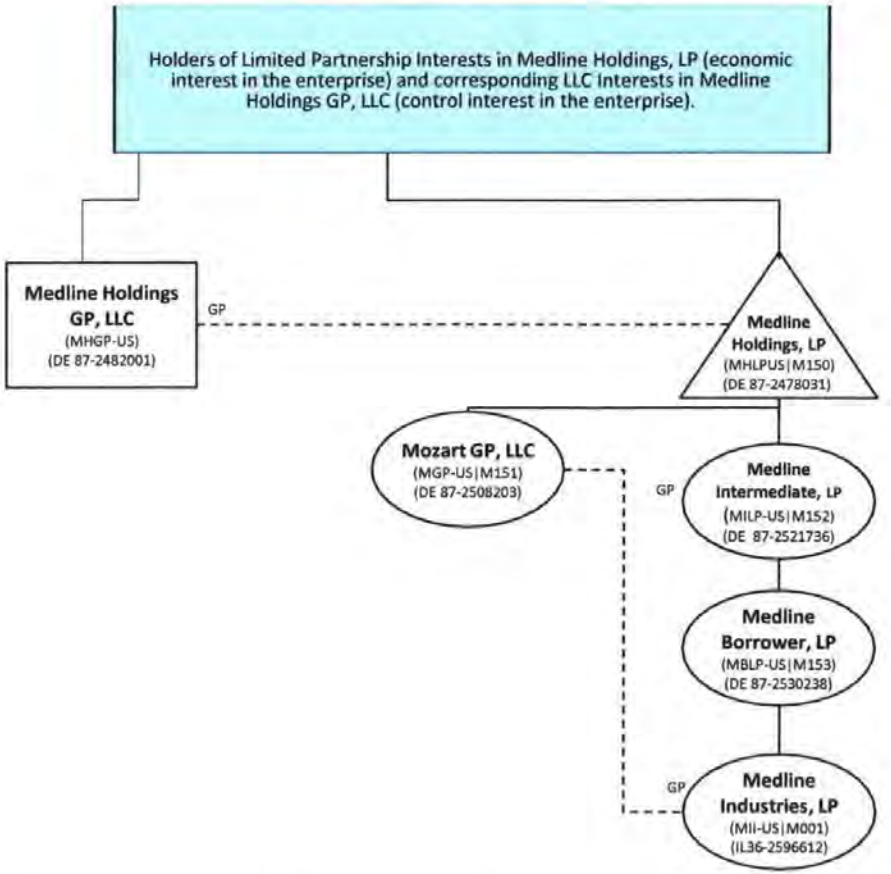
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

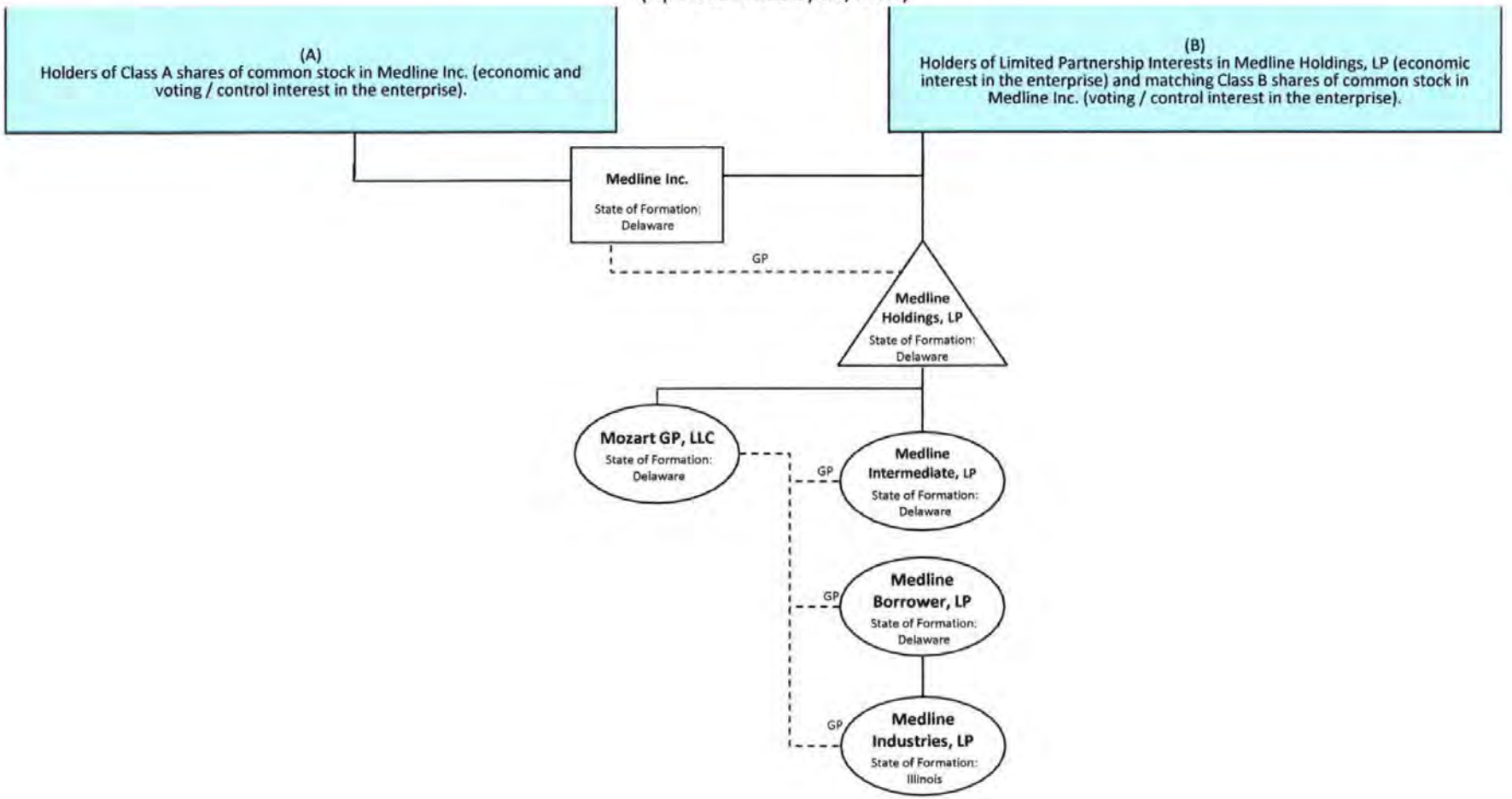


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

List of Officers, Directors, and Partners

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Centurion Medical Products, LP

FEIN: 38-1659420
A Delaware Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Industries, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	36-2596612
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC

FEIN: 32-0473772
An Illinois Limited Liability Company

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Member and Manager of LLC:

Medline Industries, LP
FEIN: 36-2596612

Officers:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC is a member managed LLC with the sole member and manager being Medline Industries, LP. Medline Industries, LP is a limited partnership and does not appoint corporate officers. Medline reports the officers for its general partner, Mozart GP, LLC, which retains 100% control of Medline Industries, LP.

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

Certificates of Good Standing

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502528 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURION MEDICAL PRODUCTS, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTURION MEDICAL PRODUCTS, LP" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6213666 8300

SR# 20261791715

Authentication: 203646965

Date: 04-15-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

File Number 0543231-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

EXCELSIOR MEDICAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502534 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5143163 8300

SR# 20261572157

Authentication: 203550646

Date: 04-03-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

DISTRIBUTOR REGISTRATION

STATE OF MARYLAND
DEPARTMENT OF HEALTH

194996

Maryland Board of Pharmacy

4201 Patterson Avenue
Baltimore, Maryland 21215

Medline Industries, Lp
239 Belvidere Road
Perryville MD 21903

THE MARYLAND STATE BOARD OF PHARMACY CERTIFIES THAT
Medline Industries, Lp
IS A REGISTERED **Active**
Distributor (exp.: 05/31/2027)

In accordance with the Health Occupations Article of the Annotated Code of Maryland

LIC. REG. PERM. NO.	EXPIRATION DATE
D07062	05/31/2027

SIGNATURE OF BEARER

194996

State of Maryland

DEPARTMENT OF HEALTH

THE MARYLAND STATE BOARD OF PHARMACY
CERTIFIES THAT Medline Industries, Lp
IS A REGISTERED **Active**
Distributor (exp.: 05/31/2027)

SIGNATURE OF BEARER

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. REG. PERM. NO.	EXPIRATION DATE
D07062	05/31/2027

SECRETARY MDH

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

Distributor Change of Information

A Distributor must report changes in their names, addresses, place of employment or other contact information in order to receive renewal notices, newsletters and other important information. A copy of a legal document, such as a Marriage Certificate, must accompany name changes.

To report changes, submit a completed Change of Information form. The form may be downloaded from the Board's website at http://dhmh.maryland.gov/pharmacy/Pages/ChangeRequest.aspx, or contact the Board to have the form sent to you.

Return the completed form by mail, fax or email to:

Maryland Board of Pharmacy
P.O. Box 2051
Baltimore, Maryland 21203-2051
Toll Free: (800)-542-4964 Fax: (410) 358-6207
Email: dhmh.mdbop@maryland.gov

Certificates of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC. 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** N/A — N/A **INSURER C :** See Acord 101 for Carrier Participation **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-28 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 2,000,000 $ 10,000 $ 2,000,000 $ 4,000,000 $ SEE BELOW
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
	UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
A A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2025 07/01/2025	07/01/2026 07/01/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$	10,000
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$	2,000,000
	OTHER:						GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y	N/A		PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr. Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S . Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St. Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd. Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **105625536**

Current Billing Term From **July 20, 2025** to **July 20, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **July 20, 2011**, in the amount of **One Hundred Thousand** (**$100,000.00**) on behalf of **MEDLINE INDUSTRIES, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **June 25, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 105625536 **Principal: MEDLINE INDUSTRIES, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25 day of June, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 25th day of June, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Oscar F. Rincon

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #105625536

Current Information as of 04/14/2026

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 5: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 6: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 7: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 8: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 9: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 10: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 11: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 12: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 13: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Location 14: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 15: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 16: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 17: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 18: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 19: (C71)
Medline Industries, LP
264 S 5750 W
Salt Lake City, UT 84104

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

Location 23: (ANG)
Medline Industries, LP
10 Glen Falls Techinical Park
Glen Falls, NY 12801

Location 24: : (EXC-TF)
Excelsior Medical, LLC
1470 Shafto Road
Tinton Falls, NJ 07712

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **108030426**

Current Billing Term From **September 03, 2025** to **September 03, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **September 03, 2024**, in the amount of **Twenty Five Thousand** (**$25,000.00**) on behalf of **CENTURION MEDICAL PRODUCTS, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **July 23, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108030426 **Principal: CENTURION MEDICAL PRODUCTS, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

SEAL SEAL SEAL SEAL

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

NOTARY PUBLIC

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 23 day of July, 2025.

SEAL SEAL SEAL SEAL

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 23rd day of July, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #108030426

Current Information as of 04/14/2026

Location 1: (B01)
Centurion Medical Products, LP
301 Catrell Drive
Howell, MI 48843

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP — MDEG License # (if applicable): WH03901

Physical Address: 239 Belvidere Road

City: Perryville — State: MD — Zip: 21903

Mailing Address (if different from physical address): Three Lakes Drive, #3D

City: Northfield — State: IL — Zip: 60093

Telephone: 410-642-2020 — Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Mark — Middle: — Last: Rizzo

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] — SSN or ITI[redacted] — Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Northfield — State: IL — Z[redacted]

Telephone: (410) 642-2020 — Email: MRizzo@Medline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Port Jervis High School		2000-2004	
Address	**City**	**State**	**Zip**
10 US-209	Port Jervis	NY	12771
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2023-Current	[redacted]	Port Deposit	MD	[redacted]
11/2022-07/2023		Charlestown	MD	
08/2018-11/2022		Milford	PA	
08/2015-08/2018		Matamoras	PA	
From - To (MM/YY – MM/YY)	Address	City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			09/2022 - Current	
Business Address		**City**	**State**	**Zip**
239 Belvidere Rd		Perryville	MD	21903
Phone	**Title**		**Number of Employed Hours**	
(410) 642-2020	Operations Manager		7,000+	
Description of Duties				
Oversee the facility to ensure proper receiving, distribution, storage, shipping and dispensing of prescription drugs and medical devices. Manage multiple team members to ensure proper record keeping, inventory, storage, & product security				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Mark R

Original Signature (electronic, copies or stamps not accepted)

4/2/26

Date

I, Mark Rizzo, **certify that as the MDEG Administrator for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. MR Have a high school diploma or its equivalent;
2. _____ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. _____ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. MR Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Rizzo

Print Name (First, Last)

Mark R

Original Signature (electronic, copies or stamps not accepted)

4/7/26

Date

Board Use Only	Date Received: 4/7/2026

List of Employees
Medline Industries, LP
C47 - Perryville, MD

Worker	Business Title
A.P. Harper	Warehouse Operator Operations
Aaliyah Godfrey	Warehouse Operator Operations
Aamir Khan	Warehouse Operator Operations
Aaron Dionisio	Driver II
Aaron Garcia	Trainer Branch
Aaron Moragne	Warehouse Operator Operations
Abdul Akinyemi	Supv Warehouse
Abeba Seyum	Warehouse Operator Operations
Abid Ehsan	Inventory Coord Sr
Abiola Adenopo	Warehouse Operator Operations
Adam Zackery	Warehouse Operator Operations
Adomako Mpiani	Delivery Driver
Adrian McRae	Warehouse Operator Operations
Ahmaad Turner	Warehouse Operator Operations
AHMED THOMPSON	Warehouse Operator Operations
Alain Kweindjeu	Warehouse Operator Operations
Alan Cheng	Sr Supv Warehouse
Albert Kofie	Warehouse Operator Operations
Aleica Rodriguez	Warehouse Operator Operations
Alemu Abiyou	Warehouse Operator Operations
Alex Salgado	Driver II
Alex Shalander	Warehouse Operator Operations
Alex Wienecke	Warehouse Operator Operations
Alexis Hall [C]	Contingent Worker
Alfred Boland	Driver II
Ali Erturk	Warehouse Operator Operations
Alicia Hamilton	Warehouse Operator Operations
Alicia Yeager (On Leave)	Warehouse Operator Operations
Alissa Ryan	Warehouse Operator Operations
Allen Pollock	Supv Warehouse
ALNISA EVANS	Warehouse Operator Operations
Alonza Gorden	Driver Ld
Alpha Conde	Warehouse Operator Operations
Altonberg Williams [C]	Warehouse Operator QC
Amanda Clark	Warehouse Operator Operations
Amanda Donelson	Inventory Control Ld Operations
Amber Clark	Warehouse Operator Operations
Amber Hindman	Supv Warehouse
Amber Way	Warehouse Operator Operations
Ammie Gilliam	Warehouse Ld Operations
Ampofo Ampofo	Warehouse Operator Operations
Amy Huizinga	Sr Dir Operations
Amy Sharer	Mgr Inventory Control
Amy Spencer	Warehouse Operator Operations
Andre Joseph	Warehouse Operator Operations
Andres Torres	Warehouse Operator Operations
Andrew Cochran	Warehouse Operator Operations
Andrew Cuilison	Supv Warehouse
Andrew Dalton	Warehouse Operator Operations
Andrew Donald	Warehouse Operator Operations
Andrew Horton	Warehouse Operator Operations
Andrew Hugo	Inventory Coord Operations
Andrew Louthian	Warehouse Operator Operations
Andrew Malone	Driver II
Andrew Rodgers	Warehouse Operator Operations
Andrew Smith	Warehouse Operator Operations
Andrew Snyder	Inventory Coord Operations
Angel Dominguez	Warehouse Operator Operations
Angel Rivera	Driver II
Angelina Khamis (On Leave)	Warehouse Operator Operations
Angelo Pitts	Warehouse Operator Operations
Aniya Elam	Warehouse Operator Operations
Anjali Connor	Warehouse Operator Operations
Annette Dill	Inventory Coord Operations
Annie Smith	Sr Engineer Process
Anthony Bagyina	Warehouse Operator Operations
Anthony Hogue	Warehouse Operator Operations
Anthony Jackson-Lewis	Warehouse Operator Operations
Anthony Rious [C]	Warehouse Operator
Antoine Keyes	Warehouse Operator Operations
Antonio Melvin	Driver I
Antonio Rivera	Warehouse Operator Operations
Antwi Owusu	Warehouse Operator Operations
April Tillman	Warehouse Operator Operations
Archie Hardy	Driver II
Arismendy Crime-Hughes	Warehouse Operator Operations
Armoni Rollins	Warehouse Operator Operations
Arnold Asante	Warehouse Operator Operations
Arthonis Jones	Warehouse Operator Operations
Arthur Reynolds	Warehouse Ld Operations
Arttres Gittings	Warehouse Operator Operations
Asa Cromwell	Delivery Driver
Asauney Wellington	Warehouse Operator Operations
Ashlea Richardson	Warehouse Operator Operations
Ashley Clites	Warehouse Operator Operations
Ashley Kirkland	Warehouse Operator Operations
Ashley Santos	Warehouse Operator Operations
Aspyn Foraker	Warehouse Operator Operations
Austin Thomas	Warehouse Operator Operations
Autumn Chayer	Office Coord
Autumn Patrick	Warehouse Operator Operations
Barrett DiVirgilio	Warehouse Operator Operations
Barry Selmon	Warehouse Operator Operations
Baylee Clites	Warehouse Operator Operations
Benjamin Fritz	Warehouse Operator Operations
Beverly Clites	Supv Warehouse
Blithe Tamsin Maud Kosasih	Trainer Branch
Bones Burton	Warehouse Operator Operations

BRAD EBRIGHT	Inventory Coord Operations	CHARLES SIMMONS	Warehouse Operator Operations
Brahim Lewis	Warehouse Operator Operations	Charles Stokes	Driver II
Branden Washington	Warehouse Operator Operations	Charles Wilson	Warehouse Operator Operations
Brandon Barnhart	Warehouse Operator Operations	Chelsea Crownover (On Leave)	Warehouse Ld Operations
Brandon Gangi	Warehouse Operator Operations	Chidi Anyaegbu	Delivery Driver
Brandon Halter	Warehouse Operator Operations	Chris Barclay	Warehouse Operator Operations
Brandon hart	Warehouse Operator Operations	Chris Brandli	Supv Warehouse
Brandon Mori-Ramos	Supv Warehouse	Chris Cutson	Warehouse Operator Operations
Brandon Olsen	Warehouse Operator Operations	Chris Held [C]	Contingent Worker
Brandon Pierre	Warehouse Operator Operations	Chris Hilaman	Maintenance Ld
Brandon Robinson	Inventory Coord Operations	CHRIS L	Driver II
Brandon Ross	Warehouse Operator Operations	Christian Catalan	Warehouse Operator Operations
Brendan Lanouette	Warehouse Operator Operations	Christian Siler	Warehouse Operator Operations
Brenna Jamison	Warehouse Operator Operations	CHRISTOPHER CLEMONS	Warehouse Operator Operations
Brent Gibbs	Delivery Driver	Christopher Smith	Warehouse Operator Operations
Breyana McWhite	Warehouse Operator Operations	Christy Newton	Delivery Driver
Bri Bustamante-Lopez	Warehouse Operator Operations	Clareance House [C]	Warehouse Operator
Bri Hall	Supv Warehouse	Clayton Holbrook	Mgr Maintenance
Bri'yanna Boyer	Warehouse Operator Operations	Cliff Mcwhite	Warehouse Operator Operations
Brian Easton [C]	Warehouse Operator QC	Clifton Chandler	Warehouse Operator Operations
brian harris	Warehouse Operator Operations	Collin Wilson	Warehouse Operator Operations
Brian Messing	Warehouse Operator Operations	Connor Wilt	Supv MedTrans
Brian Meyers	Delivery Driver	Cordera Grigsby [C]	Warehouse Operator
Brian Momanyi	Warehouse Operator Operations	Coreana Sowards	Supv Warehouse
Brian Ortega Gaona [C]	Warehouse Operator	Corey Churchill	Warehouse Operator Operations
Brian Williams	Driver I	Corey Howard	Warehouse Operator Operations
Brian Wright	Warehouse Operator Operations	Corey Schulz (On Leave)	Mgr Warehouse
Briana Manderson	Warehouse Operator Operations	Cortez Cosby	Driver I
Brianna Armstrong	Warehouse Operator Operations	Coty Schubert	Driver II
Brie Herring	Warehouse Operator Operations	Courtney Stanley	Warehouse Operator Operations
Brittany Olson	Warehouse Operator Operations	Cyrel Rose	Driver I
Bryan Njonge	Warehouse Operator Operations	Daizyre Hinton [C]	Warehouse Operator QC
Buddy GRIFFITH	Warehouse Operator Operations	Dale Smith	Warehouse Operator Operations
Butch Wardner	Warehouse Operator Operations	Dalton Sparks	Warehouse Operator Operations
Caine Johnson	Warehouse Operator Operations	Damian Lotharp	Warehouse Operator Operations
Cal Glace	Warehouse Operator Operations	Damien Lee [C]	Warehouse Operator
Cameron Johnson	Driver II	Damien Paris	Warehouse Operator Operations
Cameron Williams	Warehouse Operator Operations	Damiere Stanford	Driver II
Camryn Burns	Warehouse Operator Operations	Damon Brown	Warehouse Operator Operations
Carl Kemp	Warehouse Operator Operations	Dan Inouye	Trainer Branch
Carl Palmer	Warehouse Operator Operations	Dan Norwood	Warehouse Operator Operations
Carl Richmond	Line Haul Driver	Daniel Heggie	Warehouse Operator Operations
Carlos Cardona santana	Dispatcher	Daniel Hodge (On Leave)	Quality Control Inspector II
Carrie Downey	Warehouse Operator Operations	Daniel Ndive	Warehouse Operator Operations
Carrie Mynaugh	Warehouse Ld Operations	Daniel Sarzynski	Driver I
Cayden Heath	Warehouse Ld Operations	Daniel Somuah	Warehouse Operator Operations
Cedric Johnson	Warehouse Operator Operations	Daniel Wentz	Warehouse Operator Operations
Celestine Huff	Warehouse Operator Operations	Daniel Winkelman	Line Haul Driver
Celton Campbell [C]	Warehouse Operator	Darius Mcpherson	Warehouse Operator Operations
CEPHAS DANU	Warehouse Operator Operations	Darnell Hampton	Driver I
Cerita Blake	Inventory Coord Sr	Darrell Whitley	Driver I
Chance Rollins	Supv Warehouse	Darren Hamilton	Warehouse Operator Operations
Charis Greene	Warehouse Operator Operations	Darren Kirby	Warehouse Operator Operations
Charles Koonce	Warehouse Operator Operations	DARRYL METZ	Warehouse Operator Operations

Daryl Gaskins	Warehouse Operator Operations
Dave Tritt	Maintenance Ld
David Chinn	Warehouse Operator Operations
David June Jr	Warehouse Operator Operations
David Land	Driver II
David Morris	Line Haul Driver
David Rodriguez Guerrero	Warehouse Operator Operations
David Thomas	Supv Training Branch
David Wright	Warehouse Operator Operations
Davon McFarland [C]	Warehouse Operator
Davon Miller	Warehouse Operator Operations
Dean Mott	Driver II
deandre Johnson	Warehouse Operator Operations
Deanna Biddle (On Leave)	Warehouse Operator Operations
Deasia Hugley	Warehouse Operator Operations
Deb Simone	Inventory Coord Operations
Dee Long	Inventory Coord Operations
Delmonica Johnson	Trainer Branch
Dennis Criter	Delivery Driver
Derek Badur	Line Haul Driver
DEREK KIPP	Warehouse Operator Operations
Derick Bernard	Warehouse Operator Operations
Desalegne Taddese	Warehouse Operator Operations
Destiny Williams	Warehouse Operator Operations
Devon Myers (On Leave)	Warehouse Operator Operations
Devonte Tobias	Warehouse Operator Operations
Diamond Williams	Warehouse Operator Operations
Dijeric Anderson [C]	Warehouse Operator
Dion Dickerson	Driver II
Dion Williams	Trainer Branch
Dionel Infante	Warehouse Operator Operations
Dj Foye	Warehouse Operator Operations
Doirye Jackson	Warehouse Operator Operations
Dominique Thompson [C]	Warehouse Operator
Dominique Wesley [C]	Warehouse Operator Inbound
Donald Beach	Warehouse Operator Operations
Donald Courtot (On Leave)	Warehouse Operator Operations
Donald Davis	Maintenance Tech II
Donald Mckinney	Delivery Driver
Donald Thomas	Warehouse Operator Operations
Donald Turner	Warehouse Operator Operations
Donnell Jackson	Driver II
Donnell Truitt	Warehouse Operator Operations
Dontavis Capel	Warehouse Operator Operations
Douglas jamison	Warehouse Operator Operations
Dre Stanley	Warehouse Operator Operations
Dugg Gilliams	Trainer Branch
Dwayne Lewis	Delivery Driver
Dwayne Taylor	Line Haul Driver
Dylan Goodie	Trainer Branch
Ed Doonan	Warehouse Operator Operations
Eddie Spicer	Driver I
Edward Jerome (On Leave)	Warehouse Operator Operations
Edward Smith	Warehouse Operator Operations
Elaine Moreland	Warehouse Ld
Elfatih Ibrahim	Warehouse Operator Operations
Eliys teklyounnes	Warehouse Operator Operations
Elle Rawls	Supv Warehouse
Ellen Holl	Warehouse Operator Operations
Emarys Rodriguez	Sr Mgr HR
Emmanuel Carroll [C]	Warehouse Operator Inbound
Eric Clanton	Warehouse Operator Operations
Eric Hendy	Warehouse Operator Operations
Eric Robb	Warehouse Operator Operations
Eric Steele	Warehouse Operator Operations
ERICA CLAYTOR	Warehouse Operator Operations
Ethan Ross	Warehouse Operator Operations
Ethan Wood	Warehouse Operator Operations
Ethan Yetman [C]	Warehouse Operator
Etta padilla	Warehouse Operator Operations
Fabrice Mulumba	Warehouse Operator Operations
Faraz Kamaludin	Maintenance Tech I
Foster Dennis	Warehouse Operator Operations
Frank Jacobs	Warehouse Operator Operations
Frank Ofori	Warehouse Operator Operations
Frank Opoku	Warehouse Operator Operations
Frank regis Shema	Warehouse Operator Operations
Franny Lopez	HR Generalist
Frederick Toney	Driver II
Gail Wenzel	Supv MedTrans
Gary Cooper	Driver II
Gary Hopkins	Warehouse Operator Operations
Genesis Sims (On Leave)	Warehouse Operator Operations
George Maddicks	Driver II
Gerald Aluoch	Warehouse Operator Operations
Gerald Kegley	Warehouse Operator Operations
Gerard Schenning	Driver I
Gerardo Lopez Nunez	Warehouse Operator Operations
Getachew Alibajo	Warehouse Operator Operations
Giovanni Taylor	Warehouse Operator Operations
Gladston Lily	Driver II
Glenn Skrivanek	Warehouse Operator Operations
Grady Snell	Warehouse Operator Operations
Grant Martin	Warehouse Operator Operations
Grayson Armstrong	Inventory Coord Operations
Greg Facelo	Driver II
Gregory Allen	Maintenance Tech I
Gregory Buckman	Warehouse Operator Operations
Gregory Matthews	Warehouse Operator Operations
Gregory Simons (On Leave)	Warehouse Operator Operations
Guy Jenifer	Driver I
Haley May	Warehouse Operator Operations
Haley Smith	Warehouse Operator Operations
Harry Jones	Driver II
Harry Rowand	Driver II
Hassan El-Wahhabi	Warehouse Operator Operations
Hayward Henderson Jr	Warehouse Operator Operations
Haywood Outlaw	Warehouse Operator Operations

Hiroko Beltz	Warehouse Operator Operations
Howard Stephens	Driver II
Hunter Sheeler	Warehouse Operator Operations
Ian Booth	Warehouse Operator Operations
Ian Carter	Trainer Branch
Ian Roberts	Warehouse Operator Operations
Ian Spence	Driver II
Imani Bowling	Warehouse Operator Operations
Ira Price	Warehouse Operator Operations
Ira Russell	Driver Ld
Iris Marjorie Chester	Trainer Branch
Isaiah McCormick	Driver I
Ivan Castillo	Warehouse Operator Operations
Ivron Teele [C]	Warehouse Operator
Jace Burgess	Warehouse Operator Operations
Jack Shepard	Warehouse Operator Operations
Jackson Jackson	Warehouse Operator Operations
Jacob Laudermilch	Warehouse Ld Operations
Jacob York	Supv Inventory Control
Jada Daniels-Hilton	Warehouse Operator Operations
Jada Rouse	Warehouse Operator Operations
Jahbarry Victor	Warehouse Operator Operations
Jahniah Hudson	Warehouse Operator Operations
Jaime Alvarez	Warehouse Operator Operations
Jamar Gosa	Warehouse Operator Operations
jamar harris	Warehouse Operator Operations
Jamar Simmons	Warehouse Operator Operations
James Benton	Driver I
James Carter [C]	Warehouse Operator
James Jennings	Inventory Coord Operations
James Kitts	Warehouse Operator Operations
James Nesbit	Driver II
James Reese	Supv Warehouse
James Schoolcraft	Warehouse Operator Operations
James Wood	Warehouse Operator Operations
James Yorkey	Warehouse Operator Operations
Jamie Branning	Warehouse Clerk Operations
Jamie Hall	Mgr EH&S
Jamie Jacob	Trainer Branch
Jamie Mccann	Warehouse Operator Operations
Jamie Miller	Warehouse Operator Operations
Jamie Ringgold	Warehouse Operator Operations
Jamir Garrett	Warehouse Operator Operations
Jan Seda (On Leave)	Supv QC
Janet Farmer	Training Coord Sr
Janice Ortiz	Warehouse Operator Operations
Jaol Carter (On Leave)	Warehouse Operator Operations
Jared Romito	Driver II
Jaren Jackson	Warehouse Operator Operations
Jason Juarez	Warehouse Operator Operations
Jason Wellman	Warehouse Operator Operations
Javis Griffin [C]	Temporary Warehouse Operator
Jay A (On Leave)	Warehouse Operator Operations
Jay Hornes	Warehouse Operator Operations
Jay Mitchell	Warehouse Operator Operations
JEAN SIMPLICE	Driver Ld
Jeannie Castro-Runkle	Supv Warehouse
Jeff Bohdel	Mgr Warehouse
jeff Gaines	Warehouse Operator Operations
Jefferson Castor [C]	Warehouse Operator
Jeffrey Newsome	Warehouse Operator Operations
Jeffrey Nolan	Driver II
Jennifer Ehlert	Warehouse Operator Operations
Jennifer Martin	Warehouse Operator Operations
Jennifer Murray	Warehouse Operator Operations
Jennifer Williams	Warehouse Operator Operations
Jeremiah Seavey	Supv Inventory Control
Jeremy Briscoe [C]	Warehouse Operator
Jeremy Johnson	Warehouse Ld Operations
Jeremy Rice	Warehouse Operator Operations
Jerome Leggett	Warehouse Operator Operations
Jerrodd Coates	Driver II
Jessica Mcdevitt	Warehouse Operator Operations
Jessica Scott	Supv Warehouse
Jessica Shimp	Warehouse Operator Operations
Jevis Mbanwei	Warehouse Operator Operations
Jimmy Walker	Warehouse Operator Operations
Joe Dennison	Warehouse Operator Operations
Joe Pinkett	Driver II
Joe Whitaker	Supv MedTrans
Joel Wagner	Warehouse Ld Operations
Joey Cartagena	Warehouse Operator Operations
Joey Husfelt [C]	Warehouse Operator
John Blackburn	Warehouse Operator Operations
John Evans	Warehouse Operator Operations
John Kozlowski	Line Haul Driver
John Marshall	Warehouse Operator Operations
John Martin (On Leave)	Warehouse Operator Operations
John Morales	Warehouse Operator Operations
John Norman	Warehouse Operator Operations
John Palmer	Driver II
John Sliver	Driver II
John Turner	Driver II
John Young	Warehouse Operator Operations
Johnny Bellamy [C]	Warehouse Operator
Johnny Wu	Warehouse Operator Operations
Jon Byrd	Driver II
Jonathan Gholsby [C]	Warehouse Operator
Jonathan Wishop [C]	Warehouse Operator QC
Jose Galvez	Warehouse Operator Operations
Joseph Beauchamp	Warehouse Operator Operations
Joseph Hawkins	Warehouse Operator Operations
Joseph Krysiak	Supv Warehouse
Joseph Laubach	Warehouse Operator Operations
Joseph Wise	Warehouse Operator Operations
Josh Aquino	Warehouse Operator Operations
Josh Hannar	Warehouse Ld Operations
Josh Lesert	Warehouse Ld Operations

Joshua Adams	Driver II
Joshua Ellis	Warehouse Operator Operations
Joshua Hollada	Warehouse Operator Operations
Joshua Ingram	Trainer Branch
Joshua Kotey	Warehouse Operator Operations
Joshua Nugent	Mgr Warehouse
Joshua Odom	Supv Warehouse
Joshua Rebman	Delivery Driver
Joshua Walker [C]	Warehouse Operator
Jovan Long	Warehouse Operator Operations
Juan Carlos Cepeda Murillo	Driver II
Julio Guerra Castillo	Driver I
Julio Venage	Warehouse Operator Operations
Justin Bratton	Warehouse Operator Operations
Justin Collins	Warehouse Operator Operations
Justin Hopkins	Warehouse Operator Operations
Kaeden Baxter	Warehouse Operator Operations
Kai Evans	Warehouse Operator Operations
Kaitlin Skorak	Warehouse Operator Operations
Karen Klotz	Inventory Coord Operations
Karen Rockey	Warehouse Operator Operations
Kari Lawler	Training Coord Sr
Karley Humphries	Warehouse Operator Operations
Katelin Johnston	Warehouse Operator Operations
Katherine Birl	HR Generalist
KATRINA BEDARD	Warehouse Operator Operations
Kayla Thomas	Warehouse Operator Operations
Keandre Summers	Warehouse Operator Operations
Keddrick Johnson	Warehouse Operator Operations
Keely Mitchell [C]	Contingent Worker
Keith Carrington	Driver II
Keith Garrett	Warehouse Operator Operations
Keith Schweizer	Warehouse Operator Operations
Kelvin Colmes	Mgr MedTrans
Kelvin Jones [C]	Warehouse Operator
Kendra Reid	Warehouse Operator Operations
Kenneth Burt	Warehouse Operator Operations
Kenneth Goad	Warehouse Operator Operations
Kenny Farris	Warehouse Operator Operations
Kenny Sabin	Warehouse Operator Operations
Kevin Young	Delivery Driver
Kevoy Bent	Warehouse Operator Operations
Khadijah Dias	Warehouse Operator Operations
Kimberly Bynum	Warehouse Operator Operations
Kimberly Juarez	Warehouse Operator Operations
Kimberly Lavalley	Driver II
KIYANA SHAW (On Leave)	Warehouse Operator Operations
Kobina Nkrumah	Warehouse Operator Operations
Kora Barclay	Warehouse Operator Operations
Kristin Lucas	Warehouse Ld Operations
Kurt Atkins	Delivery Driver
Kwabena Poku	Warehouse Operator Operations
Kwesi Adusei	Warehouse Operator Operations
Ky'Aire Mills	Warehouse Operator Operations
Kyah Marshall	Assoc Recruiter
Kyle Leonard	Warehouse Operator Operations
Kyle Smith	Delivery Driver
LaKerra Cooper	Warehouse Operator Operations
Lala Bell	Warehouse Operator Operations
Lamar Williams	Driver II
LaMarc Whaley	Warehouse Operator Operations
Lanette Bourassa	HR Coord
Larry Lee	Warehouse Operator Operations
Larry Smith	Warehouse Operator Operations
Lashawnda Tomasetti	Warehouse Operator Operations
Latanya Lucas	Warehouse Operator Operations
Lawrence Flowers	Warehouse Operator Operations
Lawrence Mrachek Jr	Warehouse Operator Operations
Leo Burgess	Delivery Driver
Leslie Ferry	Driver I
Lillian Boitel	Warehouse Operator Operations
Lindsey Woods	Warehouse Operator Operations
Lionel Torrence	Warehouse Operator Operations
Lionell Moore	Warehouse Operator Operations
Lisa Cisneros	Warehouse Operator Operations
Lisa Miranda	Warehouse Operator Operations
Livan Diaz	Warehouse Operator Operations
Lofayette Hastie	Warehouse Operator Operations
Logan Andrews	Warehouse Operator Operations
London Roberts	Warehouse Operator Operations
Lucas Quinones	Warehouse Operator Operations
LUIS BAEZ	Warehouse Operator Operations
Luis Vargas	Trainer Branch
Luis Vega	Warehouse Operator Operations
Luke Claiser	Warehouse Operator Operations
Luke Johns	Warehouse Operator Operations
Luther Adjin	Warehouse Operator Operations
Madeline Navarro	Warehouse Operator Operations
Malik Oakes (On Leave)	Trainer Branch
Manuel Rose	Warehouse Operator Operations
Mar'Keya Baynard (On Leave)	Warehouse Operator Operations
Marc McCray	Warehouse Operator Operations
Marcc Gomez	Warehouse Ld Operations
Marcel Hamilton	Driver I
Marclee Duvelcint	Warehouse Operator Operations
Marcus Payton [C]	Handyman Maintenance
Marcus Ragin	Warehouse Operator Operations
Marcus Stocks	Warehouse Operator Operations
Marcus Ward	Warehouse Operator Operations
Mariana Arroyo	Warehouse Operator Operations
Maris Turner	Warehouse Operator Operations
Mark Rizzo	Sr Mgr Operations
Marquise Tormollen	Warehouse Operator Operations
Martin Jones (On Leave)	Warehouse Operator Operations
Marven Dirilo	Trainer Branch
Mary Renoll	Transportation Coord
Maryann Billings (On Leave)	Warehouse Operator Operations
mason flagg	Warehouse Operator Operations

Matthew Curtian	Warehouse Operator Operations
Matthew Krueger	Warehouse Operator Operations
Matthew Towson	Warehouse Operator Operations
Max Chauca	Warehouse Operator Operations
Mead Mason (On Leave)	Warehouse Operator Operations
Melinda Guyer	Warehouse Operator Operations
Melissa HODGSON	Warehouse Operator Operations
Melvin Brown	Warehouse Operator Operations
MIcah Katzman-McGhee [C]	Warehouse Operator
Michael Alston [C]	Warehouse Operator CW
Michael Griffin	Warehouse Ld Operations
MIchael Jones [C]	Warehouse Operator Inbound
Michael Kilgore (On Leave)	Warehouse Operator Operations
Michael Knell	Warehouse Operator Operations
Michael Knighton	Supv Warehouse
Michael Phillips	Driver II
Michael Schenning	Driver II
Michael Simmons	Onsite Support Tech II
Michael Stuckey	Warehouse Operator Operations
Michael Swanson	Warehouse Operator Operations
Michael Taylor	Warehouse Ld Operations
Michael Vecchio	Warehouse Operator Operations
Michael Watson [C]	Warehouse Operator Inbound
Michael Weathers	Driver II
Michael Whitehurst	Warehouse Operator Operations
Michael Wise	Warehouse Operator Operations
Michele Brown	Warehouse Operator Operations
Michelle Ring	Warehouse Clerk Operations
Mick Hampton	Driver II
Migel Urban	Maintenance Tech II
Miguel Sutil	Warehouse Operator Operations
Mike Adams	Driver II
Mike Coy	Warehouse Operator Operations
Mike Ellsworth	Trainer Branch
Mike Hanson Sr	Line Haul Driver
Mike Jones	Warehouse Operator Operations
Mikel Novotny	Warehouse Operator Operations
Misty Bump	Warehouse Operator Operations
Mohamed Soumah	Supv MedTrans
Muhsin Abdur Rahiim	Warehouse Operator Operations
Mulugeta Mekuria	Warehouse Operator Operations
Muniru Halik	Warehouse Operator Operations
Murvee Gray (On Leave)	Warehouse Operator Operations
Mynor Orellana Grajeda	Warehouse Operator Operations
Nabreia Watkins	Warehouse Operator Operations
Naim Williams	Warehouse Operator Operations
Nana Amoah	Trainer Branch
Nanayaw Hagan [C]	Warehouse Operator QC
Nate Johnson (On Leave)	Warehouse Operator Operations
Nathan Plotner	Warehouse Operator Operations
Nathanel Stanley	Warehouse Operator Operations
Nathaniel McKinnon [C]	Warehouse Operator Inbound
Nathaniel Royal	Driver II
Nelson Jean-baptiste	Driver II
Nicholas Dudlek	Delivery Driver
Nicholas Haynes (On Leave)	Warehouse Operator Operations
Nicholas Rodriguez	Warehouse Ld Operations
Nichole Foraker	Warehouse Operator Operations
Nicholette Butler	Warehouse Operator Operations
Nick Williams (On Leave)	Supv MedTrans
Nickolas Penrow	Quality Control Inspector II
Noah Pearson	Warehouse Operator Operations
Noel Tyler-Simms	Warehouse Ld Operations
Nohemi Marquez-Amaya	Warehouse Operator Operations
Nohman Ijaz	Spec EH&S
Norberto Reyes [C]	Warehouse Operator
Norman Andrews	Driver II
Nuhu Nutung	Warehouse Operator Operations
Obie Osborne	Warehouse Operator Operations
Odaji Odaji	Driver I
Oladeji Bello	Inventory Coord Operations
Olivia Wiseman	Warehouse Operator Operations
Olssen Decomme	Maintenance Tech Ii
Osman Bangura	Warehouse Operator Operations
Pat Glynn	Driver II
Patrick Boakye	Warehouse Operator Operations
Patrick Hennemuth	Maintenance Tech II
Patrick Lucas	Warehouse Ld Operations
PATRICK TSOBGNY DONGMO	Warehouse Operator Operations
Patrick Whalen	Warehouse Operator Operations
Pattaravadee Leitzer	Quality Control Inspector III
Paul Gbedife	Warehouse Operator Operations
Paul Lenardson	Driver II
Paul Parravano	Sr Mgr Medtrans
Paul Thomas	Driver II
Paulette Dennis	Warehouse Operator Operations
Pearl Coleman	Warehouse Operator Operations
Phil Harrison	Trainer Branch
Phillip Mckenzie	Warehouse Operator Operations
Prince Noah	Warehouse Operator Operations
Qaseem Greene	Warehouse Operator Operations
Qourtnee Long	Warehouse Operator Operations
Quintrel Davis [C]	Warehouse Operator
Rachel Loudermilk	Warehouse Operator Operations
Rachel Wolfe	Supv Warehouse
Rafael Zayas (On Leave)	Warehouse Operator Operations
Randy Carroll	Warehouse Operator Operations
Randy Loudermilk	Supv Warehouse
Raoul Towonde	Warehouse Operator Operations
Raquan Bennett	Warehouse Operator Operations
Rebecca Chadwick (On Leave)	Warehouse Operator Operations
Reed Tyler	Warehouse Operator Operations
Reggie Marks Iii	Warehouse Operator Operations
Reuben Armstrong	Warehouse Operator Operations
Rey Alan	Warehouse Operator Operations
Ricardo Avila (On Leave)	Warehouse Operator Operations
Rich Harris	Driver Ld
Rich Rash	Warehouse Operator Operations

Richard Brenegan	Warehouse Operator Operations
Richard Budkey	Warehouse Operator Operations
Richard Fiorelli	Inventory Coord Operations
Richard Webster	Warehouse Operator Operations
Rick Beeghley	Driver II
Rick Pullin	Warehouse Operator Operations
Rick Wilson	Driver II
Rob Guyas	Inventory Coord Operations
Rob Tichnell	Trainer Branch
Robert Bacon	Warehouse Operator Operations
Robert Bell	Warehouse Operator Operations
Robert De Boer	Warehouse Operator Operations
Robert Duer	Warehouse Operator Operations
Robert Gischel	Fleet Maintenance Planner
Robert Lambert	Warehouse Ld Operations
Robert Simpers	Warehouse Operator Operations
Robert Whitaker	Warehouse Operator Operations
RODNEY DANSLER	Warehouse Operator Operations
Rodney Paris [C]	Warehouse Operator
Rodney Preston	Driver I
Rodney Smith	Warehouse Operator Operations
Roger Cornish	Warehouse Operator Operations
Ron Emory	Warehouse Operator Operations
Ron McKenny	Warehouse Operator Operations
Ronald Hunter	Driver II
Ronald Lentz	Warehouse Operator Operations
Ronald O'Malley	Warehouse Operator Operations
Ronald Sylvester	Warehouse Operator Operations
Ronald Wright	Warehouse Operator Operations
Rondy Reeves (On Leave)	Warehouse Operator Operations
Ronnie Taylor	Driver II
Rosa Sime-Dereyes	Warehouse Operator Operations
Rosalind Lee	Warehouse Operator Operations
Roscoe Young	Warehouse Operator Operations
Roushaad Bingham	Driver II
Roxanne Doonan	Warehouse Operator Operations
Roy Tyrrell [C]	Handyman
RUBEN LIGUAS	Delivery Driver
Rupen Rai	Warehouse Operator Operations
Sal Barbera	Warehouse Operator Operations
Salah Coades	Warehouse Operator Operations
Sam Opher	Inventory Coord Sr
Sanai Stanford	Warehouse Operator Operations
Sandra Menikheim	Warehouse Clerk Operations
Sarda Taylor	Warehouse Operator Operations
Scott Baer	Warehouse Operator Operations
Scott Wink	Warehouse Operator Operations
Sean Applewhaite	Warehouse Operator Operations
Sean Clark	Warehouse Operator Operations
Sean Pennington	Warehouse Operator Operations
Senteria Williams	Warehouse Operator Operations
Sergio Barrantes	Driver I
Sergio Navarro	Warehouse Operator Operations
Shakhary Herbert	Warehouse Operator Operations
Shamaria Williams	Warehouse Operator Operations
SHANE BERSTLER	Warehouse Operator Operations
Shani Edmondson	Warehouse Operator Operations
Shania Roberts [C]	Warehouse Operator
Shannon Curley	Warehouse Ld Operations
Shawn Murphy	Warehouse Operator Operations
Shawntae White	Warehouse Operator Operations
Shayne Eckhardt	Dispatcher
Sheriffo Darboe	Warehouse Operator Operations
Sierra Long	Warehouse Operator Operations
Silvia Romero	Warehouse Operator Operations
Skyler Wilson	Mgr Warehouse
Solomon Okonkwo	Delivery Driver
Sonya Greene	Inventory Coord Operations
Spenser Cutson	Warehouse Operator Operations
Stacy Wood	Warehouse Operator Operations
Stefan Gomez	Dir Maintenance
Steffon Sorrillo	Warehouse Operator Operations
Stephan Leffew [C]	Warehouse Operator Inbound
Stephanie Foulk	Warehouse Operator Operations
Stephanie Rash (On Leave)	Warehouse Operator Operations
Stephen Nixon	Warehouse Operator Operations
Sterling Fox	Warehouse Operator Operations
Steve Malek	Quality Control Inspector II
Steven Garcia	Warehouse Operator Operations
Steven Skrivanek	Warehouse Operator Operations
Steven Taylor	Warehouse Operator Operations
SUSANA OKYERE	Warehouse Operator Operations
Symone Clark	Warehouse Operator Operations
Tadesse Jabamo	Warehouse Operator Operations
Tanner Moretz	Warehouse Operator Operations
Tarnika Jenkins	Trainer Branch
Tasia Makell	Warehouse Operator Operations
Tatiana Mann (On Leave)	Quality Control Inspector I
Tavone Brown	Warehouse Operator Operations
Taylor Bonito	Warehouse Operator Operations
Theresa Houston	Warehouse Operator Operations
Thomas Anderson	Warehouse Operator Operations
Thomas Reynolds	Maintenance Planner Ld
Thor Freeman	Warehouse Operator Operations
Tierra Harvey	Warehouse Operator Operations
Tiffani Herring	Warehouse Operator Operations
Tilahun Tegegn	Warehouse Operator Operations
Tim Jones	Warehouse Operator Operations
Timothy Everidge	Driver II
Timothy Lehr	Driver I
Timothy McGill	Warehouse Operator Operations
Timothy Oswalt	Inventory Control Ld Operations
Timothy Tillery	Warehouse Operator Operations
Tom Macinnes	Driver II
Tomika Gibbs [C]	Warehouse Operator
Tommy Egan	Inventory Coord Operations
Tony Nava-Quintana	Warehouse Operator Operations
Tony Neuman	Warehouse Operator Operations

Traci Tuleck	Supv Warehouse
Tracy Phillips	Transportation Coord
Troy Landers	Warehouse Ld Operations
Tyler Brown	Warehouse Operator Operations
Tyler Curtian	Warehouse Operator Operations
Tyler Low	Warehouse Operator Operations
Tyler Spangenberg	Warehouse Operator Operations
Tyquan Taylor	Warehouse Operator Operations
Tyra Foster	Warehouse Operator Operations
TYRAINE MCMANUS	Inventory Coord Operations
Tyreik Brown	Warehouse Operator Operations
Tyrell Butler	Warehouse Operator Operations
TYRONE JOHNSON	Driver II
Tyrone Pope	Warehouse Operator Operations
Ukees Davies	Warehouse Operator Operations
Umar Wright	Warehouse Operator Operations
Val Rodriguez	Warehouse Ld Operations
Van Dozier	Warehouse Operator Operations
Veona Mori	Warehouse Operator Operations
Vernon Johnson	Driver II
Victor Thomas	Warehouse Operator Operations
Victoria McIsaac	Warehouse Operator Operations
Vince Mckinnon	Line Haul Driver
Vincent Dixon	Driver Ld
Virgil Hines	Trainer Branch
Vito Osborne	Warehouse Operator Operations
wally diaz	Warehouse Operator Operations
Walter Mcmillion	Driver II
Walther Semino	Warehouse Operator Operations
Wayne Miller	Warehouse Operator Operations
Wendy Workman	Warehouse Operator Operations
Wil Henry	Warehouse Operator Operations
Wilfried Ndtungu mana	Warehouse Operator Operations
William Fossett	Warehouse Operator Operations
William Howard	Warehouse Operator Operations
William Jumah	Warehouse Operator Operations
William Karngar	Driver II
William Mcdevitt	Supv Warehouse
William Reason	Warehouse Operator Operations
William Rice	Warehouse Operator Operations
William Sanders	Driver I
Wung Woods	Warehouse Operator Operations
YONAS ALEMU	Warehouse Operator Operations
Yorky Wagner	Line Haul Driver
Zach Gilbert	Warehouse Operator Operations
Zahmir Buxton	Warehouse Operator Operations
Zakim Harris	Warehouse Operator Operations

Copy of SEC 10K

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2025

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-43022

Medline Inc.

(Exact name of registrant as specified in its charter)

Delaware	**33-1845288**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
3 Lakes Drive Northfield, Illinois	**60093**
(Address of principal executive offices)	(Zip Code)

(847) 949 5500
Registrant's telephone number, including area code

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A common stock, par value $0.0001 per share	MDLN	Nasdaq Global Select Market

Securities registered pursuant to section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements.

☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b).

☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the Class A common stock held by non-affiliates of the registrant, based on the closing price of a share of Class A common stock on December 17, 2025, as reported by The Nasdaq Global Select Market on such date was approximately $13.0 billion. The registrant has elected to use December 17, 2025, which was the initial trading date of the registrant's Class A common stock on The Nasdaq Global Select Market, as the calculation date because on June 30, 2025 (the last business day of the registrant's most recently completed second fiscal quarter) the registrant was a privately held company. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose.

As of February 23, 2026, there were 811,647,534 shares of the registrant's Class A common stock and 502,045,878 shares of the registrant's Class B common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement related to its 2026 Annual Meeting of Stockholders to be filed with the U.S. Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2025 are incorporated by reference into Part III of this Annual Report on Form 10-K.

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Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K (this "Annual Report") contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Forward-looking statements include all statements that are not historical facts. Words such as "anticipate," "assume," "believe" "contemplate," "continue," "could," "estimate," "expect," "foreseeable," "intend," "may," "plan," "potentially," "predict," "project," "seek," "should," "will," or "would," or similar words or phrases that convey uncertainty of future events or outcomes, are intended to identify forward-looking statements in this Annual Report. These forward-looking statements relate to matters such as our industry, business strategy, costs, and costs savings, impacts of accounting standards and guidance, goals and expectations, market position, future operations, margins, profitability, capital expenditures, liquidity and capital resources, legal matters, trends, and other financial and operating information. The forward-looking statements are based on management's current expectations and are subject to various risks, uncertainty, and changes in circumstances, many of which are beyond our control, that could cause actual results to differ materially. Although we believe that the assumptions underlying the forward-looking statements are reasonable, we cannot guarantee future results, level of activity, performance, or achievements. Factors that may cause actual results to differ from expected results include those described in Part I, "Item 1A—Risk Factors" and Part II, "Item 7—Management's Discussion and Analysis of Financial Condition and Results of Operations". The forward-looking statements included in this Annual Report speak only as of the date of this Annual Report or as of the date they are made, as applicable. Except as otherwise required by law, we disclaim any intent or obligation to update any "forward-looking statement" made in this Annual Report to reflect changed assumptions, the occurrence of unanticipated events, or changes to future operating results over time.

INTRODUCTORY NOTE

Medline Inc. was incorporated as a Delaware corporation on November 6, 2024. Prior to the completion of its initial public offering (the "IPO") on December 18, 2025, Medline Inc. undertook certain reorganization transactions (the "Reorganization") such that Medline Inc. is now a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP ("Medline Holdings"). Following the IPO, Medline Holdings is the predecessor of Medline Inc. for financial reporting purposes. As the general partner of Medline Holdings, Medline Inc. now operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts its business. The Reorganization lacks economic substance and therefore is accounted for in a manner consistent with a reorganization of entities under common control. As a result, the consolidated financial statements of Medline Inc. recognize the assets and liabilities received in the Reorganization at their historical carrying amounts, as reflected in the historical financial statements of Medline Holdings. Medline Inc. will consolidate Medline Holdings on its consolidated financial statements and record a non-controlling interest related to the Units (as defined herein) held by the Continuing Unitholders (as defined herein) on its consolidated balance sheets and statements of comprehensive income.

Medline Inc. had no significant business transactions or activities prior to the Reorganization, and, as a result, the historical financial information reflects that of Medline Holdings.

Basis of Presentation

The consolidated financial statements and accompanying notes included herein are prepared in accordance with United States generally accepted accounting principles ("GAAP"). The results of businesses acquired or disposed of are included in the consolidated financial statements from the date of the acquisition or up to the date of disposal, respectively. All adjustments, in the opinion of management, necessary to a fair statement of the results for the annual periods presented have been made.

Certain monetary amounts, percentages, and other figures included in this Annual Report have been subject to rounding adjustments. Percentage amounts included in this Annual Report have been calculated, in some cases, not on the basis of such rounded figures, but on the basis of such amounts prior to rounding. For this reason, percentage amounts in this Annual Report may vary from those obtained by performing the same calculations using the figures, on the face of our consolidated financial statements included elsewhere in this Annual Report. Certain other amounts that appear in this Annual Report may not sum due to rounding.

In December 2024, we changed the name of Medline Holdings from Mozart Holdings, LP to Medline Holdings, LP. We will not distinguish between the prior and current name of Medline Holdings and will refer to the current name of Medline Holdings throughout this Annual Report. References in this Annual Report to "Medline," the "Company," "we," "us," and "our" refer (1) prior to the consummation of the IPO, to Medline Holdings, LP and its consolidated subsidiaries and (2) after the IPO to Medline Inc. and its consolidated subsidiaries.

CERTAIN DEFINITIONS

As used in this Annual Report, unless otherwise noted or the context requires otherwise, the following terms have the following meanings:

- "Class A Units" refers to the interests in Medline Holdings called "Class A Units" that were outstanding prior to the Reclassification. In connection with the Reclassification, (i) Class A Units held by Common Unitholders were converted into Common Units and (ii) Class A Units held by Exchanging Class A Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Class B Units" refers to the interests in Medline Holdings called "Class B Units" that were outstanding prior to the Reclassification, and does not include CUPI Units. In connection with the Reclassification, (i) Class B Units held by Incentive Unitholders were converted into Incentive Units and (ii) Class B Units held by Exchanging Class B Unitholders were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units).

- "Common Units" refers to the new class of units of Medline Holdings created by the Reclassification and does not include Incentive Units.
- "Common Unitholders" refers to certain pre-IPO holders of Class A Units and/or CUPI Units who hold Common Units following the Reclassification.
- "Incentive Unitholders" refers to certain pre-IPO holders of Class B Units who will hold Incentive Units following the Reclassification, as described under "Organizational Structure."
- "Continuing Unitholders" refers collectively to Common Unitholders and Incentive Unitholders.
- "CUPI Units" refers to the interests in Medline Holdings that were designated as "Catch-Up Class B Units" and outstanding prior to the Reclassification. In connection with the Reclassification, (i) CUPI Units held by Common Unitholders were converted into Common Units and (ii) CUPI Units held by Exchanging CUPI Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Designating Stockholder" refers to each of our Principal Stockholders with whom we entered into separate director nomination agreements.
- "Exchanging Class A Unitholder" refers to pre-IPO holders of Class A Units whose Class A Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Class B Unitholder" refers to pre-IPO holders of Class B Units whose Class B Units were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units) following the Reclassification.
- "Exchanging CUPI Unitholder" refers to pre-IPO holders of CUPI Units whose CUPI Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Unitholders" refers collectively to Exchanging Class A Unitholders, Exchanging CUPI Unitholders, and Exchanging Class B Unitholders.
- "Incentive Units" refers to the new class of units of Medline Holdings created by the reclassification of the Class B Units in the Reclassification. The Incentive Units are "profit interests" having economic characteristics similar to stock appreciation rights and having the right to share in any equity value of Medline Holdings above specified participation thresholds. Vested Incentive Units may be converted to Common Units and be subsequently exchanged for shares of Class A common stock.
- "Principal Stockholders" refers collectively to investment funds associated with Blackstone Inc., The Carlyle Group Inc. and Hellman & Friedman LLC, and members of the Mills family.
- "Reclassification" refers to the reclassification of the partnership interests of Medline Holdings prior to the IPO.
- "Sponsors" refers collectively to Blackstone Inc., The Carlyle Group Inc., and Hellman & Friedman LLC.
- "Units" refers collectively to Common Units and Incentive Units.

Summary of Risk Factors

The following is a summary of the principal factors that make an investment in our securities speculative or risky, all of which are more fully described below. This summary should be read together with the risk factors described under Part I, "Item 1A—Risk Factors" and should not be relied upon as an exhaustive summary of the material risks facing our business. In addition to the following summary, you should consider the information set forth below and the other information contained in this Annual Report before investing in our securities.

- Our global operations are subject to inherent risks that could materially adversely affect our business, results of operations, and financial condition.
- We may be unable to derive fully the anticipated benefits from our existing or future acquisitions, joint ventures, investments, dispositions, or other strategic transactions.
- Consolidation in the healthcare industry could have an adverse effect on our business, results of operations, and financial condition.
- We operate in a highly competitive industry, with accelerating pricing pressure and changes in technology.
- Changes to the U.S. and global healthcare environments may not be favorable to us.
- Increases in shipping costs or service issues with our third-party shippers could harm our business.

- Significant challenges or delays in our sourcing of new products and technologies could have an adverse impact on our long-term success.
- We have concentration in and dependence on certain healthcare provider customers and GPOs.
- Our business and operations depend on the proper functioning of our critical facilities and distribution networks and could be negatively impacted by events outside our control.
- Quality problems and product liability claims have in the past led, and could in the future lead, to recalls or safety alerts, reputational harm, adverse verdicts, or costly settlements, and could have a material adverse effect on our business, results of operations, and financial condition.
- Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline.
- If we experience increased pressure to maintain or decrease the price of our goods and services and we are unable to reduce our expenses, there may be a material adverse effect on our business, results of operations, and financial condition.
- Any failure by or loss of a third-party manufacturer or supplier or other manufacturing or supply-related impacts could result in delays and increased costs, which may adversely affect our business.
- We rely on the proper function, security, and availability of our information technology systems and data, as well as those of third parties throughout our global supply chain, to operate our business.
- We are subject to extensive and complex laws and governmental regulations and any adverse regulatory action may materially adversely affect our business, results of operations, and financial condition both inside and outside the United States.
- We are subject to complex and rapidly evolving data privacy, security, and data protection laws and regulations and the costs to comply with such laws and regulations or any ineffective compliance efforts with such laws and regulations may adversely impact our business.
- Our use or our third-party service providers' or business partners' use of AI, automated decision-making and machine learning technologies and the evolving regulatory framework in this area may subject us to risks or heightened costs that could adversely affect business, results of operation and financial condition.
- Our failure to comply with laws and regulations relating to reimbursement of healthcare goods and services may subject us to penalties and adversely impact our reputation, business, results of operations, financial condition, and cash flows.
- Uncertain global and domestic macro-economic and political conditions could materially adversely affect our business, results of operations, and financial condition.
- Our substantial indebtedness could adversely affect our financial condition, our ability to operate our business or react to changes in the economy or our industry, prevent us from fulfilling our obligations under our debts, and divert our cash flow from operations for debt payments.
- The credit agreement that governs the Senior Secured Credit Facilities and the indentures that govern the Senior Notes will each impose significant operating and financial restrictions on our subsidiaries, which may prevent us from capitalizing on business opportunities.
- Medline Inc. is a holding company and its only material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, and it is accordingly dependent upon distributions from Medline Holdings to pay taxes, make payments under the tax receivable agreement, and pay any dividends.
- The Designating Stockholders hold a significant percentage of our stock, and their interests may conflict with ours or yours in the future.
- Our amended and restated certificate of incorporation does not limit the ability of our Sponsors, the Mills family, and certain other pre-IPO investors to compete with us, and they may have investments in businesses whose interests conflict with ours.

The market price of shares of our Class A common stock may be volatile or may decline regardless of our operating performance, which could cause the value of your investment to decline.

Market and Industry Data

Unless otherwise indicated, information contained in this Annual Report concerning our industry, competitive position, and the markets in which we operate is based on information from independent industry and research organizations, other third-party sources and management estimates. Although we believe that these third-party sources are reliable, we do not guarantee the accuracy or completeness of this information, and we have not independently verified this information. Management estimates are derived from information obtained from surveys, reports by market research firms, our customers, distributors, suppliers, trade and business organizations, and other contacts in the markets in which we operate and have not been verified by independent sources, and are based on assumptions made by us upon reviewing such data, and our experience in, and knowledge of, such industry and markets, which we believe to be reasonable. In addition, assumptions and estimates of our and our industry's future performance are subject to a high degree of uncertainty and risk due to a variety of factors, including those described in Part I, "Item 1A—Risk Factors" and "Cautionary Note Regarding Forward-Looking Statements." These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

Statements regarding our market position (including statements that we are the largest company in a particular market), unless otherwise noted, are based on our 2025 net sales in the relevant market relative to the publicly reported net sales of our competitors in such market, including with respect to our statement of being the largest provider of med-surg products and supply chain solutions serving all points of care, as that statement is based on our 2025 net sales relative to the publicly reported net sales of med-surg products by companies that are both med-surg manufacturers and distributors.

Trademarks

We own or have the right to use trademarks, trade names, and service marks used in connection with our business, including, but not limited to, Medline, Curad, Microtek, Hudson, and Proxima. All trademarks, trade names, and service marks referred to in this Annual Report are the property of their respective owners. We do not intend our use or display of other companies' trade names, trademarks, or service marks to imply a relationship with, or endorsement or sponsorship of us by, these other companies. Solely for convenience, our trademarks, trade names, and service marks referred to in this Annual Report may appear without the ®, ™ or SM symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks, trade names, and service marks.

PART I

Item 1. Business

General

Medline Inc. (together with its subsidiaries, "Medline", "the Company", "we", "ours" and "us") is the largest provider of medical-surgical ("med-surg") products and supply chain solutions serving all points of care, based on total net sales of med-surg products. Medline was founded in 1966 and today delivers mission-critical products used daily across the full range of care settings, from hospitals and surgery centers to physician offices and post-acute facilities. Our mission is to make healthcare run better by delivering improved clinical, financial, and operational outcomes.

We have two reportable segments, Medline Brand and Supply Chain Solutions, the combination of which addresses critical needs in the market through a comprehensive solution. They are both supported by our Prime Vendor model, differentiated distribution network, and robust commercial platform. Through our two segments, we offer approximately 335,000 med-surg products, including surgical and procedural kits, gloves and protective apparel, urological and incontinence care, wound care, and consumable lab and diagnostics products. We distribute these products through our expansive network of global distribution facilities and our owned fleet of MedTrans trucks.

Medline Brand

As of December 31, 2025, we offer our customers approximately 190,000 med-surg products through our Medline Brand segment and hold leading positions across many key product families for our Medline Brand products. Our Medline Brand products are organized into three product categories: Front Line Care, Surgical Solutions, and Laboratory and Diagnostics.

- *Front Line Care* offers mission-critical med-surg products for patient-facing needs, including wound care products, exam gloves, skin care and incontinence products, environment cleaning supplies, textiles, hand sanitizer, durable medical equipment, patient plastics, and decolonization and infection control products.
- *Surgical Solutions* offers operating room and perioperative environment product solutions, including surgical procedure trays, drapes and gowns, personal protective equipment, sterile wraps, surgical instruments, surgeon's gloves, procedure kits, and orthopedic implants.
- *Laboratory and Diagnostics* offers a full range of laboratory and diagnostic product solutions, including point of care testing, analyzers and instrumentation, lab and diagnostic consumables, diagnostic instruments, vital signs monitors, and anatomic pathology and phlebotomy products.

Our product development approach incorporates customer feedback and ongoing innovation. We are also committed to delivering products of the highest standard, which is reflected by our robust quality team embedded across our manufacturing and sourcing locations. The expertise of our research and development team and quality team helps ensure products bearing the Medline brand meet both our rigorous quality standards and our customers' expectations.

Supply Chain Solutions

As of December 31, 2025, we offer approximately 145,000 med-surg products from over 1,300 third-party suppliers, including nearly all leading national brands, through our Supply Chain Solutions segment. We also provide our customers with supply chain optimization services such as consulting engagements, outsourced warehouse and technology management, put-away-ready packaging, third-party logistics, inventory rationalization, and route planning. Our third-party suppliers are primarily responsible for costs related to import and inbound freight, whereas we are primarily responsible for costs related to outbound freight from our distribution centers. Our supply chain expertise allows us to provide additional service offerings to optimize our customers' supply chain and inventory workflows, helping these customers cost-effectively manage their supply chain while building strong relationships and enhancing retention.

Our Prime Vendor Model

A Prime Vendor relationship is a relationship for which there is a multi-year distribution agreement between Medline and a customer, whereby the customer agrees to use Medline for the vast majority of its med-surg product needs.

In our Prime Vendor relationships, we enter into long-term agreements, typically structured with five-year terms, to act as the primary consolidated logistics partner for these customers' med-surg product needs. These agreements have been and are expected to continue to be a key contributor to our growth. Our customers realize efficiencies by partnering with one supply chain partner to consolidate their med-surg purchase volume. Prior to the market adoption of the Prime Vendor model, customers sourced such products individually from a highly fragmented base of suppliers. The Prime Vendor model instead centralizes procurement and distribution, which in turn drives efficiency and higher service levels.

As Prime Vendor, we drive significant cost savings to our customers. Our scale allows us to deliver consistently lower prices and better service levels on Medline Brand products relative to third-party alternatives, while also lowering the distribution cost for delivery of the full range of med-surg products. This often motivates customers to purchase more Medline Brand products over time. The opportunity is even greater in certain non-acute settings, where we sell a more focused product portfolio. Our Prime Vendor model allows us to provide cost savings to Prime Vendor customers, which, over time, supports incremental purchasing of our Medline Brand products and greater scale across our operations. As our scale grows, we are able to realize further efficiencies by offering superior or similar quality to third-party products at a more cost-effective price. We believe that Medline Brand conversion is mutually beneficial for both our customers and us-the value we provide customers at the outset of a Prime Vendor agreement meaningfully increases over time, as they accrue savings by purchasing our lower cost Medline Brand products, while our profitability grows given the enhanced margin profile of Medline Brand products. This compelling value proposition and supply chain relationship with our customers supports our greater than 98% average Prime Vendor retention rate over the past five years.

A portion of Supply Chain Solutions products sold to existing Prime Vendor customers has like-for-like Medline Brand product equivalents, representing a potential gross profit uplift consistent with our historical margin differentials if such products were converted for Medline Brand products. While we historically have earned higher margins upon conversion from third-party national brand products to like-for-like Medline Brand products, because of the lower average prices for Medline Brand products, there is typically a negative impact on net sales upon the conversion of Supply Chain Solutions products to like-for-like Medline Brand products if volume is assumed to be constant. For additional information on potential risks relating to this conversion opportunity, please see Part I, "Item 1A—Risk Factors—Risks Related to Our Business, Industry and Operations—Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline."

Our Distribution Network

We have a differentiated distribution network of 70 global distribution centers, warehouses, cross-docks, and transship facilities, 45 of which are in the United States, strategically located to provide next-day delivery to 95% of our U.S. customer base. We utilize artificial intelligence ("AI") and robotics technology in over 26 million square feet of warehouse space in the United States to improve efficiency and capacity to optimize distribution logistics and maximize utilization. The products we distribute are packaged to meet each customer's individual needs and to be "put-away-ready," which streamlines the customer's unloading and shelving process. We also operate our own fleet of more than 2,100 MedTrans trucks that deliver our products across care settings within the United States. As of December 31, 2025, we had approximately 25% in incremental capacity across our platform to support our long-term growth.

Our Commercial Platform

Our deep connectivity to our customers is driven by the strength of our dedicated and tenured commercial team. We have a U.S. commercial team of approximately 4,000 people across all points of care, which includes account managers, product specialists, specialized clinical resources, customer service representatives, supply chain specialists, Prime Vendor analysts, and a robust leadership team dedicated to driving efficiencies for our customers through their teams. We have created an entrepreneurial environment that empowers our salesforce to work with our product managers to create innovative products that meet market demand. We have a team devoted to each channel in the United States and each region or country internationally, which allows our salesforce teams to develop market-specific knowledge.

Research and Development

We have a track record of successfully bringing new products to market, with more than 2,300 granted patents and more than 450 U.S. Food and Drug Administration ("FDA") 510(k) clearances. Over the last three years, we have successfully launched more than 250 new products.

Competition

Our value proposition is derived from our integrated business model, the breadth of our Medline Brand portfolio, our differentiated supply chain, and the overall quality and cost of our products. As a result of our integrated business model, our competitors include both other leading med-surg product manufacturers and distributors.

Similar to us, other leading med-surg product manufacturers produce a wide range of med-surg supplies. However, unlike us, many of these competitors are reliant upon third-party distributors to deliver their products to customers. By nature of being a distributor, Medline has direct access to and manages the end customer relationships. This enables us to offer a complete solution as a manufacturer and a distributor, offering our customers what we believe to be best-in-class supply chain logistics, and driving value through our brand.

Additionally, other distributors of med-surg products similarly connect the fragmented supplier and provider bases and aggregate inventory from suppliers to deliver products to customers, such as McKesson, Cardinal Health, Owens & Minor, and Henry Schein. These distribution companies compete with us for Prime Vendor agreements. However, we believe that many of these competitors do not benefit from the scale and scope of our vertical integration or commercial excellence, and thus are not able to provide the same magnitude of cost savings, value, and holistic solutions that we deliver for our customers.

Production and Raw Materials

We manufacture approximately one-third of our Medline Brand products, which are primarily Class I and II medical devices, through our 30 manufacturing facilities, of which 24 are in North America. We purchase many of the components and raw materials used in manufacturing our products from numerous suppliers. We focus our manufacturing capabilities on products where we can leverage technology and automation to drive higher quality and lower costs to better serve our customers. For the vast majority of the other two-thirds of our Medline Brand products, we work closely with our network of more than 600 global partners across approximately 40 countries, many of whom have decades-long exclusive relationships with us. The breadth of our global sourcing partnerships provides diversification and strengthens our resiliency, with no single sourcing partner accounting for more than 5% of total spend as of December 31, 2025.

We also have plans and measures in place to help ensure continuity of supply while maintaining high quality and reliability. Generally, we have been able to obtain adequate supplies of such raw materials and components. However, due to the FDA's manufacturing requirements and those of other regulatory authorities, we may not be able to quickly establish additional or replacement sources for certain components, materials or processes if we experience a sudden or unexpected reduction or interruption in supply or services and are unable to develop alternative sources.

Human Capital Resources

At Medline, our relentless focus on the customer drives our human capital strategy, which revolves around attracting, developing, and retaining employees to provide the best products and services for our customers. We have developed a strong foundation that drives our recruitment, retention and development efforts. We are committed to supporting the personal and professional development of our employees, as well as providing competitive benefits and a safe, inclusive workplace.

As of December 31, 2025, we employed over 45,000 employees worldwide, with over 26,000 located in the United States. Our largest non-U.S. employee populations are in Mexico, Dominican Republic, India, Canada, Slovakia, France, China, Japan, Germany, and Australia. None of our employees in the United States are unionized, though some of our employees in Mexico belong to unions. In Germany and the Netherlands, employees are represented through Works Councils; in France and Spain, employees are represented through both Works Councils and industry-wide collective bargaining agreements; and in Belgium and Italy, employees are also represented through industry-wide collective bargaining agreements. In Australia, certain employees are represented by an enterprise bargaining agreement; in Japan, employees are represented through a Work Council; and in Vietnam, employees are represented through a collective bargaining agreement. We believe that our positive employee relations and total employee experience drive the continual growth of our workforce.

Culture and Values

Our culture is grounded in a customer-focused, collaborative, and performance-driven approach, guided by core values emphasizing relentless customer focus, agility and flexibility, problem-solving, drive to succeed, purposeful candor, and the importance of relationships. Employees are encouraged to exercise judgment, work transparently with customers, and contribute meaningfully to our mission to make healthcare run better.

Talent Attraction and Development

We seek to attract employees whose skills, experience, and motivation align with our operational and technical needs. Through continual improvement of internal processes, an awareness of market and candidate driven trends, and in partnership with vendors and other outside organizations, our talent acquisition programs focus on efficient hiring processes, market awareness, and building a diverse pipeline of candidates. We support development through consistent performance management processes and early career opportunities to take on additional responsibilities to demonstrate their competencies and drive to succeed and on-the-job responsibility augmented by formal training and development to refine technical and leadership skills. New sales representatives participate in comprehensive training programs, and product managers have targeted development pathways through all stages of their careers, from mandatory onboarding offerings to advanced classes that provide the necessary skills with increasing levels of responsibility, to support progression over time.

Employee Engagement and Inclusion

We believe our employees' ability to communicate and cooperate effectively across functional and departmental teams positively impacts our performance. We engage in various listening strategies and foster engagement through survey feedback mechanisms, anonymous employee feedback platform, focus groups, increased attention to onboarding and offboarding feedback, pulse surveys on remote work needs, and other listening strategies. Insights from these efforts inform workplace improvements. We also support an inclusive environment through Employee Resource Groups and leadership training initiatives designed to reduce bias in talent decisions and strengthen representation across the company.

Health, Safety, and Well-Being

We are committed to maintaining a safe workplace and supporting the physical, emotional, and financial well-being of our employees. We provide competitive health and benefits programs, access to assistance resources where available, and opportunities for community involvement through charitable giving, including financial giving and in-kind giving such as product donations.

Intellectual Property

We rely upon patents, trademarks, copyrights, trade secrets and other intellectual property rights to maintain and improve our competitive position. We have a large portfolio of intellectual property, including more than 2,300 granted patents as well as trademark registrations protecting our notable brands, including Medline, Curad, Microtek, Hudson, and Proxima.

We consider the trademarks and know-how that we own to be material to our business. However, other than the Medline mark, we do not consider our business to be materially dependent upon any individual trademark registration or trade secret. In the aggregate, we consider our more than 2,300 granted patents to be material to our business. However, no single patent or group of related patents is material to our business as a whole or any segment of our business.

We believe that we have taken all necessary steps to protect our intellectual property rights, but no assurance can be given that we will be able to successfully enforce or protect our rights in the event that they are infringed upon or challenged by a third party. See Part I, "Item 1A —Risk Factors—Risks Related to Regulation and Legal Proceedings—Any failure to obtain, maintain, protect and enforce our intellectual property rights, or the failure of the strength or scope of our intellectual property rights, could harm our business, financial condition, and results of operations" and "—Risks Related to Regulation and Legal Proceedings—We may become subject to litigation brought by third parties claiming infringement, misappropriation, or other violation by us of their intellectual property rights."

Government Regulation

Our operations and products are subject to extensive regulation by numerous governmental regulatory authorities, including U.S. and other international regulatory authorities, and other government agencies inside and outside the United States. To varying degrees, each of these agencies requires us to comply with laws and regulations governing the development, design, materials, testing, safety, efficacy, quality, purity, manufacturing, methods, controls, testing, screening, recordkeeping, reporting, processing, storage, registration, authorization, licensing, permitting, labeling, advertising, marketing, distribution, offer for sale, sale, use, expiration, pricing, reimbursement, import, export, clinical trials, post-marketing surveillance of our products, the registration of our facilities, and the claims that we make about our products. The United States and other countries where we sell healthcare and other regulated products, including drugs, human cell and tissue products, dietary supplements, cosmetics, certain foods, and consumer products subject such products to their own clearance, authorization, approval, registration, listing, labeling, manufacturing, recordkeeping, reporting, and other regulatory requirements regarding the performance, safety, and quality of such products. We are also subject to healthcare and other regulations and enforcement by the federal government and the states and foreign governments and authorities in the locations in which we conduct our business. The U.S. governmental and regulatory authorities that enforce such laws and rules, and that issue guidance on compliance with such laws and rules include, without limitation, the FDA, the Centers for Medicare & Medicaid Services ("CMS"), other divisions of the U.S. Department of Health and Human Services ("HHS"), the HHS Office of Inspector General, U.S. Environmental Protection Agency ("EPA"), the Federal Trade Commission ("the FTC"), Consumer Product Safety Commission ("CPSC"), the U.S. Department of Justice ("DOJ") and individual U.S. Attorney offices within the DOJ, as well as state and local governments. Our business is also affected by patient and data privacy and security laws, government payer cost containment initiatives, government reimbursement laws and regulations, environmental, health, and safety laws and regulations, as well as laws and regulations with respect to the sale, transportation, storage, handling, and disposal of hazardous or potentially hazardous substances, and safe working conditions. Our business also maintains contracts with governmental agencies and such contracts are subject to various government procurement laws and regulations, required contract provisions, and other requirements relating to contract formation, administration and performance. Failure to comply with applicable laws and regulations or with contractual or other requirements may result in monetary damages and criminal or civil penalties as well as termination of our government contracts or our suspension or debarment from government contract work.

The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, including through the offering of new products and services or entering into new geographic areas, we may be subject to new and additional regulatory requirements. The foreign, federal, state, and local regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products, suspend, revoke, or terminate our product and facility licenses, permits, and authorizations, request the cessation of distribution and shipments of certain products due to regulatory, safety, or other issues, seize or order the recall of our products, issue safety, quality, or other communications to the public or healthcare providers, enforce laws related to marketing, including promotion of off-label uses of products, and impose injunctions and significant criminal, civil, and administrative sanctions for violations of laws and regulations. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, may impact our business practices and operations, including by limiting our ability to effectively market, ship, and sell our products, affecting the production and distribution of products by our manufacturing facilities, subjecting us to significant liability, and limiting our ability to obtain future authorizations. Although we are subject to international government regulations in the international end markets where we operate and/or provide our products, these regulations do not have a material impact on our products as no international market represents more than 3% of our net sales.

Government Regulation of Medical Devices

Our medical devices are subject to regulation by numerous government agencies, including the FDA and comparable state and foreign agencies. Regulations of the FDA and other regulatory agencies in and outside the United States impose extensive compliance and monitoring obligations on portions of our business. The FDA and other U.S. and foreign governmental agencies regulate, among other things, with respect to medical devices: design, development, and manufacturing; testing, registration, listing, labeling, content, and language of instructions for use and storage; clinical trials; product safety; marketing, sales, and distribution; licensing and permit requirements; premarket clearance, approval and authorization; record keeping procedures; advertising and promotion; recalls and field safety corrective actions; post-market surveillance, including reporting of deaths or serious injuries and malfunctions that, if they were to recur, could lead to death or serious injury; post-market approval studies; and product import and export. The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, we may be subject to new and additional regulatory requirements. The FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers; seize or order the recall of products; terminate, suspend, or revoke licenses and permits; and impose significant criminal, civil, and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers. In addition, the FDA and other governmental and regulatory authorities, both in and outside the United States (including the FTC, the HHS Office of the Inspector General, the DOJ, and various state Attorneys General), monitor the promotion and advertising of our products. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, depending on its magnitude, may limit our ability to effectively market, ship, and sell our products, limit our ability to obtain future premarket authorizations, or result in a substantial modification to our business practices and operations.

FDA Premarket Clearance and Approval Requirements

Each medical device we wish to distribute commercially in the United States requires marketing authorization from the FDA prior to distribution, unless the device is exempt from premarket notification requirements. The type of marketing authorization necessary is generally linked to the classification of the device. The FDA classifies medical devices into one of three classes-Class I, II, or III-based on the degree of risk associated with a device and the level of regulatory control deemed necessary to ensure its safety and effectiveness. Class I devices that pose the least risk are subject only to General Controls applicable to all devices, such as requirements for device labeling, premarket notification, and adherence to current good manufacturing practices for devices as set forth in the Quality System Regulation ("QSR"). Class II devices that pose a moderate risk are subject to General Controls and may also be subject to Special Controls, such as performance standards, product-specific guidance documents, special labeling requirements, patient registries, or post-market surveillance. Class III devices are those for which insufficient information exists to assure safety and effectiveness solely through General and Special Controls, including devices that support or sustain human life, are of substantial importance in preventing impairment of human health, or which present a potential unreasonable risk of illness or injury.

Most Class I devices and some Class II devices are exempted by regulation from the 510(k) clearance requirement and can be marketed without prior authorization from the FDA. Class I and II devices that are not exempted are eligible for marketing through the 510(k) clearance pathway. By contrast, devices placed in Class III generally require premarket approval ("PMA") or de novo clearance prior to commercial marketing. The PMA approval process is more stringent, time-consuming and expensive than the 510(k) clearance process; however, the 510(k) clearance process has also become increasingly stringent and expensive. None of our products are currently approved under a PMA, and we have no plans for any indication or system improvement or extension that we believe would require a PMA. If, in the future, we were to file a PMA, we may be subject to additional regulatory requirements.

510(k) Clearance Process

To obtain 510(k) clearance, we must submit a premarket notification to the FDA demonstrating the proposed device to be substantially equivalent to a predicate device. A device is substantially equivalent if, with respect to the predicate device, it has the same intended use and it has either the same technological characteristics, or it has different technological characteristics, but the information provided in the 510(k) submission demonstrates that the device does not raise new questions of safety or effectiveness. The standard review process for 510(k)s is between six to nine months, dependent upon the type of 510(k) filing submitted. Although many 510(k) premarket notifications are cleared without clinical data, in some cases, the FDA may require clinical data to support substantial equivalence. In reviewing a premarket notification, the FDA may request additional information, including clinical data, which may significantly prolong the review process and clearance is never assured. Clinical trials generally require the submission of an investigational device exemption ("IDE") to the FDA for a specified number of patients and study sites, unless the product is deemed a non-significant risk device eligible for more abbreviated IDE requirements. Clinical trials are subject to numerous requirements and institutional review board approval, oversight, and monitoring. Even if a trial is conducted, the results of clinical testing may not adequately demonstrate the safety and effectiveness of the device or be sufficient to obtain FDA clearance or approval for marketing.

After a device receives 510(k) clearance, any subsequent modification of the device that could significantly affect its safety or effectiveness, or that would constitute a major change in its intended use, requires a new 510(k) clearance or could require submission and approval of a de novo 510(k) or a PMA application in cases where new indications are sought for which there is no predicate. Non-significant changes are handled via internal documentation by the Company. Each manufacturer must judge the significance of modifications based on FDA 510(k) regulatory requirements and guidance documents. The FDA may review any such decision and may disagree with a manufacturer's determination. If the FDA disagrees with a manufacturer's determination, the FDA may require the manufacturer to cease marketing and distribution and/or recall the modified device until 510(k) clearance or PMA approval is obtained. In the future, we may make modifications to our products after they have received FDA clearance and, in appropriate circumstances, determine that new clearance is unnecessary. However, the FDA may disagree with our determination, and, if the FDA requires us to seek 510(k) clearance or submit new PMA applications for any modifications to a previously cleared product, we may be required to cease marketing or distributing or recall the modified device until we obtain the required clearance or approval. We may also market or acquire products that are marketed without a 510(k) clearance, appropriate labeling, or that otherwise are marketed in violation of FDA requirements, since medical devices can be marketed only for the indications for which they are cleared or approved. Under these circumstances, we may also be subject to warning letters, significant regulatory fines, or other penalties, and we may no longer be able to market particular products for which a 510(k) clearance is required.

Post-Marketing Requirements

Numerous FDA regulatory requirements apply to devices we manufacture and distribute, including: compliance with the QSR, which require manufacturers and their suppliers to follow the applicable design, testing, processes, control, documentation, labeling, and other quality assurance procedures during the manufacturing process; establishment registration, which requires establishments involved in the production and distribution of medical devices intended for commercial distribution in the United States to register with the FDA; medical device listing, which requires manufacturers to list the devices they have in commercial distribution with the FDA; labeling regulations, which prohibit "misbranded" devices from entering the market, as well as prohibit the promotion of products for unapproved or off-label uses and impose other restrictions on labeling; post-market surveillance, including medical device reporting requirements which requires manufacturers to report to the FDA if their device may have caused or contributed to a death or serious injury, or malfunctioned in a way that would likely cause or contribute to a death or serious injury if it were to recur; and corrections and removal reporting regulations, which require that manufacturers report to the FDA field corrections and product recalls or removals if undertaken to reduce a risk to health posed by the device or to remedy a violation of the Federal Food, Drug, and Cosmetic Act that may present a risk to health. The FDA and other governmental and regulatory authorities actively enforce the laws and regulations prohibiting the promotion of off-label uses, and a company that is found to have improperly promoted off-label uses may be subject to significant liability.

The FDA enforces these requirements by inspection and market surveillance. Domestic facility records and manufacturing processes are subject to periodic unscheduled inspections by the FDA. The FDA may also inspect foreign facilities that export products to the United States. Failure to comply with applicable regulatory requirements may result in enforcement action or other actions by the FDA, which may include one or more of the following sanctions: adverse press releases and safety communications; requests to stop shipments; untitled letters or warning letters; fines, injunctions, and civil penalties; mandatory recall or seizure of our products; customer notifications and repairs or replacements; administrative detention or banning of our products; consent decrees; operating restrictions, partial suspension or total shutdown of production; refusing our request for 510(k) clearances for new product versions or modifications to existing product versions; revocation of 510(k) clearances previously granted; refusal to grant export approval for our products; and criminal prosecution and penalties. If any of these events were to occur, they could have a material adverse effect on our business, financial condition, and results of operations.

International Regulation of Medical Devices

Sales of medical devices outside the United States are subject to foreign government regulations, which vary substantially from country to country. In order to market our products in other countries, we must comply with applicable regulatory requirements and authorizations and approvals and safety and quality regulations in each country in which the product is marketed. The time required to obtain authorization, approval, or certification by a foreign country may be longer or shorter than that required for FDA clearance, and the requirements may differ significantly.

EU Regulation of Medical Devices

In the European Union ("EU") until May 25, 2021, medical devices were regulated by the Council Directive 93/42/EEC, which has been repealed and replaced by the Medical Device Regulation ("EU MDR"). Unlike directives, regulations are directly applicable in all EU member states without the need for member states to implement into national law. The EU extended the EU MDR transitional periods for certain medical devices until December 31, 2027 or December 31, 2028, depending on a device's risk class and subject to certain conditions to ensure continued access to medical devices for patients and to allow medical devices already placed on the market in accordance with the current legal framework to remain on the market, provided that the requirements of the transitional provisions are fulfilled.

In the EU, there is currently no premarket government review of medical devices. However, all medical devices placed on the EU market must meet general safety and performance requirements, and compliance with the general safety and performance requirements is a prerequisite for European conformity marking without which medical devices cannot be marketed or sold in the EU. EU MDR requirements regarding the distribution, marketing, and sale, including quality systems and post-market surveillance, have to be observed by manufacturers, importers, and distributors as of the application date (i.e., since May 26, 2021), including registration of economic operators and of devices (once the relevant modules of Eudamed are functional), surveillance, and vigilance requirements. The aforementioned EU rules are generally applicable in the European Economic Area which consists of the 27 EU member states plus Norway, Liechtenstein, and Iceland.

The NDA Approval Process

For any new drug products regulated under the Federal Food, Drug, and Cosmetic Act such as our ReadyPrep CHG cloth, a sponsor must submit a New Drug Application ("NDA"), to the FDA for review and approval. The NDA review and approval process may take multiple years and involves steps including the following:

- completion of preclinical studies and analytical and stability testing in accordance with applicable regulations;
- submission to the FDA of an Investigational New Drug ("IND") application, which must become effective before clinical trials may begin and must be updated annually and amended when certain changes are made;
- approval by an institutional review board, or IRB, or independent ethics committee, or IEC, at each clinical trial site before each trial may be initiated;
- performance of adequate and well-controlled clinical trials in accordance with applicable IND regulations, good clinical practice, or GCP, requirements, including informed consent, financial disclosure by investigators, and other clinical trial-related regulations, to establish the safety and efficacy of the investigational product for each proposed indication and other condition of use;
- preparation and submission to the FDA of an NDA;

- satisfactory completion of one or more FDA pre-approval inspections of the manufacturing facility or facilities where the drug will be produced to assess compliance;
- satisfactory completion of FDA inspection of select clinical trial sites involved in conducting pivotal studies that generated the data in support of the NDA;
- payment of user fees for FDA review of the NDA; and
- FDA review and approval of the NDA, including of the proposed prescribing information and, where applicable, consideration of the views of any FDA advisory committee, prior to any commercial marketing or sale of the drug in the United States.

Any approvals that we may ultimately receive could be withdrawn if required post-marketing trials or analyses do not meet the FDA requirements, which could materially harm the commercial prospects for our products.

Even if a product candidate receives regulatory approval, the approval may be limited to specific disease states, patient populations and dosages, or might contain significant limitations on use in the form of warnings, precautions or contraindications, or in the form of onerous risk management plans, restrictions on distribution, or post-marketing study requirements. Further, even after regulatory approval is obtained, later discovery of previously unknown problems with a product may result in restrictions on the product or even complete withdrawal of the product from the market. Delay in obtaining, or failure to obtain, regulatory approval for our candidate products, or obtaining approval but for significantly limited use, would harm our business. In addition, we cannot predict what adverse governmental regulations may arise from future U.S. or foreign governmental action.

Trade Regulations

The movement of products, services, and investment across borders subjects us to extensive trade regulations. A variety of laws and regulations in the countries in which we transact business apply to the sale, shipment, and provision of goods, services, and technology across borders. These laws and regulations govern, among other things, our import, export, and other business activities. We are also subject to the risk that these laws and regulations could change in a way that would expose us to additional costs, penalties, or liabilities. Some governments also impose economic sanctions against certain countries, governments, persons, and entities, both for unlawful or malign conduct and to discourage or prevent entities from abiding by other countries' laws. In addition to our need to comply with such regulations in connection with our direct activities, we also sell and provide goods, technology, and services to agents, representatives, and distributors who may export such items to customers and end-users. If we, or the third parties through which we do business, are not in compliance with applicable import, export control, or economic sanctions laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability. Such actions may disrupt or delay sales of our products or services or result in restrictions on our distribution and sales of products or services that may materially impact our business.

Anti-Boycott Laws

Under U.S. laws and regulations, U.S. companies and their subsidiaries and affiliates are prohibited from participating or agreeing to participate in unsanctioned foreign boycotts in connection with certain business activities, including the sale, purchase, transfer, shipping, or financing of goods or services within the United States or between the United States and countries outside of the United States. If we, or certain third parties through which we sell or provide goods or services, violate U.S. anti-boycott laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability.

4CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02203	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 1960 W Miro Way

City: Rialto State: CA Zip: 92376

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 909-429-4734 Website: medline.com

Name of Designated Representative (DR): Manuel Delgadillo

Licensing Company Email: ralicensing@medline.com DR Email: mdelgadillo@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Corporate Discipline History

Original Signature (electronic, copies or stamps not accepted)

4/15/26

Date

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
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573-751-0091 PHONE
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800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grimston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
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800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ **REQUESTS**

_____ **DOES NOT REQUEST**

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____
Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____
Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____
Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____
Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Florida Department of Health

Reason/Charge
Medline's Florida Certified Designated Representative unexpectedly resigned.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

Lara N. Simmons February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

Daisy Kung for February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Medline Industries, Inc., Case #2007-37412

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2008006		Louisiana Board of Wholesale Drug Distributors		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
LA Board of WDD/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingerman

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman; William Crates, Vice-Chairman; Randall Brooks, Secretary/Treasurer; John Liggio, Executive Director/Inspector
Hershal Paul, Board Member; Andy Milligan, Board Member; Wayne Gremillion, Board Member; Eric Vidrine, Board Member; Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
113A
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

6. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

9. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

11. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 0 8 2008.

Bobbi'wy Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of July, 2007, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C&I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08 PHM 037	Wisconsin Department of Regulation and Licensing

Reason/Charge
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WI DSPS/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 19 A 9:4

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of MEDLINE INDUSTRIES INC., Respondent.	PHA 2009-7-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Lee V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2009

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

---

POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Asa N. Simms, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of January, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
27278	NY State Education Department- Board of Pharmacy

Reason/Charge
Discipline incurred in another jurisdiction

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NY Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: Ariana Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

----------X

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

Willis Ingalls, on behalf of,
Medline Industries, Respondent

1-5-21

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer McRudell, RPh

1-6-2021

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

1-6-2021

Henry Appel, Ohio Assistant Attorney General

Date of Signature

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This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

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THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

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1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

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This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	FL DBPR- Div. of Drugs, Devices, and Cosmetics

Reason/Charge
Customer Licenses, Record Keeping

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DBPR / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____
Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
0 9 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

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This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — Oct-29-2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 OCT 16 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent MEDLINE INDUSTRIES, L.P. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., and C.7. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____
IVY Y. E. KIM
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE
Chair

December 21, 2023
DATE

PATRICK ADAMS
Vice Chair

MARK BROWN

CATALINA CROSS

Kent Kikuchi
KENT KIKUCHI

BRANDON RABANG

SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer, Inc.
Address: 66 Hudson Blvd E City: New York State: NY Zip: 10001

Name: ICU Medical Inc.
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare Inc.
Address: One Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Avenue City: Bethlehem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Medline Inc.
Corporation Name: See Attached Ownership Information
Mailing Address: 3 Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: (847) 949-5500 Email: ralicensing@medline.com
Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025 | SEC Registration Number: 0002046386 | Stock Exchange Symbol: MDLN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: Medline Industries, LP
Mailing Address: 3 Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: (800) 633-5463 Email: ralicensing@medline.com
Contact Person Name: Daniel Stevens (916) 292-0005

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Daniel Stevens

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9/16/25

Date

PAID

Board Use Only	Date Received: 9/17/25	Amount: $1000.00

Power of Attorney

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28, 2029

POWER OF ATTORNEY

EXCELSIOR MEDICAL, LLC, an Illinois limited liability company, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Excelsior Medical, LLC

By: Medline Industries, LP
Its: Manager
By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Medline Industries, LP, as Manager of Excelsior Medical, LLC.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

POWER OF ATTORNEY

Centurion Medical Products, LP, an Delaware limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Centurion Medical Products, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Centurion Medical Products, LP.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries, LP

located at

1960 W Miro Way, Rialto, CA 92376

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

04/29/2024 - 04/28/2027
Period of Accreditation

Ownership Information

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

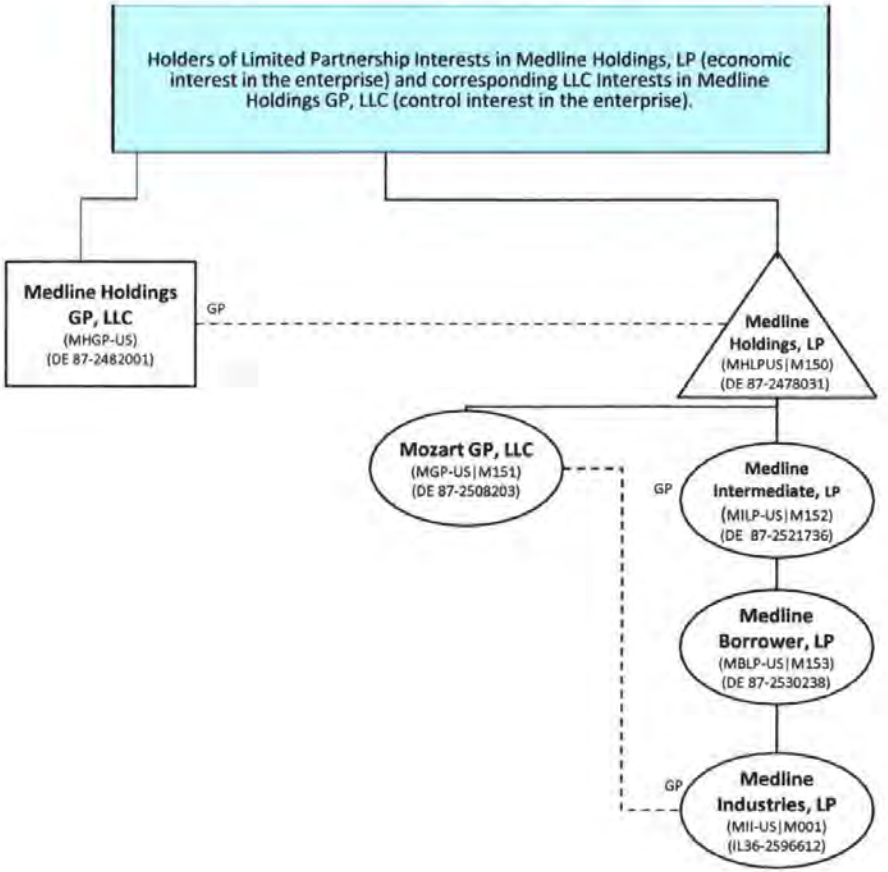
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

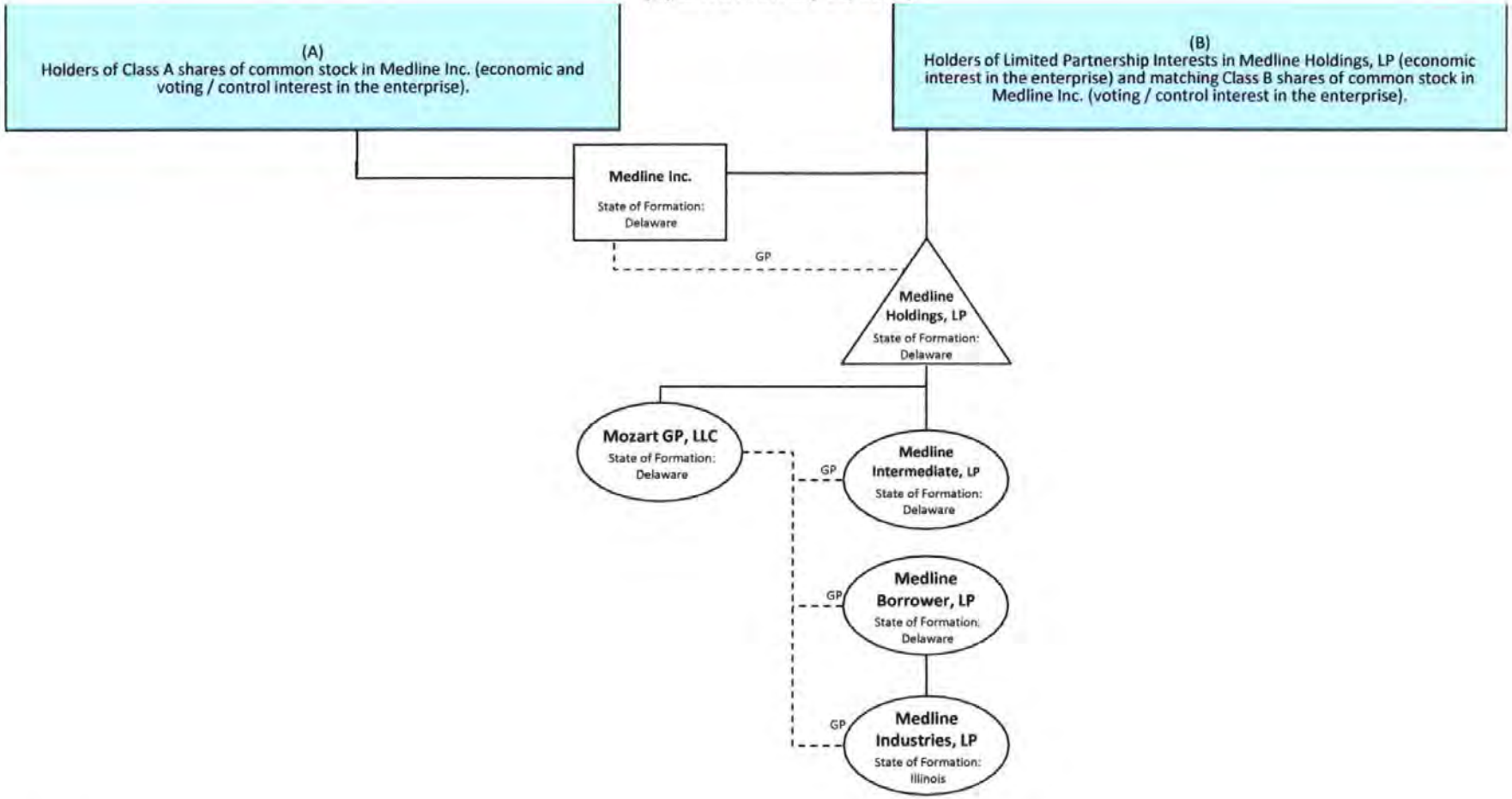


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

List of Officers, Directors, and Partners

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Centurion Medical Products, LP

FEIN: 38-1659420
A Delaware Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Industries, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	36-2596612
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC

FEIN: 32-0473772
An Illinois Limited Liability Company

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Member and Manager of LLC:

Medline Industries, LP
FEIN: 36-2596612

Officers:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC is a member managed LLC with the sole member and manager being Medline Industries, LP. Medline Industries, LP is a limited partnership and does not appoint corporate officers. Medline reports the officers for its general partner, Mozart GP, LLC, which retains 100% control of Medline Industries, LP.

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

Certificates of Good Standing

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502528 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURION MEDICAL PRODUCTS, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTURION MEDICAL PRODUCTS, LP" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6213666 8300

SR# 20261791715

Authentication: 203646965

Date: 04-15-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

File Number 0543231-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

EXCELSIOR MEDICAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502534 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5143163 8300

SR# 20261572157

Authentication: 203550646

Date: 04-03-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

CALIFORNIA STATE BOARD OF PHARMACY
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100

Renewal License

Wholesale Drug Permit

License No. WLS 6877
Receipt No. 00202507

Valid Until: 1/1/2027

MEDLINE INDUSTRIES, L.P.
1960 W MIRO WAY
RIALTO, CA 92376

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

The official status of this license can be verified at www.pharmacy.ca.gov

---- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

FORM WPHWLS (09/30/19) WLS

CALIC100.RENWALR.12012025.37618.SEQID15512

MEDLINE INDUSTRIES, L.P.
1960 W MIRO WAY
RIALTO, CA 92376

15512

BOARD OF PHARMACY
2720 GATEWAY OAKS DR, SUITE 100
SACRAMENTO, CA 95833

Certificates of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC. 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** N/A — N/A **INSURER C :** See Acord 101 for Carrier Participation **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-28 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	2,000,000
							GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
							BODILY INJURY (Per person)	$	
							BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
								$	
	[ ] **UMBRELLA LIAB** [ ] OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$	
							AGGREGATE	$	
								$	
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE [ ] OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [Y] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
							E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:

57.86% of the layer is insured by Lloyds of London

17.14% of the layer is insured by AXA XL UK Ltd. (A+)

25% of the layer is insured by Harleysville Insurance Company of NY (A)

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The ACORD name and logo are registered marks of ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$	10,000
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$	2,000,000
	OTHER:						GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y	N/A		PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr. Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S . Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St. Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd. Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **105625536**

Current Billing Term From **July 20, 2025** to **July 20, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **July 20, 2011**, in the amount of **One Hundred Thousand** (**$100,000.00**) on behalf of **MEDLINE INDUSTRIES, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **June 25, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 105625536 **Principal: MEDLINE INDUSTRIES, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25 day of June, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 25th day of June, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #105625536

Current Information as of 04/14/2026

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 5: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 6: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 7: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 8: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 9: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 10: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 11: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 12: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 13: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Location 14: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 15: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 16: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 17: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 18: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 19: (C71)
Medline Industries, LP
264 S 5750 W
Salt Lake City, UT 84104

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

Location 23: (ANG)
Medline Industries, LP
10 Glen Falls Techinical Park
Glen Falls, NY 12801

Location 24: : (EXC-TF)
Excelsior Medical, LLC
1470 Shafto Road
Tinton Falls, NJ 07712

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **108030426**

Current Billing Term From **September 03, 2025** to **September 03, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **September 03, 2024**, in the amount of **Twenty Five Thousand** (**$25,000.00**) on behalf of **CENTURION MEDICAL PRODUCTS, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **July 23, 2025**

Travelers Casualty and Surety Company of America

By: _____
Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108030426 **Principal: CENTURION MEDICAL PRODUCTS, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

SEAL SEAL SEAL SEAL

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

NOTARY PUBLIC

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 23 day of July, 2025.

SEAL SEAL SEAL SEAL

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 23rd day of July, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #108030426

Current Information as of 04/14/2026

Location 1: (B01)
Centurion Medical Products, LP
301 Catrell Drive
Howell, MI 48843

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP — MDEG License # (if applicable): WH02203

Physical Address: 1960 W Miro Way

City: Rialto — State: CA — Zip: 92376

Mailing Address (if different from physical address): Three Lakes Drive -3D

City: Northfield — State: IL — Zip: 60093

Telephone: 909-429-4734 — Website: www.Medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Manuel — Middle: — Last: Delgadillo III

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Riverside — State: CA — Zip: [redacted]

Telephone: [redacted] — Email: mdelgadillo@medline.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Rubidoux High School			09/99-06/03
Address	**City**	**State**	**Zip**
4250 Opal St	Jurupa Valley	CA	92509
Diploma/Degree obtained, if any			
High School Diploma			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/11-current	[redacted]	Riverside	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			02/14-current	
Business Address		**City**	**State**	**Zip**
1960 W Miro Way		Rialto	CA	92376
Phone	**Title**		**Number of Employed Hours**	
909-429-4734	Sr. Manager Operations		15,040	
Description of Duties				
Oversee the facility to ensure proper receiving, distribution, storage, shipping and dispensing of prescription drugs and medical devices. Manage multiple team members to ensure proper record keeping, inventory, storage, & product security				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

4/9/2026
Date

I, Manuel Delgadillo, **certify that as the MDEG Administrator for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. MD Have a high school diploma or its equivalent;
2. MD Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. MD Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. MD Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Manuel Delgadillo
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/9/2026
Date

Board Use Only	Date Received: 4/9/2026

List of Employees
Medline Industries, LP
C09 - Rialto, CA

Worker	Business Title	Worker	Business Title
Abel Rios	Warehouse Operator Operations	Amy Ramirez	Warehouse Operator Operations
Abel Turrubiartes	Warehouse Operator Operations	Analeah Carrillo	Warehouse Operator Operations
Abigail Cardenas	Transportation Coord	Andrea Barela	Warehouse Operator Operations
Abraham Castanos	Driver II	Andrena Bustillos	Trainer Branch
Abraham Luna	Warehouse Operator Operations	Andres Martinez	Driver II
Abraham Villatoro Morales	Maintenance Tech II	Andres Ruiz	Warehouse Operator Operations
Absalon Ramirez	Warehouse Operator Operations	Andres Vasquez	Warehouse Operator Operations
Acacia Padilla	Warehouse Operator Operations	Andrew Albidrez	Warehouse Operator Operations
Adam Eldridge	Warehouse Operator Operations	Andrew Garcia	Mgr Warehouse
Adam Rios	Driver II	Andrew Rosales	Warehouse Operator Operations
Adam Sparks	Sr Mgr Engineering	Andy Zavala	Warehouse Operator Operations
Adan Hernandez	Warehouse Operator Operations	Angel Castañeda	Warehouse Operator Operations
Adhemar Perez	Warehouse Operator Operations	Angel Desales	Trainer Branch
Adrian Andrade	Warehouse Operator Operations	Angel Diaz	Driver II
Adrian Cervantez	Warehouse Operator Operations	Angel Garcia	Delivery Driver
Adrian Huerta	Warehouse Operator Operations	Angel Leivas	Driver II
Adrian Nunez	Warehouse Operator Operations	Angel Longoria	Warehouse Operator Operations
Adrian Rodriguez	Warehouse Operator Operations	Angel Navarro	Warehouse Operator Operations
Adriana Marquez (On Leave)	Warehouse Operator Operations	Angel Pedraza	Inventory Coord Operations
Adriana Rafael	Warehouse Operator Operations	Angel Quezada	Warehouse Operator Operations
ADRIANNA GARCIA	Warehouse Operator Operations	Angel Rodriguez	Warehouse Operator Operations
Aggie Morales	Warehouse Operator Operations	Angel Zuniga	Trainer Branch
Agustin Ramirez Padilla	Warehouse Operator Operations	Angela Fierros	Warehouse Operator Operations
Aja Ventresca	Warehouse Ld Operations	Angela Martinez	Warehouse Operator Operations
Al Jefferson (On Leave)	Driver II	Angelica Montes	Warehouse Operator Operations
Alan Trolia (On Leave)	Warehouse Operator Operations	Angelina Corral	Warehouse Operator Operations
Albert Ledesma	Warehouse Operator Operations	Anna Barrientos	Warehouse Operator Operations
Alberto Vazquez	Warehouse Operator Operations	Anthony Balderas	Driver I
Alejandro Caravez Rodriguez	Warehouse Ld Operations	Anthony Cruz	Warehouse Operator Operations
Alejandro Gonzalez	Warehouse Operator Operations	Anthony Encarnacion	Warehouse Operator Operations
Alejandro Gonzalez	Driver II	Anthony Gosserand	Warehouse Operator Operations
Alejandro Santillan [C]	P189371 Driver II-1	Anthony Medina	Warehouse Operator Operations
Alejandro Vargas Orozco	Warehouse Operator Operations	ANTHONY NAVARRO	Warehouse Operator Operations
Alejandro Vieyra	Inventory Coord Sr	Anthony Ochoa	Warehouse Operator Operations
Alex Carrillo	Warehouse Operator Operations	Anthony Rivera Reyes	Delivery Driver
Alex Garcia	Warehouse Operator Operations	Anthony Robinson	Warehouse Operator Operations
Alex Lopez	Warehouse Operator Operations	Anthony Totten [C]	VIP Sanitizing Crew
Alex Rodriguez	Warehouse Operator Operations	Anthony Vargas [C]	P189370 Driver II-2
Alex Yslas	Inventory Control Ld Operations	Antonela Jara	Warehouse Operator Operations
Alexander Diaz	Warehouse Operator Operations	Antonette Joiner	Warehouse Operator Operations
Alexander Gaspar	Warehouse Operator Operations	Antonio Avelar	Warehouse Operator Operations
Alexander Reyes	Warehouse Operator Operations	Antonio Salazar (On Leave)	Warehouse Operator Operations
Alexander Saucedo	Warehouse Operator Operations	Apolonio Quintanilla	Driver II
Alexandra Perez	Warehouse Operator Operations	April Elenburg	Assoc HR Generalist
Alexis Rosales	Driver II	Armando Rodriguez	Warehouse Operator Operations
Alfredo Lopez	Warehouse Ld Operations	Armando Rosales	Warehouse Operator Operations
Ali Zamora	Warehouse Operator Operations	Armando Salazar	Warehouse Operator Operations
Allyssa Dominguez	Office Coord	Art Martinez	Supv Inventory Control
Amanda Mercado	Warehouse Operator Operations	Arturo Suarez	Driver II

Ashley Vanschindel	Dir Talent Acquisition	Cerene Pat	Warehouse Ld Operations
Ashraf Tobia	Warehouse Operator Operations	Cesar Calderon	Warehouse Operator Operations
Avante Jones	Warehouse Operator Operations	Cesar Torresmacias	Warehouse Operator Operations
Aydan Landon	Warehouse Operator Operations	Cesar Tovar	Warehouse Operator Operations
Bakari Pugh (On Leave)	Warehouse Operator Operations	Cesario Garcia	Supv Warehouse
Baltazar Cruz	Driver Ld	Chaquira Corral	Warehouse Operator Operations
Barbara Covarrubio [C]	Tote Cleaning	Chardonnay Johnson	Warehouse Operator Operations
Barry Jeffs	Sr Spec Fleet Training	Charles Maizland	Warehouse Operator Operations
Belinda Gomez	Warehouse Operator Operations	Chay Ho	Warehouse Operator Operations
Benjamin Mendoza	Warehouse Operator Operations	Chaz Vasquez	Warehouse Operator Operations
Bernabe Carranza Jr	Warehouse Operator Operations	Cherie Gonzales	Warehouse Operator Operations
Bertha Ilizaliturri	Warehouse Operator Operations	China Vidana	Warehouse Operator Operations
Bradley Issler	Driver II	Chris Brydges	Warehouse Operator Operations
Brandon Anderson	Warehouse Operator Operations	Chris Dickey	Warehouse Operator Operations
Brandon Ruiz felix	Warehouse Operator Operations	Chris Gifford	Warehouse Operator Operations
Brandyn Smith	Warehouse Operator Operations	Christian Coronado	Warehouse Operator Operations
Brenda Martinez	Inventory Coord Sr	Christian Guerra	Warehouse Operator Operations
Brenda Teran	Warehouse Operator Operations	Christian Munguia	Warehouse Operator Operations
Brenden Passwater	Warehouse Operator Operations	Christie Sanchez	Warehouse Operator Operations
Bresia Deras Contreras	Transportation Coord	Christina Robles	Warehouse Operator Operations
Brian Franks	Warehouse Operator Operations	Christine Goldmas (On Leave)	Warehouse Operator Operations
Brian Lugo	Warehouse Operator Operations	Christine Moore	Warehouse Operator Operations
Brian Ng	Warehouse Ld Operations	CHRISTOPHER BARTH	Driver II
Brian Pimentel	Driver II	Christopher Brown	Driver II
Brian Solorzano	Driver II	Christopher Carr	Warehouse Operator Operations
Briana Hernandez	Warehouse Operator Operations	Christopher Cooper	Warehouse Operator Operations
Brittany Bennett [C]	Totes Crew	Christopher Corella	Warehouse Operator Operations
Brittany Medina	Warehouse Operator Operations	Christopher Hernandez	Warehouse Operator Operations
Brittney Brown	Warehouse Operator Operations	Christopher Kanickraj	Maintenance Tech II
Bryan Hernandez	Trainer Branch	Christopher Munoz	Warehouse Operator Operations
Bryan Morales	Warehouse Operator Operations	Christopher Rodriguez	Warehouse Operator Operations
Bryan Quintanilla	Warehouse Operator Operations	Christopher Valencia	Warehouse Operator Operations
Byron Bor	Warehouse Operator Operations	Ciara Johnson	Warehouse Operator Operations
Cameron Muela	Supv Warehouse	Cindy Saldana	Warehouse Operator Operations
Camron Mcalpin	Mgr Warehouse	Cindy Segura	Warehouse Operator Operations
CANDELARIO CAMPANA ONTIVEROS	Warehouse Operator Operations	Cintia Recendes	Warehouse Ld Operations
Carlo Lastima	Warehouse Operator Operations	Cisco Cruz	Onsite Support Tech III
Carlos Avina	Warehouse Operator Operations	Clarissa Diaz	Warehouse Operator Operations
Carlos Corona	Maintenance Ld	Claudia Sandoval [C]	Tote Cleaning
Carlos Del Cid	Warehouse Operator Operations	Cleshaun Walker	Driver II
Carlos Garcia	Driver II	Cody Lyons	Trainer Branch
Carlos Portillo-Meza (On Leave)	Maintenance Tech II	Conrad Chris Garcia	Warehouse Operator Operations
Carlos Ventura	Warehouse Operator Operations	Cristal Barajas	Warehouse Operator Operations
Carlos Villegas [C]	Tote Cleaning	Cyan Gutierrez	Warehouse Operator Operations
Carolina Ortega	Supv Warehouse	Cynthia Orozco	Quality Control Inspector II
Caroline Arana	Warehouse Operator Operations	D Johnson	Warehouse Operator Operations
Cathy Guerrero	Warehouse Operator Operations	Daisy Sarabia	Warehouse Operator Operations
Ceasar Sandoval	Warehouse Operator Operations	Dajone Reid	Warehouse Operator Operations
Cecilia Cruz	Janitor Operations	Daniel Duron	Driver II
Cecilia Valdivia [C]	Tote Cleaning	Daniel Estavillo	Warehouse Operator Operations
CELENE OTERO	Maintenance Tech I	Daniel Lopez	Warehouse Operator Operations
Celeste Marquez	Warehouse Operator Operations	Daniel Perez	Warehouse Operator Operations
Celestino Rodriguez	Warehouse Operator Operations	Daniel Rocha	Warehouse Operator Operations

Daniel Rodriguez [C]	Tote Cleaning	Edgar Beltran Brizuela	Warehouse Operator Operations
Daniel Torres	Warehouse Operator Operations	Edgar Brizuela [C]	Sanitation Crew
Daniel Trujillo	Driver II	Edgar Llamas	Warehouse Operator Operations
Danielle Vega Lopez	Driver II	Edgar Vasquez	Warehouse Operator Operations
Danilo Guiao	Warehouse Operator Operations	Eduardo Baeza	Warehouse Operator Operations
Darrence Hill	Warehouse Operator Operations	eduardo Borrego diaz	Driver II
Darryl Sanchez	Supv Warehouse	Eduardo Corona	Maintenance Tech II
Darwin Martinez	Warehouse Operator Operations	EDUARDO FELIX	Warehouse Operator Operations
David Caloca Talavera	Yard Driver	Eduardo Guzman	Warehouse Operator Operations
David Dominguez	Warehouse Operator Operations	Eduardo Reveles	Warehouse Ld Operations
David Hernandez	Delivery Driver	Eduardo Urena-Hernandez	Warehouse Operator Operations
David Juarezdiaz	Inventory Coord Operations	Edwin Palma	Supv Warehouse
David Orozco	Warehouse Operator Operations	Elena Rodriguez	Warehouse Operator Operations
David Ortiz	Supv Maintenance	Elias Morales (On Leave)	Warehouse Operator Operations
David Pacheco	Warehouse Operator Operations	Eliseo Rodriguez	Warehouse Operator Operations
David Pitones	Warehouse Operator Operations	Eliud Salazar	Driver II
David Reed [C]	Totes Crew	Elizabeth Agras	Supv Warehouse
David Rincon	Driver II	Elizabeth Licea	Warehouse Operator Operations
David Sanchez	Warehouse Operator Operations	Elizabeth Miller	Warehouse Operator Operations
David Sotelo	Warehouse Operator Operations	Elizabeth Resendiz	Warehouse Operator Operations
David Tran	Warehouse Operator Operations	Elizabeth Tovar	Warehouse Operator Operations
David Vasquez-Moya	Warehouse Operator Operations	Elizabeth White	Warehouse Operator Operations
David Zamora	Inventory Coord Operations	Elsa Aguilar	Warehouse Operator Operations
Davion Smith	Warehouse Operator Operations	Elvira Huerta	Trainer Branch
Deanne Vargas (On Leave)	Warehouse Operator Operations	Emilio Fernandez (On Leave)	Driver II
Debbie Estrada	Warehouse Operator Operations	EMMANUEL GONZALEZ	Warehouse Operator Operations
Denise Hernandez	Warehouse Operator Operations	Emmanuel isordia Navarro	Warehouse Operator Operations
Dennis Peters	Warehouse Operator Operations	Enedina Garcia	Warehouse Operator Operations
Derek Marroquin	Warehouse Operator Operations	Enrique Fuentes	Warehouse Operator Operations
Deshaun Hurd [C]	Tote Cleaning	Enrique Meraz	Warehouse Operator Operations
Desiree Ramirez	Warehouse Operator Operations	Enrique Velasquez	Driver II
Destiny Castaneda	Inventory Coord Operations	Erendira Alvarez [C]	OPS-Janitor
Devin Johnson	Warehouse Operator Operations	Eric Chavez (On Leave)	Warehouse Operator Operations
Devonn Brown	Warehouse Operator Operations	Eric Klein	Mgr Training
Devonn Brown	Warehouse Operator Operations	Eric Monk	Driver II
Diamond Cruz	Warehouse Operator Operations	Eric Munoz	Warehouse Operator Operations
Diana Bonilla	Warehouse Operator Operations	Eric Topete Cruz	Warehouse Operator Operations
DIANDRE GRANT (On Leave)	Driver II	Eric Viramontes	Warehouse Operator Operations
Diego Ek	Warehouse Operator Operations	Erick Retana	Warehouse Operator Operations
Dolores Armendariz	Supv Warehouse	Erick Sierra	Warehouse Operator Operations
Dominique Fuentes	Warehouse Operator Operations	Erik Kelly [C]	Contingent Worker and Business
Donald Foss	Warehouse Operator Operations	Erik Ramos	Warehouse Operator Operations
Donald Gardner [C]	Tote Cleaning	Erika De Jimenez	Warehouse Clerk Operations
Donald Lopez	Warehouse Operator Operations	Ernie Rawson	Warehouse Operator Operations
Donald Meza	Driver II	Esmeralda Guzman	Warehouse Operator Operations
Donte Gibson	Warehouse Operator Operations	Esperanza Aguirre	Warehouse Operator Operations
Dorian Estes	Warehouse Operator Operations	Esperanza Raya	Warehouse Operator Operations
Doug Bright	Driver II	Esteefany Trujillo	Warehouse Operator Operations
Dow Stephens [C]	Sanitation Crew	Ethan Bunch	Warehouse Operator Operations
Dulce Mercado	Warehouse Operator Operations	Eva Nunez	Warehouse Operator Operations
Dulce Perez	Warehouse Operator Operations	Evonna McIntosh [C]	Tote Cleaning
Eddie Mendez	Warehouse Operator Operations	Faliu Fuimaono	Warehouse Operator Operations
Eddie Molina	Warehouse Ld Operations	Felipe Arriaga	Warehouse Operator Operations
Eddie Ortiz	Warehouse Operator Operations	Felipe Hernandez	Warehouse Operator Operations

Fernando Manjarrez	Warehouse Operator Operations
Fernando Ortiz	Warehouse Operator Operations
Fernando Silva	Driver II
Fernando Torres	Trainer Branch
Flor Paredes-Gomez	Warehouse Operator Operations
Francisco Alvarez	Warehouse Operator Operations
Francisco Garcia-Ayala	Driver II
Francisco Sanchez	Warehouse Operator Operations
Frank Arellano	Shuttle Driver
Frank Ramirez (On Leave)	Warehouse Operator Operations
Freddy Mejia Ordonez (On Leave)	Warehouse Operator Operations
Fu Rong Rehak	Warehouse Operator Operations
Gabriel Avila	Trainer Branch
Gabriel Camargo	Warehouse Operator Operations
Gabriel Chavez	Warehouse Operator Operations
Gabriel Lane	Warehouse Operator Operations
Gabriel Perez	Warehouse Operator Operations
Gabriela Ballesteros	Warehouse Operator Operations
Gabriela Cruz	Warehouse Operator Operations
Gabriela Posadas	Warehouse Operator Operations
Gabriela Rincon	Warehouse Operator Operations
Gabrielle Allen (On Leave)	Warehouse Operator Operations
Galia Virrueta	Warehouse Operator Operations
Gary Ruiz	Warehouse Operator Operations
Genesis Ramirez	Inventory Coord Operations
George Gonzalez	Warehouse Operator Operations
George Salazar	Warehouse Operator Operations
Geovani Manzanarez Cipres	Warehouse Operator Operations
Gerardo Moreno (On Leave)	Warehouse Operator Operations
GILBERT PENA	Warehouse Operator Operations
Gilberto Elias	Warehouse Operator Operations
Gina Sawyer	Warehouse Operator Operations
Glenn Lebrecht	Warehouse Operator Operations
Gloria Gonzales [C]	Contingent Worker and Business
Gloria Plata Mayorquin	Quality Control Inspector II
Govanny Acosta	Warehouse Operator Operations
Griselda Munguia Reyna	Warehouse Operator Operations
Griselda Vargas	Warehouse Operator Operations
Guadalupe Verdugo	Warehouse Operator Operations
GUSTAVO CARDENAS	Warehouse Operator Operations
Gustavo Mendoza	Driver II
Gustavo Valdovinos	Warehouse Operator Operations
Guy Greenleaf	Warehouse Operator Operations
Hanna Perez	Warehouse Operator Operations
Heather Clear	Warehouse Operator Operations
Heidy Trujillo	Warehouse Operator Operations
Henry Tito	Warehouse Operator Operations
Herberth Meza	Driver II
Herman Romero	Supv Warehouse
Hosvaldo Saucedo	Warehouse Operator Operations
Hugo Rangel	Warehouse Ld Operations
Ian Hoole	Supv Warehouse
Ines Roman	Mgr MedTrans
Irma Gonzalez	Warehouse Operator Operations
Irvin Blancarte	Warehouse Operator Operations
Irvin Martinez	Delivery Driver
Irvin Perry	Warehouse Operator Operations
Irvin Tapia	Driver I
Irving Hernandez	Warehouse Operator Operations
Isaac Alvarez	Driver II
Isaac Archouletta	Warehouse Operator Operations
Isaac Karper Quinonez	Warehouse Operator Operations
Isaiah Rodriguez	Warehouse Operator Operations
Isaiah Stewart	Warehouse Operator Operations
Isaias Ambrize	Warehouse Operator Operations
Ismael Sanchez	Driver II
Ismael Soto	Warehouse Operator Operations
Ismael Valencia	Warehouse Operator Operations
Ivan Gallardo (On Leave)	Warehouse Operator Operations
Ivan Ramirez	Maintenance Ld
Ivan Rodriguez	Warehouse Operator Operations
Ivan Seth	Driver II
Ivette Perez Zelada	Warehouse Operator Operations
Jacob Petersen	Warehouse Operator Operations
Jacqueline Sanchez	HR Coord
Jahlil Ayers (On Leave)	Warehouse Operator Operations
Jaime Martinez	Driver I
Jaime Palencia-Thompson	Delivery Driver
Jaime Tovar	Driver II
Jakeline Adame	Supv QC
Jamaree Jackson	Driver II
James Carter Sr	Driver II
Jamil Tome	Warehouse Operator Operations
Janet Sanchez	Warehouse Operator Operations
Jaqueline Catalan Barrientos	Warehouse Operator Operations
Jared Bechard	Warehouse Operator Operations
Jared Ortiz	Warehouse Operator Operations
Jason Steele [C]	Warehouse Operator I
Javier Chavez	Warehouse Operator Operations
Javier Martinez	Warehouse Operator Operations
Jawwief John Masdal	Warehouse Operator Operations
Jay Gholar	Warehouse Operator Operations
Jayden Hamilton	Warehouse Operator Operations
Jazmine Bermejo	Warehouse Operator Operations
Jeff Nowa [C]	Tote Cleaning
Jeffrey Gauert	Shuttle Driver
Jehu Bello	Warehouse Operator Operations
Jennifer Herrera	HR Generalist
Jennifer Menjivar	Supv Inventory Control
Jennifer Policarpo	Warehouse Operator Operations
Jennifer Salazar	Warehouse Operator Operations
Jennifer Villela	Warehouse Operator Operations
Jeremy Seely	Warehouse Operator Operations
Jermin Villasana	Warehouse Operator Operations
Jess Atilano	Supv Warehouse
Jess Gonzalez [C]	Sanitation Crew
Jesse Cardenas	Warehouse Operator Operations
Jesse Davis	Warehouse Operator Operations

Jesse Lerma	Warehouse Operator Operations
Jesse Montes	Warehouse Operator Operations
Jesse Moreno	Warehouse Operator Operations
Jesse Olivarez	Driver II
Jesse Portillo	Warehouse Operator Operations
Jessica Blandon	Inventory Coord Operations
Jessica Gallegos	Warehouse Ld Operations
Jessica Snyder	Supv Training Branch
Jessica Wence	Warehouse Operator Operations
Jesus Cruz	Warehouse Ld Operations
Jesus Enriquez	Warehouse Operator Operations
Jesus Fonseca	Mgr Warehouse
Jesus Garcia	Warehouse Operator Operations
Jesus Reyes	Warehouse Operator Operations
Jesus Sandoval	Warehouse Operator Operations
Jesus Tapia	Warehouse Operator Operations
Jhonatan Rosas Alvarez	Warehouse Operator Operations
Jimmy Chipman	Warehouse Operator Operations
Jimmy Ramos	Warehouse Operator Operations
Jimmy Salas	Warehouse Operator Operations
Joanna Gongora Garcia	Warehouse Operator Operations
Joaquin Castaneda	Warehouse Operator Operations
JOEL HIDALGO	Warehouse Operator Operations
Joey Garcia	Warehouse Operator Operations
Joey Weiler	Warehouse Operator Operations
John Arambula	Driver II
John Boros	Warehouse Operator Operations
John Broaddus	Driver II
John Lindsey	Warehouse Operator Operations
John Mendez	Warehouse Operator Operations
John Rojas	Warehouse Operator Operations
Johnathan Avila [C]	Temp
Jonathan Parra	Warehouse Operator Operations
Jonathan Ruiz	Warehouse Operator Operations
Jonathan Valle	Warehouse Operator Operations
Jonathan Villanueva [C]	Tote Cleaning
Jorge Andrade	Warehouse Operator Operations
Jorge Bedolla	Warehouse Operator Operations
Jorge Canchola	Warehouse Operator Operations
Jorge Curiel	Warehouse Operator Operations
Jorge Farias	Driver I
Jorge Flores	Driver II
Jorge Magaña	Quality Control Inspector II
JOSE AGUAS	Driver II
Jose Alcantara	Warehouse Operator Operations
Jose Araujo	Warehouse Operator Operations
Jose Baltazar	Warehouse Operator Operations
Jose Beltran (On Leave)	Maintenance Tech II
Jose Callo	Warehouse Operator Operations
Jose Calzada	Driver II
Jose Galdamez	Driver II
Jose Galvan	Driver II
Jose Garcia	Driver II
Jose Gonzalez	Warehouse Operator Operations
Jose Gonzalez	Warehouse Ld Operations
Jose Haro	Driver I
Jose Hernandez	Warehouse Operator Operations
Jose Hernandez-Aguayo	Warehouse Ld Operations
Jose Leyva	Mgr Warehouse
Jose Lopez Maldonado [C]	Tote Cleaning
Jose Luis Morales	Driver II
Jose Luna Amador	Driver II
Jose Marquez	Trainer Branch
Jose Mendoza	Warehouse Operator Operations
Jose Ramirez	Driver Ld
Jose Reynel	Warehouse Operator Operations
Jose Tinoco	Warehouse Operator Operations
Jose Vera	Warehouse Ld Operations
Jose Vital	Warehouse Operator Operations
Joselito Rongavilla	Warehouse Operator Operations
Joselito Rosales	Trainer Branch
Joseph Corral	Warehouse Operator Operations
Joseph Diaz	Warehouse Ld Operations
Joseph Martinez	Driver II
Joseph Micioni	Warehouse Operator Operations
Joseph Olagues [C]	VIP Sanitizing Crew
Joseph Portillo	Warehouse Operator Operations
Joseph Taylor	Warehouse Operator Operations
Joseph Torres	Warehouse Operator Operations
Josh Gamez	Delivery Driver
Joshua Alvarez	Trainer Branch
Joshua Barragan	Warehouse Operator Operations
Joshua Barton	Warehouse Operator Operations
Joshua Sanchez	Warehouse Operator Operations
Josue Godinez	Warehouse Operator Operations
Jovanny Hernandez	Warehouse Operator Operations
Juan Beltran	Warehouse Operator Operations
Juan Gutierrez	Warehouse Operator Operations
Juan Jimenez	Warehouse Operator Operations
Juan Lopez	Inventory Coord Operations
Juan Lopez	Warehouse Operator Operations
Juan Tenorio	Driver II
Juan Vital	Delivery Driver
Juana Nunez (On Leave)	Warehouse Operator Operations
Juana Rodriguez	Warehouse Operator Operations
Juancarlos Leon	Warehouse Operator Operations
Juanita Gonzales [C]	Production Assoc
Julia Martinez	Warehouse Operator Operations
Julian Aguilera	Warehouse Operator Operations
Julian Ramirez	Warehouse Operator Operations
Julian Thornton	Warehouse Operator Operations
Julio Navarro Medina	Warehouse Operator Operations
Julio Rodriguez	Warehouse Operator Operations
Karen Cakirca	Warehouse Operator Operations
Karen Santos	Office Coord
Karina Vargas Moreno	Warehouse Operator Operations
Karla Rodriguez	Supv Warehouse
Karshawn Tucker	Warehouse Operator Operations

Kasey Mccarty	Warehouse Operator Operations
Kasey Petaia	Warehouse Operator Operations
Kathy Elliot [C]	Totes Crew
Kawanna Johnson	Warehouse Operator Operations
Keith Chaney	Warehouse Operator Operations
Kenia Flores	Warehouse Operator Operations
Kenneth Johnson [C]	Tote Cleaning
Kenneth Sann	Warehouse Operator Operations
Keviana Sykes	Warehouse Operator Operations
Kevin Estrada	Warehouse Operator Operations
Kevin Guerrero	Warehouse Operator Operations
Kevin Mabry	Warehouse Operator Operations
Kevin Virgilio	Warehouse Operator Operations
Kincy Smith	Warehouse Operator Operations
Krishna Salazar	Warehouse Operator Operations
Kristine Luna	Supv Warehouse
Krystal Ponce [C]	Tote Cleaning
Kyle Montgomery	Driver II
Ladonna Carter	Warehouse Operator Operations
Larry Hudson	Driver II
Latasha Vance	Quality Control Inspector II
Laurence Luke	Warehouse Operator Operations
Lawrence Spencer	Driver II
LAYSHA VAZQUEZ	Warehouse Operator Operations
Leobardo Loera	Warehouse Operator Operations
Leonardo Carreon	Driver II
Lilia Castillo	Warehouse Operator Operations
Lilliana Avina	Warehouse Operator Operations
Linda Rodriguez	Supv Warehouse
Lino Esparza [C]	Tote Cleaning
Lizandro Martinez	Warehouse Operator Operations
Lizette Acosta	Warehouse Operator Operations
Lloyd Alex	Warehouse Operator Operations
Louie Roque	Warehouse Operator Operations
LOUIS MACIEL	Warehouse Ld Operations
Lucia Escalona	Warehouse Operator Operations
Luciano Gonzalez	Driver II
Luis Alcerro	Warehouse Operator Operations
Luis Avila	Warehouse Operator Operations
Luis Parra	Driver II
Luis Ramirez	Warehouse Operator Operations
Luis Ramirez-Ortega	Supv Warehouse
Luis Rodriguez	Driver II
Luis Romero	Warehouse Operator Operations
Luis Sainz	Warehouse Operator Operations
Luz Orozco	Warehouse Operator Operations
Lydia Abraham	Warehouse Operator Operations
Madison Taylor	Warehouse Operator Operations
Mandip Singh	Driver II
Manuel Delgadillo	Sr Mgr Operations
Manuel Escalante	Driver I
Manuel Flores	Warehouse Operator Operations
Manuel Lua	Warehouse Operator Operations
Manuel Mendoza	Warehouse Operator Operations
Manuel Ortiz	Maintenance Tech II
Manuel Urquides	Warehouse Operator Operations
Manuel Zavala	Warehouse Operator Operations
Marcial Rodriguez	Warehouse Operator Operations
Marco Aguilar	Warehouse Operator Operations
Marco Barajas	Inventory Coord Operations
Marco Castro	Warehouse Operator Operations
Marco Vargas-Mora	Warehouse Operator Operations
Marcos Duarte	Warehouse Operator Operations
Marcos Zazueta	Warehouse Operator Operations
Marcus James	Warehouse Operator Operations
Marcus Mandica	Warehouse Operator Operations
Marcus Summerville (On Leave)	Maintenance Tech I
Marcus Wright	Warehouse Operator Operations
MARGARITA KIMATA	Sr Mgr HR
Margarito Chagolla	Warehouse Operator Operations
Maria Cuacinque Garcia	Warehouse Operator Operations
Maria Rodriguez	Warehouse Operator Operations
Maria Scorsone [C]	Quality Temp
Mariah Davis	Warehouse Clerk Operations
Mariah Mcgonigle	Warehouse Operator Operations
Marie Hernandez	Warehouse Operator Operations
Mario Camargo	Warehouse Operator Operations
Mario De La Cruz	Warehouse Operator Operations
Mario Guerrero	Warehouse Operator Operations
Mario Pinon	Warehouse Operator Operations
Marisela Duran	Warehouse Ld Operations
Marisela Olvera Casillas	Warehouse Operator Operations
Marisela Palma	Warehouse Operator Operations
Mark Huereca	Warehouse Operator Operations
Mark Monterrosa	Warehouse Operator Operations
Mark Snell	Warehouse Operator Operations
Marquis Cato	Warehouse Operator Operations
Martha Garcia Juarez	Warehouse Operator Operations
Martha Perez [C]	Tote Cleaning
Marthita Campos	Warehouse Ld Operations
Martin Avila	Warehouse Operator Operations
Martin Farias	Warehouse Operator Operations
Martin Lopez	Warehouse Ld Operations
Martin Moore	Warehouse Operator Operations
Marvin Gonzales	Warehouse Operator Operations
Mary Delatorre	Warehouse Operator Operations
Mason Lerma	Warehouse Operator Operations
Matt Penna	Warehouse Operator Operations
Matt Tapia	Warehouse Operator Operations
Matthew Lopez	Trainer Branch
Maurice Mims	Driver II
Maximo Fuentes	Warehouse Operator Operations
Mayra Padilla	Warehouse Operator Operations
Megan Brown	Warehouse Operator Operations
Melvin Mendez	Warehouse Operator Operations
Michael Arias	Warehouse Operator Operations
Michael Garcia	Warehouse Operator Operations
Michael Garza (On Leave)	Driver Ld

Michael Jones	Warehouse Operator Operations
Michael Macias	Warehouse Operator Operations
Michael Sullivan	Warehouse Operator Operations
Michelay Cooper	Warehouse Operator Operations
Michelle Almonte (On Leave)	Warehouse Ld Operations
Michelle Estrada (On Leave)	Warehouse Operator Operations
Miguel Altan	Maintenance Tech I
Miguel Angel Jaime	Driver II
Miguel Arambula [C]	P203094 CW driver-2
Miguel Lopez Laguana	Driver II
Miguel Ramirez	Warehouse Operator Operations
Mijail Varas	Warehouse Operator Operations
Mikayla Byas (On Leave)	Warehouse Operator Operations
Mike Farrington	Warehouse Operator Operations
Mike Guzman	Warehouse Operator Operations
Mike Nelson	Warehouse Operator Operations
Mike Raney (On Leave)	Driver Ld
Mike Varela	Warehouse Operator Operations
Mildred Juarez ramirez	Warehouse Operator Operations
Minerva Nunez	Warehouse Operator Operations
MIRIAM MUSGRAVE	Warehouse Operator Operations
Miriam Vanegas	Warehouse Operator Operations
Mitchell Freetage	Warehouse Operator Operations
Mitchell Tyszka	Warehouse Operator Operations
Moises Ruiz	Supv Warehouse
Molly Phengsi	Warehouse Operator Operations
Monica Lopez	Warehouse Operator Operations
Monica Madrigal	Warehouse Operator Operations
Najeli Resendes	Trainer Branch
Natalie Fuentes	Warehouse Operator Operations
Natalie Herrera	Warehouse Operator Operations
Nathan Espinoza	Warehouse Operator Operations
Nelson Gonzalez	Warehouse Ld Operations
Nelson Gonzalez	Driver I
Nicholas Romero	Warehouse Operator Operations
Nick Castrellon (On Leave)	Warehouse Operator Operations
Nicole Almonte (On Leave)	Supv Warehouse
Noe Vargas (On Leave)	Warehouse Operator Operations
Noelle Peni	Warehouse Operator Operations
Noemi Campos	Warehouse Ld Operations
Nola Gomez	Warehouse Operator Operations
Norma Perez	Warehouse Operator Operations
Octavio Vasquez	Warehouse Ld Operations
Omar Elwagih	Warehouse Operator Operations
Omar Leandro	Warehouse Operator Operations
Omar Lozano	Warehouse Operator Operations
Omar Ramirez [C]	Tote Cleaning
Onesimo Inda Perez	Driver II
Oracio Rodriguez	Warehouse Operator Operations
Orlando Ruiz	Warehouse Operator Operations
Oscar Guillen	Warehouse Ld Operations
Oscar Martinez	Warehouse Operator Operations
Oscar Mercado	Warehouse Operator Operations
Oscar Meza Escobar	Warehouse Operator Operations
Oscar Olivares Jr. [C]	Tote Cleaning
Oscar Ontiveros	Warehouse Operator Operations
Oscar Pena	Warehouse Operator Operations
Oscar Torres	Warehouse Operator Operations
Paola Garcia	Trainer Branch
Patricia Mora	Warehouse Operator Operations
Patrick Hardeman	Warehouse Operator Operations
Paul Lopez	Driver II
Paul Martinez	Warehouse Operator Operations
Pedro Alcantar	Driver I
Pedro Basua	Driver II
Pedro Perez Robles	Yard Driver
Peter Sanchez	Warehouse Operator Operations
Phili Diaz (On Leave)	Warehouse Operator Operations
Phillip Ascencio	Warehouse Operator Operations
Phillip Martinez	Warehouse Operator Operations
Phillip Roque	Warehouse Operator Operations
Pieter Kelder	Driver II
Rachelle Yriarte	Warehouse Operator Operations
Rafael Jimenez	Supv Warehouse
Rafael Ramirez Macias	Warehouse Operator Operations
Rainy Honeycutt	Warehouse Operator Operations
Ralph Bravo	Driver II
Ramon Garnica	Driver II
Ramses Mireles	Driver II
Randall Villegas	Driver II
Raul Aldana	Supv MedTrans
Raul Moncada	Driver II
Raul Ocampo Castrejon	Driver II
Raul Sanchez	Driver II
Raymond Robles	Warehouse Operator Operations
Raymond Zuno	Warehouse Operator Operations
Rayshon Williams	Warehouse Operator Operations
Redd Colen	Warehouse Operator Operations
Rene Bedolla	Warehouse Operator Operations
Rennard Richardson	Delivery Driver
Reyna Montoya	Supv Warehouse
Ricardo Aguirre	Warehouse Operator Operations
Ricardo Garcia	Warehouse Operator Operations
Ricardo Gonzalez	Warehouse Operator Operations
Ricardo Gutierrez	Warehouse Operator Operations
Ricardo Nava	Delivery Driver
Richard Covarrubio [C]	Tote Cleaning
Richard Merriman	Warehouse Operator Operations
Ricky Graham [C]	Tote Cleaning
Rico Vasquez	Warehouse Operator Operations
Rina Reyes [C]	Tote Cleaning
Ritchie Martinez	Warehouse Operator Operations
Rob Castro (On Leave)	Driver II
Robert Cristobal	Warehouse Operator Operations
ROBERT DIAZ	Warehouse Operator Operations
Robert Garces	Driver II
Robert Garcia [C]	P203095 CW Driver-I
Robert Hudson	Warehouse Operator Operations

Robert Johnson	Warehouse Operator Operations	Sergio Osuna	Warehouse Operator Operations
Robert Marquez	Trainer Branch	Sergio Rangel	Warehouse Operator Operations
Robert Minjares	Supv MedTrans	Shannon Williams	Fleet Maintenance Planner
Robert Navarrete	Warehouse Operator Operations	Sheila Spence	Warehouse Operator Operations
Robert Navarro	Driver I	Silver Davis	Driver II
Robert Negrete	Driver II	sonny ontiveros	Warehouse Operator Operations
Robert Torres	Warehouse Operator Operations	Sophia Barrientos	Warehouse Operator Operations
Rochelle Roman	Warehouse Operator Operations	Spencer Tunstall	Warehouse Operator Operations
Rocky Cason	Warehouse Operator Operations	Stefon Jubert	Warehouse Operator Operations
Rodolfo Aguilar	Driver II	STEPHANIE MEDINA	Warehouse Operator Operations
Roger Therrell	Warehouse Operator Operations	Stephen Stewart (On Leave)	Warehouse Operator Operations
Rohit Chatterjee	Engineer Process	Steve Mendoza	Driver II
Romeo Guerrero	Training Coord Sr	Steve Sique	Warehouse Operator Operations
Ron Daugherty	Sr Mgr Medtrans	Steven Cejnowa	Warehouse Operator Operations
Ron Verdugo	Driver II	Steven Howard	Warehouse Operator Operations
Ronald Burrowbridge	Warehouse Operator Operations	Steven Lucas	Warehouse Operator Operations
Ronald Wilkerson	Warehouse Ld Operations	Steven Segovia	Warehouse Operator Operations
Ronnie Valmonte	Warehouse Operator Operations	Sueann Rodriguez	Warehouse Operator Operations
Rosa Marie Asencion Hernandez	Warehouse Operator Operations	Sughey Argumedo	Warehouse Operator Operations
Rosa Perez (On Leave)	Warehouse Operator Operations	Surina Schoenen (On Leave)	Warehouse Operator Operations
Rosa Rivera	Warehouse Operator Operations	Susana Lazo	Warehouse Operator Operations
Rosie Hernandez	Warehouse Operator Operations	Sylvia Cadena	Warehouse Operator Operations
Rosie Medrano	Warehouse Operator Operations	Sylvia Mendoza	Warehouse Operator Operations
Rozie chaney	Warehouse Operator Operations	Tania Guzman	Warehouse Operator Operations
Rudy Alcala	Warehouse Operator Operations	Taylor Ah Fook	Supv Warehouse
Rudy Gutierrez (On Leave)	Warehouse Operator Operations	Taylor Gonzalez	Warehouse Operator Operations
Ruth Leal	Warehouse Operator Operations	Taylor Holder	Supv MedTrans
Ryan Delgado	Warehouse Operator Operations	Tea Johnson	Warehouse Operator Operations
Ryan Marchand	Supv MedTrans	Teodora Perez Pioquinto	Warehouse Operator Operations
Ryan Velasquez	Warehouse Operator Operations	Teresa Moyers	Delivery Driver
Sady Dyer	Warehouse Ld Operations	Teresa Rodriguez	Warehouse Operator Operations
SALVADOR MARTINEZ	Warehouse Operator Operations	Teresa Roque	Warehouse Operator Operations
Salvador Rodriguez	Warehouse Operator Operations	Thary Chhay	Warehouse Operator Operations
Sam Rey	Warehouse Operator Operations	Theresa Haynes [C]	Tote Cleaning
Samaiyah Wilson (On Leave)	Warehouse Operator Operations	Thomas Murillo	Warehouse Operator Operations
Samantha Bravo	Warehouse Operator Operations	Thomas Saucedo	Supv Warehouse
Samantha Velazquez	Warehouse Operator Operations	Tim Jasso	Warehouse Operator Operations
SAMUEL ACOSTA	Warehouse Operator Operations	Tim Ruff	Warehouse Operator Operations
Samuel Aragon	Warehouse Operator Operations	Tim Thomas (On Leave)	Trainer Branch
Samuel Marron	Warehouse Operator Operations	Timothy Vanrorsdell [C]	Tote Cleaning
Samuel Ruiz	Warehouse Operator Operations	Tino Williams	Warehouse Operator Operations
Sandra Aguilar	Warehouse Operator Operations	Tony Clarke	Warehouse Operator Operations
Sandra Martinez	Warehouse Operator Operations	Tony Malouf	Warehouse Operator Operations
Sandra Navarro	Dispatcher	Tony Pasillas	Driver II
Sandy Cervantes	Warehouse Operator Operations	Traveon Johnson	Warehouse Operator Operations
Sara Garcia [C]	Tote Cleaning	Trisha Torres (On Leave)	Driver II
Sara Reyes	Warehouse Operator Operations	Tristan Taylor	Delivery Driver
Sarah Kissling	Warehouse Operator Operations	Troy Farris	Warehouse Operator Operations
Sean Jordan	Driver II	Tyler Cabrera	Warehouse Operator Operations
Sergio Cruz	Driver II	Tyler Henderson	Trainer Branch
Sergio Gil	Warehouse Operator Operations	Tyler Petersen	Driver II
Sergio Guevara	Driver II	Tyler Woods	Warehouse Operator Operations
Sergio Lopez	Driver II	Tyrone Lawis	Warehouse Operator Operations
SERGIO MONTEON	Spec EH&S	Val Martinez	Warehouse Operator Operations

Valerie Garcia (On Leave)	Warehouse Operator Operations
Valerie Sosa	Warehouse Operator Operations
Vanessa Garcia	Warehouse Operator Operations
Vanessa Ramirez	Warehouse Operator Operations
Vanessa Salgado Beltran	Trainer Branch
Verenice Garcia	Warehouse Operator Operations
Veronica Santos	Inventory Coord Sr
Veronica Valladares	Inventory Coord Operations
Veronica Welker	Warehouse Operator Operations
Vianna Medina	Warehouse Operator Operations
Victor Gamboa	Maintenance Tech II
Victor Gonzalez Fernandez	Warehouse Operator Operations
Victor Vasquez	Warehouse Operator Operations
Victoria Yancoskie	Warehouse Operator Operations
Vincent Cabral	Driver II
Vincent Carvajal	Shuttle Driver
Vincent Morales-Marquez	Warehouse Operator Operations
VINCENT PARKER	Warehouse Operator Operations
Virgil Dadag	Warehouse Operator Operations
Wilbert Hernandez	Warehouse Operator Operations
William Lake	Mgr Training
Winfred Harris	Inventory Coord Operations
Wolf Mendoza	Warehouse Operator Operations
Xavier Castro	Warehouse Ld Operations
Yesenia Rodriguez	Warehouse Operator Operations
Ynesita Ramirez	Warehouse Operator Operations
Yolanda Barner	Warehouse Operator Operations
Yuri Wence	Warehouse Operator Operations
Yvonne Alamilla (On Leave)	Warehouse Operator Operations
Zachary Gordon	Warehouse Ld Operations

Copy of SEC 10K

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2025

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-43022

Medline Inc.

(Exact name of registrant as specified in its charter)

Delaware	**33-1845288**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
3 Lakes Drive **Northfield, Illinois**	**60093**
(Address of principal executive offices)	(Zip Code)

(847) 949 5500
Registrant's telephone number, including area code

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A common stock, par value $0.0001 per share	MDLN	Nasdaq Global Select Market

Securities registered pursuant to section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements.

☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b).

☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the Class A common stock held by non-affiliates of the registrant, based on the closing price of a share of Class A common stock on December 17, 2025, as reported by The Nasdaq Global Select Market on such date was approximately $13.0 billion. The registrant has elected to use December 17, 2025, which was the initial trading date of the registrant's Class A common stock on The Nasdaq Global Select Market, as the calculation date because on June 30, 2025 (the last business day of the registrant's most recently completed second fiscal quarter) the registrant was a privately held company. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose.

As of February 23, 2026, there were 811,647,534 shares of the registrant's Class A common stock and 502,045,878 shares of the registrant's Class B common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement related to its 2026 Annual Meeting of Stockholders to be filed with the U.S. Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2025 are incorporated by reference into Part III of this Annual Report on Form 10-K.

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Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K (this "Annual Report") contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Forward-looking statements include all statements that are not historical facts. Words such as "anticipate," "assume," "believe" "contemplate," "continue," "could," "estimate," "expect," "foreseeable," "intend," "may," "plan," "potentially," "predict," "project," "seek," "should," "will," or "would," or similar words or phrases that convey uncertainty of future events or outcomes, are intended to identify forward-looking statements in this Annual Report. These forward-looking statements relate to matters such as our industry, business strategy, costs, and costs savings, impacts of accounting standards and guidance, goals and expectations, market position, future operations, margins, profitability, capital expenditures, liquidity and capital resources, legal matters, trends, and other financial and operating information. The forward-looking statements are based on management's current expectations and are subject to various risks, uncertainty, and changes in circumstances, many of which are beyond our control, that could cause actual results to differ materially. Although we believe that the assumptions underlying the forward-looking statements are reasonable, we cannot guarantee future results, level of activity, performance, or achievements. Factors that may cause actual results to differ from expected results include those described in Part I, "Item 1A—Risk Factors" and Part II, "Item 7—Management's Discussion and Analysis of Financial Condition and Results of Operations". The forward-looking statements included in this Annual Report speak only as of the date of this Annual Report or as of the date they are made, as applicable. Except as otherwise required by law, we disclaim any intent or obligation to update any "forward-looking statement" made in this Annual Report to reflect changed assumptions, the occurrence of unanticipated events, or changes to future operating results over time.

INTRODUCTORY NOTE

Medline Inc. was incorporated as a Delaware corporation on November 6, 2024. Prior to the completion of its initial public offering (the "IPO") on December 18, 2025, Medline Inc. undertook certain reorganization transactions (the "Reorganization") such that Medline Inc. is now a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP ("Medline Holdings"). Following the IPO, Medline Holdings is the predecessor of Medline Inc. for financial reporting purposes. As the general partner of Medline Holdings, Medline Inc. now operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts its business. The Reorganization lacks economic substance and therefore is accounted for in a manner consistent with a reorganization of entities under common control. As a result, the consolidated financial statements of Medline Inc. recognize the assets and liabilities received in the Reorganization at their historical carrying amounts, as reflected in the historical financial statements of Medline Holdings. Medline Inc. will consolidate Medline Holdings on its consolidated financial statements and record a non-controlling interest related to the Units (as defined herein) held by the Continuing Unitholders (as defined herein) on its consolidated balance sheets and statements of comprehensive income.

Medline Inc. had no significant business transactions or activities prior to the Reorganization, and, as a result, the historical financial information reflects that of Medline Holdings.

Basis of Presentation

The consolidated financial statements and accompanying notes included herein are prepared in accordance with United States generally accepted accounting principles ("GAAP"). The results of businesses acquired or disposed of are included in the consolidated financial statements from the date of the acquisition or up to the date of disposal, respectively. All adjustments, in the opinion of management, necessary to a fair statement of the results for the annual periods presented have been made.

Certain monetary amounts, percentages, and other figures included in this Annual Report have been subject to rounding adjustments. Percentage amounts included in this Annual Report have been calculated, in some cases, not on the basis of such rounded figures, but on the basis of such amounts prior to rounding. For this reason, percentage amounts in this Annual Report may vary from those obtained by performing the same calculations using the figures, on the face of our consolidated financial statements included elsewhere in this Annual Report. Certain other amounts that appear in this Annual Report may not sum due to rounding.

In December 2024, we changed the name of Medline Holdings from Mozart Holdings, LP to Medline Holdings, LP. We will not distinguish between the prior and current name of Medline Holdings and will refer to the current name of Medline Holdings throughout this Annual Report. References in this Annual Report to "Medline," the "Company," "we," "us," and "our" refer (1) prior to the consummation of the IPO, to Medline Holdings, LP and its consolidated subsidiaries and (2) after the IPO to Medline Inc. and its consolidated subsidiaries.

CERTAIN DEFINITIONS

As used in this Annual Report, unless otherwise noted or the context requires otherwise, the following terms have the following meanings:

- "Class A Units" refers to the interests in Medline Holdings called "Class A Units" that were outstanding prior to the Reclassification. In connection with the Reclassification, (i) Class A Units held by Common Unitholders were converted into Common Units and (ii) Class A Units held by Exchanging Class A Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Class B Units" refers to the interests in Medline Holdings called "Class B Units" that were outstanding prior to the Reclassification, and does not include CUPI Units. In connection with the Reclassification, (i) Class B Units held by Incentive Unitholders were converted into Incentive Units and (ii) Class B Units held by Exchanging Class B Unitholders were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units).

- "Common Units" refers to the new class of units of Medline Holdings created by the Reclassification and does not include Incentive Units.
- "Common Unitholders" refers to certain pre-IPO holders of Class A Units and/or CUPI Units who hold Common Units following the Reclassification.
- "Incentive Unitholders" refers to certain pre-IPO holders of Class B Units who will hold Incentive Units following the Reclassification, as described under "Organizational Structure."
- "Continuing Unitholders" refers collectively to Common Unitholders and Incentive Unitholders.
- "CUPI Units" refers to the interests in Medline Holdings that were designated as "Catch-Up Class B Units" and outstanding prior to the Reclassification. In connection with the Reclassification, (i) CUPI Units held by Common Unitholders were converted into Common Units and (ii) CUPI Units held by Exchanging CUPI Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Designating Stockholder" refers to each of our Principal Stockholders with whom we entered into separate director nomination agreements.
- "Exchanging Class A Unitholder" refers to pre-IPO holders of Class A Units whose Class A Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Class B Unitholder" refers to pre-IPO holders of Class B Units whose Class B Units were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units) following the Reclassification.
- "Exchanging CUPI Unitholder" refers to pre-IPO holders of CUPI Units whose CUPI Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Unitholders" refers collectively to Exchanging Class A Unitholders, Exchanging CUPI Unitholders, and Exchanging Class B Unitholders.
- "Incentive Units" refers to the new class of units of Medline Holdings created by the reclassification of the Class B Units in the Reclassification. The Incentive Units are "profit interests" having economic characteristics similar to stock appreciation rights and having the right to share in any equity value of Medline Holdings above specified participation thresholds. Vested Incentive Units may be converted to Common Units and be subsequently exchanged for shares of Class A common stock.
- "Principal Stockholders" refers collectively to investment funds associated with Blackstone Inc., The Carlyle Group Inc. and Hellman & Friedman LLC, and members of the Mills family.
- "Reclassification" refers to the reclassification of the partnership interests of Medline Holdings prior to the IPO.
- "Sponsors" refers collectively to Blackstone Inc., The Carlyle Group Inc., and Hellman & Friedman LLC.
- "Units" refers collectively to Common Units and Incentive Units.

Summary of Risk Factors

The following is a summary of the principal factors that make an investment in our securities speculative or risky, all of which are more fully described below. This summary should be read together with the risk factors described under Part I, "Item 1A—Risk Factors" and should not be relied upon as an exhaustive summary of the material risks facing our business. In addition to the following summary, you should consider the information set forth below and the other information contained in this Annual Report before investing in our securities.

- Our global operations are subject to inherent risks that could materially adversely affect our business, results of operations, and financial condition.
- We may be unable to derive fully the anticipated benefits from our existing or future acquisitions, joint ventures, investments, dispositions, or other strategic transactions.
- Consolidation in the healthcare industry could have an adverse effect on our business, results of operations, and financial condition.
- We operate in a highly competitive industry, with accelerating pricing pressure and changes in technology.
- Changes to the U.S. and global healthcare environments may not be favorable to us.
- Increases in shipping costs or service issues with our third-party shippers could harm our business.

- Significant challenges or delays in our sourcing of new products and technologies could have an adverse impact on our long-term success.
- We have concentration in and dependence on certain healthcare provider customers and GPOs.
- Our business and operations depend on the proper functioning of our critical facilities and distribution networks and could be negatively impacted by events outside our control.
- Quality problems and product liability claims have in the past led, and could in the future lead, to recalls or safety alerts, reputational harm, adverse verdicts, or costly settlements, and could have a material adverse effect on our business, results of operations, and financial condition.
- Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline.
- If we experience increased pressure to maintain or decrease the price of our goods and services and we are unable to reduce our expenses, there may be a material adverse effect on our business, results of operations, and financial condition.
- Any failure by or loss of a third-party manufacturer or supplier or other manufacturing or supply-related impacts could result in delays and increased costs, which may adversely affect our business.
- We rely on the proper function, security, and availability of our information technology systems and data, as well as those of third parties throughout our global supply chain, to operate our business.
- We are subject to extensive and complex laws and governmental regulations and any adverse regulatory action may materially adversely affect our business, results of operations, and financial condition both inside and outside the United States.
- We are subject to complex and rapidly evolving data privacy, security, and data protection laws and regulations and the costs to comply with such laws and regulations or any ineffective compliance efforts with such laws and regulations may adversely impact our business.
- Our use or our third-party service providers' or business partners' use of AI, automated decision-making and machine learning technologies and the evolving regulatory framework in this area may subject us to risks or heightened costs that could adversely affect business, results of operation and financial condition.
- Our failure to comply with laws and regulations relating to reimbursement of healthcare goods and services may subject us to penalties and adversely impact our reputation, business, results of operations, financial condition, and cash flows.
- Uncertain global and domestic macro-economic and political conditions could materially adversely affect our business, results of operations, and financial condition.
- Our substantial indebtedness could adversely affect our financial condition, our ability to operate our business or react to changes in the economy or our industry, prevent us from fulfilling our obligations under our debts, and divert our cash flow from operations for debt payments.
- The credit agreement that governs the Senior Secured Credit Facilities and the indentures that govern the Senior Notes will each impose significant operating and financial restrictions on our subsidiaries, which may prevent us from capitalizing on business opportunities.
- Medline Inc. is a holding company and its only material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, and it is accordingly dependent upon distributions from Medline Holdings to pay taxes, make payments under the tax receivable agreement, and pay any dividends.
- The Designating Stockholders hold a significant percentage of our stock, and their interests may conflict with ours or yours in the future.
- Our amended and restated certificate of incorporation does not limit the ability of our Sponsors, the Mills family, and certain other pre-IPO investors to compete with us, and they may have investments in businesses whose interests conflict with ours.

The market price of shares of our Class A common stock may be volatile or may decline regardless of our operating performance, which could cause the value of your investment to decline.

Market and Industry Data

Unless otherwise indicated, information contained in this Annual Report concerning our industry, competitive position, and the markets in which we operate is based on information from independent industry and research organizations, other third-party sources and management estimates. Although we believe that these third-party sources are reliable, we do not guarantee the accuracy or completeness of this information, and we have not independently verified this information. Management estimates are derived from information obtained from surveys, reports by market research firms, our customers, distributors, suppliers, trade and business organizations, and other contacts in the markets in which we operate and have not been verified by independent sources, and are based on assumptions made by us upon reviewing such data, and our experience in, and knowledge of, such industry and markets, which we believe to be reasonable. In addition, assumptions and estimates of our and our industry's future performance are subject to a high degree of uncertainty and risk due to a variety of factors, including those described in Part I, "Item 1A—Risk Factors" and "Cautionary Note Regarding Forward-Looking Statements." These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

Statements regarding our market position (including statements that we are the largest company in a particular market), unless otherwise noted, are based on our 2025 net sales in the relevant market relative to the publicly reported net sales of our competitors in such market, including with respect to our statement of being the largest provider of med-surg products and supply chain solutions serving all points of care, as that statement is based on our 2025 net sales relative to the publicly reported net sales of med-surg products by companies that are both med-surg manufacturers and distributors.

Trademarks

We own or have the right to use trademarks, trade names, and service marks used in connection with our business, including, but not limited to, Medline, Curad, Microtek, Hudson, and Proxima. All trademarks, trade names, and service marks referred to in this Annual Report are the property of their respective owners. We do not intend our use or display of other companies' trade names, trademarks, or service marks to imply a relationship with, or endorsement or sponsorship of us by, these other companies. Solely for convenience, our trademarks, trade names, and service marks referred to in this Annual Report may appear without the ®, ™ or SM symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks, trade names, and service marks.

PART I

Item 1. Business

General

Medline Inc. (together with its subsidiaries, "Medline", "the Company", "we", "ours" and "us") is the largest provider of medical-surgical ("med-surg") products and supply chain solutions serving all points of care, based on total net sales of med-surg products. Medline was founded in 1966 and today delivers mission-critical products used daily across the full range of care settings, from hospitals and surgery centers to physician offices and post-acute facilities. Our mission is to make healthcare run better by delivering improved clinical, financial, and operational outcomes.

We have two reportable segments, Medline Brand and Supply Chain Solutions, the combination of which addresses critical needs in the market through a comprehensive solution. They are both supported by our Prime Vendor model, differentiated distribution network, and robust commercial platform. Through our two segments, we offer approximately 335,000 med-surg products, including surgical and procedural kits, gloves and protective apparel, urological and incontinence care, wound care, and consumable lab and diagnostics products. We distribute these products through our expansive network of global distribution facilities and our owned fleet of MedTrans trucks.

Medline Brand

As of December 31, 2025, we offer our customers approximately 190,000 med-surg products through our Medline Brand segment and hold leading positions across many key product families for our Medline Brand products. Our Medline Brand products are organized into three product categories: Front Line Care, Surgical Solutions, and Laboratory and Diagnostics.

- *Front Line Care* offers mission-critical med-surg products for patient-facing needs, including wound care products, exam gloves, skin care and incontinence products, environment cleaning supplies, textiles, hand sanitizer, durable medical equipment, patient plastics, and decolonization and infection control products.
- *Surgical Solutions* offers operating room and perioperative environment product solutions, including surgical procedure trays, drapes and gowns, personal protective equipment, sterile wraps, surgical instruments, surgeon's gloves, procedure kits, and orthopedic implants.
- *Laboratory and Diagnostics* offers a full range of laboratory and diagnostic product solutions, including point of care testing, analyzers and instrumentation, lab and diagnostic consumables, diagnostic instruments, vital signs monitors, and anatomic pathology and phlebotomy products.

Our product development approach incorporates customer feedback and ongoing innovation. We are also committed to delivering products of the highest standard, which is reflected by our robust quality team embedded across our manufacturing and sourcing locations. The expertise of our research and development team and quality team helps ensure products bearing the Medline brand meet both our rigorous quality standards and our customers' expectations.

Supply Chain Solutions

As of December 31, 2025, we offer approximately 145,000 med-surg products from over 1,300 third-party suppliers, including nearly all leading national brands, through our Supply Chain Solutions segment. We also provide our customers with supply chain optimization services such as consulting engagements, outsourced warehouse and technology management, put-away-ready packaging, third-party logistics, inventory rationalization, and route planning. Our third-party suppliers are primarily responsible for costs related to import and inbound freight, whereas we are primarily responsible for costs related to outbound freight from our distribution centers. Our supply chain expertise allows us to provide additional service offerings to optimize our customers' supply chain and inventory workflows, helping these customers cost-effectively manage their supply chain while building strong relationships and enhancing retention.

Our Prime Vendor Model

A Prime Vendor relationship is a relationship for which there is a multi-year distribution agreement between Medline and a customer, whereby the customer agrees to use Medline for the vast majority of its med-surg product needs.

In our Prime Vendor relationships, we enter into long-term agreements, typically structured with five-year terms, to act as the primary consolidated logistics partner for these customers' med-surg product needs. These agreements have been and are expected to continue to be a key contributor to our growth. Our customers realize efficiencies by partnering with one supply chain partner to consolidate their med-surg purchase volume. Prior to the market adoption of the Prime Vendor model, customers sourced such products individually from a highly fragmented base of suppliers. The Prime Vendor model instead centralizes procurement and distribution, which in turn drives efficiency and higher service levels.

As Prime Vendor, we drive significant cost savings to our customers. Our scale allows us to deliver consistently lower prices and better service levels on Medline Brand products relative to third-party alternatives, while also lowering the distribution cost for delivery of the full range of med-surg products. This often motivates customers to purchase more Medline Brand products over time. The opportunity is even greater in certain non-acute settings, where we sell a more focused product portfolio. Our Prime Vendor model allows us to provide cost savings to Prime Vendor customers, which, over time, supports incremental purchasing of our Medline Brand products and greater scale across our operations. As our scale grows, we are able to realize further efficiencies by offering superior or similar quality to third-party products at a more cost-effective price. We believe that Medline Brand conversion is mutually beneficial for both our customers and us-the value we provide customers at the outset of a Prime Vendor agreement meaningfully increases over time, as they accrue savings by purchasing our lower cost Medline Brand products, while our profitability grows given the enhanced margin profile of Medline Brand products. This compelling value proposition and supply chain relationship with our customers supports our greater than 98% average Prime Vendor retention rate over the past five years.

A portion of Supply Chain Solutions products sold to existing Prime Vendor customers has like-for-like Medline Brand product equivalents, representing a potential gross profit uplift consistent with our historical margin differentials if such products were converted for Medline Brand products. While we historically have earned higher margins upon conversion from third-party national brand products to like-for-like Medline Brand products, because of the lower average prices for Medline Brand products, there is typically a negative impact on net sales upon the conversion of Supply Chain Solutions products to like-for-like Medline Brand products if volume is assumed to be constant. For additional information on potential risks relating to this conversion opportunity, please see Part I, "Item 1A—Risk Factors—Risks Related to Our Business, Industry and Operations—Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline."

Our Distribution Network

We have a differentiated distribution network of 70 global distribution centers, warehouses, cross-docks, and transship facilities, 45 of which are in the United States, strategically located to provide next-day delivery to 95% of our U.S. customer base. We utilize artificial intelligence ("AI") and robotics technology in over 26 million square feet of warehouse space in the United States to improve efficiency and capacity to optimize distribution logistics and maximize utilization. The products we distribute are packaged to meet each customer's individual needs and to be "put-away-ready," which streamlines the customer's unloading and shelving process. We also operate our own fleet of more than 2,100 MedTrans trucks that deliver our products across care settings within the United States. As of December 31, 2025, we had approximately 25% in incremental capacity across our platform to support our long-term growth.

Our Commercial Platform

Our deep connectivity to our customers is driven by the strength of our dedicated and tenured commercial team. We have a U.S. commercial team of approximately 4,000 people across all points of care, which includes account managers, product specialists, specialized clinical resources, customer service representatives, supply chain specialists, Prime Vendor analysts, and a robust leadership team dedicated to driving efficiencies for our customers through their teams. We have created an entrepreneurial environment that empowers our salesforce to work with our product managers to create innovative products that meet market demand. We have a team devoted to each channel in the United States and each region or country internationally, which allows our salesforce teams to develop market-specific knowledge.

Research and Development

We have a track record of successfully bringing new products to market, with more than 2,300 granted patents and more than 450 U.S. Food and Drug Administration ("FDA") 510(k) clearances. Over the last three years, we have successfully launched more than 250 new products.

Competition

Our value proposition is derived from our integrated business model, the breadth of our Medline Brand portfolio, our differentiated supply chain, and the overall quality and cost of our products. As a result of our integrated business model, our competitors include both other leading med-surg product manufacturers and distributors.

Similar to us, other leading med-surg product manufacturers produce a wide range of med-surg supplies. However, unlike us, many of these competitors are reliant upon third-party distributors to deliver their products to customers. By nature of being a distributor, Medline has direct access to and manages the end customer relationships. This enables us to offer a complete solution as a manufacturer and a distributor, offering our customers what we believe to be best-in-class supply chain logistics, and driving value through our brand.

Additionally, other distributors of med-surg products similarly connect the fragmented supplier and provider bases and aggregate inventory from suppliers to deliver products to customers, such as McKesson, Cardinal Health, Owens & Minor, and Henry Schein. These distribution companies compete with us for Prime Vendor agreements. However, we believe that many of these competitors do not benefit from the scale and scope of our vertical integration or commercial excellence, and thus are not able to provide the same magnitude of cost savings, value, and holistic solutions that we deliver for our customers.

Production and Raw Materials

We manufacture approximately one-third of our Medline Brand products, which are primarily Class I and II medical devices, through our 30 manufacturing facilities, of which 24 are in North America. We purchase many of the components and raw materials used in manufacturing our products from numerous suppliers. We focus our manufacturing capabilities on products where we can leverage technology and automation to drive higher quality and lower costs to better serve our customers. For the vast majority of the other two-thirds of our Medline Brand products, we work closely with our network of more than 600 global partners across approximately 40 countries, many of whom have decades-long exclusive relationships with us. The breadth of our global sourcing partnerships provides diversification and strengthens our resiliency, with no single sourcing partner accounting for more than 5% of total spend as of December 31, 2025.

We also have plans and measures in place to help ensure continuity of supply while maintaining high quality and reliability. Generally, we have been able to obtain adequate supplies of such raw materials and components. However, due to the FDA's manufacturing requirements and those of other regulatory authorities, we may not be able to quickly establish additional or replacement sources for certain components, materials or processes if we experience a sudden or unexpected reduction or interruption in supply or services and are unable to develop alternative sources.

Human Capital Resources

At Medline, our relentless focus on the customer drives our human capital strategy, which revolves around attracting, developing, and retaining employees to provide the best products and services for our customers. We have developed a strong foundation that drives our recruitment, retention and development efforts. We are committed to supporting the personal and professional development of our employees, as well as providing competitive benefits and a safe, inclusive workplace.

As of December 31, 2025, we employed over 45,000 employees worldwide, with over 26,000 located in the United States. Our largest non-U.S. employee populations are in Mexico, Dominican Republic, India, Canada, Slovakia, France, China, Japan, Germany, and Australia. None of our employees in the United States are unionized, though some of our employees in Mexico belong to unions. In Germany and the Netherlands, employees are represented through Works Councils; in France and Spain, employees are represented through both Works Councils and industry-wide collective bargaining agreements; and in Belgium and Italy, employees are also represented through industry-wide collective bargaining agreements. In Australia, certain employees are represented by an enterprise bargaining agreement; in Japan, employees are represented through a Work Council; and in Vietnam, employees are represented through a collective bargaining agreement. We believe that our positive employee relations and total employee experience drive the continual growth of our workforce.

Culture and Values

Our culture is grounded in a customer-focused, collaborative, and performance-driven approach, guided by core values emphasizing relentless customer focus, agility and flexibility, problem-solving, drive to succeed, purposeful candor, and the importance of relationships. Employees are encouraged to exercise judgment, work transparently with customers, and contribute meaningfully to our mission to make healthcare run better.

Talent Attraction and Development

We seek to attract employees whose skills, experience, and motivation align with our operational and technical needs. Through continual improvement of internal processes, an awareness of market and candidate driven trends, and in partnership with vendors and other outside organizations, our talent acquisition programs focus on efficient hiring processes, market awareness, and building a diverse pipeline of candidates. We support development through consistent performance management processes and early career opportunities to take on additional responsibilities to demonstrate their competencies and drive to succeed and on-the-job responsibility augmented by formal training and development to refine technical and leadership skills. New sales representatives participate in comprehensive training programs, and product managers have targeted development pathways through all stages of their careers, from mandatory onboarding offerings to advanced classes that provide the necessary skills with increasing levels of responsibility, to support progression over time.

Employee Engagement and Inclusion

We believe our employees' ability to communicate and cooperate effectively across functional and departmental teams positively impacts our performance. We engage in various listening strategies and foster engagement through survey feedback mechanisms, anonymous employee feedback platform, focus groups, increased attention to onboarding and offboarding feedback, pulse surveys on remote work needs, and other listening strategies. Insights from these efforts inform workplace improvements. We also support an inclusive environment through Employee Resource Groups and leadership training initiatives designed to reduce bias in talent decisions and strengthen representation across the company.

Health, Safety, and Well-Being

We are committed to maintaining a safe workplace and supporting the physical, emotional, and financial well-being of our employees. We provide competitive health and benefits programs, access to assistance resources where available, and opportunities for community involvement through charitable giving, including financial giving and in-kind giving such as product donations.

Intellectual Property

We rely upon patents, trademarks, copyrights, trade secrets and other intellectual property rights to maintain and improve our competitive position. We have a large portfolio of intellectual property, including more than 2,300 granted patents as well as trademark registrations protecting our notable brands, including Medline, Curad, Microtek, Hudson, and Proxima.

We consider the trademarks and know-how that we own to be material to our business. However, other than the Medline mark, we do not consider our business to be materially dependent upon any individual trademark registration or trade secret. In the aggregate, we consider our more than 2,300 granted patents to be material to our business. However, no single patent or group of related patents is material to our business as a whole or any segment of our business.

We believe that we have taken all necessary steps to protect our intellectual property rights, but no assurance can be given that we will be able to successfully enforce or protect our rights in the event that they are infringed upon or challenged by a third party. See Part I, "Item 1A —Risk Factors—Risks Related to Regulation and Legal Proceedings—Any failure to obtain, maintain, protect and enforce our intellectual property rights, or the failure of the strength or scope of our intellectual property rights, could harm our business, financial condition, and results of operations" and "—Risks Related to Regulation and Legal Proceedings—We may become subject to litigation brought by third parties claiming infringement, misappropriation, or other violation by us of their intellectual property rights."

Government Regulation

Our operations and products are subject to extensive regulation by numerous governmental regulatory authorities, including U.S. and other international regulatory authorities, and other government agencies inside and outside the United States. To varying degrees, each of these agencies requires us to comply with laws and regulations governing the development, design, materials, testing, safety, efficacy, quality, purity, manufacturing, methods, controls, testing, screening, recordkeeping, reporting, processing, storage, registration, authorization, licensing, permitting, labeling, advertising, marketing, distribution, offer for sale, sale, use, expiration, pricing, reimbursement, import, export, clinical trials, post-marketing surveillance of our products, the registration of our facilities, and the claims that we make about our products. The United States and other countries where we sell healthcare and other regulated products, including drugs, human cell and tissue products, dietary supplements, cosmetics, certain foods, and consumer products subject such products to their own clearance, authorization, approval, registration, listing, labeling, manufacturing, recordkeeping, reporting, and other regulatory requirements regarding the performance, safety, and quality of such products. We are also subject to healthcare and other regulations and enforcement by the federal government and the states and foreign governments and authorities in the locations in which we conduct our business. The U.S. governmental and regulatory authorities that enforce such laws and rules, and that issue guidance on compliance with such laws and rules include, without limitation, the FDA, the Centers for Medicare & Medicaid Services ("CMS"), other divisions of the U.S. Department of Health and Human Services ("HHS"), the HHS Office of Inspector General, U.S. Environmental Protection Agency ("EPA"), the Federal Trade Commission ("the FTC"), Consumer Product Safety Commission ("CPSC"), the U.S. Department of Justice ("DOJ") and individual U.S. Attorney offices within the DOJ, as well as state and local governments. Our business is also affected by patient and data privacy and security laws, government payer cost containment initiatives, government reimbursement laws and regulations, environmental, health, and safety laws and regulations, as well as laws and regulations with respect to the sale, transportation, storage, handling, and disposal of hazardous or potentially hazardous substances, and safe working conditions. Our business also maintains contracts with governmental agencies and such contracts are subject to various government procurement laws and regulations, required contract provisions, and other requirements relating to contract formation, administration and performance. Failure to comply with applicable laws and regulations or with contractual or other requirements may result in monetary damages and criminal or civil penalties as well as termination of our government contracts or our suspension or debarment from government contract work.

The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, including through the offering of new products and services or entering into new geographic areas, we may be subject to new and additional regulatory requirements. The foreign, federal, state, and local regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products, suspend, revoke, or terminate our product and facility licenses, permits, and authorizations, request the cessation of distribution and shipments of certain products due to regulatory, safety, or other issues, seize or order the recall of our products, issue safety, quality, or other communications to the public or healthcare providers, enforce laws related to marketing, including promotion of off-label uses of products, and impose injunctions and significant criminal, civil, and administrative sanctions for violations of laws and regulations. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, may impact our business practices and operations, including by limiting our ability to effectively market, ship, and sell our products, affecting the production and distribution of products by our manufacturing facilities, subjecting us to significant liability, and limiting our ability to obtain future authorizations. Although we are subject to international government regulations in the international end markets where we operate and/or provide our products, these regulations do not have a material impact on our products as no international market represents more than 3% of our net sales.

Government Regulation of Medical Devices

Our medical devices are subject to regulation by numerous government agencies, including the FDA and comparable state and foreign agencies. Regulations of the FDA and other regulatory agencies in and outside the United States impose extensive compliance and monitoring obligations on portions of our business. The FDA and other U.S. and foreign governmental agencies regulate, among other things, with respect to medical devices: design, development, and manufacturing; testing, registration, listing, labeling, content, and language of instructions for use and storage; clinical trials; product safety; marketing, sales, and distribution; licensing and permit requirements; premarket clearance, approval and authorization; record keeping procedures; advertising and promotion; recalls and field safety corrective actions; post-market surveillance, including reporting of deaths or serious injuries and malfunctions that, if they were to recur, could lead to death or serious injury; post-market approval studies; and product import and export. The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, we may be subject to new and additional regulatory requirements. The FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers; seize or order the recall of products; terminate, suspend, or revoke licenses and permits; and impose significant criminal, civil, and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers. In addition, the FDA and other governmental and regulatory authorities, both in and outside the United States (including the FTC, the HHS Office of the Inspector General, the DOJ, and various state Attorneys General), monitor the promotion and advertising of our products. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, depending on its magnitude, may limit our ability to effectively market, ship, and sell our products, limit our ability to obtain future premarket authorizations, or result in a substantial modification to our business practices and operations.

FDA Premarket Clearance and Approval Requirements

Each medical device we wish to distribute commercially in the United States requires marketing authorization from the FDA prior to distribution, unless the device is exempt from premarket notification requirements. The type of marketing authorization necessary is generally linked to the classification of the device. The FDA classifies medical devices into one of three classes-Class I, II, or III-based on the degree of risk associated with a device and the level of regulatory control deemed necessary to ensure its safety and effectiveness. Class I devices that pose the least risk are subject only to General Controls applicable to all devices, such as requirements for device labeling, premarket notification, and adherence to current good manufacturing practices for devices as set forth in the Quality System Regulation ("QSR"). Class II devices that pose a moderate risk are subject to General Controls and may also be subject to Special Controls, such as performance standards, product-specific guidance documents, special labeling requirements, patient registries, or post-market surveillance. Class III devices are those for which insufficient information exists to assure safety and effectiveness solely through General and Special Controls, including devices that support or sustain human life, are of substantial importance in preventing impairment of human health, or which present a potential unreasonable risk of illness or injury.

Most Class I devices and some Class II devices are exempted by regulation from the 510(k) clearance requirement and can be marketed without prior authorization from the FDA. Class I and II devices that are not exempted are eligible for marketing through the 510(k) clearance pathway. By contrast, devices placed in Class III generally require premarket approval ("PMA") or de novo clearance prior to commercial marketing. The PMA approval process is more stringent, time-consuming and expensive than the 510(k) clearance process; however, the 510(k) clearance process has also become increasingly stringent and expensive. None of our products are currently approved under a PMA, and we have no plans for any indication or system improvement or extension that we believe would require a PMA. If, in the future, we were to file a PMA, we may be subject to additional regulatory requirements.

510(k) Clearance Process

To obtain 510(k) clearance, we must submit a premarket notification to the FDA demonstrating the proposed device to be substantially equivalent to a predicate device. A device is substantially equivalent if, with respect to the predicate device, it has the same intended use and it has either the same technological characteristics, or it has different technological characteristics, but the information provided in the 510(k) submission demonstrates that the device does not raise new questions of safety or effectiveness. The standard review process for 510(k)s is between six to nine months, dependent upon the type of 510(k) filing submitted. Although many 510(k) premarket notifications are cleared without clinical data, in some cases, the FDA may require clinical data to support substantial equivalence. In reviewing a premarket notification, the FDA may request additional information, including clinical data, which may significantly prolong the review process and clearance is never assured. Clinical trials generally require the submission of an investigational device exemption ("IDE") to the FDA for a specified number of patients and study sites, unless the product is deemed a non-significant risk device eligible for more abbreviated IDE requirements. Clinical trials are subject to numerous requirements and institutional review board approval, oversight, and monitoring. Even if a trial is conducted, the results of clinical testing may not adequately demonstrate the safety and effectiveness of the device or be sufficient to obtain FDA clearance or approval for marketing.

After a device receives 510(k) clearance, any subsequent modification of the device that could significantly affect its safety or effectiveness, or that would constitute a major change in its intended use, requires a new 510(k) clearance or could require submission and approval of a de novo 510(k) or a PMA application in cases where new indications are sought for which there is no predicate. Non-significant changes are handled via internal documentation by the Company. Each manufacturer must judge the significance of modifications based on FDA 510(k) regulatory requirements and guidance documents. The FDA may review any such decision and may disagree with a manufacturer's determination. If the FDA disagrees with a manufacturer's determination, the FDA may require the manufacturer to cease marketing and distribution and/or recall the modified device until 510(k) clearance or PMA approval is obtained. In the future, we may make modifications to our products after they have received FDA clearance and, in appropriate circumstances, determine that new clearance is unnecessary. However, the FDA may disagree with our determination, and, if the FDA requires us to seek 510(k) clearance or submit new PMA applications for any modifications to a previously cleared product, we may be required to cease marketing or distributing or recall the modified device until we obtain the required clearance or approval. We may also market or acquire products that are marketed without a 510(k) clearance, appropriate labeling, or that otherwise are marketed in violation of FDA requirements, since medical devices can be marketed only for the indications for which they are cleared or approved. Under these circumstances, we may also be subject to warning letters, significant regulatory fines, or other penalties, and we may no longer be able to market particular products for which a 510(k) clearance is required.

Post-Marketing Requirements

Numerous FDA regulatory requirements apply to devices we manufacture and distribute, including: compliance with the QSR, which require manufacturers and their suppliers to follow the applicable design, testing, processes, control, documentation, labeling, and other quality assurance procedures during the manufacturing process; establishment registration, which requires establishments involved in the production and distribution of medical devices intended for commercial distribution in the United States to register with the FDA; medical device listing, which requires manufacturers to list the devices they have in commercial distribution with the FDA; labeling regulations, which prohibit "misbranded" devices from entering the market, as well as prohibit the promotion of products for unapproved or off-label uses and impose other restrictions on labeling; post-market surveillance, including medical device reporting requirements which requires manufacturers to report to the FDA if their device may have caused or contributed to a death or serious injury, or malfunctioned in a way that would likely cause or contribute to a death or serious injury if it were to recur; and corrections and removal reporting regulations, which require that manufacturers report to the FDA field corrections and product recalls or removals if undertaken to reduce a risk to health posed by the device or to remedy a violation of the Federal Food, Drug, and Cosmetic Act that may present a risk to health. The FDA and other governmental and regulatory authorities actively enforce the laws and regulations prohibiting the promotion of off-label uses, and a company that is found to have improperly promoted off-label uses may be subject to significant liability.

The FDA enforces these requirements by inspection and market surveillance. Domestic facility records and manufacturing processes are subject to periodic unscheduled inspections by the FDA. The FDA may also inspect foreign facilities that export products to the United States. Failure to comply with applicable regulatory requirements may result in enforcement action or other actions by the FDA, which may include one or more of the following sanctions: adverse press releases and safety communications; requests to stop shipments; untitled letters or warning letters; fines, injunctions, and civil penalties; mandatory recall or seizure of our products; customer notifications and repairs or replacements; administrative detention or banning of our products; consent decrees; operating restrictions, partial suspension or total shutdown of production; refusing our request for 510(k) clearances for new product versions or modifications to existing product versions; revocation of 510(k) clearances previously granted; refusal to grant export approval for our products; and criminal prosecution and penalties. If any of these events were to occur, they could have a material adverse effect on our business, financial condition, and results of operations.

International Regulation of Medical Devices

Sales of medical devices outside the United States are subject to foreign government regulations, which vary substantially from country to country. In order to market our products in other countries, we must comply with applicable regulatory requirements and authorizations and approvals and safety and quality regulations in each country in which the product is marketed. The time required to obtain authorization, approval, or certification by a foreign country may be longer or shorter than that required for FDA clearance, and the requirements may differ significantly.

EU Regulation of Medical Devices

In the European Union ("EU") until May 25, 2021, medical devices were regulated by the Council Directive 93/42/EEC, which has been repealed and replaced by the Medical Device Regulation ("EU MDR"). Unlike directives, regulations are directly applicable in all EU member states without the need for member states to implement into national law. The EU extended the EU MDR transitional periods for certain medical devices until December 31, 2027 or December 31, 2028, depending on a device's risk class and subject to certain conditions to ensure continued access to medical devices for patients and to allow medical devices already placed on the market in accordance with the current legal framework to remain on the market, provided that the requirements of the transitional provisions are fulfilled.

In the EU, there is currently no premarket government review of medical devices. However, all medical devices placed on the EU market must meet general safety and performance requirements, and compliance with the general safety and performance requirements is a prerequisite for European conformity marking without which medical devices cannot be marketed or sold in the EU. EU MDR requirements regarding the distribution, marketing, and sale, including quality systems and post-market surveillance, have to be observed by manufacturers, importers, and distributors as of the application date (i.e., since May 26, 2021), including registration of economic operators and of devices (once the relevant modules of Eudamed are functional), surveillance, and vigilance requirements. The aforementioned EU rules are generally applicable in the European Economic Area which consists of the 27 EU member states plus Norway, Liechtenstein, and Iceland.

The NDA Approval Process

For any new drug products regulated under the Federal Food, Drug, and Cosmetic Act such as our ReadyPrep CHG cloth, a sponsor must submit a New Drug Application ("NDA"), to the FDA for review and approval. The NDA review and approval process may take multiple years and involves steps including the following:

- completion of preclinical studies and analytical and stability testing in accordance with applicable regulations;
- submission to the FDA of an Investigational New Drug ("IND") application, which must become effective before clinical trials may begin and must be updated annually and amended when certain changes are made;
- approval by an institutional review board, or IRB, or independent ethics committee, or IEC, at each clinical trial site before each trial may be initiated;
- performance of adequate and well-controlled clinical trials in accordance with applicable IND regulations, good clinical practice, or GCP, requirements, including informed consent, financial disclosure by investigators, and other clinical trial-related regulations, to establish the safety and efficacy of the investigational product for each proposed indication and other condition of use;
- preparation and submission to the FDA of an NDA;

- satisfactory completion of one or more FDA pre-approval inspections of the manufacturing facility or facilities where the drug will be produced to assess compliance;
- satisfactory completion of FDA inspection of select clinical trial sites involved in conducting pivotal studies that generated the data in support of the NDA;
- payment of user fees for FDA review of the NDA; and
- FDA review and approval of the NDA, including of the proposed prescribing information and, where applicable, consideration of the views of any FDA advisory committee, prior to any commercial marketing or sale of the drug in the United States.

Any approvals that we may ultimately receive could be withdrawn if required post-marketing trials or analyses do not meet the FDA requirements, which could materially harm the commercial prospects for our products.

Even if a product candidate receives regulatory approval, the approval may be limited to specific disease states, patient populations and dosages, or might contain significant limitations on use in the form of warnings, precautions or contraindications, or in the form of onerous risk management plans, restrictions on distribution, or post-marketing study requirements. Further, even after regulatory approval is obtained, later discovery of previously unknown problems with a product may result in restrictions on the product or even complete withdrawal of the product from the market. Delay in obtaining, or failure to obtain, regulatory approval for our candidate products, or obtaining approval but for significantly limited use, would harm our business. In addition, we cannot predict what adverse governmental regulations may arise from future U.S. or foreign governmental action.

Trade Regulations

The movement of products, services, and investment across borders subjects us to extensive trade regulations. A variety of laws and regulations in the countries in which we transact business apply to the sale, shipment, and provision of goods, services, and technology across borders. These laws and regulations govern, among other things, our import, export, and other business activities. We are also subject to the risk that these laws and regulations could change in a way that would expose us to additional costs, penalties, or liabilities. Some governments also impose economic sanctions against certain countries, governments, persons, and entities, both for unlawful or malign conduct and to discourage or prevent entities from abiding by other countries' laws. In addition to our need to comply with such regulations in connection with our direct activities, we also sell and provide goods, technology, and services to agents, representatives, and distributors who may export such items to customers and end-users. If we, or the third parties through which we do business, are not in compliance with applicable import, export control, or economic sanctions laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability. Such actions may disrupt or delay sales of our products or services or result in restrictions on our distribution and sales of products or services that may materially impact our business.

Anti-Boycott Laws

Under U.S. laws and regulations, U.S. companies and their subsidiaries and affiliates are prohibited from participating or agreeing to participate in unsanctioned foreign boycotts in connection with certain business activities, including the sale, purchase, transfer, shipping, or financing of goods or services within the United States or between the United States and countries outside of the United States. If we, or certain third parties through which we sell or provide goods or services, violate U.S. anti-boycott laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability.

4DD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH03151	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 264 S 5750 W

City: Salt Lake City State: UT Zip: 84104

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 385-217-7203 Website: medline.com

Name of Designated Representative (DR): Joseph Morozin

Licensing Company Email: ralicensing@medline.com DR Email: Joseph Morozin

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Corporate Discipline History

Original Signature (electronic, copies or stamps not accepted)

4/15/24
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer, Inc.
Address: 66 Hudson Blvd E City: New York State: NY Zip: 10001

Name: ICU Medical Inc.
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare Inc.
Address: One Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Avenue City: Bethlehem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Medline Inc.
Corporation Name: See Attached Ownership Information
Mailing Address: 3 Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: (847) 949-5500 Email: ralicensing@medline.com
Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025 | SEC Registration Number: 0002046386 | Stock Exchange Symbol: MDLN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____
Parent Company (if any): _____
Corporation/Organization Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

Lora Simmons

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091 PHONE
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grimston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> > (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ **REQUESTS**

_____ **DOES NOT REQUEST**

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____
Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____
Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____
Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____
Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
N/A		Florida Department of Health		
Reason/Charge				
Medline's Florida Certified Designated Representative unexpectedly resigned.				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Florida Department of Health/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

_____ February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

_____ February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Medline Industries, Inc., Case #2007-37412

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2008006		Louisiana Board of Wholesale Drug Distributors		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
LA Board of WDD/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingerman

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman
William Crates, Vice-Chairman
Randall Brooks, Secretary/Treasurer
John Liggio, Executive Director/Inspector
Hershal Paul, Board Member
Andy Milligan, Board Member
Wayne Gremillion, Board Member
Eric Voitier, Board Member
Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
119A
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

6. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

9. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

11. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 0 8 2008.

Bobbi'wy Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of July, 2007, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C&I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
08 PHM 037		Wisconsin Department of Regulation and Licensing		
Reason/Charge				
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
WI DSPS/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 19 A 9:4

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of MEDLINE INDUSTRIES INC., Respondent.	PHA 2009-7-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Lacy V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2009

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

---

POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dana N. Simmons Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Dana N. Simmons, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller

Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of January, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
27278	NY State Education Department- Board of Pharmacy

Reason/Charge
Discipline incurred in another jurisdiction

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NY Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: A. Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

1-5-21

Willis Ingalls, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer M. Rudell, RPh

1-6-2021

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

1-6-2021

Henry Appel, Ohio Assistant Attorney General

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

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1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	FL DBPR- Div. of Drugs, Devices, and Cosmetics

Reason/Charge
Customer Licenses, Record Keeping

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DBPR / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____
Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
0 9 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — Oct - 27 - 2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 OCT 16 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent MEDLINE INDUSTRIES, L.P. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., and C.7. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____

IVY Y. E. KIM
Attorney for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE Chair	December 21, 2023 DATE
PATRICK ADAMS Vice Chair	MARK BROWN
CATALINA CROSS	Kent Kikuchi KENT KIKUCHI
BRANDON RABANG	SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Daniel Stevens

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/15/26

Date

Board Use Only	Date Received: 4/21/26	Amount: $1000.00 PAID

Power of Attorney

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

POWER OF ATTORNEY

EXCELSIOR MEDICAL, LLC, an Illinois limited liability company, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Excelsior Medical, LLC

By: Medline Industries, LP
Its: Manager
By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Medline Industries, LP, as Manager of Excelsior Medical, LLC.

Natalie D Paulov
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

POWER OF ATTORNEY

Centurion Medical Products, LP, an Delaware limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Centurion Medical Products, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Centurion Medical Products, LP.

Natalie D Paulov
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries, LP

located at

264 S 5750 W, Salt Lake City, UT 84104

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

05/13/2024 - 05/12/2027
Period of Accreditation

Ownership Information

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

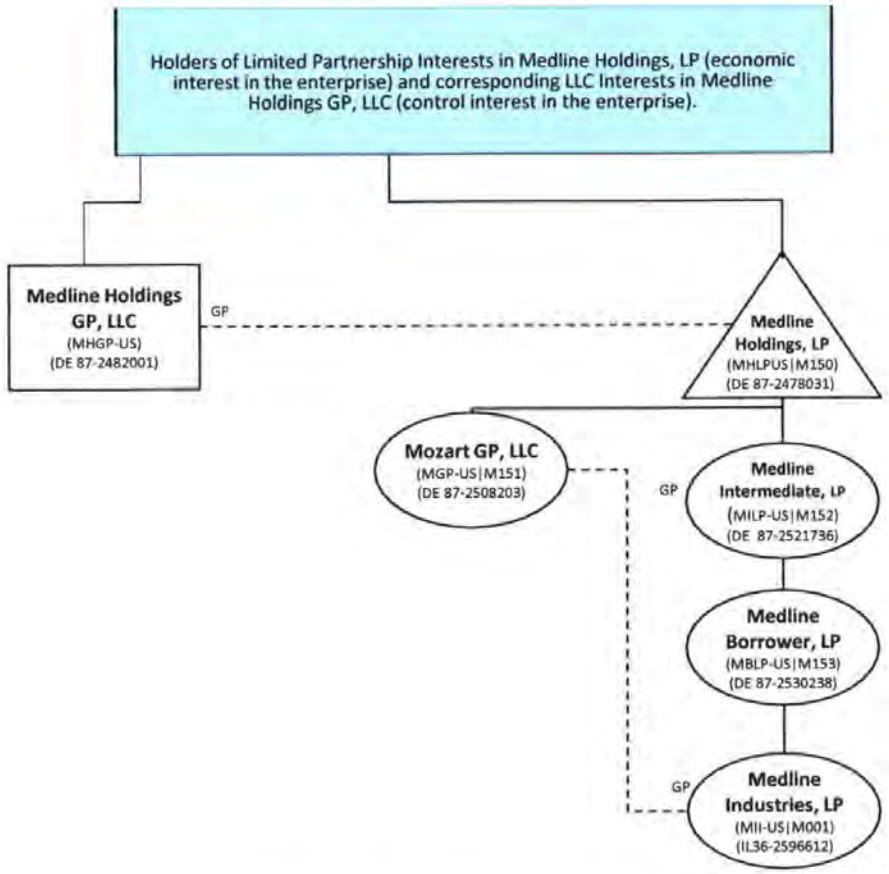
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

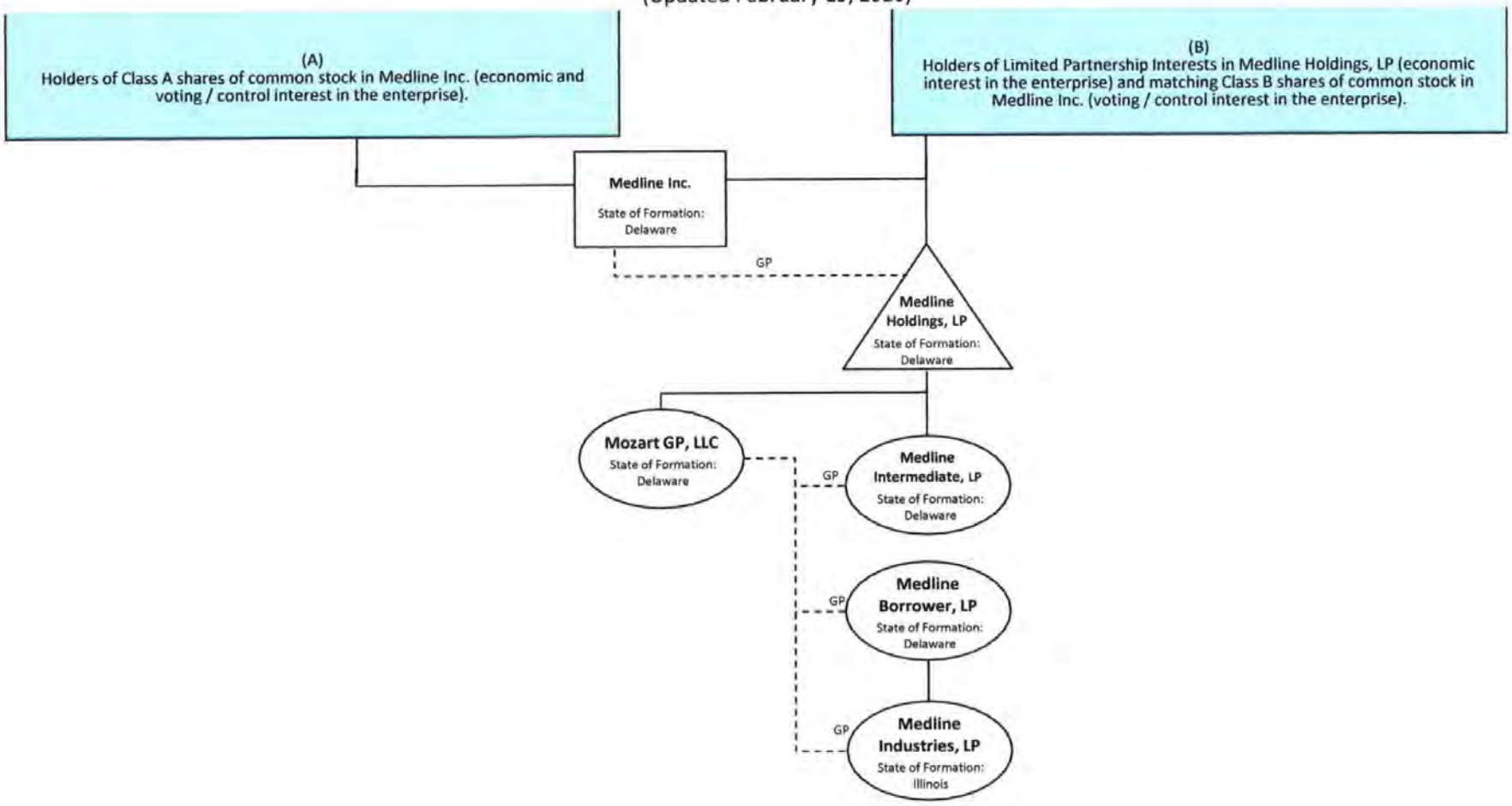


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

List of Officers, Directors, and Partners

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Centurion Medical Products, LP

FEIN: 38-1659420
A Delaware Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Industries, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	36-2596612
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC

FEIN: 32-0473772
An Illinois Limited Liability Company

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Member and Manager of LLC:

Medline Industries, LP
FEIN: 36-2596612

Officers:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC is a member managed LLC with the sole member and manager being Medline Industries, LP. Medline Industries, LP is a limited partnership and does not appoint corporate officers. Medline reports the officers for its general partner, Mozart GP, LLC, which retains 100% control of Medline Industries, LP.

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

Certificates of Good Standing

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

SEAL OF THE STATE OF ILLINOIS — AUG. 26TH 1818

Authentication #: 2610502528 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURION MEDICAL PRODUCTS, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTURION MEDICAL PRODUCTS, LP" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6213666 8300

SR# 20261791715

Authentication: 203646965

Date: 04-15-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

File Number 0543231-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

EXCELSIOR MEDICAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502534 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5143163 8300

SR# 20261572157

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203550646

Date: 04-03-26

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

Medline Industries LP

EFFECTIVE
01/20/2023

EXPIRATION
09/30/2027

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

13214433-1710 Pharmacy - Class C

Wholesaler

DBA:

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

MEDLINE INDUSTRIES LP
264 S 5750 W
SALT LAKE CITY UT 84104

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

ACTIVE LICENSE

EFFECTIVE DATE: **01/20/2023**

EXPIRATION DATE: **09/30/2027**

ISSUED TO: **Medline Industries LP**
264 S 5750 W
Salt Lake City UT 84104

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

13214433-1710 **Pharmacy - Class C** **Wholesaler**

DBA:

Form #1

Certificates of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC. 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** N/A — N/A **INSURER C :** See Acord 101 for Carrier Participation **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-28 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 2,000,000 $ 10,000 $ 2,000,000 $ 4,000,000 $ SEE BELOW
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2025 07/01/2025	07/01/2026 07/01/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 : Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	4,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	SEE BELOW
	OTHER:							$	
A	**AUTOMOBILE LIABILITY**			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X **UMBRELLA LIAB** X OCCUR			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y	N / A		PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S . Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St, Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **105625536**

Current Billing Term From **July 20, 2025** to **July 20, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **July 20, 2011**, in the amount of **One Hundred Thousand** (**$100,000.00**) on behalf of **MEDLINE INDUSTRIES, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **June 25, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CT

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS	**Travelers Casualty and Surety Company of America** **Travelers Casualty and Surety Company** **St. Paul Fire and Marine Insurance Company** **Farmington Casualty Company**

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 105625536 **Principal: MEDLINE INDUSTRIES, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25 day of June, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 25th day of June, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #105625536

Current Information as of 04/14/2026

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 5: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 6: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 7: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 8: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 9: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 10: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 11: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 12: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 13: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Location 14: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 15: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 16: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 17: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 18: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 19: (C71)
Medline Industries, LP
264 S 5750 W
Salt Lake City, UT 84104

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

Location 23: (ANG)
Medline Industries, LP
10 Glen Falls Techinical Park
Glen Falls, NY 12801

Location 24: : (EXC-TF)
Excelsior Medical, LLC
1470 Shafto Road
Tinton Falls, NJ 07712

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **108030426**

Current Billing Term From **September 03, 2025** to **September 03, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **September 03, 2024**, in the amount of **Twenty Five Thousand** (**$25,000.00**) on behalf of **CENTURION MEDICAL PRODUCTS, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **July 23, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS	Travelers Casualty and Surety Company of America Travelers Casualty and Surety Company St. Paul Fire and Marine Insurance Company Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108030426 **Principal: CENTURION MEDICAL PRODUCTS, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 23 day of July, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 23rd day of July, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Oscar F. Rincon

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #108030426

Current Information as of 04/14/2026

Location 1: (B01)
Centurion Medical Products, LP
301 Catrell Drive
Howell, MI 48843

y

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP — MDEG License # (if applicable): WH03451
Physical Address: 264 South 5750 West
City: Salt Lake City — State: UT — Zip: 84104
Mailing Address (if different from physical address): Three Lakes Drive - 3D
City: Northfield — State: IL — Zip: 60093
Telephone: 801-975-6305 — Website: www.medline.com
Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Joseph — Middle: Hans Bauer — Last: Morozin
Alias(es, nicknames, name changes, etc.): Joe
Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ■ M ☐ F ☐ X
Mailing Addre: [redacted]
City: Millcreek — State: UT — Zip: [redacted]
Telephon: [redacted] — Email: jmorozin@medline.com
Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Riverton High School		08/03 - 06/07	
Address	**City**	**State**	**Zip**
12476 S. 2700 W.	Riverton	UT	84065
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/17 - Current	[redacted]	Millcreek	UT	[redacted]
From - To (MM/YY – MM/YY)		City	State	
04/04 - 06/17		Riverton	UT	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			01/23 - Current	
Business Address		**City**	**State**	**Zip**
264 South 5750 West		Salt Lake City	UT	84104
Phone	**Title**		**Number of Employed Hours**	
801-975-6305	Warehouse Manager		600 Hours	
Description of Duties				
Oversee the facility and involved in the training of all employees, decision making, procedures, policies, record keeping and inventory. Responsible for the accuracy of transactions and monitor processes to ensure accurate product flow.				

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			02/20 - 05/25	
Business Address		**City**	**State**	**Zip**
1820 South 5200 West		Salt Lake City	UT	84104
Phone	**Title**		**Number of Employed Hours**	
801-975-6305	Warehouse Manager		13,000 + Hours	
Description of Duties				
Oversee the facility and involved in the training of all employees, decision making, procedures, policies, record keeping and inventory. Responsible for the accuracy of transactions and monitor processes to ensure accurate product flow.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✓	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
08/29/09	10/16/09	Idaho	Burley	Cassia County
Case #	**Governing, licensing, Arresting Presiding Body/Agency/Court**			
CR-2009-6754	Cassia County Magistrate Court			
Reason/Charge				
Driving without Privileges				
Plaintiff/Defendant/Claimant/Respondent	**Lawsuit/Arbitration/Bankruptcy**			
Joseph Morozin				
Name of Business/Industry/Entity				

Provide explanation below:

I was driving to Idaho to visit family while on a suspended license.
I was pulled over and detained for driving without privileges.

Original Signature (electronic, copies or stamps not accepted)

4/9/26
Date

I, Joseph Morozin, **certify that as the MDEG Administrator for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. JM Have a high school diploma or its equivalent;
2. JM Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph Morozin
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/9/26
Date

Board Use Only	Date Received: 4/21/26

CERTIFIED

CASSIA COUNTY MAGISTRATE COURT

CASE SUMMARY

CASE NO. CR-2009-6754

State of Idaho	§	Location:	**Cassia County Magistrate Court**
vs.	§		
Joseph Hans Morozin	§	Judicial Officer:	**Bollar, Rick L.**
	§	Filed on:	**09/21/2009**
	§	Appear by:	**09/21/2009**

CASE INFORMATION

Offense	Citation	Statute	Deg	Date	Case Type: **Criminal**
Jurisdiction: **State**					
1. Driving Without Privileges	1382455	I18-8001	MIS	08/29/2009	

TCN: 1601000953

Statistical Closures
10/03/2014 Closed

Bonds
Surety Bond #FCS3-479603 $2,000.00
10/16/2009 Exonerated
08/31/2009 Posted
Counts: 1

Initially Disclosed ✓

DATE	CASE ASSIGNMENT	
	Current Case Assignment	
	Case Number	CR-2009-6754
	Court	Cassia County Magistrate Court
	Date Assigned	09/22/2009
	Judicial Officer	Bollar, Rick L.

PARTY INFORMATION

		Lead Attorneys
State	**State of Idaho**	**Cassia County Prosecutor**
Defendant	**Morozin, Joseph Hans**	**Cassia County Public Defender** *Public Defender*

DATE	EVENTS & ORDERS OF THE COURT	INDEX
08/31/2009	Bond Posted - Surety (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *Bond Posted - Surety (Amount 2000.00)*	
09/21/2009	New Case - Criminal (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *New Case Filed - Misdemeanor*	
09/21/2009	Arraignment (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *Arraignment Sheet*	
09/21/2009	Order (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *Order and Notice of Hearing*	

09/21/2009	A Plea is entered for Charge:* (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *A Plea is entered for charge - NG (118-8001 Driving Without Privileges)*
09/21/2009	**Plea** 1. Driving Without Privileges Not Guilty TCN: 1601000953 :
09/22/2009	Affidavit of Probable Cause (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *Affidavit Of Probable Cause*
09/22/2009	Hearing Scheduled (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *(Pretrial Conference 10/16/2009 08:30 AM)*
10/16/2009	Court Minutes (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *Court Minutes*
10/16/2009	Judgment of Conviction & Order of Commitment (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *Judgment of Conviction, Order of Commitment*
10/16/2009	Court Accepts Guilty Plea (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *Court Accepts Guilty Plea (118-8001 Driving Without Privileges)*
10/16/2009	Sentenced to Incarceration (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *Sentenced To Incarceration (118-8001 Driving Without Privileges) Confinement terms: Jail: 30 days. Suspended jail: 29 days. Credited time: 1 day.*
10/16/2009	Probation Ordered (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *Probation Ordered (118-8001 Driving Without Privileges) Probation term: 0 years 12 months 0 days. (Supervised Prob-Level II)*
10/16/2009	Bond Exonerated (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *Bond Exonerated (Amount 2,000.00)*
10/16/2009	Miscellaneous (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *Written Plea of Guilty*
10/16/2009	Miscellaneous (Judicial Officer: Bollar, Rick L.) Party: Defendant Morozin, Joseph Hans *Pretrial Scheduling Order*
10/16/2009	**Disposition** 1. Driving Without Privileges Guilty TCN: 1601000953 :
10/16/2009	**Sentence** (Judicial Officer: Bollar, Rick L.) 1. Driving Without Privileges Misdemeanor Sentence

CASSIA COUNTY MAGISTRATE COURT

CASE SUMMARY

CASE NO. CR-2009-6754

Confinement
- Type: County Jail
- Facility: Mini-Cassia Criminal Justice Center
- Term: 30 Days
- Suspended: 29 Days
- Effective Date: 10/16/2009
- Credit Term: 1 Day

Condition - Adult:
1. ZZZDO NOT USE Sup Probation PRIOR TO 7/1/18, 0Y 12M 0D, 10/16/2009 - 10/16/2010, Closed 10/03/2014

DATE	FINANCIAL INFORMATION	
	Defendant Morozin, Joseph Hans	
	Total Charges	275.50
	Total Payments and Credits	275.50
	Balance Due as of 02/14/2023	**0.00**



State of Idaho } ss
County of Cassia }

I hereby certify that the foregoing instrument is a full, true and correct copy of the original as the same appears of record in this office.

Dated 01-14-23

Clerk of the District Court, Ex-officio Auditor and Recorder, Cassia County, Idaho

By:

Printed on 02/14/2023 at 10:44 AM

List of Employees
Medline Industries, LP
C71 - Salt Lake City, UT

Worker	Business Title
Abby Miller	Warehouse Operator Operations
ADAM ENGLE	Warehouse Operator Operations
AJ Blaze	Warehouse Operator Operations
Alex Cruz	Warehouse Operator Operations
Alexander Malmaceda	Warehouse Operator Operations
Alonso Castillo Figueroa	Warehouse Operator Operations
Amber Hansen	HR Generalist
Amelie Gnagbi	Warehouse Operator Operations
Ana Garcia	Warehouse Operator Operations
Anatolio Zuniga	Inventory Coord Operations
Andres Pack	Warehouse Ld Operations
Andy Pich	Warehouse Operator Operations
Angel Lopez	Warehouse Operator Operations
Angeles Gamez	Warehouse Operator Operations
Anthony Miera	Warehouse Operator Operations
Anthony Salas	Warehouse Ld Operations
Avery Millward	Warehouse Operator Operations
Azarel Munoz	Warehouse Operator Operations
Ben Ricker (On Leave)	Driver II
Bertram Josiah McGill	Warehouse Operator Operations
Bob Sheehy	Driver II
Braden Hoffmann	Warehouse Operator Operations
Bradley Szelazkiewicz	Supv Warehouse
Braxton Barton	Warehouse Ld Operations
Brenda Canchari Gonzales	Trainer Branch
bret thurgood	Warehouse Operator Operations
Brian Dabbs	Driver II
Brianna Chacon	Warehouse Operator Operations
Britany Hanks	Warehouse Operator Operations
Bryan Thompson	Driver II
Brysen Willes	Warehouse Operator Operations
Cameron Harrison	Warehouse Operator Operations
Carlos Martinez	Warehouse Operator Operations
Carol Pola	Warehouse Operator Operations
Carol Ramos	Supv Warehouse
Chris Hatch	Line Haul Driver
Christopher Gehring	Warehouse Operator Operations
Clayton Parry	Trainer Branch
Cory Foster	Janitor Operations
Cresencio Samaro	Supv MedTrans
Cynthia Misi	Warehouse Operator Operations
Dabria Rodriguez	Warehouse Operator Operations
Dago Meneses	Warehouse Operator Operations
Damian Perez	Warehouse Operator Operations
Daniel Mendez	Warehouse Operator Operations
Danielle perez	Warehouse Operator Operations
DAPHNE GISA	Warehouse Operator Operations
David Cifuentes	Driver Ld
David Curfew	Driver Ld

Worker	Business Title
Dentlie WooChing	Warehouse Operator Operations
Devon Birkes	Warehouse Operator Operations
Diana Perez	Warehouse Operator Operations
Dmitry Sidorenko (On Leave)	Warehouse Operator Operations
Dominique Lira	Warehouse Operator Operations
Don Ferguson	Warehouse Operator Operations
Doug Epling	Maintenance Tech II
Dustin Densley	Warehouse Operator Operations
Dymmen Tautuiaki	Warehouse Operator Operations
Eduardo Razo	Warehouse Operator Operations
Elixael Joseph Maycock	Warehouse Operator Operations
Elizabeth Alcantara Pinales	Warehouse Operator Operations
Eno Fiapai	Warehouse Operator Operations
Erika Rodriguez	Trainer Branch
Fabio Latorre	Warehouse Operator Operations
Fatima Ventura Garcia	Warehouse Operator Operations
Francia Corredor	Warehouse Operator Operations
Francisco Diaz	Warehouse Operator Operations
Franky Alvarado	Warehouse Operator Operations
Gaylynne Oldham (On Leave)	Warehouse Operator Operations
Gerardo Rosas	Warehouse Operator Operations
Glendon Pixton	Supv Warehouse
Grant Moss	Warehouse Operator Operations
Ian Hanks	Warehouse Operator Operations
Ingrid Acosta	Warehouse Operator Operations
Jaden Florez	Warehouse Operator Operations
Jared Olsen	Trainer Branch
Jaritza Liberato	Warehouse Operator Operations
Jeanette Bruska	Warehouse Operator Operations
Jedidiah Seaman	Warehouse Operator Operations
Jeff DeMeyer	Warehouse Operator Operations
Jeff Harwell	Warehouse Operator Operations
Jennifer Altamirano Castillo	Warehouse Operator Operations
Jenny Feliciano	Warehouse Operator Operations
Jesus Jimenez	Supv Warehouse
Jesus Rodriguez Hernandez	Driver II
Jhovana Rocha	Warehouse Operator Operations
Jino Araneda	Warehouse Operator Operations
Jobe Rudolph	Driver II
Joey Feliciano	Janitor Operations
Jonathan Aubin	Driver Ld
Jonathan Carlson	Warehouse Operator Operations
Jonathan Walls	Warehouse Operator Operations
Jonathan Watson	Warehouse Operator Operations
Jose Torres	Warehouse Operator Operations
Joseph Feliciano	Janitor Operations
Joseph Morozin	Mgr Warehouse
Joshua Sharp	Warehouse Ld Operations
Joshua Thebeau	Warehouse Operator Operations

Josue Reynoso	Warehouse Operator Operations
Juan Duran	Delivery Driver
Juan Paez	Driver II
Julian Herrera	Warehouse Operator Operations
Justin Hanks	Warehouse Operator Operations
Kayden McClure	Warehouse Operator Operations
Keyton Nordberg	Warehouse Operator Operations
Kimberly Roman (On Leave)	Warehouse Operator Operations
Kristina Tso	Warehouse Operator Operations
Lacie Hernandez	Warehouse Operator Operations
Lauren Louderback	Warehouse Operator Operations
Leo Calderon	Warehouse Operator Operations
Lori Rodriguez-Do (On Leave)	Warehouse Operator Operations
Luis Delarosa	Warehouse Operator Operations
Lyal Holder	Line Haul Driver
Manase Feiloaki	Warehouse Operator Operations
Manuel Arriaga-Gomez	Warehouse Ld Operations
Marco Gonzalez	Warehouse Operator Operations
Maria Moncada Galvan	Warehouse Operator Operations
Marlini Mesui	Warehouse Operator Operations
Marmel Calatrava	Warehouse Operator Operations
Martika Johnson	Warehouse Operator Operations
Martin Gray	Driver I
Martin Holguin	Warehouse Operator Operations
Martin Montenegro	Warehouse Operator Operations
Marvin Caballero Sanchez	Warehouse Operator Operations
Maybell Simp	Trainer Branch
Mellissa Healey	Office Coord
Michael Mcgillen	Driver Ld
Michelle Miranda	Warehouse Operator Operations
Miguel Angel Carela Matos	Warehouse Operator Operations
Mike Hatch	Line Haul Driver
Miranda Bahr (On Leave)	Warehouse Operator Operations
Moises Villalobos	Warehouse Operator Operations
Morena Canas	Warehouse Operator Operations
Nic Lucero	Warehouse Operator Operations
Nima Haidari	Warehouse Operator Operations
Olga Orjuela	Warehouse Operator Operations
Oliver Schmidt	Supv Warehouse
Oscar Hernandez Loaiza	Warehouse Operator Operations
Pedro Villalpando	Warehouse Operator Operations
Prey Du	Warehouse Operator Operations
Priscilla Mossman	Quality Control Inspector II
Randie Castellanos - Pellot	Driver II
Reagan Hogan	Warehouse Operator Operations
Reginal Singer	Warehouse Operator Operations
Renel Meza	Warehouse Operator Operations
ROBERT COBB	Driver II
Roger Life	Warehouse Operator Operations
Ross Evans	Warehouse Operator Operations
Russ Moosman	Driver II
Ryan Ashby	Dir Operations
Salvador Mejia	Warehouse Operator Operations
Sam Lira	Warehouse Operator Operations
Sarah Delgado Rodriguez	Warehouse Operator Operations
Sebastien Rouse	Warehouse Operator Operations
Sefu Mabanga	Warehouse Operator Operations
Sherry Polson	Driver II
Sifa Renzaho	Warehouse Operator Operations
Sone Aloi	Delivery Driver
Stanley Douthitt	Warehouse Operator Operations
Stephen Weisser	Warehouse Operator Operations
Susan Barna	Warehouse Operator Operations
Talaheu Buligon	Warehouse Operator Operations
Tamera Regan Wilson	Warehouse Operator Operations
Teresa Orozco	Warehouse Operator Operations
Terry Bakewell	Warehouse Operator Operations
Thomas Gaynor	Warehouse Operator Operations
Tiana Vogan	HR Coord
Tim Garcia	Warehouse Operator Operations
Tyler Call	Line Haul Driver
Tyler Fields	Warehouse Operator Operations
Victor Galaz	Warehouse Operator Operations
Victoriano Navarro	Mgr Warehouse
Vilisoni Sotele	Inventory Coord Sr
Vincent Samaro	Trainer Branch
Walker Hunter	Sr Supv Warehouse
WENDY HATCH	Warehouse Operator Operations
William Christensen	Warehouse Operator Operations
William Gallegos	Inventory Coord Sr
Willow Daniels	Warehouse Operator Operations
Yasmin Garcia	Warehouse Operator Operations
Yohanna Gowon	Warehouse Operator Operations
Zachary Jones	Line Haul Driver
Zane Corona-Miller	Warehouse Ld Operations
Zane Waters	Supv Warehouse

Copy of SEC 10K

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2025

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-43022

Medline Inc.

(Exact name of registrant as specified in its charter)

Delaware	**33-1845288**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
3 Lakes Drive **Northfield, Illinois**	**60093**
(Address of principal executive offices)	(Zip Code)

(847) 949 5500
Registrant's telephone number, including area code

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A common stock, par value $0.0001 per share	MDLN	Nasdaq Global Select Market

Securities registered pursuant to section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements.

☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b).

☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the Class A common stock held by non-affiliates of the registrant, based on the closing price of a share of Class A common stock on December 17, 2025, as reported by The Nasdaq Global Select Market on such date was approximately $13.0 billion. The registrant has elected to use December 17, 2025, which was the initial trading date of the registrant's Class A common stock on The Nasdaq Global Select Market, as the calculation date because on June 30, 2025 (the last business day of the registrant's most recently completed second fiscal quarter) the registrant was a privately held company. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose.

As of February 23, 2026, there were 811,647,534 shares of the registrant's Class A common stock and 502,045,878 shares of the registrant's Class B common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement related to its 2026 Annual Meeting of Stockholders to be filed with the U.S. Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2025 are incorporated by reference into Part III of this Annual Report on Form 10-K.

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Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K (this "Annual Report") contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Forward-looking statements include all statements that are not historical facts. Words such as "anticipate," "assume," "believe" "contemplate," "continue," "could," "estimate," "expect," "foreseeable," "intend," "may," "plan," "potentially," "predict," "project," "seek," "should," "will," or "would," or similar words or phrases that convey uncertainty of future events or outcomes, are intended to identify forward-looking statements in this Annual Report. These forward-looking statements relate to matters such as our industry, business strategy, costs, and costs savings, impacts of accounting standards and guidance, goals and expectations, market position, future operations, margins, profitability, capital expenditures, liquidity and capital resources, legal matters, trends, and other financial and operating information. The forward-looking statements are based on management's current expectations and are subject to various risks, uncertainty, and changes in circumstances, many of which are beyond our control, that could cause actual results to differ materially. Although we believe that the assumptions underlying the forward-looking statements are reasonable, we cannot guarantee future results, level of activity, performance, or achievements. Factors that may cause actual results to differ from expected results include those described in Part I, "Item 1A—Risk Factors" and Part II, "Item 7—Management's Discussion and Analysis of Financial Condition and Results of Operations". The forward-looking statements included in this Annual Report speak only as of the date of this Annual Report or as of the date they are made, as applicable. Except as otherwise required by law, we disclaim any intent or obligation to update any "forward-looking statement" made in this Annual Report to reflect changed assumptions, the occurrence of unanticipated events, or changes to future operating results over time.

INTRODUCTORY NOTE

Medline Inc. was incorporated as a Delaware corporation on November 6, 2024. Prior to the completion of its initial public offering (the "IPO") on December 18, 2025, Medline Inc. undertook certain reorganization transactions (the "Reorganization") such that Medline Inc. is now a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP ("Medline Holdings"). Following the IPO, Medline Holdings is the predecessor of Medline Inc. for financial reporting purposes. As the general partner of Medline Holdings, Medline Inc. now operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts its business. The Reorganization lacks economic substance and therefore is accounted for in a manner consistent with a reorganization of entities under common control. As a result, the consolidated financial statements of Medline Inc. recognize the assets and liabilities received in the Reorganization at their historical carrying amounts, as reflected in the historical financial statements of Medline Holdings. Medline Inc. will consolidate Medline Holdings on its consolidated financial statements and record a non-controlling interest related to the Units (as defined herein) held by the Continuing Unitholders (as defined herein) on its consolidated balance sheets and statements of comprehensive income.

Medline Inc. had no significant business transactions or activities prior to the Reorganization, and, as a result, the historical financial information reflects that of Medline Holdings.

Basis of Presentation

The consolidated financial statements and accompanying notes included herein are prepared in accordance with United States generally accepted accounting principles ("GAAP"). The results of businesses acquired or disposed of are included in the consolidated financial statements from the date of the acquisition or up to the date of disposal, respectively. All adjustments, in the opinion of management, necessary to a fair statement of the results for the annual periods presented have been made.

Certain monetary amounts, percentages, and other figures included in this Annual Report have been subject to rounding adjustments. Percentage amounts included in this Annual Report have been calculated, in some cases, not on the basis of such rounded figures, but on the basis of such amounts prior to rounding. For this reason, percentage amounts in this Annual Report may vary from those obtained by performing the same calculations using the figures, on the face of our consolidated financial statements included elsewhere in this Annual Report. Certain other amounts that appear in this Annual Report may not sum due to rounding.

In December 2024, we changed the name of Medline Holdings from Mozart Holdings, LP to Medline Holdings, LP. We will not distinguish between the prior and current name of Medline Holdings and will refer to the current name of Medline Holdings throughout this Annual Report. References in this Annual Report to "Medline," the "Company," "we," "us," and "our" refer (1) prior to the consummation of the IPO, to Medline Holdings, LP and its consolidated subsidiaries and (2) after the IPO to Medline Inc. and its consolidated subsidiaries.

CERTAIN DEFINITIONS

As used in this Annual Report, unless otherwise noted or the context requires otherwise, the following terms have the following meanings:

- "Class A Units" refers to the interests in Medline Holdings called "Class A Units" that were outstanding prior to the Reclassification. In connection with the Reclassification, (i) Class A Units held by Common Unitholders were converted into Common Units and (ii) Class A Units held by Exchanging Class A Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Class B Units" refers to the interests in Medline Holdings called "Class B Units" that were outstanding prior to the Reclassification, and does not include CUPI Units. In connection with the Reclassification, (i) Class B Units held by Incentive Unitholders were converted into Incentive Units and (ii) Class B Units held by Exchanging Class B Unitholders were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units).

- "Common Units" refers to the new class of units of Medline Holdings created by the Reclassification and does not include Incentive Units.
- "Common Unitholders" refers to certain pre-IPO holders of Class A Units and/or CUPI Units who hold Common Units following the Reclassification.
- "Incentive Unitholders" refers to certain pre-IPO holders of Class B Units who will hold Incentive Units following the Reclassification, as described under "Organizational Structure."
- "Continuing Unitholders" refers collectively to Common Unitholders and Incentive Unitholders.
- "CUPI Units" refers to the interests in Medline Holdings that were designated as "Catch-Up Class B Units" and outstanding prior to the Reclassification. In connection with the Reclassification, (i) CUPI Units held by Common Unitholders were converted into Common Units and (ii) CUPI Units held by Exchanging CUPI Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Designating Stockholder" refers to each of our Principal Stockholders with whom we entered into separate director nomination agreements.
- "Exchanging Class A Unitholder" refers to pre-IPO holders of Class A Units whose Class A Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Class B Unitholder" refers to pre-IPO holders of Class B Units whose Class B Units were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units) following the Reclassification.
- "Exchanging CUPI Unitholder" refers to pre-IPO holders of CUPI Units whose CUPI Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Unitholders" refers collectively to Exchanging Class A Unitholders, Exchanging CUPI Unitholders, and Exchanging Class B Unitholders.
- "Incentive Units" refers to the new class of units of Medline Holdings created by the reclassification of the Class B Units in the Reclassification. The Incentive Units are "profit interests" having economic characteristics similar to stock appreciation rights and having the right to share in any equity value of Medline Holdings above specified participation thresholds. Vested Incentive Units may be converted to Common Units and be subsequently exchanged for shares of Class A common stock.
- "Principal Stockholders" refers collectively to investment funds associated with Blackstone Inc., The Carlyle Group Inc. and Hellman & Friedman LLC, and members of the Mills family.
- "Reclassification" refers to the reclassification of the partnership interests of Medline Holdings prior to the IPO.
- "Sponsors" refers collectively to Blackstone Inc., The Carlyle Group Inc., and Hellman & Friedman LLC.
- "Units" refers collectively to Common Units and Incentive Units.

Summary of Risk Factors

The following is a summary of the principal factors that make an investment in our securities speculative or risky, all of which are more fully described below. This summary should be read together with the risk factors described under Part I, "Item 1A—Risk Factors" and should not be relied upon as an exhaustive summary of the material risks facing our business. In addition to the following summary, you should consider the information set forth below and the other information contained in this Annual Report before investing in our securities.

- Our global operations are subject to inherent risks that could materially adversely affect our business, results of operations, and financial condition.
- We may be unable to derive fully the anticipated benefits from our existing or future acquisitions, joint ventures, investments, dispositions, or other strategic transactions.
- Consolidation in the healthcare industry could have an adverse effect on our business, results of operations, and financial condition.
- We operate in a highly competitive industry, with accelerating pricing pressure and changes in technology.
- Changes to the U.S. and global healthcare environments may not be favorable to us.
- Increases in shipping costs or service issues with our third-party shippers could harm our business.

- Significant challenges or delays in our sourcing of new products and technologies could have an adverse impact on our long-term success.
- We have concentration in and dependence on certain healthcare provider customers and GPOs.
- Our business and operations depend on the proper functioning of our critical facilities and distribution networks and could be negatively impacted by events outside our control.
- Quality problems and product liability claims have in the past led, and could in the future lead, to recalls or safety alerts, reputational harm, adverse verdicts, or costly settlements, and could have a material adverse effect on our business, results of operations, and financial condition.
- Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline.
- If we experience increased pressure to maintain or decrease the price of our goods and services and we are unable to reduce our expenses, there may be a material adverse effect on our business, results of operations, and financial condition.
- Any failure by or loss of a third-party manufacturer or supplier or other manufacturing or supply-related impacts could result in delays and increased costs, which may adversely affect our business.
- We rely on the proper function, security, and availability of our information technology systems and data, as well as those of third parties throughout our global supply chain, to operate our business.
- We are subject to extensive and complex laws and governmental regulations and any adverse regulatory action may materially adversely affect our business, results of operations, and financial condition both inside and outside the United States.
- We are subject to complex and rapidly evolving data privacy, security, and data protection laws and regulations and the costs to comply with such laws and regulations or any ineffective compliance efforts with such laws and regulations may adversely impact our business.
- Our use or our third-party service providers' or business partners' use of AI, automated decision-making and machine learning technologies and the evolving regulatory framework in this area may subject us to risks or heightened costs that could adversely affect business, results of operation and financial condition.
- Our failure to comply with laws and regulations relating to reimbursement of healthcare goods and services may subject us to penalties and adversely impact our reputation, business, results of operations, financial condition, and cash flows.
- Uncertain global and domestic macro-economic and political conditions could materially adversely affect our business, results of operations, and financial condition.
- Our substantial indebtedness could adversely affect our financial condition, our ability to operate our business or react to changes in the economy or our industry, prevent us from fulfilling our obligations under our debts, and divert our cash flow from operations for debt payments.
- The credit agreement that governs the Senior Secured Credit Facilities and the indentures that govern the Senior Notes will each impose significant operating and financial restrictions on our subsidiaries, which may prevent us from capitalizing on business opportunities.
- Medline Inc. is a holding company and its only material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, and it is accordingly dependent upon distributions from Medline Holdings to pay taxes, make payments under the tax receivable agreement, and pay any dividends.
- The Designating Stockholders hold a significant percentage of our stock, and their interests may conflict with ours or yours in the future.
- Our amended and restated certificate of incorporation does not limit the ability of our Sponsors, the Mills family, and certain other pre-IPO investors to compete with us, and they may have investments in businesses whose interests conflict with ours.

The market price of shares of our Class A common stock may be volatile or may decline regardless of our operating performance, which could cause the value of your investment to decline.

Market and Industry Data

Unless otherwise indicated, information contained in this Annual Report concerning our industry, competitive position, and the markets in which we operate is based on information from independent industry and research organizations, other third-party sources and management estimates. Although we believe that these third-party sources are reliable, we do not guarantee the accuracy or completeness of this information, and we have not independently verified this information. Management estimates are derived from information obtained from surveys, reports by market research firms, our customers, distributors, suppliers, trade and business organizations, and other contacts in the markets in which we operate and have not been verified by independent sources, and are based on assumptions made by us upon reviewing such data, and our experience in, and knowledge of, such industry and markets, which we believe to be reasonable. In addition, assumptions and estimates of our and our industry's future performance are subject to a high degree of uncertainty and risk due to a variety of factors, including those described in Part I, "Item 1A—Risk Factors" and "Cautionary Note Regarding Forward-Looking Statements." These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

Statements regarding our market position (including statements that we are the largest company in a particular market), unless otherwise noted, are based on our 2025 net sales in the relevant market relative to the publicly reported net sales of our competitors in such market, including with respect to our statement of being the largest provider of med-surg products and supply chain solutions serving all points of care, as that statement is based on our 2025 net sales relative to the publicly reported net sales of med-surg products by companies that are both med-surg manufacturers and distributors.

Trademarks

We own or have the right to use trademarks, trade names, and service marks used in connection with our business, including, but not limited to, Medline, Curad, Microtek, Hudson, and Proxima. All trademarks, trade names, and service marks referred to in this Annual Report are the property of their respective owners. We do not intend our use or display of other companies' trade names, trademarks, or service marks to imply a relationship with, or endorsement or sponsorship of us by, these other companies. Solely for convenience, our trademarks, trade names, and service marks referred to in this Annual Report may appear without the ®, ™ or SM symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks, trade names, and service marks.

PART I

Item 1. Business

General

Medline Inc. (together with its subsidiaries, "Medline", "the Company", "we", "ours" and "us") is the largest provider of medical-surgical ("med-surg") products and supply chain solutions serving all points of care, based on total net sales of med-surg products. Medline was founded in 1966 and today delivers mission-critical products used daily across the full range of care settings, from hospitals and surgery centers to physician offices and post-acute facilities. Our mission is to make healthcare run better by delivering improved clinical, financial, and operational outcomes.

We have two reportable segments, Medline Brand and Supply Chain Solutions, the combination of which addresses critical needs in the market through a comprehensive solution. They are both supported by our Prime Vendor model, differentiated distribution network, and robust commercial platform. Through our two segments, we offer approximately 335,000 med-surg products, including surgical and procedural kits, gloves and protective apparel, urological and incontinence care, wound care, and consumable lab and diagnostics products. We distribute these products through our expansive network of global distribution facilities and our owned fleet of MedTrans trucks.

Medline Brand

As of December 31, 2025, we offer our customers approximately 190,000 med-surg products through our Medline Brand segment and hold leading positions across many key product families for our Medline Brand products. Our Medline Brand products are organized into three product categories: Front Line Care, Surgical Solutions, and Laboratory and Diagnostics.

- *Front Line Care* offers mission-critical med-surg products for patient-facing needs, including wound care products, exam gloves, skin care and incontinence products, environment cleaning supplies, textiles, hand sanitizer, durable medical equipment, patient plastics, and decolonization and infection control products.
- *Surgical Solutions* offers operating room and perioperative environment product solutions, including surgical procedure trays, drapes and gowns, personal protective equipment, sterile wraps, surgical instruments, surgeon's gloves, procedure kits, and orthopedic implants.
- *Laboratory and Diagnostics* offers a full range of laboratory and diagnostic product solutions, including point of care testing, analyzers and instrumentation, lab and diagnostic consumables, diagnostic instruments, vital signs monitors, and anatomic pathology and phlebotomy products.

Our product development approach incorporates customer feedback and ongoing innovation. We are also committed to delivering products of the highest standard, which is reflected by our robust quality team embedded across our manufacturing and sourcing locations. The expertise of our research and development team and quality team helps ensure products bearing the Medline brand meet both our rigorous quality standards and our customers' expectations.

Supply Chain Solutions

As of December 31, 2025, we offer approximately 145,000 med-surg products from over 1,300 third-party suppliers, including nearly all leading national brands, through our Supply Chain Solutions segment. We also provide our customers with supply chain optimization services such as consulting engagements, outsourced warehouse and technology management, put-away-ready packaging, third-party logistics, inventory rationalization, and route planning. Our third-party suppliers are primarily responsible for costs related to import and inbound freight, whereas we are primarily responsible for costs related to outbound freight from our distribution centers. Our supply chain expertise allows us to provide additional service offerings to optimize our customers' supply chain and inventory workflows, helping these customers cost-effectively manage their supply chain while building strong relationships and enhancing retention.

Our Prime Vendor Model

A Prime Vendor relationship is a relationship for which there is a multi-year distribution agreement between Medline and a customer, whereby the customer agrees to use Medline for the vast majority of its med-surg product needs.

In our Prime Vendor relationships, we enter into long-term agreements, typically structured with five-year terms, to act as the primary consolidated logistics partner for these customers' med-surg product needs. These agreements have been and are expected to continue to be a key contributor to our growth. Our customers realize efficiencies by partnering with one supply chain partner to consolidate their med-surg purchase volume. Prior to the market adoption of the Prime Vendor model, customers sourced such products individually from a highly fragmented base of suppliers. The Prime Vendor model instead centralizes procurement and distribution, which in turn drives efficiency and higher service levels.

As Prime Vendor, we drive significant cost savings to our customers. Our scale allows us to deliver consistently lower prices and better service levels on Medline Brand products relative to third-party alternatives, while also lowering the distribution cost for delivery of the full range of med-surg products. This often motivates customers to purchase more Medline Brand products over time. The opportunity is even greater in certain non-acute settings, where we sell a more focused product portfolio. Our Prime Vendor model allows us to provide cost savings to Prime Vendor customers, which, over time, supports incremental purchasing of our Medline Brand products and greater scale across our operations. As our scale grows, we are able to realize further efficiencies by offering superior or similar quality to third-party products at a more cost-effective price. We believe that Medline Brand conversion is mutually beneficial for both our customers and us-the value we provide customers at the outset of a Prime Vendor agreement meaningfully increases over time, as they accrue savings by purchasing our lower cost Medline Brand products, while our profitability grows given the enhanced margin profile of Medline Brand products. This compelling value proposition and supply chain relationship with our customers supports our greater than 98% average Prime Vendor retention rate over the past five years.

A portion of Supply Chain Solutions products sold to existing Prime Vendor customers has like-for-like Medline Brand product equivalents, representing a potential gross profit uplift consistent with our historical margin differentials if such products were converted for Medline Brand products. While we historically have earned higher margins upon conversion from third-party national brand products to like-for-like Medline Brand products, because of the lower average prices for Medline Brand products, there is typically a negative impact on net sales upon the conversion of Supply Chain Solutions products to like-for-like Medline Brand products if volume is assumed to be constant. For additional information on potential risks relating to this conversion opportunity, please see Part I, "Item 1A—Risk Factors—Risks Related to Our Business, Industry and Operations—Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline."

Our Distribution Network

We have a differentiated distribution network of 70 global distribution centers, warehouses, cross-docks, and transship facilities, 45 of which are in the United States, strategically located to provide next-day delivery to 95% of our U.S. customer base. We utilize artificial intelligence ("AI") and robotics technology in over 26 million square feet of warehouse space in the United States to improve efficiency and capacity to optimize distribution logistics and maximize utilization. The products we distribute are packaged to meet each customer's individual needs and to be "put-away-ready," which streamlines the customer's unloading and shelving process. We also operate our own fleet of more than 2,100 MedTrans trucks that deliver our products across care settings within the United States. As of December 31, 2025, we had approximately 25% in incremental capacity across our platform to support our long-term growth.

Our Commercial Platform

Our deep connectivity to our customers is driven by the strength of our dedicated and tenured commercial team. We have a U.S. commercial team of approximately 4,000 people across all points of care, which includes account managers, product specialists, specialized clinical resources, customer service representatives, supply chain specialists, Prime Vendor analysts, and a robust leadership team dedicated to driving efficiencies for our customers through their teams. We have created an entrepreneurial environment that empowers our salesforce to work with our product managers to create innovative products that meet market demand. We have a team devoted to each channel in the United States and each region or country internationally, which allows our salesforce teams to develop market-specific knowledge.

Research and Development

We have a track record of successfully bringing new products to market, with more than 2,300 granted patents and more than 450 U.S. Food and Drug Administration ("FDA") 510(k) clearances. Over the last three years, we have successfully launched more than 250 new products.

Competition

Our value proposition is derived from our integrated business model, the breadth of our Medline Brand portfolio, our differentiated supply chain, and the overall quality and cost of our products. As a result of our integrated business model, our competitors include both other leading med-surg product manufacturers and distributors.

Similar to us, other leading med-surg product manufacturers produce a wide range of med-surg supplies. However, unlike us, many of these competitors are reliant upon third-party distributors to deliver their products to customers. By nature of being a distributor, Medline has direct access to and manages the end customer relationships. This enables us to offer a complete solution as a manufacturer and a distributor, offering our customers what we believe to be best-in-class supply chain logistics, and driving value through our brand.

Additionally, other distributors of med-surg products similarly connect the fragmented supplier and provider bases and aggregate inventory from suppliers to deliver products to customers, such as McKesson, Cardinal Health, Owens & Minor, and Henry Schein. These distribution companies compete with us for Prime Vendor agreements. However, we believe that many of these competitors do not benefit from the scale and scope of our vertical integration or commercial excellence, and thus are not able to provide the same magnitude of cost savings, value, and holistic solutions that we deliver for our customers.

Production and Raw Materials

We manufacture approximately one-third of our Medline Brand products, which are primarily Class I and II medical devices, through our 30 manufacturing facilities, of which 24 are in North America. We purchase many of the components and raw materials used in manufacturing our products from numerous suppliers. We focus our manufacturing capabilities on products where we can leverage technology and automation to drive higher quality and lower costs to better serve our customers. For the vast majority of the other two-thirds of our Medline Brand products, we work closely with our network of more than 600 global partners across approximately 40 countries, many of whom have decades-long exclusive relationships with us. The breadth of our global sourcing partnerships provides diversification and strengthens our resiliency, with no single sourcing partner accounting for more than 5% of total spend as of December 31, 2025.

We also have plans and measures in place to help ensure continuity of supply while maintaining high quality and reliability. Generally, we have been able to obtain adequate supplies of such raw materials and components. However, due to the FDA's manufacturing requirements and those of other regulatory authorities, we may not be able to quickly establish additional or replacement sources for certain components, materials or processes if we experience a sudden or unexpected reduction or interruption in supply or services and are unable to develop alternative sources.

Human Capital Resources

At Medline, our relentless focus on the customer drives our human capital strategy, which revolves around attracting, developing, and retaining employees to provide the best products and services for our customers. We have developed a strong foundation that drives our recruitment, retention and development efforts. We are committed to supporting the personal and professional development of our employees, as well as providing competitive benefits and a safe, inclusive workplace.

As of December 31, 2025, we employed over 45,000 employees worldwide, with over 26,000 located in the United States. Our largest non-U.S. employee populations are in Mexico, Dominican Republic, India, Canada, Slovakia, France, China, Japan, Germany, and Australia. None of our employees in the United States are unionized, though some of our employees in Mexico belong to unions. In Germany and the Netherlands, employees are represented through Works Councils; in France and Spain, employees are represented through both Works Councils and industry-wide collective bargaining agreements; and in Belgium and Italy, employees are also represented through industry-wide collective bargaining agreements. In Australia, certain employees are represented by an enterprise bargaining agreement; in Japan, employees are represented through a Work Council; and in Vietnam, employees are represented through a collective bargaining agreement. We believe that our positive employee relations and total employee experience drive the continual growth of our workforce.

Culture and Values

Our culture is grounded in a customer-focused, collaborative, and performance-driven approach, guided by core values emphasizing relentless customer focus, agility and flexibility, problem-solving, drive to succeed, purposeful candor, and the importance of relationships. Employees are encouraged to exercise judgment, work transparently with customers, and contribute meaningfully to our mission to make healthcare run better.

Talent Attraction and Development

We seek to attract employees whose skills, experience, and motivation align with our operational and technical needs. Through continual improvement of internal processes, an awareness of market and candidate driven trends, and in partnership with vendors and other outside organizations, our talent acquisition programs focus on efficient hiring processes, market awareness, and building a diverse pipeline of candidates. We support development through consistent performance management processes and early career opportunities to take on additional responsibilities to demonstrate their competencies and drive to succeed and on-the-job responsibility augmented by formal training and development to refine technical and leadership skills. New sales representatives participate in comprehensive training programs, and product managers have targeted development pathways through all stages of their careers, from mandatory onboarding offerings to advanced classes that provide the necessary skills with increasing levels of responsibility, to support progression over time.

Employee Engagement and Inclusion

We believe our employees' ability to communicate and cooperate effectively across functional and departmental teams positively impacts our performance. We engage in various listening strategies and foster engagement through survey feedback mechanisms, anonymous employee feedback platform, focus groups, increased attention to onboarding and offboarding feedback, pulse surveys on remote work needs, and other listening strategies. Insights from these efforts inform workplace improvements. We also support an inclusive environment through Employee Resource Groups and leadership training initiatives designed to reduce bias in talent decisions and strengthen representation across the company.

Health, Safety, and Well-Being

We are committed to maintaining a safe workplace and supporting the physical, emotional, and financial well-being of our employees. We provide competitive health and benefits programs, access to assistance resources where available, and opportunities for community involvement through charitable giving, including financial giving and in-kind giving such as product donations.

Intellectual Property

We rely upon patents, trademarks, copyrights, trade secrets and other intellectual property rights to maintain and improve our competitive position. We have a large portfolio of intellectual property, including more than 2,300 granted patents as well as trademark registrations protecting our notable brands, including Medline, Curad, Microtek, Hudson, and Proxima.

We consider the trademarks and know-how that we own to be material to our business. However, other than the Medline mark, we do not consider our business to be materially dependent upon any individual trademark registration or trade secret. In the aggregate, we consider our more than 2,300 granted patents to be material to our business. However, no single patent or group of related patents is material to our business as a whole or any segment of our business.

We believe that we have taken all necessary steps to protect our intellectual property rights, but no assurance can be given that we will be able to successfully enforce or protect our rights in the event that they are infringed upon or challenged by a third party. See Part I, "Item 1A —Risk Factors—Risks Related to Regulation and Legal Proceedings—Any failure to obtain, maintain, protect and enforce our intellectual property rights, or the failure of the strength or scope of our intellectual property rights, could harm our business, financial condition, and results of operations" and "—Risks Related to Regulation and Legal Proceedings—We may become subject to litigation brought by third parties claiming infringement, misappropriation, or other violation by us of their intellectual property rights."

Government Regulation

Our operations and products are subject to extensive regulation by numerous governmental regulatory authorities, including U.S. and other international regulatory authorities, and other government agencies inside and outside the United States. To varying degrees, each of these agencies requires us to comply with laws and regulations governing the development, design, materials, testing, safety, efficacy, quality, purity, manufacturing, methods, controls, testing, screening, recordkeeping, reporting, processing, storage, registration, authorization, licensing, permitting, labeling, advertising, marketing, distribution, offer for sale, sale, use, expiration, pricing, reimbursement, import, export, clinical trials, post-marketing surveillance of our products, the registration of our facilities, and the claims that we make about our products. The United States and other countries where we sell healthcare and other regulated products, including drugs, human cell and tissue products, dietary supplements, cosmetics, certain foods, and consumer products subject such products to their own clearance, authorization, approval, registration, listing, labeling, manufacturing, recordkeeping, reporting, and other regulatory requirements regarding the performance, safety, and quality of such products. We are also subject to healthcare and other regulations and enforcement by the federal government and the states and foreign governments and authorities in the locations in which we conduct our business. The U.S. governmental and regulatory authorities that enforce such laws and rules, and that issue guidance on compliance with such laws and rules include, without limitation, the FDA, the Centers for Medicare & Medicaid Services ("CMS"), other divisions of the U.S. Department of Health and Human Services ("HHS"), the HHS Office of Inspector General, U.S. Environmental Protection Agency ("EPA"), the Federal Trade Commission ("the FTC"), Consumer Product Safety Commission ("CPSC"), the U.S. Department of Justice ("DOJ") and individual U.S. Attorney offices within the DOJ, as well as state and local governments. Our business is also affected by patient and data privacy and security laws, government payer cost containment initiatives, government reimbursement laws and regulations, environmental, health, and safety laws and regulations, as well as laws and regulations with respect to the sale, transportation, storage, handling, and disposal of hazardous or potentially hazardous substances, and safe working conditions. Our business also maintains contracts with governmental agencies and such contracts are subject to various government procurement laws and regulations, required contract provisions, and other requirements relating to contract formation, administration and performance. Failure to comply with applicable laws and regulations or with contractual or other requirements may result in monetary damages and criminal or civil penalties as well as termination of our government contracts or our suspension or debarment from government contract work.

The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, including through the offering of new products and services or entering into new geographic areas, we may be subject to new and additional regulatory requirements. The foreign, federal, state, and local regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products, suspend, revoke, or terminate our product and facility licenses, permits, and authorizations, request the cessation of distribution and shipments of certain products due to regulatory, safety, or other issues, seize or order the recall of our products, issue safety, quality, or other communications to the public or healthcare providers, enforce laws related to marketing, including promotion of off-label uses of products, and impose injunctions and significant criminal, civil, and administrative sanctions for violations of laws and regulations. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, may impact our business practices and operations, including by limiting our ability to effectively market, ship, and sell our products, affecting the production and distribution of products by our manufacturing facilities, subjecting us to significant liability, and limiting our ability to obtain future authorizations. Although we are subject to international government regulations in the international end markets where we operate and/or provide our products, these regulations do not have a material impact on our products as no international market represents more than 3% of our net sales.

Government Regulation of Medical Devices

Our medical devices are subject to regulation by numerous government agencies, including the FDA and comparable state and foreign agencies. Regulations of the FDA and other regulatory agencies in and outside the United States impose extensive compliance and monitoring obligations on portions of our business. The FDA and other U.S. and foreign governmental agencies regulate, among other things, with respect to medical devices: design, development, and manufacturing; testing, registration, listing, labeling, content, and language of instructions for use and storage; clinical trials; product safety; marketing, sales, and distribution; licensing and permit requirements; premarket clearance, approval and authorization; record keeping procedures; advertising and promotion; recalls and field safety corrective actions; post-market surveillance, including reporting of deaths or serious injuries and malfunctions that, if they were to recur, could lead to death or serious injury; post-market approval studies; and product import and export. The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, we may be subject to new and additional regulatory requirements. The FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers; seize or order the recall of products; terminate, suspend, or revoke licenses and permits; and impose significant criminal, civil, and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers. In addition, the FDA and other governmental and regulatory authorities, both in and outside the United States (including the FTC, the HHS Office of the Inspector General, the DOJ, and various state Attorneys General), monitor the promotion and advertising of our products. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, depending on its magnitude, may limit our ability to effectively market, ship, and sell our products, limit our ability to obtain future premarket authorizations, or result in a substantial modification to our business practices and operations.

FDA Premarket Clearance and Approval Requirements

Each medical device we wish to distribute commercially in the United States requires marketing authorization from the FDA prior to distribution, unless the device is exempt from premarket notification requirements. The type of marketing authorization necessary is generally linked to the classification of the device. The FDA classifies medical devices into one of three classes-Class I, II, or III-based on the degree of risk associated with a device and the level of regulatory control deemed necessary to ensure its safety and effectiveness. Class I devices that pose the least risk are subject only to General Controls applicable to all devices, such as requirements for device labeling, premarket notification, and adherence to current good manufacturing practices for devices as set forth in the Quality System Regulation ("QSR"). Class II devices that pose a moderate risk are subject to General Controls and may also be subject to Special Controls, such as performance standards, product-specific guidance documents, special labeling requirements, patient registries, or post-market surveillance. Class III devices are those for which insufficient information exists to assure safety and effectiveness solely through General and Special Controls, including devices that support or sustain human life, are of substantial importance in preventing impairment of human health, or which present a potential unreasonable risk of illness or injury.

Most Class I devices and some Class II devices are exempted by regulation from the 510(k) clearance requirement and can be marketed without prior authorization from the FDA. Class I and II devices that are not exempted are eligible for marketing through the 510(k) clearance pathway. By contrast, devices placed in Class III generally require premarket approval ("PMA") or de novo clearance prior to commercial marketing. The PMA approval process is more stringent, time-consuming and expensive than the 510(k) clearance process; however, the 510(k) clearance process has also become increasingly stringent and expensive. None of our products are currently approved under a PMA, and we have no plans for any indication or system improvement or extension that we believe would require a PMA. If, in the future, we were to file a PMA, we may be subject to additional regulatory requirements.

510(k) Clearance Process

To obtain 510(k) clearance, we must submit a premarket notification to the FDA demonstrating the proposed device to be substantially equivalent to a predicate device. A device is substantially equivalent if, with respect to the predicate device, it has the same intended use and it has either the same technological characteristics, or it has different technological characteristics, but the information provided in the 510(k) submission demonstrates that the device does not raise new questions of safety or effectiveness. The standard review process for 510(k)s is between six to nine months, dependent upon the type of 510(k) filing submitted. Although many 510(k) premarket notifications are cleared without clinical data, in some cases, the FDA may require clinical data to support substantial equivalence. In reviewing a premarket notification, the FDA may request additional information, including clinical data, which may significantly prolong the review process and clearance is never assured. Clinical trials generally require the submission of an investigational device exemption ("IDE") to the FDA for a specified number of patients and study sites, unless the product is deemed a non-significant risk device eligible for more abbreviated IDE requirements. Clinical trials are subject to numerous requirements and institutional review board approval, oversight, and monitoring. Even if a trial is conducted, the results of clinical testing may not adequately demonstrate the safety and effectiveness of the device or be sufficient to obtain FDA clearance or approval for marketing.

After a device receives 510(k) clearance, any subsequent modification of the device that could significantly affect its safety or effectiveness, or that would constitute a major change in its intended use, requires a new 510(k) clearance or could require submission and approval of a de novo 510(k) or a PMA application in cases where new indications are sought for which there is no predicate. Non-significant changes are handled via internal documentation by the Company. Each manufacturer must judge the significance of modifications based on FDA 510(k) regulatory requirements and guidance documents. The FDA may review any such decision and may disagree with a manufacturer's determination. If the FDA disagrees with a manufacturer's determination, the FDA may require the manufacturer to cease marketing and distribution and/or recall the modified device until 510(k) clearance or PMA approval is obtained. In the future, we may make modifications to our products after they have received FDA clearance and, in appropriate circumstances, determine that new clearance is unnecessary. However, the FDA may disagree with our determination, and, if the FDA requires us to seek 510(k) clearance or submit new PMA applications for any modifications to a previously cleared product, we may be required to cease marketing or distributing or recall the modified device until we obtain the required clearance or approval. We may also market or acquire products that are marketed without a 510(k) clearance, appropriate labeling, or that otherwise are marketed in violation of FDA requirements, since medical devices can be marketed only for the indications for which they are cleared or approved. Under these circumstances, we may also be subject to warning letters, significant regulatory fines, or other penalties, and we may no longer be able to market particular products for which a 510(k) clearance is required.

Post-Marketing Requirements

Numerous FDA regulatory requirements apply to devices we manufacture and distribute, including: compliance with the QSR, which require manufacturers and their suppliers to follow the applicable design, testing, processes, control, documentation, labeling, and other quality assurance procedures during the manufacturing process; establishment registration, which requires establishments involved in the production and distribution of medical devices intended for commercial distribution in the United States to register with the FDA; medical device listing, which requires manufacturers to list the devices they have in commercial distribution with the FDA; labeling regulations, which prohibit "misbranded" devices from entering the market, as well as prohibit the promotion of products for unapproved or off-label uses and impose other restrictions on labeling; post-market surveillance, including medical device reporting requirements which requires manufacturers to report to the FDA if their device may have caused or contributed to a death or serious injury, or malfunctioned in a way that would likely cause or contribute to a death or serious injury if it were to recur; and corrections and removal reporting regulations, which require that manufacturers report to the FDA field corrections and product recalls or removals if undertaken to reduce a risk to health posed by the device or to remedy a violation of the Federal Food, Drug, and Cosmetic Act that may present a risk to health. The FDA and other governmental and regulatory authorities actively enforce the laws and regulations prohibiting the promotion of off-label uses, and a company that is found to have improperly promoted off-label uses may be subject to significant liability.

The FDA enforces these requirements by inspection and market surveillance. Domestic facility records and manufacturing processes are subject to periodic unscheduled inspections by the FDA. The FDA may also inspect foreign facilities that export products to the United States. Failure to comply with applicable regulatory requirements may result in enforcement action or other actions by the FDA, which may include one or more of the following sanctions: adverse press releases and safety communications; requests to stop shipments; untitled letters or warning letters; fines, injunctions, and civil penalties; mandatory recall or seizure of our products; customer notifications and repairs or replacements; administrative detention or banning of our products; consent decrees; operating restrictions, partial suspension or total shutdown of production; refusing our request for 510(k) clearances for new product versions or modifications to existing product versions; revocation of 510(k) clearances previously granted; refusal to grant export approval for our products; and criminal prosecution and penalties. If any of these events were to occur, they could have a material adverse effect on our business, financial condition, and results of operations.

International Regulation of Medical Devices

Sales of medical devices outside the United States are subject to foreign government regulations, which vary substantially from country to country. In order to market our products in other countries, we must comply with applicable regulatory requirements and authorizations and approvals and safety and quality regulations in each country in which the product is marketed. The time required to obtain authorization, approval, or certification by a foreign country may be longer or shorter than that required for FDA clearance, and the requirements may differ significantly.

EU Regulation of Medical Devices

In the European Union ("EU") until May 25, 2021, medical devices were regulated by the Council Directive 93/42/EEC, which has been repealed and replaced by the Medical Device Regulation ("EU MDR"). Unlike directives, regulations are directly applicable in all EU member states without the need for member states to implement into national law. The EU extended the EU MDR transitional periods for certain medical devices until December 31, 2027 or December 31, 2028, depending on a device's risk class and subject to certain conditions to ensure continued access to medical devices for patients and to allow medical devices already placed on the market in accordance with the current legal framework to remain on the market, provided that the requirements of the transitional provisions are fulfilled.

In the EU, there is currently no premarket government review of medical devices. However, all medical devices placed on the EU market must meet general safety and performance requirements, and compliance with the general safety and performance requirements is a prerequisite for European conformity marking without which medical devices cannot be marketed or sold in the EU. EU MDR requirements regarding the distribution, marketing, and sale, including quality systems and post-market surveillance, have to be observed by manufacturers, importers, and distributors as of the application date (i.e., since May 26, 2021), including registration of economic operators and of devices (once the relevant modules of Eudamed are functional), surveillance, and vigilance requirements. The aforementioned EU rules are generally applicable in the European Economic Area which consists of the 27 EU member states plus Norway, Liechtenstein, and Iceland.

The NDA Approval Process

For any new drug products regulated under the Federal Food, Drug, and Cosmetic Act such as our ReadyPrep CHG cloth, a sponsor must submit a New Drug Application ("NDA"), to the FDA for review and approval. The NDA review and approval process may take multiple years and involves steps including the following:

- completion of preclinical studies and analytical and stability testing in accordance with applicable regulations;
- submission to the FDA of an Investigational New Drug ("IND") application, which must become effective before clinical trials may begin and must be updated annually and amended when certain changes are made;
- approval by an institutional review board, or IRB, or independent ethics committee, or IEC, at each clinical trial site before each trial may be initiated;
- performance of adequate and well-controlled clinical trials in accordance with applicable IND regulations, good clinical practice, or GCP, requirements, including informed consent, financial disclosure by investigators, and other clinical trial-related regulations, to establish the safety and efficacy of the investigational product for each proposed indication and other condition of use;
- preparation and submission to the FDA of an NDA;

- satisfactory completion of one or more FDA pre-approval inspections of the manufacturing facility or facilities where the drug will be produced to assess compliance;
- satisfactory completion of FDA inspection of select clinical trial sites involved in conducting pivotal studies that generated the data in support of the NDA;
- payment of user fees for FDA review of the NDA; and
- FDA review and approval of the NDA, including of the proposed prescribing information and, where applicable, consideration of the views of any FDA advisory committee, prior to any commercial marketing or sale of the drug in the United States.

Any approvals that we may ultimately receive could be withdrawn if required post-marketing trials or analyses do not meet the FDA requirements, which could materially harm the commercial prospects for our products.

Even if a product candidate receives regulatory approval, the approval may be limited to specific disease states, patient populations and dosages, or might contain significant limitations on use in the form of warnings, precautions or contraindications, or in the form of onerous risk management plans, restrictions on distribution, or post-marketing study requirements. Further, even after regulatory approval is obtained, later discovery of previously unknown problems with a product may result in restrictions on the product or even complete withdrawal of the product from the market. Delay in obtaining, or failure to obtain, regulatory approval for our candidate products, or obtaining approval but for significantly limited use, would harm our business. In addition, we cannot predict what adverse governmental regulations may arise from future U.S. or foreign governmental action.

Trade Regulations

The movement of products, services, and investment across borders subjects us to extensive trade regulations. A variety of laws and regulations in the countries in which we transact business apply to the sale, shipment, and provision of goods, services, and technology across borders. These laws and regulations govern, among other things, our import, export, and other business activities. We are also subject to the risk that these laws and regulations could change in a way that would expose us to additional costs, penalties, or liabilities. Some governments also impose economic sanctions against certain countries, governments, persons, and entities, both for unlawful or malign conduct and to discourage or prevent entities from abiding by other countries' laws. In addition to our need to comply with such regulations in connection with our direct activities, we also sell and provide goods, technology, and services to agents, representatives, and distributors who may export such items to customers and end-users. If we, or the third parties through which we do business, are not in compliance with applicable import, export control, or economic sanctions laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability. Such actions may disrupt or delay sales of our products or services or result in restrictions on our distribution and sales of products or services that may materially impact our business.

Anti-Boycott Laws

Under U.S. laws and regulations, U.S. companies and their subsidiaries and affiliates are prohibited from participating or agreeing to participate in unsanctioned foreign boycotts in connection with certain business activities, including the sale, purchase, transfer, shipping, or financing of goods or services within the United States or between the United States and countries outside of the United States. If we, or certain third parties through which we sell or provide goods or services, violate U.S. anti-boycott laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability.

4EE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03085	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 3446 Highway 51 N

City: Southaven State: MS Zip: 38672

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 662-449-8381 Website: medline.com

Name of Designated Representative (DR): Christopher Hollobaugh

Licensing Company Email: ralicensing@medline.com DR Email: chollobaugh@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attached Corporate Discipline History

Original Signature (electronic, copies or stamps not accepted)

4/15/26
Date

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091 PHONE
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grunston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
3605 Missouri Boulevard
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573-751-0091
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ REQUESTS

_____ DOES NOT REQUEST

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____
Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____
Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____
Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____
Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Florida Department of Health

Reason/Charge
Medline's Florida Certified Designated Representative unexpectedly resigned.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

_____ February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

_____ February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2008006		Louisiana Board of Wholesale Drug Distributors		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
LA Board of WDD/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingerman

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman; William Crates, Vice-Chairman; Randall Brooks, Secretary/Treasurer; John Liggio, Executive Director/Inspector
Hershal Paul, Board Member; Andy Milligan, Board Member; Wayne Gremillion, Board Member; Eric Vidrine, Board Member; Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C Baton Rouge, LA 70816
(225) 295-8567 fax (225) 295-8568 Lsbwdd@bellsouth.net www.Lsbwdd.org

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
1144
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

6. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

9. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

11. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 0 8 2008.

Bobbi'wy Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of July, 2007, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C&I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08 PHM 037	Wisconsin Department of Regulation and Licensing

Reason/Charge
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WI DSPS/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 19 A 9:4

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2009-7-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Lacy V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2009

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	: :	
MEDLINE INDUSTRIES INC. RESPONDENT.	: :	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

---

POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Asa N. Simms, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of January, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
27278	NY State Education Department- Board of Pharmacy

Reason/Charge
Discipline incurred in another jurisdiction

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NY Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: A. Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

----------X

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

1-5-21

Willis Ingalls, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer M. Rudell, RPh

1-6-2021

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

1-6-2021

Henry Appel, Ohio Assistant Attorney General

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	FL DBPR- Div. of Drugs, Devices, and Cosmetics

Reason/Charge
Customer Licenses, Record Keeping

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DBPR / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____

Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
09 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — Oct - 27 - 2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 DEC 15 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent MEDLINE INDUSTRIES, L.P. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., and C.7. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____

IVY Y. E. KIM
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE Chair	December 21, 2023 DATE
PATRICK ADAMS Vice Chair	MARK BROWN
CATALINA CROSS	Kent Kikuchi KENT KIKUCHI
BRANDON RABANG	SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer, Inc.
Address: 66 Hudson Blvd E City: New York State: NY Zip: 10001

Name: ICU Medical Inc.
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare Inc.
Address: One Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Avenue City: Bethlehem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Medline Inc.
Corporation Name: See Attached Ownership Information
Mailing Address: 3 Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: (847) 949-5500 Email: ralicensing@medline.com
Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025 | SEC Registration Number: 0002046386 | Stock Exchange Symbol: MDLN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP
Facility Name

Daniel Stevens
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/15/26
Date

Board Use Only	Date Received: 4/21/26	Amount: $1000.00 PAID

Power of Attorney

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

POWER OF ATTORNEY

EXCELSIOR MEDICAL, LLC, an Illinois limited liability company, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Excelsior Medical, LLC

By: Medline Industries, LP
Its: Manager
By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Medline Industries, LP, as Manager of Excelsior Medical, LLC.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

POWER OF ATTORNEY

Centurion Medical Products, LP, an Delaware limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Centurion Medical Products, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Centurion Medical Products, LP.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries, LP

located at

3446 Highway 51 N, Southaven, MS 38672

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

06/28/2024 - 06/27/2027
Period of Accreditation

Ownership Information

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

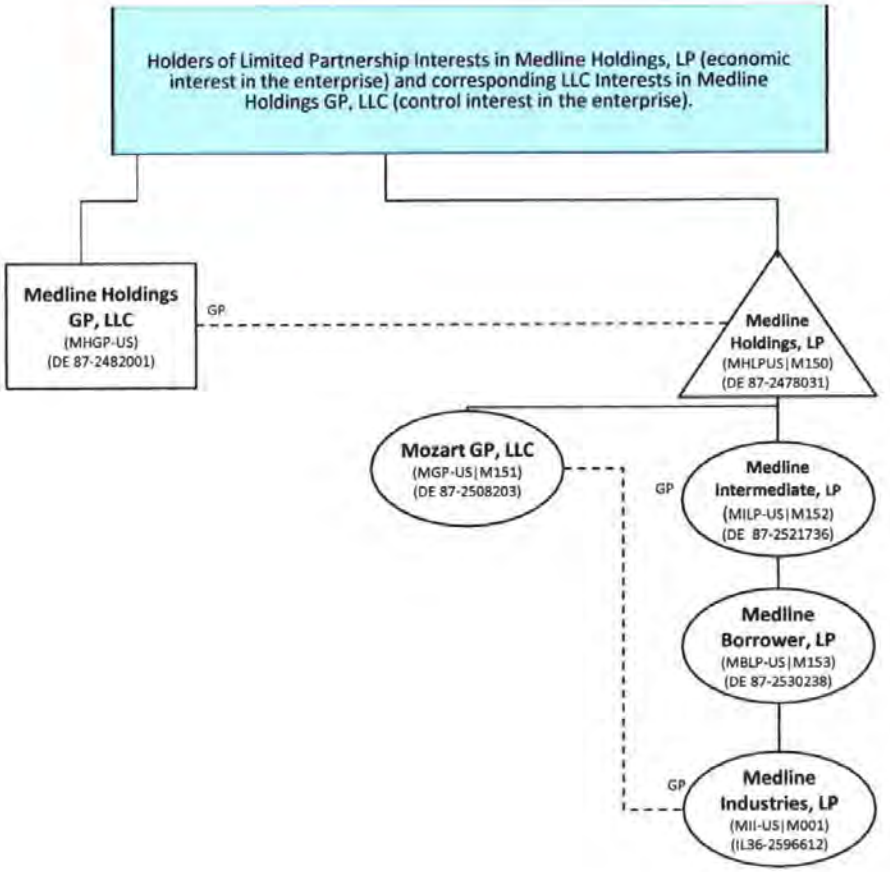
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

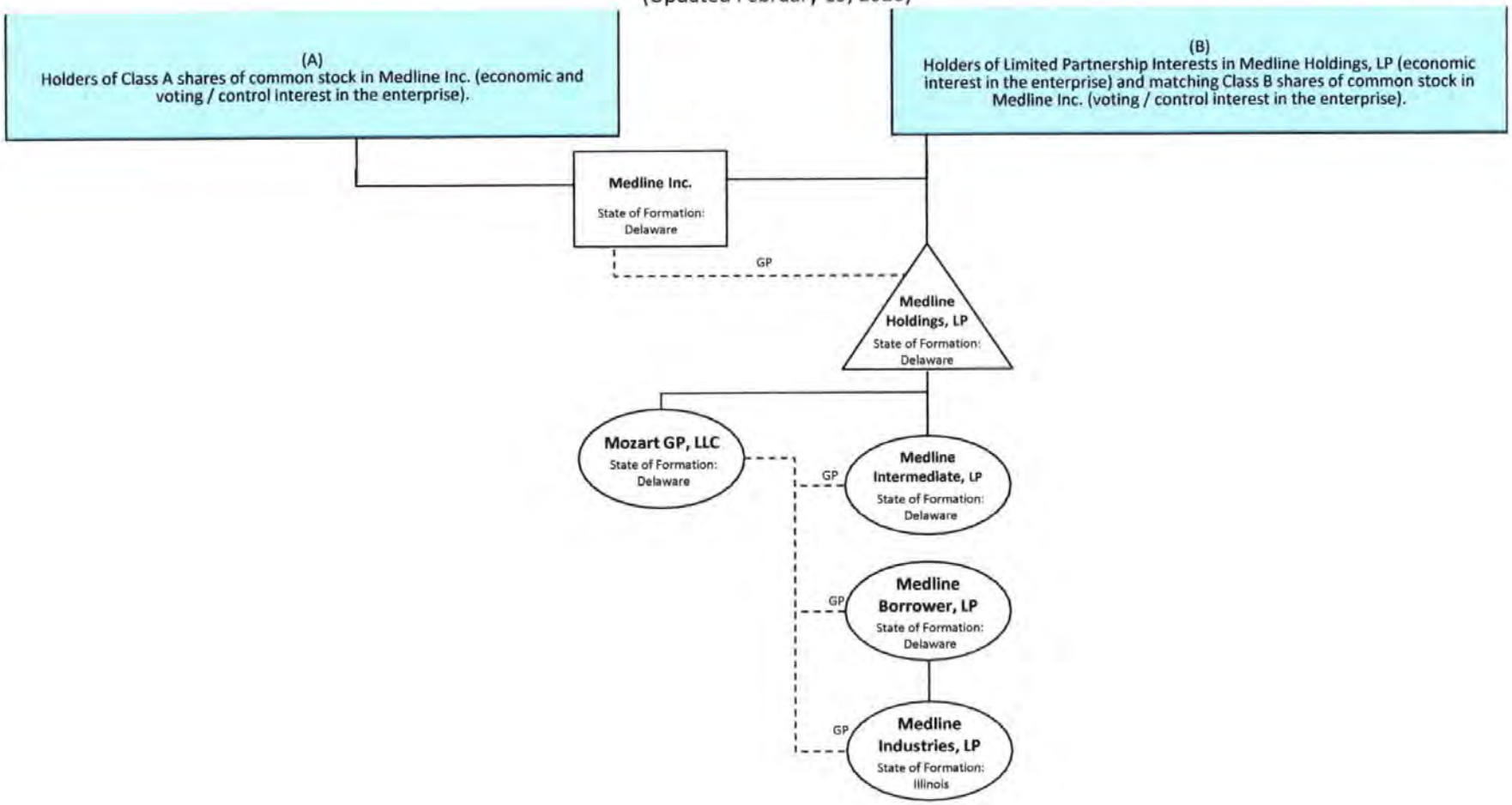


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

List of Officers, Directors, and Partners

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Centurion Medical Products, LP

FEIN: 38-1659420
A Delaware Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Industries, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	36-2596612
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC

FEIN: 32-0473772
An Illinois Limited Liability Company

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Member and Manager of LLC:

Medline Industries, LP
FEIN: 36-2596612

Officers:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC is a member managed LLC with the sole member and manager being Medline Industries, LP. Medline Industries, LP is a limited partnership and does not appoint corporate officers. Medline reports the officers for its general partner, Mozart GP, LLC, which retains 100% control of Medline Industries, LP.

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

Certificates of Good Standing

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 2610502528 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURION MEDICAL PRODUCTS, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTURION MEDICAL PRODUCTS, LP" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6213666 8300

SR# 20261791715

Authentication: 203646965

Date: 04-15-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

File Number 0543231-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

EXCELSIOR MEDICAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502534 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5143163 8300

SR# 20261572157

Authentication: 203550646

Date: 04-03-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

MISSISSIPPI

Board of Pharmacy

Permit #
18292 / 16.5

Drug Facility

Wholesale Distributor (In-State)

Medline Industries, LP

Permit Holder:
Christopher Hollobaugh

3446 Highway 51N
Southaven, MS 38672
DeSoto

This permit is not transferable or assignable.

Issued: 03/04/2021
Renewed: 09/24/2025
Expires: 12/31/2026

Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

Certificates of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC. 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** N/A — N/A **INSURER C :** See Acord 101 for Carrier Participation **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-26 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	2,000,000 2,000,000 10,000 2,000,000 4,000,000 SEE BELOW
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	2,000,000
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $	
A A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [Y] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2025 07/01/2025	07/01/2026 07/01/2026	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

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The ACORD name and logo are registered marks of ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$	10,000
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$	2,000,000
	OTHER:						GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y	N/A		PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr. Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S . Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St. Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd. Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **105625536**

Current Billing Term From **July 20, 2025** to **July 20, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **July 20, 2011**, in the amount of **One Hundred Thousand** (**$100,000.00**) on behalf of **MEDLINE INDUSTRIES, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **June 25, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 105625536 **Principal: MEDLINE INDUSTRIES, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25 day of June, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 25th day of June, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Oscar F. Rincon

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #105625536

Current Information as of 04/14/2026

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 5: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 6: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 7: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 8: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 9: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 10: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 11: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 12: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 13: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Location 14: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 15: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 16: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 17: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 18: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 19: (C71)
Medline Industries, LP
264 S 5750 W
Salt Lake City, UT 84104

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

Location 23: (ANG)
Medline Industries, LP
10 Glen Falls Techinical Park
Glen Falls, NY 12801

Location 24: : (EXC-TF)
Excelsior Medical, LLC
1470 Shafto Road
Tinton Falls, NJ 07712

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **108030426**

Current Billing Term From **September 03, 2025** to **September 03, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **September 03, 2024**, in the amount of **Twenty Five Thousand** (**$25,000.00**) on behalf of **CENTURION MEDICAL PRODUCTS, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **July 23, 2025**

Travelers Casualty and Surety Company of America

By: _____
Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108030426 **Principal: CENTURION MEDICAL PRODUCTS, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

SEAL SEAL SEAL SEAL

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

NOTARY PUBLIC

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 23 day of July, 2025.

SEAL SEAL SEAL SEAL

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 23rd day of July, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #108030426

Current Information as of 04/14/2026

Location 1: (B01)
Centurion Medical Products, LP
301 Catrell Drive
Howell, MI 48843

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP — MDEG License # (if applicable): WH0305

Physical Address: 3446 Highway 51N

City: Southaven — State: MS — Zip: 38672

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield — State: IL — Zip: 60093

Telephone: 662-449-8381 — Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Christopher — Middle: Paul — Last: Hollobaugh

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Olive Branch — State: MS — Zip: [redacted]

Telephone: [redacted] — Email: chollobaugh@medline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Martin Luther King High School		2005 - 2009	
Address	**City**	**State**	**Zip**
9301 Wood Road	Riverside	CA	92508
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2021 - Present	[redacted]	Olive Branch	MS	[redacted]
03/2020 - 11/2021		Memphis	TN	
06/1994 - 03/2020		Riverside	CA	
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			07/2020 - Present	
Business Address		**City**	**State**	**Zip**
3446 Highway 51 N		Southaven	MS	38672
Phone	**Title**		**Number of Employed Hours**	
662-449-8381	Warehouse Manager		10,240+	
Description of Duties				
Oversee the facility to ensure proper receiving, distribution, storage, shipping and dispensing of prescription drugs and medical devices. Manage multiple team members to ensure proper record keeping, inventory, storage & product security.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

C S Blough

Original Signature (electronic, copies or stamps not accepted)

4/8/2026

Date

I, Christopher Hollobaugh, **certify that as the MDEG Administrator for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. CPH Have a high school diploma or its equivalent;
2. CPH Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. CPH Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. CPH Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher Hollobaugh
Print Name (First, Last)

CPH
Original Signature (electronic, copies or stamps not accepted)

4/8/2026
Date

Board Use Only	Date Received: 4/21/26

List of Employees
Medline Industries, LP
C42 - Southaven, MS

Worker	Business Title
Aaron Brechin	Warehouse Operator Operations
Abel Villalobos	Warehouse Operator Operations
ADONIS ANDERSON	Warehouse Operator Operations
Adrainne Harris	Warehouse Operator Operations
Adrian Hill	Mgr Warehouse
Alaine Conard	Warehouse Clerk Operations
Alec Alsobrook	Warehouse Operator Operations
Alicia Cathey	Warehouse Operator Operations
Alicia Morris	Warehouse Operator Operations
Alvertis King	Warehouse Operator Operations
Alvoria Bourgeois	Warehouse Operator Operations
Andrea Austin	Warehouse Operator Operations
Andrea Jenkins	Warehouse Operator Operations
ANDREA Shaw	Warehouse Operator Operations
Angel Alvarado [C]	CSG Janitorial Worker
Angela Williams	Warehouse Operator Operations
Angelo Powell	Warehouse Operator Operations
Anita Stewart	Warehouse Operator Operations
Annie Mcclinton	Warehouse Operator Operations
Anthony Brown [C]	CSG Janitorial
Anthony Christ	Warehouse Operator Operations
Anthony Collins	Warehouse Operator Operations
Anthony Wolfe	Warehouse Operator Operations
Antonio Hawthorne	Warehouse Operator Operations
Antonio mitchell	Warehouse Operator Operations
Antonio Tennial	Warehouse Operator Operations
April Depriest (On Leave)	Warehouse Operator Operations
Apryl Sanders	Warehouse Operator Operations
Araceli Rodriguez-Guerrero	Warehouse Ld Operations
Ariel Wiggins	Warehouse Operator Operations
Arthadius Dudley	Warehouse Operator Operations
Arthur Williamson	Warehouse Operator Operations
Ashley Todd	Warehouse Operator Operations
Ashton Davidson	Supv Warehouse
Ashton Miller	Warehouse Operator Operations
Audra Harris	Warehouse Operator Operations
Austin Marshall	Warehouse Operator Operations
Avert Hobson	Warehouse Operator Operations
Bachirou Boye	Warehouse Operator Operations
Baidy Gadio	Warehouse Operator Operations
Benjamin Fish	Maintenance Tech II
BERNITA JOHNSON	Warehouse Operator Operations
bineta deh	Warehouse Operator Operations
Bionca Smith [C]	CSG Janitorial
Bordrick Lewis	Warehouse Operator Operations
BRADLEY WOODWARD	Warehouse Operator Operations
Brandon Avant	Warehouse Operator Operations
Brandon Clark	Warehouse Operator Operations
Brandon Jackson	Warehouse Operator Operations

Worker	Business Title
Braylon Bradford	Warehouse Operator Operations
Brittany Newsom	HR Generalist
Brittney Strom	Warehouse Operator Operations
Broderick Brevard	Warehouse Operator Operations
Bruce Boles	Warehouse Operator Operations
Bryan Cash	Warehouse Operator Operations
Brynn Selery	Warehouse Operator Operations
Brysen Montgomery	Warehouse Ld Operations
Bryson Matthews	Warehouse Operator Operations
Caleicia Coleman (On Leave)	Warehouse Operator Operations
Calvin Hunter	Warehouse Operator Operations
Calvin Jones	Delivery Driver
Cameron Adams	Warehouse Operator Operations
Cameron Billingsley	Delivery Driver
Cameron Phillips	Warehouse Operator Operations
Camron Beal	Warehouse Operator Operations
Candyce Haywood (On Leave)	Warehouse Operator Operations
Carl Celestine	Dir Operations
Carla Boyd	Warehouse Operator Operations
Carla Brand (On Leave)	Warehouse Operator Operations
Carla Hatchet	Warehouse Operator Operations
Carlandes Morris Jr [C]	CSG Janitorial
Carlos Shaw (On Leave)	Warehouse Operator Operations
Carrie Whiteside	Warehouse Operator Operations
Cassandra Davis	Supv Warehouse
Cassandra Faggett	Warehouse Operator Operations
Cassandra Wallace	Warehouse Operator Operations
Cedric Lott	Warehouse Operator Operations
Cedric Martin	Warehouse Operator Operations
Cedrika Suggs	Warehouse Operator Operations
Charity Turner	Warehouse Operator Operations
Charlene Regans	Warehouse Operator Operations
Charles Colvin	Trainer Branch
Charlie Smith	Supv QC Branch
Charlie WatsonJr	Warehouse Operator Operations
Chazwon Pease	Warehouse Operator Operations
Chelsea Stafford	Warehouse Operator Operations
Chelsey Chapman	Warehouse Operator Operations
Cherrita Woods	Warehouse Operator Operations
Chicthia Morris	Warehouse Operator Operations
Chiquita Winters	Warehouse Operator Operations
Chris Hollobaugh	Mgr Warehouse
Chris Skinner	Warehouse Operator Operations
Chris Szekely	Warehouse Operator Operations
Chris Towns	Warehouse Operator Operations
Christian Cooper	Warehouse Operator Operations
Christopher Belton	Warehouse Operator Operations
Christopher Johnson	Warehouse Operator Operations
Christopher Jones	Warehouse Operator Operations

Christopher Owens	Warehouse Operator Operations	Dominique Harris	Warehouse Operator Operations
Christopher Parker	Warehouse Operator Operations	Dominique Pinard Cameron	Warehouse Operator Operations
Christopher Saulsberry	Warehouse Operator Operations	Domonique Booker	Warehouse Operator Operations
Christopher Sprawling	Warehouse Ld Operations	Donavan Hill	Warehouse Operator Operations
Christopher Stevenson	Warehouse Ld Operations	Dondrell Bound	Driver II
Christopher Webb	Driver I	Donell Williams	Driver II
Christy Hammer	Warehouse Operator Operations	Dorothy Walls	Warehouse Operator Operations
CHRISTY LOVE	Warehouse Operator Operations	Dwayne Franklin	Warehouse Operator Operations
Claude Brooks	Warehouse Operator Operations	Dylan Bennett	Warehouse Operator Operations
CODY CURBO	Maintenance Tech II	Ed Crawford	Warehouse Operator Operations
Cody Mayo	Mgr Warehouse	Edward Minor	Warehouse Operator Operations
Contrell Smith	Trainer Branch	Edward Pegues	Warehouse Operator Operations
Cordarius Kirkwood	Warehouse Operator Operations	Edwin Bowen	Warehouse Operator Operations
Corey Gates	Trainer Branch	Elgin Scott	Warehouse Operator Operations
Cory Chairs	Warehouse Operator Operations	Eric adams	Warehouse Operator Operations
Courtney Campbell	Warehouse Operator Operations	Eric Boyd	Trainer Branch
Courtney Ramsey	Warehouse Operator Operations	Eric Coleman	Warehouse Operator Operations
Crystal Saulsberry	Warehouse Operator Operations	Eric Forest	Warehouse Operator Operations
Cynthia Hall (On Leave)	Trainer Branch	Eric Oliver	Warehouse Operator Operations
Dabos PORTER	Warehouse Operator Operations	Eric Robertson	Warehouse Operator Operations
Daniel Smith	Warehouse Operator Operations	Ericka Shorty	Warehouse Operator Operations
Daniela Barcenas	Warehouse Operator Operations	Ernie Baca	Mgr Warehouse
Daphne Foxx-Davis	Warehouse Operator Operations	Evan Melvin	Trainer Branch
Darrell Harrison	Driver Ld	Ezekiel Sutton	Warehouse Operator Operations
Darrell Trice	Warehouse Operator Operations	Famesha Glover	Supv Training Branch
Daryl Ayers	Warehouse Operator Operations	Favian Fragoza	Warehouse Operator Operations
Daryl Hill	Warehouse Operator Operations	Felicia Blake	Trainer Branch
Davian Lee	Warehouse Operator Operations	Felicia Brown	Warehouse Operator Operations
David Johnson	Warehouse Operator Operations	Felicia MooreMcdaniel	Warehouse Operator Operations
David Parra	Inventory Coord Operations	francheska smith	Warehouse Operator Operations
David Perry	Warehouse Operator Operations	Franklin Rosemon	Warehouse Operator Operations
David Young	Warehouse Operator Operations	Franshawn Frank	Warehouse Operator Operations
Davion Featherson	Warehouse Operator Operations	Gary Mitchell	Warehouse Operator Operations
Dayana Coronado [C]	CSG Janitorial Worker	Gerald Britt	Driver II
DeAndre Farley	Warehouse Operator Operations	Gerald Greer	Warehouse Operator Operations
Deavion Pipkin	Warehouse Operator Operations	Gerrick Mckinney	Warehouse Operator Operations
Debra Chenaille	Supv Warehouse	Gregory Liggins	Warehouse Operator Operations
Dedrick Boddie (On Leave)	Warehouse Operator Operations	Gregory Perry	Warehouse Operator Operations
Dedrick Hill	Warehouse Operator Operations	Gregory Ramsey	Warehouse Operator Operations
Demetria Burns	Inventory Coord Sr	Guadalupe Cornelio Reynosa	Warehouse Operator Operations
Demetrick Campbell (On Leave)	Warehouse Operator Operations	Harold Miller [C]	CSG Janitor
Dennis Miller	Driver II	Henry Houston	Warehouse Operator Operations
Derrick Liner	Warehouse Ld Operations	Hunter Story	Warehouse Operator Operations
Des Ball	Warehouse Operator Operations	Irma Collins	Warehouse Operator Operations
Deshun Hamilton	Warehouse Operator Operations	Ishmel Metcalf	Warehouse Operator Operations
Destini Jeffries	Warehouse Operator Operations	Isiah Bryant	Warehouse Operator Operations
Devon Herron	Warehouse Operator Operations	Jacob Navarro	Maintenance Tech I
Deysi Pena	Warehouse Operator Operations	Jada Porter	Warehouse Operator Operations
Dezmond Becton	Warehouse Operator Operations	Jada Taylor	Warehouse Operator Operations
Diann Turner	Warehouse Operator Operations	Jaheim Holly	Warehouse Operator Operations
DIMETRIUS FLOWERS	Warehouse Operator Operations	jakayla lee	Warehouse Operator Operations
Dimitrius provatopoulos	Inventory Coord Operations	Jakyrius Anderson	Warehouse Operator Operations
DNasia Meeks	Warehouse Operator Operations	Jamarcus Gholston	Warehouse Operator Operations
Dominic Wells	Warehouse Operator Operations	Jamarian Walton	Warehouse Ld Operations

Jamarious Holt	Warehouse Operator Operations
Jamarquis Donald	Driver II
Jameka Jones	Warehouse Operator Operations
James Boley	Warehouse Operator Operations
James Hubbard	Mgr Business Operations
James Saulsberry	Warehouse Ld Operations
James Shelton	Warehouse Ld Operations
James Ward	Warehouse Operator Operations
Jamie Patterson	Warehouse Operator Operations
Jamiemarie Reyes	HR Generalist
Jamilah Abrams	Warehouse Operator Operations
Jamiron Ivy	Warehouse Operator Operations
JAnekria White	Warehouse Operator Operations
Janihya Tate	Warehouse Operator Operations
Jannifer Walls	Warehouse Operator Operations
JARLISHA WILLIAMS	Warehouse Operator Operations
Jasmine Brown	Warehouse Operator Operations
Jasmine Porter [C]	CSG Janitorial
Jason Lucius	Warehouse Operator Operations
Jason Turnage	Delivery Driver
Javakiah (Trell) Spencer	Warehouse Operator Operations
Jaylan mcdonald	Warehouse Operator Operations
jaylan moore	Warehouse Operator Operations
Jaylen Banks	Warehouse Operator Operations
Jazmine Harris	Supv Warehouse
Jeff Lucius	Warehouse Operator Operations
Jeff Wills	Warehouse Operator Operations
Jeinaba Sy	Warehouse Operator Operations
Jerald Miller	Driver II
Jeremy Glover	Warehouse Ld Operations
Jeremy Malone	Warehouse Operator Operations
Jeremy Merriweather	Driver II
Jeremy Moore	Warehouse Operator Operations
Jeremy Smith	Inventory Coord Sr
Jermaine Butler	Warehouse Operator Operations
Jermanuel Johnson	Warehouse Operator Operations
Jeron Ramsey	Warehouse Operator Operations
Jerrica Richmond	Warehouse Operator Operations
Jerrious Moore	Warehouse Operator Operations
Jerry Hubrins	Warehouse Operator Operations
Jessica Branum	Warehouse Operator Operations
Jessica Campbell	Warehouse Ld Operations
Jessica Kuol	Warehouse Operator Operations
Jessica Truddle	Warehouse Operator Operations
Jimmal Carr	Warehouse Operator Operations
Jimmie harper	Supv Warehouse
Jimmie Newton	Warehouse Operator Operations
Jkyla James (On Leave)	Warehouse Operator Operations
Joaquin Trujillo	Warehouse Operator Operations
Joe Henson	Warehouse Operator Operations
Joe Hodges	Warehouse Operator Operations
Joe Jones	Warehouse Operator Operations
John Sullivan	Inventory Coord Operations
John Tard	Warehouse Operator Operations
John Walton	Driver II
John Willis	Inventory Coord Operations
Johnathan Lark	Trainer Branch
Johnny Jenkins	Maintenance Tech II
Johnny Westbrook (On Leave)	Warehouse Operator Operations
Joseph Pleasall [C]	CSG Janitorial
Joseph Steinman	Warehouse Operator Operations
Joshua Miller	Warehouse Operator Operations
Juan Martinez	Warehouse Operator Operations
Juanita Coleman	Warehouse Operator Operations
June Dixon	Warehouse Operator Operations
Justin Maxey	Warehouse Operator Operations
KAILYNN BROWN	Warehouse Operator Operations
Karean Reedsmith	Loaner Operator I
Karmesha Allen	Supv Warehouse
Kashyra Weir	Warehouse Operator Operations
katrina bobo	Warehouse Operator Operations
Katrina Hamilton	Warehouse Operator Operations
Katrina Washington	Warehouse Operator Operations
Kayla Hollins	Warehouse Operator Operations
Kayla Sholar	Warehouse Operator Operations
Kayla Sipp	Warehouse Operator Operations
Keith Onidas	Warehouse Operator Operations
Kelaiah Williams Ball	Warehouse Operator Operations
Kelly Crumble	Warehouse Operator Operations
Kelsey Wright	Warehouse Operator Operations
Kelvin Bovan	Driver II
Kendall Griffin	Warehouse Operator Operations
Kendarrius Bolden	Warehouse Operator Operations
Keneshia Eason	Warehouse Operator Operations
Kenneth Allen	Trainer Branch
Kenneth McDaniel	Warehouse Operator Operations
Kenneth Wright	Warehouse Operator Operations
Kenosa Brown (On Leave)	Warehouse Operator Operations
Kenterrius McClain	Warehouse Operator Operations
Kenya Spears	Warehouse Operator Operations
Kerris Jackson Jr	Warehouse Operator Operations
Kesha Eppenger	Warehouse Operator Operations
Keterrius Robinson	Supv Warehouse
Kevius Wing	Warehouse Ld Operations
KeyShawn Wirt	Warehouse Operator Operations
Khamaron Danner	Warehouse Operator Operations
Kimberly Welch	Warehouse Operator Operations
Kimble Hall-Jasper	Inventory Coord Operations
Kimbrea Tyres [C]	CSG Janitorial
Kira Bates [C]	CSG Janitorial Worker
Kiristien Jones	Warehouse Operator Operations
Kiyah Wright	Warehouse Operator Operations
Kp Parker	Warehouse Operator Operations
Kristin Russell	Training Coord Sr
Kurtis Kreilick	Inventory Control Ld Operations
Laclesha Butler	Warehouse Operator Operations
Ladane Bounds	Warehouse Operator Operations
Ladarius Armstead	Warehouse Ld Operations

Ladarius Sims (On Leave)	Warehouse Operator Operations	Martina Orange	Warehouse Operator Operations
Lajaune Porter	Warehouse Operator Operations	Martrellis Orange	Warehouse Operator Operations
LaJerrika Dyer	Quality Control Inspector I	Marvin Lawson	Warehouse Operator Operations
LaKamaree Ellis	Warehouse Operator Operations	Mary Eason	Warehouse Operator Operations
Lakenda Ratliff	Inventory Coord Operations	Matina Eppinger	Warehouse Operator Operations
LaKisha Patrick	Warehouse Operator Operations	Maurice Walker	Warehouse Operator Operations
Lance Harwell	Supv Warehouse	Megan Galloway	Warehouse Operator Operations
Langston Johnson	Driver II	Megan Sanders	Warehouse Operator Operations
Lani George	Training Coord Sr	MeJastani Bobo	Warehouse Operator Operations
Larry Bing	Warehouse Operator Operations	Melissa Readus	Supv Warehouse
Lashaundra Bright	Warehouse Operator Operations	Melissa Rosalez	Warehouse Operator Operations
Lashon Anderson	Warehouse Operator Operations	Melvin Conway Jr.	Trainer Branch
Lashon Miller	Supv Warehouse	Melvin Fitzpatrick	Warehouse Operator Operations
Lashonda Vaughn	Warehouse Operator Operations	Michael Burnett	Warehouse Operator Operations
Lashondra Brown	Warehouse Operator Operations	Michael Cobb	Warehouse Operator Operations
Latasha King	Warehouse Operator Operations	Michael Crisp	Warehouse Operator Operations
Latasha Smith	Trainer Branch	Michael Miller	Driver II
Latonya Bland	Warehouse Operator Operations	Michael Smith	Warehouse Operator Operations
Latonya Johnson	Warehouse Operator Operations	Michael Watson	Warehouse Operator Operations
Latorya Hill	Warehouse Operator Operations	Michelle Porter-Reed	Quality Control Inspector II
Latorya Magsby	Warehouse Operator Operations	Michyah Grant	Warehouse Operator Operations
Latoya Jones	Delivery Driver	Miguel Martinez	Warehouse Ld Operations
Laura Moore	Warehouse Operator Operations	Mikal Walker	Inventory Coord Operations
Lawrence Eason	Warehouse Operator Operations	Mikiah Hollins	Warehouse Operator Operations
Lazerick Young	Warehouse Operator Operations	Miles Wood	Maintenance Apprentice
Leon Wesley	Driver II	Mohamadou Ba	Sr Supv Warehouse
Leonard Williams	Warehouse Operator Operations	Mollee Dagastino	Office Coord
LeSheri Booker	Warehouse Operator Operations	Monique Chandler	Dispatcher
Leslie Cuthkelvin	Driver II	Montriana Simpson	Warehouse Operator Operations
Leslie Wilbourn	Warehouse Operator Operations	Mydasia Cox	Warehouse Operator Operations
Lisha Harper	Warehouse Operator Operations	Nakita Floyd	Warehouse Operator Operations
Lonzell Chapman [C]	CSG Janitorial	Natasha Mcelroy	Warehouse Operator Operations
Lou Shing	Mgr Warehouse	Nathan Harris	Supv Warehouse
LOUIS BROWNLOW	Trainer Branch	Natron Brown	Warehouse Ld Operations
Luis Ramirez	Warehouse Operator Operations	Neka Thomas	Warehouse Operator Operations
Maira Lopez	Warehouse Operator Operations	Nelson Lukadi	Warehouse Operator Operations
Makesa Shorty	Warehouse Operator Operations	Nicavious Cline	Warehouse Operator Operations
Malcolm Butts	Warehouse Operator Operations	Nicole Johnson	Warehouse Operator Operations
MAMADOU DEME	Warehouse Operator Operations	Nicole Lyons	Quality Control Inspector I
Marco Wright [C]	CSG Janitorial	Nikita Montgomery	Supv Warehouse
Marcus Buggs	Warehouse Ld Operations	Nikki Shelton	Warehouse Operator Operations
Marcus Galmore	Warehouse Operator Operations	Noah Galyean	Supv Warehouse
Marcus Nations	Driver II	Norris Wesby	Driver II
Maria Carias Villalobos	Warehouse Operator Operations	Nyigel Curry	Warehouse Operator Operations
Maria Cookbey	Trainer Branch	O'Nesha Mckinney	Warehouse Operator Operations
Maria Vasquez	Warehouse Operator Operations	Octavius Ballard	Warehouse Operator Operations
Marietta McGhee	Warehouse Operator Operations	Olga Samayoa	Warehouse Operator Operations
Mario Key	Warehouse Operator Operations	Otis Drapes	Warehouse Operator Operations
Mark Hamilton	Warehouse Operator Operations	Pamela Bishop	Warehouse Operator Operations
Mark Hughes	Driver II	Pamela King	Warehouse Operator Operations
Mark Mcgee	Mgr Maintenance	Pamela Snipe	Warehouse Operator Operations
Marquenton Henderson	Warehouse Operator Operations	Parker Raggio	Warehouse Operator Operations
Marquette Sandridge	Warehouse Operator Operations	Patricia Lewis	Warehouse Operator Operations
Martha Briscoe	Warehouse Operator Operations	Patricia Livingston	Warehouse Operator Operations

Patricia Moore	Warehouse Operator Operations	Satori Black
Patricia Owens	Warehouse Operator Operations	Sean Blash [C]
patricia williams	Warehouse Operator Operations	Selathious Bobo
Patrick Nolan	Warehouse Operator Operations	Selma Jennings
Paul Clark	Warehouse Operator Operations	Sergio Reyes
Paul Eason	Warehouse Operator Operations	Shakia Benford
Paula Hulette	Warehouse Operator Operations	Shakiyra Moore
Perrian Crawford	Warehouse Operator Operations	Shaletha Jennings
Phiera Billingsley	Warehouse Operator Operations	Shalise Underwood
Quain Ward	Warehouse Ld Operations	Shameeka Cross
Quince Ramsey	Warehouse Operator Operations	Shameika Taylor
Quiven Britton	Supv MedTrans	Shaniece Jackson
Randy Wright	Warehouse Operator Operations	Shanterra Nelson
Rashard Carey	Trainer Branch	Sharhondra Wright [C]
Rasheedah Brookins	Warehouse Ld Operations	Shaun Curb
Rashunda Burkins	Warehouse Operator Operations	Shauniyah Lawrence
Raven St.Clair	Warehouse Ld Operations	Shekima Williams
Raymond Bullard	Warehouse Operator Operations	Shelby Clack
Reayatta Austin	Warehouse Operator Operations	Shelby Lowery
Reginald Echols	Supv Warehouse	Sheleta Jordan [C]
Reginald Whitaker	Warehouse Operator Operations	Sheneaqua Walls
Renada Garner	Warehouse Operator Operations	Sheresia Murphy
Renate Braxton	Warehouse Operator Operations	Shiquita Miller
Renea Moore	Warehouse Operator Operations	Shontoria Smith
Renee' Thomas	Warehouse Operator Operations	Shy Crawford
REUBEN BUCKLEY	Warehouse Operator Operations	Sileye Sy
RiccaOtesia Proctor	Warehouse Operator Operations	Sonya Crawford
Richard Parr	Driver Ld	Starshema Mckinzie
Ricky Craig	Warehouse Ld Operations	STEPHEN WHEELER
Rico Taylor	Trainer Branch	Sterline Cilerin
Rilsha Butts	Warehouse Clerk Operations	Steven Toliver
Robbie Townsend	Warehouse Operator Operations	Sydney Biggs
Robert Greene	Warehouse Operator Operations	Sylvester Ivory
Robert Thompson	Warehouse Ld Operations	SynChanna Malone
Robert Watson	Warehouse Operator Operations	Takeisha Nicholson
Robin Caldwell	Loaner Operator II	Takymdris Clay
Roderick Malone	Warehouse Operator Operations	Talethia Williams
Ronald Greer	Warehouse Operator Operations	Talmus Kinnard
RonDarious Williams	Driver II	Tamara Starnes
Rosa Rivera	Warehouse Operator Operations	Tamera Rhodes
Rouguiatou Barry	Warehouse Operator Operations	Tametra Martin
Ry Wilson	Spec Inventory Field	Tamia Mitchell
Ryan Chenaille	Maintenance Tech II	Tamika Avant-Taper
Ryan Covington	Driver II	Tamika Baker
Saidou Toure	Driver II	Tammi Boyd
Sam Motley	Warehouse Operator Operations	Tanesha Harris
Sammie Dance	Onsite Support Tech III	Tangala Phillips
Sammy Swing [C]	CSG Janitorial	Tarsha Whitehead (On Leave)
Samneisha Jones [C]	CSG Janitor	tarya smith
Samone Berry	Warehouse Operator Operations	Tasha Allen
Samuel Lord	Warehouse Operator Operations	Tat Hawkins
Sandy Mays	Warehouse Operator Operations	Taurean West
Santerrica Archie	Warehouse Operator Operations	Tavis Lafayette
Sarah Matthews	Warehouse Operator Operations	Taylor Wills

Warehouse Operator Operations
CSG Janitorial
Warehouse Operator Operations
Transportation Coord
Warehouse Operator Operations
Quality Control Inspector II
Warehouse Ld Operations
Warehouse Operator Operations
Warehouse Operator Operations
Warehouse Operator Operations
Warehouse Operator Operations
Warehouse Operator Operations
Warehouse Operator Operations
Janitorial Staff
Warehouse Operator Operations
Warehouse Operator Operations
Warehouse Operator Operations
Warehouse Operator Operations
Trainer Branch
Contingent Janitorial Staff
Warehouse Operator Operations
Warehouse Operator Operations
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Warehouse Operator Operations
Driver II
Loaner Operator I
Warehouse Operator Operations
Warehouse Operator Operations
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Warehouse Operator Operations

Te'andre PEEPLES	Warehouse Operator Operations
Techiara Hayden	Warehouse Operator Operations
Teleigha Robinson	Warehouse Operator Operations
Tenesia Evans	Warehouse Operator Operations
Tenisha Lewis	Warehouse Operator Operations
Teresa Cornelio De Rosales	Warehouse Operator Operations
Teri Jarvis	Mgr Training
Terkesia Taylor	Warehouse Operator Operations
Terranetta Collier	Warehouse Operator Operations
Terrence Broyles [C]	Contingent Worker
Terry Bester	Warehouse Operator Operations
Terry Wortham	Warehouse Operator Operations
Tevares Adams	Warehouse Operator Operations
TEVIN HALL	Warehouse Operator Operations
Tiffany Hollis	Driver I
Tiffany Mays (On Leave)	Warehouse Operator Operations
Tiffany Polk	Warehouse Operator Operations
Tijuana Boyd	Warehouse Operator Operations
Timithy Krenner	Sr Mgr Medtrans
Timothy Luker	Driver II
Timothy Meadows	Warehouse Operator Operations
Tina Birge	Warehouse Operator Operations
Tina Reed	Inventory Coord Operations
Todd Kirkpatrick	Driver II
Tomeaka Gilson	Warehouse Operator Operations
Tommy Rucker	Delivery Driver
Tony Allen [C]	Contingent Worker
Tonya Fitzgerald	Warehouse Operator Operations
Tonya Hall	Warehouse Operator Operations
Torrence Stokes	Warehouse Operator Operations
Torrey Griffin	Warehouse Operator Operations
Tracey Hunter	Warehouse Operator Operations
Tracey Kemmons	Warehouse Operator Operations
Traveshia Hope	Warehouse Operator Operations
Travis Darden	Maintenance Tech I
Trey Brown	Warehouse Operator Operations
Trish Spalding	Mgr HR
Tristan Russell	Warehouse Operator Operations
Troman Woody	Warehouse Operator Operations
Trudy Wren	Warehouse Operator Operations
Tyeisha Heffner (On Leave)	Warehouse Operator Operations
Tyrone Dyson	Driver II
Val Caldwell	Delivery Driver
Valencia Tellis	Warehouse Operator Operations
Vell LANDFAIR	Warehouse Operator Operations
Victoria Clark	Warehouse Operator Operations
Waldale Ailsworth	Warehouse Operator Operations
Wanda Lee	Warehouse Operator Operations
Wayne Snell	Sr Supv Warehouse
William Sanders	Warehouse Operator Operations
Willie Sturdivant	Warehouse Operator Operations
Xavion Jones	Warehouse Operator Operations
Yolanda Toliver	Warehouse Operator Operations
Yolonda Newson	Warehouse Operator Operations
Yuneatrice Foxx-Smith [C]	CSG Janitor
Zach Adams	Maintenance Planner Ld
Zachary Watkins	Warehouse Operator Operations
Zarious Yates (On Leave)	Warehouse Operator Operations
Zarneshia Hayes	Warehouse Operator Operations
Zed Elbarbary	Supv Warehouse
Ziara White	Spec Inventory Field

Copy of SEC 10K

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2025

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-43022

Medline Inc.
(Exact name of registrant as specified in its charter)

Delaware	**33-1845288**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
3 Lakes Drive Northfield, Illinois	**60093**
(Address of principal executive offices)	(Zip Code)

(847) 949 5500
Registrant's telephone number, including area code

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A common stock, par value $0.0001 per share	MDLN	Nasdaq Global Select Market

Securities registered pursuant to section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements.

☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b).

☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the Class A common stock held by non-affiliates of the registrant, based on the closing price of a share of Class A common stock on December 17, 2025, as reported by The Nasdaq Global Select Market on such date was approximately $13.0 billion. The registrant has elected to use December 17, 2025, which was the initial trading date of the registrant's Class A common stock on The Nasdaq Global Select Market, as the calculation date because on June 30, 2025 (the last business day of the registrant's most recently completed second fiscal quarter) the registrant was a privately held company. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose.

As of February 23, 2026, there were 811,647,534 shares of the registrant's Class A common stock and 502,045,878 shares of the registrant's Class B common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement related to its 2026 Annual Meeting of Stockholders to be filed with the U.S. Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2025 are incorporated by reference into Part III of this Annual Report on Form 10-K.

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Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K (this "Annual Report") contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Forward-looking statements include all statements that are not historical facts. Words such as "anticipate," "assume," "believe" "contemplate," "continue," "could," "estimate," "expect," "foreseeable," "intend," "may," "plan," "potentially," "predict," "project," "seek," "should," "will," or "would," or similar words or phrases that convey uncertainty of future events or outcomes, are intended to identify forward-looking statements in this Annual Report. These forward-looking statements relate to matters such as our industry, business strategy, costs, and costs savings, impacts of accounting standards and guidance, goals and expectations, market position, future operations, margins, profitability, capital expenditures, liquidity and capital resources, legal matters, trends, and other financial and operating information. The forward-looking statements are based on management's current expectations and are subject to various risks, uncertainty, and changes in circumstances, many of which are beyond our control, that could cause actual results to differ materially. Although we believe that the assumptions underlying the forward-looking statements are reasonable, we cannot guarantee future results, level of activity, performance, or achievements. Factors that may cause actual results to differ from expected results include those described in Part I, "Item 1A—Risk Factors" and Part II, "Item 7—Management's Discussion and Analysis of Financial Condition and Results of Operations". The forward-looking statements included in this Annual Report speak only as of the date of this Annual Report or as of the date they are made, as applicable. Except as otherwise required by law, we disclaim any intent or obligation to update any "forward-looking statement" made in this Annual Report to reflect changed assumptions, the occurrence of unanticipated events, or changes to future operating results over time.

INTRODUCTORY NOTE

Medline Inc. was incorporated as a Delaware corporation on November 6, 2024. Prior to the completion of its initial public offering (the "IPO") on December 18, 2025, Medline Inc. undertook certain reorganization transactions (the "Reorganization") such that Medline Inc. is now a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP ("Medline Holdings"). Following the IPO, Medline Holdings is the predecessor of Medline Inc. for financial reporting purposes. As the general partner of Medline Holdings, Medline Inc. now operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts its business. The Reorganization lacks economic substance and therefore is accounted for in a manner consistent with a reorganization of entities under common control. As a result, the consolidated financial statements of Medline Inc. recognize the assets and liabilities received in the Reorganization at their historical carrying amounts, as reflected in the historical financial statements of Medline Holdings. Medline Inc. will consolidate Medline Holdings on its consolidated financial statements and record a non-controlling interest related to the Units (as defined herein) held by the Continuing Unitholders (as defined herein) on its consolidated balance sheets and statements of comprehensive income.

Medline Inc. had no significant business transactions or activities prior to the Reorganization, and, as a result, the historical financial information reflects that of Medline Holdings.

Basis of Presentation

The consolidated financial statements and accompanying notes included herein are prepared in accordance with United States generally accepted accounting principles ("GAAP"). The results of businesses acquired or disposed of are included in the consolidated financial statements from the date of the acquisition or up to the date of disposal, respectively. All adjustments, in the opinion of management, necessary to a fair statement of the results for the annual periods presented have been made.

Certain monetary amounts, percentages, and other figures included in this Annual Report have been subject to rounding adjustments. Percentage amounts included in this Annual Report have been calculated, in some cases, not on the basis of such rounded figures, but on the basis of such amounts prior to rounding. For this reason, percentage amounts in this Annual Report may vary from those obtained by performing the same calculations using the figures, on the face of our consolidated financial statements included elsewhere in this Annual Report. Certain other amounts that appear in this Annual Report may not sum due to rounding.

In December 2024, we changed the name of Medline Holdings from Mozart Holdings, LP to Medline Holdings, LP. We will not distinguish between the prior and current name of Medline Holdings and will refer to the current name of Medline Holdings throughout this Annual Report. References in this Annual Report to "Medline," the "Company," "we," "us," and "our" refer (1) prior to the consummation of the IPO, to Medline Holdings, LP and its consolidated subsidiaries and (2) after the IPO to Medline Inc. and its consolidated subsidiaries.

CERTAIN DEFINITIONS

As used in this Annual Report, unless otherwise noted or the context requires otherwise, the following terms have the following meanings:

- "Class A Units" refers to the interests in Medline Holdings called "Class A Units" that were outstanding prior to the Reclassification. In connection with the Reclassification, (i) Class A Units held by Common Unitholders were converted into Common Units and (ii) Class A Units held by Exchanging Class A Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Class B Units" refers to the interests in Medline Holdings called "Class B Units" that were outstanding prior to the Reclassification, and does not include CUPI Units. In connection with the Reclassification, (i) Class B Units held by Incentive Unitholders were converted into Incentive Units and (ii) Class B Units held by Exchanging Class B Unitholders were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units).

- "Common Units" refers to the new class of units of Medline Holdings created by the Reclassification and does not include Incentive Units.
- "Common Unitholders" refers to certain pre-IPO holders of Class A Units and/or CUPI Units who hold Common Units following the Reclassification.
- "Incentive Unitholders" refers to certain pre-IPO holders of Class B Units who will hold Incentive Units following the Reclassification, as described under "Organizational Structure."
- "Continuing Unitholders" refers collectively to Common Unitholders and Incentive Unitholders.
- "CUPI Units" refers to the interests in Medline Holdings that were designated as "Catch-Up Class B Units" and outstanding prior to the Reclassification. In connection with the Reclassification, (i) CUPI Units held by Common Unitholders were converted into Common Units and (ii) CUPI Units held by Exchanging CUPI Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Designating Stockholder" refers to each of our Principal Stockholders with whom we entered into separate director nomination agreements.
- "Exchanging Class A Unitholder" refers to pre-IPO holders of Class A Units whose Class A Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Class B Unitholder" refers to pre-IPO holders of Class B Units whose Class B Units were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units) following the Reclassification.
- "Exchanging CUPI Unitholder" refers to pre-IPO holders of CUPI Units whose CUPI Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Unitholders" refers collectively to Exchanging Class A Unitholders, Exchanging CUPI Unitholders, and Exchanging Class B Unitholders.
- "Incentive Units" refers to the new class of units of Medline Holdings created by the reclassification of the Class B Units in the Reclassification. The Incentive Units are "profit interests" having economic characteristics similar to stock appreciation rights and having the right to share in any equity value of Medline Holdings above specified participation thresholds. Vested Incentive Units may be converted to Common Units and be subsequently exchanged for shares of Class A common stock.
- "Principal Stockholders" refers collectively to investment funds associated with Blackstone Inc., The Carlyle Group Inc. and Hellman & Friedman LLC, and members of the Mills family.
- "Reclassification" refers to the reclassification of the partnership interests of Medline Holdings prior to the IPO.
- "Sponsors" refers collectively to Blackstone Inc., The Carlyle Group Inc., and Hellman & Friedman LLC.
- "Units" refers collectively to Common Units and Incentive Units.

Summary of Risk Factors

The following is a summary of the principal factors that make an investment in our securities speculative or risky, all of which are more fully described below. This summary should be read together with the risk factors described under Part I, "Item 1A—Risk Factors" and should not be relied upon as an exhaustive summary of the material risks facing our business. In addition to the following summary, you should consider the information set forth below and the other information contained in this Annual Report before investing in our securities.

- Our global operations are subject to inherent risks that could materially adversely affect our business, results of operations, and financial condition.
- We may be unable to derive fully the anticipated benefits from our existing or future acquisitions, joint ventures, investments, dispositions, or other strategic transactions.
- Consolidation in the healthcare industry could have an adverse effect on our business, results of operations, and financial condition.
- We operate in a highly competitive industry, with accelerating pricing pressure and changes in technology.
- Changes to the U.S. and global healthcare environments may not be favorable to us.
- Increases in shipping costs or service issues with our third-party shippers could harm our business.

- Significant challenges or delays in our sourcing of new products and technologies could have an adverse impact on our long-term success.
- We have concentration in and dependence on certain healthcare provider customers and GPOs.
- Our business and operations depend on the proper functioning of our critical facilities and distribution networks and could be negatively impacted by events outside our control.
- Quality problems and product liability claims have in the past led, and could in the future lead, to recalls or safety alerts, reputational harm, adverse verdicts, or costly settlements, and could have a material adverse effect on our business, results of operations, and financial condition.
- Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline.
- If we experience increased pressure to maintain or decrease the price of our goods and services and we are unable to reduce our expenses, there may be a material adverse effect on our business, results of operations, and financial condition.
- Any failure by or loss of a third-party manufacturer or supplier or other manufacturing or supply-related impacts could result in delays and increased costs, which may adversely affect our business.
- We rely on the proper function, security, and availability of our information technology systems and data, as well as those of third parties throughout our global supply chain, to operate our business.
- We are subject to extensive and complex laws and governmental regulations and any adverse regulatory action may materially adversely affect our business, results of operations, and financial condition both inside and outside the United States.
- We are subject to complex and rapidly evolving data privacy, security, and data protection laws and regulations and the costs to comply with such laws and regulations or any ineffective compliance efforts with such laws and regulations may adversely impact our business.
- Our use or our third-party service providers' or business partners' use of AI, automated decision-making and machine learning technologies and the evolving regulatory framework in this area may subject us to risks or heightened costs that could adversely affect business, results of operation and financial condition.
- Our failure to comply with laws and regulations relating to reimbursement of healthcare goods and services may subject us to penalties and adversely impact our reputation, business, results of operations, financial condition, and cash flows.
- Uncertain global and domestic macro-economic and political conditions could materially adversely affect our business, results of operations, and financial condition.
- Our substantial indebtedness could adversely affect our financial condition, our ability to operate our business or react to changes in the economy or our industry, prevent us from fulfilling our obligations under our debts, and divert our cash flow from operations for debt payments.
- The credit agreement that governs the Senior Secured Credit Facilities and the indentures that govern the Senior Notes will each impose significant operating and financial restrictions on our subsidiaries, which may prevent us from capitalizing on business opportunities.
- Medline Inc. is a holding company and its only material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, and it is accordingly dependent upon distributions from Medline Holdings to pay taxes, make payments under the tax receivable agreement, and pay any dividends.
- The Designating Stockholders hold a significant percentage of our stock, and their interests may conflict with ours or yours in the future.
- Our amended and restated certificate of incorporation does not limit the ability of our Sponsors, the Mills family, and certain other pre-IPO investors to compete with us, and they may have investments in businesses whose interests conflict with ours.

The market price of shares of our Class A common stock may be volatile or may decline regardless of our operating performance, which could cause the value of your investment to decline.

Market and Industry Data

Unless otherwise indicated, information contained in this Annual Report concerning our industry, competitive position, and the markets in which we operate is based on information from independent industry and research organizations, other third-party sources and management estimates. Although we believe that these third-party sources are reliable, we do not guarantee the accuracy or completeness of this information, and we have not independently verified this information. Management estimates are derived from information obtained from surveys, reports by market research firms, our customers, distributors, suppliers, trade and business organizations, and other contacts in the markets in which we operate and have not been verified by independent sources, and are based on assumptions made by us upon reviewing such data, and our experience in, and knowledge of, such industry and markets, which we believe to be reasonable. In addition, assumptions and estimates of our and our industry's future performance are subject to a high degree of uncertainty and risk due to a variety of factors, including those described in Part I, "Item 1A—Risk Factors" and "Cautionary Note Regarding Forward-Looking Statements." These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

Statements regarding our market position (including statements that we are the largest company in a particular market), unless otherwise noted, are based on our 2025 net sales in the relevant market relative to the publicly reported net sales of our competitors in such market, including with respect to our statement of being the largest provider of med-surg products and supply chain solutions serving all points of care, as that statement is based on our 2025 net sales relative to the publicly reported net sales of med-surg products by companies that are both med-surg manufacturers and distributors.

Trademarks

We own or have the right to use trademarks, trade names, and service marks used in connection with our business, including, but not limited to, Medline, Curad, Microtek, Hudson, and Proxima. All trademarks, trade names, and service marks referred to in this Annual Report are the property of their respective owners. We do not intend our use or display of other companies' trade names, trademarks, or service marks to imply a relationship with, or endorsement or sponsorship of us by, these other companies. Solely for convenience, our trademarks, trade names, and service marks referred to in this Annual Report may appear without the ®, ™ or SM symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks, trade names, and service marks.

PART I

Item 1. Business

General

Medline Inc. (together with its subsidiaries, "Medline", "the Company", "we", "ours" and "us") is the largest provider of medical-surgical ("med-surg") products and supply chain solutions serving all points of care, based on total net sales of med-surg products. Medline was founded in 1966 and today delivers mission-critical products used daily across the full range of care settings, from hospitals and surgery centers to physician offices and post-acute facilities. Our mission is to make healthcare run better by delivering improved clinical, financial, and operational outcomes.

We have two reportable segments, Medline Brand and Supply Chain Solutions, the combination of which addresses critical needs in the market through a comprehensive solution. They are both supported by our Prime Vendor model, differentiated distribution network, and robust commercial platform. Through our two segments, we offer approximately 335,000 med-surg products, including surgical and procedural kits, gloves and protective apparel, urological and incontinence care, wound care, and consumable lab and diagnostics products. We distribute these products through our expansive network of global distribution facilities and our owned fleet of MedTrans trucks.

Medline Brand

As of December 31, 2025, we offer our customers approximately 190,000 med-surg products through our Medline Brand segment and hold leading positions across many key product families for our Medline Brand products. Our Medline Brand products are organized into three product categories: Front Line Care, Surgical Solutions, and Laboratory and Diagnostics.

- *Front Line Care* offers mission-critical med-surg products for patient-facing needs, including wound care products, exam gloves, skin care and incontinence products, environment cleaning supplies, textiles, hand sanitizer, durable medical equipment, patient plastics, and decolonization and infection control products.
- *Surgical Solutions* offers operating room and perioperative environment product solutions, including surgical procedure trays, drapes and gowns, personal protective equipment, sterile wraps, surgical instruments, surgeon's gloves, procedure kits, and orthopedic implants.
- *Laboratory and Diagnostics* offers a full range of laboratory and diagnostic product solutions, including point of care testing, analyzers and instrumentation, lab and diagnostic consumables, diagnostic instruments, vital signs monitors, and anatomic pathology and phlebotomy products.

Our product development approach incorporates customer feedback and ongoing innovation. We are also committed to delivering products of the highest standard, which is reflected by our robust quality team embedded across our manufacturing and sourcing locations. The expertise of our research and development team and quality team helps ensure products bearing the Medline brand meet both our rigorous quality standards and our customers' expectations.

Supply Chain Solutions

As of December 31, 2025, we offer approximately 145,000 med-surg products from over 1,300 third-party suppliers, including nearly all leading national brands, through our Supply Chain Solutions segment. We also provide our customers with supply chain optimization services such as consulting engagements, outsourced warehouse and technology management, put-away-ready packaging, third-party logistics, inventory rationalization, and route planning. Our third-party suppliers are primarily responsible for costs related to import and inbound freight, whereas we are primarily responsible for costs related to outbound freight from our distribution centers. Our supply chain expertise allows us to provide additional service offerings to optimize our customers' supply chain and inventory workflows, helping these customers cost-effectively manage their supply chain while building strong relationships and enhancing retention.

Our Prime Vendor Model

A Prime Vendor relationship is a relationship for which there is a multi-year distribution agreement between Medline and a customer, whereby the customer agrees to use Medline for the vast majority of its med-surg product needs.

In our Prime Vendor relationships, we enter into long-term agreements, typically structured with five-year terms, to act as the primary consolidated logistics partner for these customers' med-surg product needs. These agreements have been and are expected to continue to be a key contributor to our growth. Our customers realize efficiencies by partnering with one supply chain partner to consolidate their med-surg purchase volume. Prior to the market adoption of the Prime Vendor model, customers sourced such products individually from a highly fragmented base of suppliers. The Prime Vendor model instead centralizes procurement and distribution, which in turn drives efficiency and higher service levels.

As Prime Vendor, we drive significant cost savings to our customers. Our scale allows us to deliver consistently lower prices and better service levels on Medline Brand products relative to third-party alternatives, while also lowering the distribution cost for delivery of the full range of med-surg products. This often motivates customers to purchase more Medline Brand products over time. The opportunity is even greater in certain non-acute settings, where we sell a more focused product portfolio. Our Prime Vendor model allows us to provide cost savings to Prime Vendor customers, which, over time, supports incremental purchasing of our Medline Brand products and greater scale across our operations. As our scale grows, we are able to realize further efficiencies by offering superior or similar quality to third-party products at a more cost-effective price. We believe that Medline Brand conversion is mutually beneficial for both our customers and us-the value we provide customers at the outset of a Prime Vendor agreement meaningfully increases over time, as they accrue savings by purchasing our lower cost Medline Brand products, while our profitability grows given the enhanced margin profile of Medline Brand products. This compelling value proposition and supply chain relationship with our customers supports our greater than 98% average Prime Vendor retention rate over the past five years.

A portion of Supply Chain Solutions products sold to existing Prime Vendor customers has like-for-like Medline Brand product equivalents, representing a potential gross profit uplift consistent with our historical margin differentials if such products were converted for Medline Brand products. While we historically have earned higher margins upon conversion from third-party national brand products to like-for-like Medline Brand products, because of the lower average prices for Medline Brand products, there is typically a negative impact on net sales upon the conversion of Supply Chain Solutions products to like-for-like Medline Brand products if volume is assumed to be constant. For additional information on potential risks relating to this conversion opportunity, please see Part I, "Item 1A—Risk Factors—Risks Related to Our Business, Industry and Operations—Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline."

Our Distribution Network

We have a differentiated distribution network of 70 global distribution centers, warehouses, cross-docks, and transship facilities, 45 of which are in the United States, strategically located to provide next-day delivery to 95% of our U.S. customer base. We utilize artificial intelligence ("AI") and robotics technology in over 26 million square feet of warehouse space in the United States to improve efficiency and capacity to optimize distribution logistics and maximize utilization. The products we distribute are packaged to meet each customer's individual needs and to be "put-away-ready," which streamlines the customer's unloading and shelving process. We also operate our own fleet of more than 2,100 MedTrans trucks that deliver our products across care settings within the United States. As of December 31, 2025, we had approximately 25% in incremental capacity across our platform to support our long-term growth.

Our Commercial Platform

Our deep connectivity to our customers is driven by the strength of our dedicated and tenured commercial team. We have a U.S. commercial team of approximately 4,000 people across all points of care, which includes account managers, product specialists, specialized clinical resources, customer service representatives, supply chain specialists, Prime Vendor analysts, and a robust leadership team dedicated to driving efficiencies for our customers through their teams. We have created an entrepreneurial environment that empowers our salesforce to work with our product managers to create innovative products that meet market demand. We have a team devoted to each channel in the United States and each region or country internationally, which allows our salesforce teams to develop market-specific knowledge.

Research and Development

We have a track record of successfully bringing new products to market, with more than 2,300 granted patents and more than 450 U.S. Food and Drug Administration ("FDA") 510(k) clearances. Over the last three years, we have successfully launched more than 250 new products.

Competition

Our value proposition is derived from our integrated business model, the breadth of our Medline Brand portfolio, our differentiated supply chain, and the overall quality and cost of our products. As a result of our integrated business model, our competitors include both other leading med-surg product manufacturers and distributors.

Similar to us, other leading med-surg product manufacturers produce a wide range of med-surg supplies. However, unlike us, many of these competitors are reliant upon third-party distributors to deliver their products to customers. By nature of being a distributor, Medline has direct access to and manages the end customer relationships. This enables us to offer a complete solution as a manufacturer and a distributor, offering our customers what we believe to be best-in-class supply chain logistics, and driving value through our brand.

Additionally, other distributors of med-surg products similarly connect the fragmented supplier and provider bases and aggregate inventory from suppliers to deliver products to customers, such as McKesson, Cardinal Health, Owens & Minor, and Henry Schein. These distribution companies compete with us for Prime Vendor agreements. However, we believe that many of these competitors do not benefit from the scale and scope of our vertical integration or commercial excellence, and thus are not able to provide the same magnitude of cost savings, value, and holistic solutions that we deliver for our customers.

Production and Raw Materials

We manufacture approximately one-third of our Medline Brand products, which are primarily Class I and II medical devices, through our 30 manufacturing facilities, of which 24 are in North America. We purchase many of the components and raw materials used in manufacturing our products from numerous suppliers. We focus our manufacturing capabilities on products where we can leverage technology and automation to drive higher quality and lower costs to better serve our customers. For the vast majority of the other two-thirds of our Medline Brand products, we work closely with our network of more than 600 global partners across approximately 40 countries, many of whom have decades-long exclusive relationships with us. The breadth of our global sourcing partnerships provides diversification and strengthens our resiliency, with no single sourcing partner accounting for more than 5% of total spend as of December 31, 2025.

We also have plans and measures in place to help ensure continuity of supply while maintaining high quality and reliability. Generally, we have been able to obtain adequate supplies of such raw materials and components. However, due to the FDA's manufacturing requirements and those of other regulatory authorities, we may not be able to quickly establish additional or replacement sources for certain components, materials or processes if we experience a sudden or unexpected reduction or interruption in supply or services and are unable to develop alternative sources.

Human Capital Resources

At Medline, our relentless focus on the customer drives our human capital strategy, which revolves around attracting, developing, and retaining employees to provide the best products and services for our customers. We have developed a strong foundation that drives our recruitment, retention and development efforts. We are committed to supporting the personal and professional development of our employees, as well as providing competitive benefits and a safe, inclusive workplace.

As of December 31, 2025, we employed over 45,000 employees worldwide, with over 26,000 located in the United States. Our largest non-U.S. employee populations are in Mexico, Dominican Republic, India, Canada, Slovakia, France, China, Japan, Germany, and Australia. None of our employees in the United States are unionized, though some of our employees in Mexico belong to unions. In Germany and the Netherlands, employees are represented through Works Councils; in France and Spain, employees are represented through both Works Councils and industry-wide collective bargaining agreements; and in Belgium and Italy, employees are also represented through industry-wide collective bargaining agreements. In Australia, certain employees are represented by an enterprise bargaining agreement; in Japan, employees are represented through a Work Council; and in Vietnam, employees are represented through a collective bargaining agreement. We believe that our positive employee relations and total employee experience drive the continual growth of our workforce.

Culture and Values

Our culture is grounded in a customer-focused, collaborative, and performance-driven approach, guided by core values emphasizing relentless customer focus, agility and flexibility, problem-solving, drive to succeed, purposeful candor, and the importance of relationships. Employees are encouraged to exercise judgment, work transparently with customers, and contribute meaningfully to our mission to make healthcare run better.

Talent Attraction and Development

We seek to attract employees whose skills, experience, and motivation align with our operational and technical needs. Through continual improvement of internal processes, an awareness of market and candidate driven trends, and in partnership with vendors and other outside organizations, our talent acquisition programs focus on efficient hiring processes, market awareness, and building a diverse pipeline of candidates. We support development through consistent performance management processes and early career opportunities to take on additional responsibilities to demonstrate their competencies and drive to succeed and on-the-job responsibility augmented by formal training and development to refine technical and leadership skills. New sales representatives participate in comprehensive training programs, and product managers have targeted development pathways through all stages of their careers, from mandatory onboarding offerings to advanced classes that provide the necessary skills with increasing levels of responsibility, to support progression over time.

Employee Engagement and Inclusion

We believe our employees' ability to communicate and cooperate effectively across functional and departmental teams positively impacts our performance. We engage in various listening strategies and foster engagement through survey feedback mechanisms, anonymous employee feedback platform, focus groups, increased attention to onboarding and offboarding feedback, pulse surveys on remote work needs, and other listening strategies. Insights from these efforts inform workplace improvements. We also support an inclusive environment through Employee Resource Groups and leadership training initiatives designed to reduce bias in talent decisions and strengthen representation across the company.

Health, Safety, and Well-Being

We are committed to maintaining a safe workplace and supporting the physical, emotional, and financial well-being of our employees. We provide competitive health and benefits programs, access to assistance resources where available, and opportunities for community involvement through charitable giving, including financial giving and in-kind giving such as product donations.

Intellectual Property

We rely upon patents, trademarks, copyrights, trade secrets and other intellectual property rights to maintain and improve our competitive position. We have a large portfolio of intellectual property, including more than 2,300 granted patents as well as trademark registrations protecting our notable brands, including Medline, Curad, Microtek, Hudson, and Proxima.

We consider the trademarks and know-how that we own to be material to our business. However, other than the Medline mark, we do not consider our business to be materially dependent upon any individual trademark registration or trade secret. In the aggregate, we consider our more than 2,300 granted patents to be material to our business. However, no single patent or group of related patents is material to our business as a whole or any segment of our business.

We believe that we have taken all necessary steps to protect our intellectual property rights, but no assurance can be given that we will be able to successfully enforce or protect our rights in the event that they are infringed upon or challenged by a third party. See Part I, "Item 1A —Risk Factors—Risks Related to Regulation and Legal Proceedings—Any failure to obtain, maintain, protect and enforce our intellectual property rights, or the failure of the strength or scope of our intellectual property rights, could harm our business, financial condition, and results of operations" and "—Risks Related to Regulation and Legal Proceedings—We may become subject to litigation brought by third parties claiming infringement, misappropriation, or other violation by us of their intellectual property rights."

Government Regulation

Our operations and products are subject to extensive regulation by numerous governmental regulatory authorities, including U.S. and other international regulatory authorities, and other government agencies inside and outside the United States. To varying degrees, each of these agencies requires us to comply with laws and regulations governing the development, design, materials, testing, safety, efficacy, quality, purity, manufacturing, methods, controls, testing, screening, recordkeeping, reporting, processing, storage, registration, authorization, licensing, permitting, labeling, advertising, marketing, distribution, offer for sale, sale, use, expiration, pricing, reimbursement, import, export, clinical trials, post-marketing surveillance of our products, the registration of our facilities, and the claims that we make about our products. The United States and other countries where we sell healthcare and other regulated products, including drugs, human cell and tissue products, dietary supplements, cosmetics, certain foods, and consumer products subject such products to their own clearance, authorization, approval, registration, listing, labeling, manufacturing, recordkeeping, reporting, and other regulatory requirements regarding the performance, safety, and quality of such products. We are also subject to healthcare and other regulations and enforcement by the federal government and the states and foreign governments and authorities in the locations in which we conduct our business. The U.S. governmental and regulatory authorities that enforce such laws and rules, and that issue guidance on compliance with such laws and rules include, without limitation, the FDA, the Centers for Medicare & Medicaid Services ("CMS"), other divisions of the U.S. Department of Health and Human Services ("HHS"), the HHS Office of Inspector General, U.S. Environmental Protection Agency ("EPA"), the Federal Trade Commission ("the FTC"), Consumer Product Safety Commission ("CPSC"), the U.S. Department of Justice ("DOJ") and individual U.S. Attorney offices within the DOJ, as well as state and local governments. Our business is also affected by patient and data privacy and security laws, government payer cost containment initiatives, government reimbursement laws and regulations, environmental, health, and safety laws and regulations, as well as laws and regulations with respect to the sale, transportation, storage, handling, and disposal of hazardous or potentially hazardous substances, and safe working conditions. Our business also maintains contracts with governmental agencies and such contracts are subject to various government procurement laws and regulations, required contract provisions, and other requirements relating to contract formation, administration and performance. Failure to comply with applicable laws and regulations or with contractual or other requirements may result in monetary damages and criminal or civil penalties as well as termination of our government contracts or our suspension or debarment from government contract work.

The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, including through the offering of new products and services or entering into new geographic areas, we may be subject to new and additional regulatory requirements. The foreign, federal, state, and local regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products, suspend, revoke, or terminate our product and facility licenses, permits, and authorizations, request the cessation of distribution and shipments of certain products due to regulatory, safety, or other issues, seize or order the recall of our products, issue safety, quality, or other communications to the public or healthcare providers, enforce laws related to marketing, including promotion of off-label uses of products, and impose injunctions and significant criminal, civil, and administrative sanctions for violations of laws and regulations. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, may impact our business practices and operations, including by limiting our ability to effectively market, ship, and sell our products, affecting the production and distribution of products by our manufacturing facilities, subjecting us to significant liability, and limiting our ability to obtain future authorizations. Although we are subject to international government regulations in the international end markets where we operate and/or provide our products, these regulations do not have a material impact on our products as no international market represents more than 3% of our net sales.

Government Regulation of Medical Devices

Our medical devices are subject to regulation by numerous government agencies, including the FDA and comparable state and foreign agencies. Regulations of the FDA and other regulatory agencies in and outside the United States impose extensive compliance and monitoring obligations on portions of our business. The FDA and other U.S. and foreign governmental agencies regulate, among other things, with respect to medical devices: design, development, and manufacturing; testing, registration, listing, labeling, content, and language of instructions for use and storage; clinical trials; product safety; marketing, sales, and distribution; licensing and permit requirements; premarket clearance, approval and authorization; record keeping procedures; advertising and promotion; recalls and field safety corrective actions; post-market surveillance, including reporting of deaths or serious injuries and malfunctions that, if they were to recur, could lead to death or serious injury; post-market approval studies; and product import and export. The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, we may be subject to new and additional regulatory requirements. The FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers; seize or order the recall of products; terminate, suspend, or revoke licenses and permits; and impose significant criminal, civil, and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers. In addition, the FDA and other governmental and regulatory authorities, both in and outside the United States (including the FTC, the HHS Office of the Inspector General, the DOJ, and various state Attorneys General), monitor the promotion and advertising of our products. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, depending on its magnitude, may limit our ability to effectively market, ship, and sell our products, limit our ability to obtain future premarket authorizations, or result in a substantial modification to our business practices and operations.

FDA Premarket Clearance and Approval Requirements

Each medical device we wish to distribute commercially in the United States requires marketing authorization from the FDA prior to distribution, unless the device is exempt from premarket notification requirements. The type of marketing authorization necessary is generally linked to the classification of the device. The FDA classifies medical devices into one of three classes-Class I, II, or III-based on the degree of risk associated with a device and the level of regulatory control deemed necessary to ensure its safety and effectiveness. Class I devices that pose the least risk are subject only to General Controls applicable to all devices, such as requirements for device labeling, premarket notification, and adherence to current good manufacturing practices for devices as set forth in the Quality System Regulation ("QSR"). Class II devices that pose a moderate risk are subject to General Controls and may also be subject to Special Controls, such as performance standards, product-specific guidance documents, special labeling requirements, patient registries, or post-market surveillance. Class III devices are those for which insufficient information exists to assure safety and effectiveness solely through General and Special Controls, including devices that support or sustain human life, are of substantial importance in preventing impairment of human health, or which present a potential unreasonable risk of illness or injury.

Most Class I devices and some Class II devices are exempted by regulation from the 510(k) clearance requirement and can be marketed without prior authorization from the FDA. Class I and II devices that are not exempted are eligible for marketing through the 510(k) clearance pathway. By contrast, devices placed in Class III generally require premarket approval ("PMA") or de novo clearance prior to commercial marketing. The PMA approval process is more stringent, time-consuming and expensive than the 510(k) clearance process; however, the 510(k) clearance process has also become increasingly stringent and expensive. None of our products are currently approved under a PMA, and we have no plans for any indication or system improvement or extension that we believe would require a PMA. If, in the future, we were to file a PMA, we may be subject to additional regulatory requirements.

510(k) Clearance Process

To obtain 510(k) clearance, we must submit a premarket notification to the FDA demonstrating the proposed device to be substantially equivalent to a predicate device. A device is substantially equivalent if, with respect to the predicate device, it has the same intended use and it has either the same technological characteristics, or it has different technological characteristics, but the information provided in the 510(k) submission demonstrates that the device does not raise new questions of safety or effectiveness. The standard review process for 510(k)s is between six to nine months, dependent upon the type of 510(k) filing submitted. Although many 510(k) premarket notifications are cleared without clinical data, in some cases, the FDA may require clinical data to support substantial equivalence. In reviewing a premarket notification, the FDA may request additional information, including clinical data, which may significantly prolong the review process and clearance is never assured. Clinical trials generally require the submission of an investigational device exemption ("IDE") to the FDA for a specified number of patients and study sites, unless the product is deemed a non-significant risk device eligible for more abbreviated IDE requirements. Clinical trials are subject to numerous requirements and institutional review board approval, oversight, and monitoring. Even if a trial is conducted, the results of clinical testing may not adequately demonstrate the safety and effectiveness of the device or be sufficient to obtain FDA clearance or approval for marketing.

After a device receives 510(k) clearance, any subsequent modification of the device that could significantly affect its safety or effectiveness, or that would constitute a major change in its intended use, requires a new 510(k) clearance or could require submission and approval of a de novo 510(k) or a PMA application in cases where new indications are sought for which there is no predicate. Non-significant changes are handled via internal documentation by the Company. Each manufacturer must judge the significance of modifications based on FDA 510(k) regulatory requirements and guidance documents. The FDA may review any such decision and may disagree with a manufacturer's determination. If the FDA disagrees with a manufacturer's determination, the FDA may require the manufacturer to cease marketing and distribution and/or recall the modified device until 510(k) clearance or PMA approval is obtained. In the future, we may make modifications to our products after they have received FDA clearance and, in appropriate circumstances, determine that new clearance is unnecessary. However, the FDA may disagree with our determination, and, if the FDA requires us to seek 510(k) clearance or submit new PMA applications for any modifications to a previously cleared product, we may be required to cease marketing or distributing or recall the modified device until we obtain the required clearance or approval. We may also market or acquire products that are marketed without a 510(k) clearance, appropriate labeling, or that otherwise are marketed in violation of FDA requirements, since medical devices can be marketed only for the indications for which they are cleared or approved. Under these circumstances, we may also be subject to warning letters, significant regulatory fines, or other penalties, and we may no longer be able to market particular products for which a 510(k) clearance is required.

Post-Marketing Requirements

Numerous FDA regulatory requirements apply to devices we manufacture and distribute, including: compliance with the QSR, which require manufacturers and their suppliers to follow the applicable design, testing, processes, control, documentation, labeling, and other quality assurance procedures during the manufacturing process; establishment registration, which requires establishments involved in the production and distribution of medical devices intended for commercial distribution in the United States to register with the FDA; medical device listing, which requires manufacturers to list the devices they have in commercial distribution with the FDA; labeling regulations, which prohibit "misbranded" devices from entering the market, as well as prohibit the promotion of products for unapproved or off-label uses and impose other restrictions on labeling; post-market surveillance, including medical device reporting requirements which requires manufacturers to report to the FDA if their device may have caused or contributed to a death or serious injury, or malfunctioned in a way that would likely cause or contribute to a death or serious injury if it were to recur; and corrections and removal reporting regulations, which require that manufacturers report to the FDA field corrections and product recalls or removals if undertaken to reduce a risk to health posed by the device or to remedy a violation of the Federal Food, Drug, and Cosmetic Act that may present a risk to health. The FDA and other governmental and regulatory authorities actively enforce the laws and regulations prohibiting the promotion of off-label uses, and a company that is found to have improperly promoted off-label uses may be subject to significant liability.

The FDA enforces these requirements by inspection and market surveillance. Domestic facility records and manufacturing processes are subject to periodic unscheduled inspections by the FDA. The FDA may also inspect foreign facilities that export products to the United States. Failure to comply with applicable regulatory requirements may result in enforcement action or other actions by the FDA, which may include one or more of the following sanctions: adverse press releases and safety communications; requests to stop shipments; untitled letters or warning letters; fines, injunctions, and civil penalties; mandatory recall or seizure of our products; customer notifications and repairs or replacements; administrative detention or banning of our products; consent decrees; operating restrictions, partial suspension or total shutdown of production; refusing our request for 510(k) clearances for new product versions or modifications to existing product versions; revocation of 510(k) clearances previously granted; refusal to grant export approval for our products; and criminal prosecution and penalties. If any of these events were to occur, they could have a material adverse effect on our business, financial condition, and results of operations.

International Regulation of Medical Devices

Sales of medical devices outside the United States are subject to foreign government regulations, which vary substantially from country to country. In order to market our products in other countries, we must comply with applicable regulatory requirements and authorizations and approvals and safety and quality regulations in each country in which the product is marketed. The time required to obtain authorization, approval, or certification by a foreign country may be longer or shorter than that required for FDA clearance, and the requirements may differ significantly.

EU Regulation of Medical Devices

In the European Union ("EU") until May 25, 2021, medical devices were regulated by the Council Directive 93/42/EEC, which has been repealed and replaced by the Medical Device Regulation ("EU MDR"). Unlike directives, regulations are directly applicable in all EU member states without the need for member states to implement into national law. The EU extended the EU MDR transitional periods for certain medical devices until December 31, 2027 or December 31, 2028, depending on a device's risk class and subject to certain conditions to ensure continued access to medical devices for patients and to allow medical devices already placed on the market in accordance with the current legal framework to remain on the market, provided that the requirements of the transitional provisions are fulfilled.

In the EU, there is currently no premarket government review of medical devices. However, all medical devices placed on the EU market must meet general safety and performance requirements, and compliance with the general safety and performance requirements is a prerequisite for European conformity marking without which medical devices cannot be marketed or sold in the EU. EU MDR requirements regarding the distribution, marketing, and sale, including quality systems and post-market surveillance, have to be observed by manufacturers, importers, and distributors as of the application date (i.e., since May 26, 2021), including registration of economic operators and of devices (once the relevant modules of Eudamed are functional), surveillance, and vigilance requirements. The aforementioned EU rules are generally applicable in the European Economic Area which consists of the 27 EU member states plus Norway, Liechtenstein, and Iceland.

The NDA Approval Process

For any new drug products regulated under the Federal Food, Drug, and Cosmetic Act such as our ReadyPrep CHG cloth, a sponsor must submit a New Drug Application ("NDA"), to the FDA for review and approval. The NDA review and approval process may take multiple years and involves steps including the following:

- completion of preclinical studies and analytical and stability testing in accordance with applicable regulations;
- submission to the FDA of an Investigational New Drug ("IND") application, which must become effective before clinical trials may begin and must be updated annually and amended when certain changes are made;
- approval by an institutional review board, or IRB, or independent ethics committee, or IEC, at each clinical trial site before each trial may be initiated;
- performance of adequate and well-controlled clinical trials in accordance with applicable IND regulations, good clinical practice, or GCP, requirements, including informed consent, financial disclosure by investigators, and other clinical trial-related regulations, to establish the safety and efficacy of the investigational product for each proposed indication and other condition of use;
- preparation and submission to the FDA of an NDA;

- satisfactory completion of one or more FDA pre-approval inspections of the manufacturing facility or facilities where the drug will be produced to assess compliance;
- satisfactory completion of FDA inspection of select clinical trial sites involved in conducting pivotal studies that generated the data in support of the NDA;
- payment of user fees for FDA review of the NDA; and
- FDA review and approval of the NDA, including of the proposed prescribing information and, where applicable, consideration of the views of any FDA advisory committee, prior to any commercial marketing or sale of the drug in the United States.

Any approvals that we may ultimately receive could be withdrawn if required post-marketing trials or analyses do not meet the FDA requirements, which could materially harm the commercial prospects for our products.

Even if a product candidate receives regulatory approval, the approval may be limited to specific disease states, patient populations and dosages, or might contain significant limitations on use in the form of warnings, precautions or contraindications, or in the form of onerous risk management plans, restrictions on distribution, or post-marketing study requirements. Further, even after regulatory approval is obtained, later discovery of previously unknown problems with a product may result in restrictions on the product or even complete withdrawal of the product from the market. Delay in obtaining, or failure to obtain, regulatory approval for our candidate products, or obtaining approval but for significantly limited use, would harm our business. In addition, we cannot predict what adverse governmental regulations may arise from future U.S. or foreign governmental action.

Trade Regulations

The movement of products, services, and investment across borders subjects us to extensive trade regulations. A variety of laws and regulations in the countries in which we transact business apply to the sale, shipment, and provision of goods, services, and technology across borders. These laws and regulations govern, among other things, our import, export, and other business activities. We are also subject to the risk that these laws and regulations could change in a way that would expose us to additional costs, penalties, or liabilities. Some governments also impose economic sanctions against certain countries, governments, persons, and entities, both for unlawful or malign conduct and to discourage or prevent entities from abiding by other countries' laws. In addition to our need to comply with such regulations in connection with our direct activities, we also sell and provide goods, technology, and services to agents, representatives, and distributors who may export such items to customers and end-users. If we, or the third parties through which we do business, are not in compliance with applicable import, export control, or economic sanctions laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability. Such actions may disrupt or delay sales of our products or services or result in restrictions on our distribution and sales of products or services that may materially impact our business.

Anti-Boycott Laws

Under U.S. laws and regulations, U.S. companies and their subsidiaries and affiliates are prohibited from participating or agreeing to participate in unsanctioned foreign boycotts in connection with certain business activities, including the sale, purchase, transfer, shipping, or financing of goods or services within the United States or between the United States and countries outside of the United States. If we, or certain third parties through which we sell or provide goods or services, violate U.S. anti-boycott laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability.

4FF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02162	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 8787 W Buckeye Ave

City: Tolleson State: AZ Zip: 85353

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 623-936-5443 Website: medline.com

Name of Designated Representative (DR): Scott Fritsche

Licensing Company Email: ralicensing@medline.com DR Email: sfritsche@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Corporate Discipline History

Original Signature (electronic, copies or stamps not accepted)

7/15/26
Date

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
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800-735-2466 Voice Relay Missouri

Kimberly A. Grunston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
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573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ **REQUESTS**

_____ **DOES NOT REQUEST**

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____

Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____

Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____

Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____

Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
N/A		Florida Department of Health		
Reason/Charge				
Medline's Florida Certified Designated Representative unexpectedly resigned.				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Florida Department of Health/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

_____ February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

_____ February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Medline Industries, Inc., Case #2007-37412

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2008006		Louisiana Board of Wholesale Drug Distributors		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
LA Board of WDD/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingerman

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman
William Crates, Vice-Chairman
Randall Brooks, Secretary/Treasurer
John Liggio, Executive Director/Inspector
Hershal Paul, Board Member
Andy Milligan, Board Member
Wayne Gremillion, Board Member
Eric Voitier, Board Member
Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
HI DCCA / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
1314
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

6. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

9. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

11. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 0 8 2008.

Bobbi W.Y. Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of Jan, 2007, before me personally appeared Larry Sonnes, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C+I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08 PHM 037	Wisconsin Department of Regulation and Licensing

Reason/Charge
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WI DSPS/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 29 A 9:4

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2009-7-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Lee V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller
Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2009

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

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POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dana N. Simmons Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Dana N. Simmons, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller
Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of March, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
27278	NY State Education Department- Board of Pharmacy

Reason/Charge
Discipline incurred in another jurisdiction

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NY Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: Ariana Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

1-5-21

Willis Ingalls, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer M. Rudell, RPh

1-6-2021

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

1-6-2021

Henry Appel, Ohio Assistant Attorney General

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2022-0333		FL DBPR- Div. of Drugs, Devices, and Cosmetics		
Reason/Charge				
Customer Licenses, Record Keeping				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
FL DBPR / Medline Industries, LP			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____

Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
0 9 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — Oct - 27 - 2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 OCT 16 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent MEDLINE INDUSTRIES, L.P. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., and C.7. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____

IVY Y. E. KIM
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE
Chair

December 21, 2023
DATE

PATRICK ADAMS
Vice Chair

MARK BROWN

CATALINA CROSS

Kent Kikuchi
KENT KIKUCHI

BRANDON RABANG

SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer, Inc.
Address: 66 Hudson Blvd E City: New York State: NY Zip: 10001

Name: ICU Medical Inc.
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare Inc.
Address: One Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Avenue City: Bethlehem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Medline Inc.
Corporation Name: See Attached Ownership Information
Mailing Address: 3 Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: (847) 949-5500 Email: ralicensing@medline.com
Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025 | SEC Registration Number: 0002046386 | Stock Exchange Symbol: MDLN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Daniel Stevens

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/15/26

Date

PAID

Board Use Only	Date Received: 4/21/26	Amount: $100.00

Power of Attorney

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

POWER OF ATTORNEY

EXCELSIOR MEDICAL, LLC, an Illinois limited liability company, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Excelsior Medical, LLC

By: Medline Industries, LP
Its: Manager
By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Medline Industries, LP, as Manager of Excelsior Medical, LLC.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

POWER OF ATTORNEY

Centurion Medical Products, LP, an Delaware limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Centurion Medical Products, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Centurion Medical Products, LP.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

NABP ACCREDITED

DRUG DISTRIBUTOR

Medline Industries, LP

located at

8787 W Buckeye Rd, Tolleson, AZ 85353

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

07/17/2023 - 07/16/2026
Period of Accreditation

Ownership Information

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

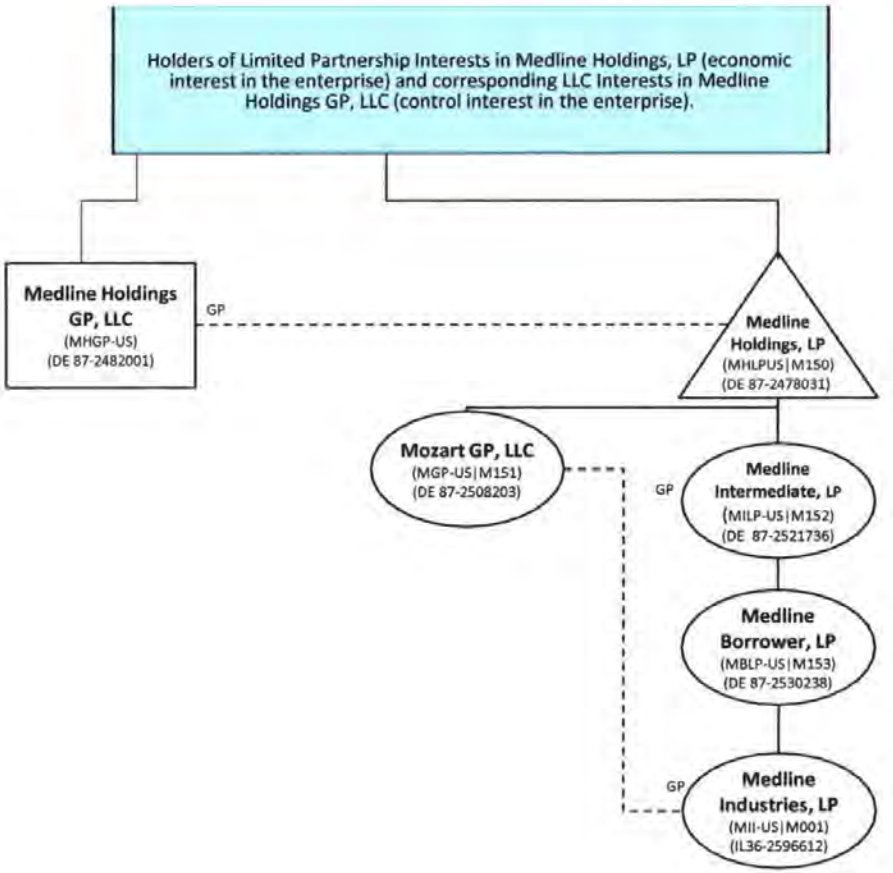
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

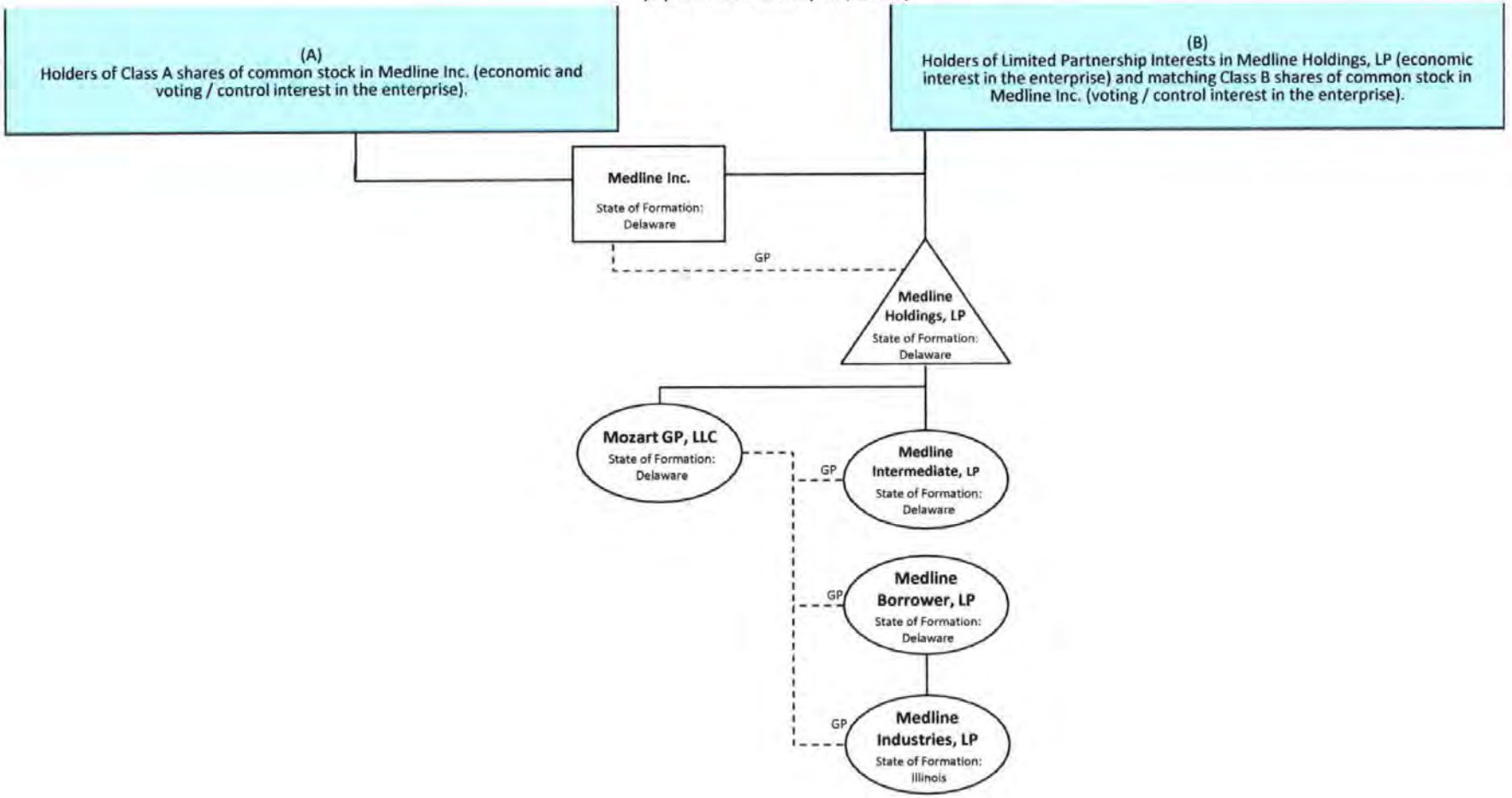


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

List of Officers, Directors, and Partners

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Centurion Medical Products, LP

FEIN: 38-1659420
A Delaware Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Industries, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	36-2596612
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC

FEIN: 32-0473772
An Illinois Limited Liability Company

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Member and Manager of LLC:

Medline Industries, LP
FEIN: 36-2596612

Officers:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC is a member managed LLC with the sole member and manager being Medline Industries, LP. Medline Industries, LP is a limited partnership and does not appoint corporate officers. Medline reports the officers for its general partner, Mozart GP, LLC, which retains 100% control of Medline Industries, LP.

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

Certificates of Good Standing

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

SEAL OF THE STATE OF ILLINOIS — AUG. 26TH 1818

Authentication #: 2610502528 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURION MEDICAL PRODUCTS, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTURION MEDICAL PRODUCTS, LP" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6213666 8300

SR# 20261791715

Authentication: 203646965

Date: 04-15-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

File Number 0543231-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias**, *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

EXCELSIOR MEDICAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502534 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203550646

Date: 04-03-26

5143163 8300

SR# 20261572157

You may verify this certificate online at corp.delaware.gov/authver.shtml

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 09/18/2025
Receipt Number: 2025205663
Receipt Amount $: 1000.00

Wholesaler - Full Service

PERMIT NO	EXPIRES
W003673	10/31/2027

Issued to :

Medline Industries, L.P.
Medline Industries, L.P.
THREE LAKES DRIVE - 3D
NORTHFIELD, IL 60093

Medline Industries, L.P.
8787 W. BUCKEYE ROAD
TOLLESON, AZ 85353

Sam Gandhi
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF
PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Medline Industries, L.P.
LICENSE NUMBER : W003673
EXPIRES : 10/31/2027

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

• Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.

• You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

• Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law

• In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.

• Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.

Certificates of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC. 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** N/A — N/A **INSURER C :** See Acord 101 for Carrier Participation **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-26 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	2,000,000 2,000,000 10,000 2,000,000 4,000,000 SEE BELOW
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	2,000,000
	[ ] **UMBRELLA LIAB** [ ] OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $	
A A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [Y] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2025 07/01/2025	07/01/2026 07/01/2026	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:

57.86% of the layer is insured by Lloyds of London

17.14% of the layer is insured by AXA XL UK Ltd. (A+)

25% of the layer is insured by Harleysville Insurance Company of NY (A)

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The ACORD name and logo are registered marks of ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$	10,000
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$	2,000,000
	OTHER:						GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? Y	N/A		PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr. Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S . Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St. Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd. Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **105625536**

Current Billing Term From **July 20, 2025** to **July 20, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **July 20, 2011**, in the amount of **One Hundred Thousand** (**$100,000.00**) on behalf of **MEDLINE INDUSTRIES, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **June 25, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 105625536 **Principal: MEDLINE INDUSTRIES, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25 day of June, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 25th day of June, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #105625536

Current Information as of 04/14/2026

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 5: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 6: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 7: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 8: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 9: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 10: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 11: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 12: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 13: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Location 14: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 15: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 16: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 17: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 18: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 19: (C71)
Medline Industries, LP
264 S 5750 W
Salt Lake City, UT 84104

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

Location 23: (ANG)
Medline Industries, LP
10 Glen Falls Techinical Park
Glen Falls, NY 12801

Location 24: : (EXC-TF)
Excelsior Medical, LLC
1470 Shafto Road
Tinton Falls, NJ 07712

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **108030426**

Current Billing Term From **September 03, 2025** to **September 03, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **September 03, 2024**, in the amount of **Twenty Five Thousand** (**$25,000.00**) on behalf of **CENTURION MEDICAL PRODUCTS, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **July 23, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108030426 **Principal: CENTURION MEDICAL PRODUCTS, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

SEAL SEAL SEAL SEAL

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

NOTARY PUBLIC

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 23 day of July, 2025.

SEAL SEAL SEAL SEAL

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 23rd day of July, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #108030426

Current Information as of 04/14/2026

Location 1: (B01)
Centurion Medical Products, LP
301 Catrell Drive
Howell, MI 48843

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP — MDEG License # (if applicable): WH02162

Physical Address: 8787 W Buckeye Ave.

City: Tolleson — State: AZ — Zip: 85353

Mailing Address (if different from physical address):

City: — State: — Zip:

Telephone: 623-936-5443 — Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Scott — Middle: Jason — Last: Fritsche

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☑ M ☐ F ☐ X

Mailing Addre[redacted]

City: Buckeye — State: AZ — Zi[redacted]

Telephone: 623-936-5443 — Email: sfritsche@medline.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✔	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✔	
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Phoenix		04/03-05/05	
Address	City	State	Zip
4035 South Riverpoint Parkway	Phoenix	AZ	85040
Diploma/Degree obtained, if any			
Business Management			

School Name		From - To (MM/YY – MM/YY)	
Milwaukee Area Technical College		01/99-01/01	
Address	City	State	Zip
700 W State St.	Milwaukee	WI	53233
Diploma/Degree obtained, if any			
General Courses			

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin - Milwaukeee		09/95-09/98	
Address	City	State	Zip
3203 N Downer Ave.	Milwaukee	WI	53211
Diploma/Degree obtained, if any			
General Courses			

School Name		From - To (MM/YY – MM/YY)	
John Marshall High School		1990-1995	
Address	City	State	Zip
4141 N 64th St.	Milwaukee	WI	53216
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/16-Present	[redacted]	Buckeye	AZ	[redacted]
09/15-06/16		Buckeye	AZ	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			09/15-Present	
Business Address		**City**	**State**	**Zip**
8787 W Buckeye Ave.		Tolleson	AZ	85353
Phone	**Title**		**Number of Employed Hours**	
623-936-5443	Director of Operations		21,840	
Description of Duties				
Verification of incoming and outgoing shipments, handling and disposition of materials, and keeping warehouse inventory current and accurate. Ensures order fulfillment and production are completed on a daily basis.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Scott Fritsche, **certify that as the MDEG Administrator for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. SF Have a high school diploma or its equivalent;
2. SF Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. SF Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. SF Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Scott Fritsche

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/10/26

Date

Board Use Only	Date Received: 4/21/26

List of Employees
Medline Industries, LP
C50 - Tolleson, AZ

Worker	Business Title
Aaron Riddick	Line Haul Driver
ABAYOMI DADA	Warehouse Operator Operations
Adam Ferla	Warehouse Ld Operations
Adrian Ayers	Warehouse Operator Operations
Adriana Munoz	Warehouse Operator Operations
Akeem rutledge	Warehouse Operator Operations
Alana Brown	Warehouse Operator Operations
Alejandra Barrera	Warehouse Operator Operations
Alejandro Cortez	Driver Ld
Alejandro Mendoza	Driver II
Alejandro Regalado	Supv Warehouse
Alex Loza	Warehouse Operator Operations
Alex Ramos	Warehouse Operator Operations
Alexis Garcia Perez	Delivery Driver
Alexis Sanchez Galvan [C]	Warehouse Operator
Alfonso Beltran	Warehouse Operator Operations
Alfredo Aguilera	Warehouse Operator Operations
Ali Eissa	Warehouse Operator Operations
Aliah Alvarado	Dispatcher
alicia kirschenbaum	Warehouse Operator Operations
Ana Lugo Martinez	Warehouse Ld Operations
Andrew Conklin	Warehouse Operator Operations
Angel Atondo	Trainer Branch
Angel Begay	Warehouse Operator Operations
Angel Equihua	Warehouse Operator Operations
Angie Schiavo	Supv Warehouse
Angie Valenzuela	Warehouse Operator Operations
Anne Martinson	Training Coord Sr
Anthony Adame	Warehouse Operator Operations
Anthony Alvarez	Warehouse Operator Operations
Anthony Manne	Warehouse Operator Operations
Anthony Saldana	Warehouse Operator Operations
Anthony Simmons	Warehouse Operator Operations
Aram Dawood	Supv Warehouse
Arelis Mancera	Warehouse Operator Operations
Ariel Solorza	Warehouse Operator Operations
Arturo Anaya	Warehouse Operator Operations
Austin Bryant	Warehouse Operator Operations
Ayinde Sprewell	Warehouse Operator Operations
Belmaris Lechuga	Warehouse Operator Operations
Ben Perez	Warehouse Operator Operations
Benjamin Cavazos	Warehouse Operator Operations
Beth Zoellick	Inventory Coord Sr
Beverly Wenner	Inventory Control Ld Operations
Billy Williams	Warehouse Operator Operations
Blong Moua	Supv MedTrans
Bob Sawyer	Line Haul Driver
Bri Cozart	Warehouse Operator Operations
Bridget Ramirez	Warehouse Operator Operations

Worker	Business Title
Calvin Scaife	Line Haul Driver
Carlos Carmona	Warehouse Operator Operations
Carlos Galindo (On Leave)	Warehouse Operator Operations
Carlos Garcia	Warehouse Operator Operations
Carlos Loreto	Warehouse Operator Operations
CARLOS RUIZ-JAUREGUI	Warehouse Operator Operations
Carmen Conway	Warehouse Operator Operations
Cassandra Joya	Warehouse Operator Operations
Chance Dunn-Nelson	Fleet Maintenance Planner
Charles Talati	Warehouse Operator Operations
Christian Lopez	Warehouse Operator Operations
Christopher Kyle	Driver Ld
Clara Apodaca	Warehouse Operator Operations
Colin Suitter	Warehouse Operator Operations
Corey Fowler	Warehouse Operator Operations
Cory Evans	Warehouse Operator Operations
Cristal Bravo	Warehouse Operator Operations
Crystal Bojorquez	Delivery Driver
Cydnei Kaiser	Warehouse Operator Operations
Cynthia Balandran	Transportation Coord
Cynthia Ibanda	Warehouse Operator Operations
Dale Thorman	Delivery Driver
Daniel Gutshall	Warehouse Operator Operations
Daniel Milstead	Warehouse Ld Operations
Daniel Minjarez	Warehouse Ld Operations
Danilo Miguel Perez Martinez	Warehouse Operator Operations
Darrick Mcclinton	Warehouse Operator Operations
David Banks	Warehouse Operator Operations
David Bell	Line Haul Driver
David Ramirez	Driver Ld
David Summerville [C]	Warehouse Operator
Davion Clayton	Warehouse Operator Operations
Daxton Matautia (On Leave)	Warehouse Operator Operations
Deisha Sandoval	Warehouse Clerk Operations
Deljanae Gandy	Delivery Driver
Demetrius Stevens	Delivery Driver Ld
Denisse Carrillo Yocupicio	Warehouse Operator Operations
Derric Anderson	Mgr Warehouse
Devonn Sanders	Warehouse Operator Operations
Diana Amaya	Warehouse Operator Operations
Diego Contreras (On Leave)	Warehouse Operator Operations
Dominic Gutierrez	Warehouse Ld Operations
Don Murrell-Walker	Warehouse Operator Operations
Don O'Rourke	Driver II
DON RICHARDSON JR	Driver II
Edgar Perez	Trainer Branch
Edgar Solis	Supv Warehouse
Eduardo Garcia	Warehouse Operator Operations
Edward Campbell	Warehouse Operator Operations

Edwin Hernandez	Driver II	John Billegas	Warehouse Ld Operations
Elija Hawkins	Warehouse Ld Operations	John Kim	Warehouse Operator Operations
Emily Villegas	Warehouse Operator Operations	Jonathan davis	Warehouse Operator Operations
Eric Munoz	Warehouse Operator Operations	Jonathan Forbis	Mgr Training
Erik Lotshaw	Driver II	Jordan Diaz	Warehouse Operator Operations
Erik Russell	Trainer Branch	Jordan Miller	Trainer Branch
Erika Salazar Corrales	Warehouse Operator Operations	Jorge Harris	Warehouse Operator Operations
Ernesto Camacho	Warehouse Operator Operations	Jorge Pena	Driver II
Estivalia Olmedo	Warehouse Operator Operations	Jorge Tapia	Warehouse Operator Operations
Faviola Contreras-Jacobo	Driver II	Jose Miranda Rodriguez	Warehouse Operator Operations
Felicitas sandoval basave	Warehouse Operator Operations	Jose Serrano	Warehouse Operator Operations
Fernando Romero Llanes	Supv Warehouse	Jose Soto	Warehouse Operator Operations
Francisco Camacho	Line Haul Driver	Joseph Lucero	Warehouse Operator Operations
Frank Garcia	Warehouse Operator Operations	Joseph Sanchez	Warehouse Operator Operations
Franky Ortiz	Warehouse Operator Operations	Joshua George	Delivery Driver
Gabriel Dominguez	Inventory Coord Operations	Joshua Phillips	Warehouse Operator Operations
GARRY BEFFORT	Warehouse Operator Operations	Juan Silva	Driver II
George Alvarado	Warehouse Operator Operations	Juana Lopez Pineda	Warehouse Operator Operations
Gilbert Acosta	Warehouse Operator Operations	Juana Rodriguez Tizcareno	Warehouse Operator Operations
Giovanni Gipson	Warehouse Operator Operations	Judy Self	Inventory Coord Operations
Gustavo Michel	Warehouse Operator Operations	Julian De Lira	Warehouse Operator Operations
Hailey Devine	Office Coord	Karina Hadad	Delivery Driver
Harlind Ramos	Warehouse Operator Operations	Karla Morales	Warehouse Operator Operations
Horacio Rios	Warehouse Operator Operations	Karli Fritsche	Warehouse Ld Operations
Hugo Celis	Warehouse Operator Operations	Kaylee Ramos	Warehouse Operator Operations
Hugo Olivares	Warehouse Operator Operations	Kenneth Long	Driver II
Indelfonso Lopez	Supv Warehouse	Kenneth Mayberry	Warehouse Operator Operations
Irvin Marin Silverio	Warehouse Operator Operations	Kenneth Walsh	Warehouse Operator Operations
Irving Gonzalez	Warehouse Operator Operations	Kim Bayer	Admin Asst
Isaac Quintana	Warehouse Ld Operations	Kirk Lehnus	Driver II
IVAN REAL	Warehouse Operator Operations	Kyawna Rendon Paul	Supv Warehouse
J Gutierrez	Warehouse Operator Operations	Laurice Simonson-Denetso	Warehouse Operator Operations
Jailyn Casillas	Warehouse Operator Operations	Lavada Harmon	Warehouse Operator Operations
Jaime Arellano Espinoza	Delivery Driver	Leonardo Teutla	Warehouse Operator Operations
Jaime Rosales	Driver II	Leroy Cordero	Warehouse Operator Operations
Javier Rivera	Warehouse Operator Operations	Leticia Lopez	Warehouse Operator Operations
Jayquan Dunbar	Warehouse Operator Operations	Lillian Isenhower	Delivery Driver
Jeffrey Jones	Warehouse Operator Operations	Lisneida Lisneida	Warehouse Operator Operations
Jehovanny Martinez	Warehouse Operator Operations	Louis Armstrong	Delivery Driver
Jennifer Nieto	Warehouse Operator Operations	Luis Chacon Amaya	Mgr MedTrans
Jerry Childress	Warehouse Operator Operations	LUIS ZAMBRANO	Warehouse Operator Operations
Jesica Gamez Martinez	Warehouse Operator Operations	Malcolm Rivera	Warehouse Operator Operations
Jessie Fernandez	Warehouse Operator Operations	Manny Gonzales	Warehouse Operator Operations
Jessie Montano	Trainer Branch	Manurys Castro	Warehouse Operator Operations
JESUS GONZALEZ	Warehouse Operator Operations	Marcela Escalante	Warehouse Operator Operations
Jesus Gonzalez Martinez	Warehouse Operator Operations	Marcela Tovar	Warehouse Operator Operations
Jesus Padilla Montijo	Warehouse Operator Operations	Maria Flores	Warehouse Operator Operations
Jesus Rodriguez	Warehouse Operator Operations	Maria Fraire	Supply Chain Clerk I
Jesus Sanchez	Warehouse Operator Operations	Maria Kittinger	Quality Control Inspector II
Jimmy Nunez	Warehouse Operator Operations	Maria Muniz	Warehouse Operator Operations
Joana Yoguez	Inventory Coord Operations	Marianna Avila	Warehouse Operator Operations
Joe Lockhart	Driver Ld	Mario Chavez	Warehouse Operator Operations
Joey Hernandez	Warehouse Operator Operations	Mario Cota	Delivery Driver
John Barragan	Warehouse Operator Operations	Mario Mendez	Warehouse Operator Operations

Marisol Hernandez Bravo	Warehouse Operator Operations
Maritza Arias	Warehouse Operator Operations
Marivel Gonzales	Warehouse Operator Operations
Mark Hulsey (On Leave)	Driver II
Mark Marrufo	Warehouse Operator Operations
Mark Romero	Warehouse Ld Operations
Mark Wilridge	Warehouse Operator Operations
Marshall Augustine	Warehouse Operator Operations
Martin Brito-Montoya	Supv MedTrans
Marvin Jones	Line Haul Driver
Maurice Gray	Warehouse Operator Operations
Melissa Vasquez	Warehouse Operator Operations
Michael Bowman (On Leave)	Line Haul Driver
Michael Dunn	Line Haul Driver
Michael Jefferson	Trainer Branch
Michael Johnson	Driver II
Miguel Vega	Warehouse Operator Operations
Mike Wilbur	Warehouse Ld Operations
Monica Corona	Dispatcher
Morris Johnson	Warehouse Operator Operations
Natali Ruiz	Warehouse Operator Operations
Natalie Cruz (On Leave)	Warehouse Operator Operations
NDADAYE MELCHIOR	Warehouse Operator Operations
Neil Gillies	Driver II
Nicolas Rodriguez	Sr Mgr Medtrans
Osvaldo Garcia	Warehouse Operator Operations
Palmer Thompson	Driver II
Pascual Avina	Warehouse Operator Operations
Pearl Bravo	Mgr Warehouse
Pedro Marquez	Trainer Branch
Pedro Reynoso Fernandez	Warehouse Operator Operations
Ramon Nicols	Driver II
Ramon Zevada	Mgr Warehouse
Raul Meraz	Warehouse Operator Operations
Ray Garcia	Warehouse Operator Operations
Ray Tudela	Maintenance Tech II
Ré Wheatley (On Leave)	Mgr HR
Ricardo Gomez	Warehouse Operator Operations
Rich Rogers	Supv Warehouse
Richard Privitera	Delivery Driver
Ricky Zarrazola	Warehouse Operator Operations
Rita Ramos	Warehouse Operator Operations
Robert Baker	Quality Control Inspector I
Robert Maggett	Delivery Driver
Robert Villa Remijio	Delivery Driver
Roberto Jimenez	Line Haul Driver
Robles Robles	Warehouse Operator Operations
Roger Madrid	Warehouse Operator Operations
Roland Talifarro	Warehouse Operator Operations
RUDY Rascon	Warehouse Operator Operations
Ryan Kenyon	Warehouse Operator Operations
Sabrina Deleon	Trainer Branch
Sabrina Orta	Warehouse Operator Operations
Samuel Camberos	Warehouse Ld Operations
Samuel Chaudhuri	Warehouse Operator Operations
Sandra Chavez	Warehouse Operator Operations
Sandro Rocha	Warehouse Operator Operations
Sandy Rubio Godoy	Warehouse Operator Operations
Scott Fritsche	Sr Dir Operations
Scott Green	Delivery Driver
Scott Hopkins	Line Haul Driver
Scott Lambert	Warehouse Operator Operations
SERENA TREVIZO	Warehouse Operator Operations
Shamarrie Murphy (On Leave)	Warehouse Operator Operations
Sharice Butler	Warehouse Clerk Operations
Shawn Green	Line Haul Driver
Sheldon McCall	Warehouse Operator Operations
Son Nguyen	Warehouse Ld Operations
Sophia Gonzalez	Trainer Branch
Stephanie Montoya	Warehouse Operator Operations
Stephany Vasquez	Warehouse Operator Operations
Stevan Riojas	Warehouse Operator Operations
Steve Andert	Line Haul Driver
Steve Tellez	Warehouse Operator Operations
Steven Ramirez	Warehouse Operator Operations
Tanya Romanov	Supv Warehouse
Tawny Garcia	Warehouse Operator Operations
Tayde Ramos Brambila	Warehouse Operator Operations
TAYLENE CHACON	Warehouse Operator Operations
Ted Espinoza	Driver II
Thomas Salazar	Warehouse Operator Operations
Tyler Burtchett	Warehouse Operator Operations
Tyler Steadman	Line Haul Driver
Tyrus Smith	Warehouse Operator Operations
Ulises Cruz	Driver II
Valarie Diaz	Warehouse Operator Operations
Vanessa Nunez	Warehouse Operator Operations
Vicente Trujillo	Line Haul Driver
Vince Mcdonald	Line Haul Driver
Virginia Carabajal	Warehouse Operator Operations
Viviana Escalante	Delivery Driver
Viviana Suarez	Warehouse Operator Operations
William Smith	Warehouse Operator Operations
Xitlali Ortega	Warehouse Operator Operations
Yanilin Negrete	Warehouse Operator Operations
Yasmine Arballo	Delivery Driver
Yolanda Lopez	Transportation Coord

Copy of SEC 10K

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2025

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-43022

Medline Inc.
(Exact name of registrant as specified in its charter)

Delaware	**33-1845288**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
3 Lakes Drive Northfield, Illinois	**60093**
(Address of principal executive offices)	(Zip Code)

(847) 949 5500
Registrant's telephone number, including area code

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A common stock, par value $0.0001 per share	MDLN	Nasdaq Global Select Market

Securities registered pursuant to section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements.

☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b).

☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the Class A common stock held by non-affiliates of the registrant, based on the closing price of a share of Class A common stock on December 17, 2025, as reported by The Nasdaq Global Select Market on such date was approximately $13.0 billion. The registrant has elected to use December 17, 2025, which was the initial trading date of the registrant's Class A common stock on The Nasdaq Global Select Market, as the calculation date because on June 30, 2025 (the last business day of the registrant's most recently completed second fiscal quarter) the registrant was a privately held company. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose.

As of February 23, 2026, there were 811,647,534 shares of the registrant's Class A common stock and 502,045,878 shares of the registrant's Class B common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement related to its 2026 Annual Meeting of Stockholders to be filed with the U.S. Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2025 are incorporated by reference into Part III of this Annual Report on Form 10-K.

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Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K (this "Annual Report") contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Forward-looking statements include all statements that are not historical facts. Words such as "anticipate," "assume," "believe" "contemplate," "continue," "could," "estimate," "expect," "foreseeable," "intend," "may," "plan," "potentially," "predict," "project," "seek," "should," "will," or "would," or similar words or phrases that convey uncertainty of future events or outcomes, are intended to identify forward-looking statements in this Annual Report. These forward-looking statements relate to matters such as our industry, business strategy, costs, and costs savings, impacts of accounting standards and guidance, goals and expectations, market position, future operations, margins, profitability, capital expenditures, liquidity and capital resources, legal matters, trends, and other financial and operating information. The forward-looking statements are based on management's current expectations and are subject to various risks, uncertainty, and changes in circumstances, many of which are beyond our control, that could cause actual results to differ materially. Although we believe that the assumptions underlying the forward-looking statements are reasonable, we cannot guarantee future results, level of activity, performance, or achievements. Factors that may cause actual results to differ from expected results include those described in Part I, "Item 1A—Risk Factors" and Part II, "Item 7—Management's Discussion and Analysis of Financial Condition and Results of Operations". The forward-looking statements included in this Annual Report speak only as of the date of this Annual Report or as of the date they are made, as applicable. Except as otherwise required by law, we disclaim any intent or obligation to update any "forward-looking statement" made in this Annual Report to reflect changed assumptions, the occurrence of unanticipated events, or changes to future operating results over time.

INTRODUCTORY NOTE

Medline Inc. was incorporated as a Delaware corporation on November 6, 2024. Prior to the completion of its initial public offering (the "IPO") on December 18, 2025, Medline Inc. undertook certain reorganization transactions (the "Reorganization") such that Medline Inc. is now a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP ("Medline Holdings"). Following the IPO, Medline Holdings is the predecessor of Medline Inc. for financial reporting purposes. As the general partner of Medline Holdings, Medline Inc. now operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts its business. The Reorganization lacks economic substance and therefore is accounted for in a manner consistent with a reorganization of entities under common control. As a result, the consolidated financial statements of Medline Inc. recognize the assets and liabilities received in the Reorganization at their historical carrying amounts, as reflected in the historical financial statements of Medline Holdings. Medline Inc. will consolidate Medline Holdings on its consolidated financial statements and record a non-controlling interest related to the Units (as defined herein) held by the Continuing Unitholders (as defined herein) on its consolidated balance sheets and statements of comprehensive income.

Medline Inc. had no significant business transactions or activities prior to the Reorganization, and, as a result, the historical financial information reflects that of Medline Holdings.

Basis of Presentation

The consolidated financial statements and accompanying notes included herein are prepared in accordance with United States generally accepted accounting principles ("GAAP"). The results of businesses acquired or disposed of are included in the consolidated financial statements from the date of the acquisition or up to the date of disposal, respectively. All adjustments, in the opinion of management, necessary to a fair statement of the results for the annual periods presented have been made.

Certain monetary amounts, percentages, and other figures included in this Annual Report have been subject to rounding adjustments. Percentage amounts included in this Annual Report have been calculated, in some cases, not on the basis of such rounded figures, but on the basis of such amounts prior to rounding. For this reason, percentage amounts in this Annual Report may vary from those obtained by performing the same calculations using the figures, on the face of our consolidated financial statements included elsewhere in this Annual Report. Certain other amounts that appear in this Annual Report may not sum due to rounding.

In December 2024, we changed the name of Medline Holdings from Mozart Holdings, LP to Medline Holdings, LP. We will not distinguish between the prior and current name of Medline Holdings and will refer to the current name of Medline Holdings throughout this Annual Report. References in this Annual Report to "Medline," the "Company," "we," "us," and "our" refer (1) prior to the consummation of the IPO, to Medline Holdings, LP and its consolidated subsidiaries and (2) after the IPO to Medline Inc. and its consolidated subsidiaries.

CERTAIN DEFINITIONS

As used in this Annual Report, unless otherwise noted or the context requires otherwise, the following terms have the following meanings:

- "Class A Units" refers to the interests in Medline Holdings called "Class A Units" that were outstanding prior to the Reclassification. In connection with the Reclassification, (i) Class A Units held by Common Unitholders were converted into Common Units and (ii) Class A Units held by Exchanging Class A Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Class B Units" refers to the interests in Medline Holdings called "Class B Units" that were outstanding prior to the Reclassification, and does not include CUPI Units. In connection with the Reclassification, (i) Class B Units held by Incentive Unitholders were converted into Incentive Units and (ii) Class B Units held by Exchanging Class B Unitholders were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units).

- "Common Units" refers to the new class of units of Medline Holdings created by the Reclassification and does not include Incentive Units.
- "Common Unitholders" refers to certain pre-IPO holders of Class A Units and/or CUPI Units who hold Common Units following the Reclassification.
- "Incentive Unitholders" refers to certain pre-IPO holders of Class B Units who will hold Incentive Units following the Reclassification, as described under "Organizational Structure."
- "Continuing Unitholders" refers collectively to Common Unitholders and Incentive Unitholders.
- "CUPI Units" refers to the interests in Medline Holdings that were designated as "Catch-Up Class B Units" and outstanding prior to the Reclassification. In connection with the Reclassification, (i) CUPI Units held by Common Unitholders were converted into Common Units and (ii) CUPI Units held by Exchanging CUPI Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Designating Stockholder" refers to each of our Principal Stockholders with whom we entered into separate director nomination agreements.
- "Exchanging Class A Unitholder" refers to pre-IPO holders of Class A Units whose Class A Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Class B Unitholder" refers to pre-IPO holders of Class B Units whose Class B Units were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units) following the Reclassification.
- "Exchanging CUPI Unitholder" refers to pre-IPO holders of CUPI Units whose CUPI Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Unitholders" refers collectively to Exchanging Class A Unitholders, Exchanging CUPI Unitholders, and Exchanging Class B Unitholders.
- "Incentive Units" refers to the new class of units of Medline Holdings created by the reclassification of the Class B Units in the Reclassification. The Incentive Units are "profit interests" having economic characteristics similar to stock appreciation rights and having the right to share in any equity value of Medline Holdings above specified participation thresholds. Vested Incentive Units may be converted to Common Units and be subsequently exchanged for shares of Class A common stock.
- "Principal Stockholders" refers collectively to investment funds associated with Blackstone Inc., The Carlyle Group Inc. and Hellman & Friedman LLC, and members of the Mills family.
- "Reclassification" refers to the reclassification of the partnership interests of Medline Holdings prior to the IPO.
- "Sponsors" refers collectively to Blackstone Inc., The Carlyle Group Inc., and Hellman & Friedman LLC.
- "Units" refers collectively to Common Units and Incentive Units.

Summary of Risk Factors

The following is a summary of the principal factors that make an investment in our securities speculative or risky, all of which are more fully described below. This summary should be read together with the risk factors described under Part I, "Item 1A—Risk Factors" and should not be relied upon as an exhaustive summary of the material risks facing our business. In addition to the following summary, you should consider the information set forth below and the other information contained in this Annual Report before investing in our securities.

- Our global operations are subject to inherent risks that could materially adversely affect our business, results of operations, and financial condition.
- We may be unable to derive fully the anticipated benefits from our existing or future acquisitions, joint ventures, investments, dispositions, or other strategic transactions.
- Consolidation in the healthcare industry could have an adverse effect on our business, results of operations, and financial condition.
- We operate in a highly competitive industry, with accelerating pricing pressure and changes in technology.
- Changes to the U.S. and global healthcare environments may not be favorable to us.
- Increases in shipping costs or service issues with our third-party shippers could harm our business.

- Significant challenges or delays in our sourcing of new products and technologies could have an adverse impact on our long-term success.
- We have concentration in and dependence on certain healthcare provider customers and GPOs.
- Our business and operations depend on the proper functioning of our critical facilities and distribution networks and could be negatively impacted by events outside our control.
- Quality problems and product liability claims have in the past led, and could in the future lead, to recalls or safety alerts, reputational harm, adverse verdicts, or costly settlements, and could have a material adverse effect on our business, results of operations, and financial condition.
- Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline.
- If we experience increased pressure to maintain or decrease the price of our goods and services and we are unable to reduce our expenses, there may be a material adverse effect on our business, results of operations, and financial condition.
- Any failure by or loss of a third-party manufacturer or supplier or other manufacturing or supply-related impacts could result in delays and increased costs, which may adversely affect our business.
- We rely on the proper function, security, and availability of our information technology systems and data, as well as those of third parties throughout our global supply chain, to operate our business.
- We are subject to extensive and complex laws and governmental regulations and any adverse regulatory action may materially adversely affect our business, results of operations, and financial condition both inside and outside the United States.
- We are subject to complex and rapidly evolving data privacy, security, and data protection laws and regulations and the costs to comply with such laws and regulations or any ineffective compliance efforts with such laws and regulations may adversely impact our business.
- Our use or our third-party service providers' or business partners' use of AI, automated decision-making and machine learning technologies and the evolving regulatory framework in this area may subject us to risks or heightened costs that could adversely affect business, results of operation and financial condition.
- Our failure to comply with laws and regulations relating to reimbursement of healthcare goods and services may subject us to penalties and adversely impact our reputation, business, results of operations, financial condition, and cash flows.
- Uncertain global and domestic macro-economic and political conditions could materially adversely affect our business, results of operations, and financial condition.
- Our substantial indebtedness could adversely affect our financial condition, our ability to operate our business or react to changes in the economy or our industry, prevent us from fulfilling our obligations under our debts, and divert our cash flow from operations for debt payments.
- The credit agreement that governs the Senior Secured Credit Facilities and the indentures that govern the Senior Notes will each impose significant operating and financial restrictions on our subsidiaries, which may prevent us from capitalizing on business opportunities.
- Medline Inc. is a holding company and its only material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, and it is accordingly dependent upon distributions from Medline Holdings to pay taxes, make payments under the tax receivable agreement, and pay any dividends.
- The Designating Stockholders hold a significant percentage of our stock, and their interests may conflict with ours or yours in the future.
- Our amended and restated certificate of incorporation does not limit the ability of our Sponsors, the Mills family, and certain other pre-IPO investors to compete with us, and they may have investments in businesses whose interests conflict with ours.

The market price of shares of our Class A common stock may be volatile or may decline regardless of our operating performance, which could cause the value of your investment to decline.

Market and Industry Data

Unless otherwise indicated, information contained in this Annual Report concerning our industry, competitive position, and the markets in which we operate is based on information from independent industry and research organizations, other third-party sources and management estimates. Although we believe that these third-party sources are reliable, we do not guarantee the accuracy or completeness of this information, and we have not independently verified this information. Management estimates are derived from information obtained from surveys, reports by market research firms, our customers, distributors, suppliers, trade and business organizations, and other contacts in the markets in which we operate and have not been verified by independent sources, and are based on assumptions made by us upon reviewing such data, and our experience in, and knowledge of, such industry and markets, which we believe to be reasonable. In addition, assumptions and estimates of our and our industry's future performance are subject to a high degree of uncertainty and risk due to a variety of factors, including those described in Part I, "Item 1A—Risk Factors" and "Cautionary Note Regarding Forward-Looking Statements." These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

Statements regarding our market position (including statements that we are the largest company in a particular market), unless otherwise noted, are based on our 2025 net sales in the relevant market relative to the publicly reported net sales of our competitors in such market, including with respect to our statement of being the largest provider of med-surg products and supply chain solutions serving all points of care, as that statement is based on our 2025 net sales relative to the publicly reported net sales of med-surg products by companies that are both med-surg manufacturers and distributors.

Trademarks

We own or have the right to use trademarks, trade names, and service marks used in connection with our business, including, but not limited to, Medline, Curad, Microtek, Hudson, and Proxima. All trademarks, trade names, and service marks referred to in this Annual Report are the property of their respective owners. We do not intend our use or display of other companies' trade names, trademarks, or service marks to imply a relationship with, or endorsement or sponsorship of us by, these other companies. Solely for convenience, our trademarks, trade names, and service marks referred to in this Annual Report may appear without the ®, ™ or SM symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks, trade names, and service marks.

PART I

Item 1. Business

General

Medline Inc. (together with its subsidiaries, "Medline", "the Company", "we", "ours" and "us") is the largest provider of medical-surgical ("med-surg") products and supply chain solutions serving all points of care, based on total net sales of med-surg products. Medline was founded in 1966 and today delivers mission-critical products used daily across the full range of care settings, from hospitals and surgery centers to physician offices and post-acute facilities. Our mission is to make healthcare run better by delivering improved clinical, financial, and operational outcomes.

We have two reportable segments, Medline Brand and Supply Chain Solutions, the combination of which addresses critical needs in the market through a comprehensive solution. They are both supported by our Prime Vendor model, differentiated distribution network, and robust commercial platform. Through our two segments, we offer approximately 335,000 med-surg products, including surgical and procedural kits, gloves and protective apparel, urological and incontinence care, wound care, and consumable lab and diagnostics products. We distribute these products through our expansive network of global distribution facilities and our owned fleet of MedTrans trucks.

Medline Brand

As of December 31, 2025, we offer our customers approximately 190,000 med-surg products through our Medline Brand segment and hold leading positions across many key product families for our Medline Brand products. Our Medline Brand products are organized into three product categories: Front Line Care, Surgical Solutions, and Laboratory and Diagnostics.

- *Front Line Care* offers mission-critical med-surg products for patient-facing needs, including wound care products, exam gloves, skin care and incontinence products, environment cleaning supplies, textiles, hand sanitizer, durable medical equipment, patient plastics, and decolonization and infection control products.
- *Surgical Solutions* offers operating room and perioperative environment product solutions, including surgical procedure trays, drapes and gowns, personal protective equipment, sterile wraps, surgical instruments, surgeon's gloves, procedure kits, and orthopedic implants.
- *Laboratory and Diagnostics* offers a full range of laboratory and diagnostic product solutions, including point of care testing, analyzers and instrumentation, lab and diagnostic consumables, diagnostic instruments, vital signs monitors, and anatomic pathology and phlebotomy products.

Our product development approach incorporates customer feedback and ongoing innovation. We are also committed to delivering products of the highest standard, which is reflected by our robust quality team embedded across our manufacturing and sourcing locations. The expertise of our research and development team and quality team helps ensure products bearing the Medline brand meet both our rigorous quality standards and our customers' expectations.

Supply Chain Solutions

As of December 31, 2025, we offer approximately 145,000 med-surg products from over 1,300 third-party suppliers, including nearly all leading national brands, through our Supply Chain Solutions segment. We also provide our customers with supply chain optimization services such as consulting engagements, outsourced warehouse and technology management, put-away-ready packaging, third-party logistics, inventory rationalization, and route planning. Our third-party suppliers are primarily responsible for costs related to import and inbound freight, whereas we are primarily responsible for costs related to outbound freight from our distribution centers. Our supply chain expertise allows us to provide additional service offerings to optimize our customers' supply chain and inventory workflows, helping these customers cost-effectively manage their supply chain while building strong relationships and enhancing retention.

Our Prime Vendor Model

A Prime Vendor relationship is a relationship for which there is a multi-year distribution agreement between Medline and a customer, whereby the customer agrees to use Medline for the vast majority of its med-surg product needs.

In our Prime Vendor relationships, we enter into long-term agreements, typically structured with five-year terms, to act as the primary consolidated logistics partner for these customers' med-surg product needs. These agreements have been and are expected to continue to be a key contributor to our growth. Our customers realize efficiencies by partnering with one supply chain partner to consolidate their med-surg purchase volume. Prior to the market adoption of the Prime Vendor model, customers sourced such products individually from a highly fragmented base of suppliers. The Prime Vendor model instead centralizes procurement and distribution, which in turn drives efficiency and higher service levels.

As Prime Vendor, we drive significant cost savings to our customers. Our scale allows us to deliver consistently lower prices and better service levels on Medline Brand products relative to third-party alternatives, while also lowering the distribution cost for delivery of the full range of med-surg products. This often motivates customers to purchase more Medline Brand products over time. The opportunity is even greater in certain non-acute settings, where we sell a more focused product portfolio. Our Prime Vendor model allows us to provide cost savings to Prime Vendor customers, which, over time, supports incremental purchasing of our Medline Brand products and greater scale across our operations. As our scale grows, we are able to realize further efficiencies by offering superior or similar quality to third-party products at a more cost-effective price. We believe that Medline Brand conversion is mutually beneficial for both our customers and us-the value we provide customers at the outset of a Prime Vendor agreement meaningfully increases over time, as they accrue savings by purchasing our lower cost Medline Brand products, while our profitability grows given the enhanced margin profile of Medline Brand products. This compelling value proposition and supply chain relationship with our customers supports our greater than 98% average Prime Vendor retention rate over the past five years.

A portion of Supply Chain Solutions products sold to existing Prime Vendor customers has like-for-like Medline Brand product equivalents, representing a potential gross profit uplift consistent with our historical margin differentials if such products were converted for Medline Brand products. While we historically have earned higher margins upon conversion from third-party national brand products to like-for-like Medline Brand products, because of the lower average prices for Medline Brand products, there is typically a negative impact on net sales upon the conversion of Supply Chain Solutions products to like-for-like Medline Brand products if volume is assumed to be constant. For additional information on potential risks relating to this conversion opportunity, please see Part I, "Item 1A—Risk Factors—Risks Related to Our Business, Industry and Operations—Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline."

Our Distribution Network

We have a differentiated distribution network of 70 global distribution centers, warehouses, cross-docks, and transship facilities, 45 of which are in the United States, strategically located to provide next-day delivery to 95% of our U.S. customer base. We utilize artificial intelligence ("AI") and robotics technology in over 26 million square feet of warehouse space in the United States to improve efficiency and capacity to optimize distribution logistics and maximize utilization. The products we distribute are packaged to meet each customer's individual needs and to be "put-away-ready," which streamlines the customer's unloading and shelving process. We also operate our own fleet of more than 2,100 MedTrans trucks that deliver our products across care settings within the United States. As of December 31, 2025, we had approximately 25% in incremental capacity across our platform to support our long-term growth.

Our Commercial Platform

Our deep connectivity to our customers is driven by the strength of our dedicated and tenured commercial team. We have a U.S. commercial team of approximately 4,000 people across all points of care, which includes account managers, product specialists, specialized clinical resources, customer service representatives, supply chain specialists, Prime Vendor analysts, and a robust leadership team dedicated to driving efficiencies for our customers through their teams. We have created an entrepreneurial environment that empowers our salesforce to work with our product managers to create innovative products that meet market demand. We have a team devoted to each channel in the United States and each region or country internationally, which allows our salesforce teams to develop market-specific knowledge.

Research and Development

We have a track record of successfully bringing new products to market, with more than 2,300 granted patents and more than 450 U.S. Food and Drug Administration ("FDA") 510(k) clearances. Over the last three years, we have successfully launched more than 250 new products.

Competition

Our value proposition is derived from our integrated business model, the breadth of our Medline Brand portfolio, our differentiated supply chain, and the overall quality and cost of our products. As a result of our integrated business model, our competitors include both other leading med-surg product manufacturers and distributors.

Similar to us, other leading med-surg product manufacturers produce a wide range of med-surg supplies. However, unlike us, many of these competitors are reliant upon third-party distributors to deliver their products to customers. By nature of being a distributor, Medline has direct access to and manages the end customer relationships. This enables us to offer a complete solution as a manufacturer and a distributor, offering our customers what we believe to be best-in-class supply chain logistics, and driving value through our brand.

Additionally, other distributors of med-surg products similarly connect the fragmented supplier and provider bases and aggregate inventory from suppliers to deliver products to customers, such as McKesson, Cardinal Health, Owens & Minor, and Henry Schein. These distribution companies compete with us for Prime Vendor agreements. However, we believe that many of these competitors do not benefit from the scale and scope of our vertical integration or commercial excellence, and thus are not able to provide the same magnitude of cost savings, value, and holistic solutions that we deliver for our customers.

Production and Raw Materials

We manufacture approximately one-third of our Medline Brand products, which are primarily Class I and II medical devices, through our 30 manufacturing facilities, of which 24 are in North America. We purchase many of the components and raw materials used in manufacturing our products from numerous suppliers. We focus our manufacturing capabilities on products where we can leverage technology and automation to drive higher quality and lower costs to better serve our customers. For the vast majority of the other two-thirds of our Medline Brand products, we work closely with our network of more than 600 global partners across approximately 40 countries, many of whom have decades-long exclusive relationships with us. The breadth of our global sourcing partnerships provides diversification and strengthens our resiliency, with no single sourcing partner accounting for more than 5% of total spend as of December 31, 2025.

We also have plans and measures in place to help ensure continuity of supply while maintaining high quality and reliability. Generally, we have been able to obtain adequate supplies of such raw materials and components. However, due to the FDA's manufacturing requirements and those of other regulatory authorities, we may not be able to quickly establish additional or replacement sources for certain components, materials or processes if we experience a sudden or unexpected reduction or interruption in supply or services and are unable to develop alternative sources.

Human Capital Resources

At Medline, our relentless focus on the customer drives our human capital strategy, which revolves around attracting, developing, and retaining employees to provide the best products and services for our customers. We have developed a strong foundation that drives our recruitment, retention and development efforts. We are committed to supporting the personal and professional development of our employees, as well as providing competitive benefits and a safe, inclusive workplace.

As of December 31, 2025, we employed over 45,000 employees worldwide, with over 26,000 located in the United States. Our largest non-U.S. employee populations are in Mexico, Dominican Republic, India, Canada, Slovakia, France, China, Japan, Germany, and Australia. None of our employees in the United States are unionized, though some of our employees in Mexico belong to unions. In Germany and the Netherlands, employees are represented through Works Councils; in France and Spain, employees are represented through both Works Councils and industry-wide collective bargaining agreements; and in Belgium and Italy, employees are also represented through industry-wide collective bargaining agreements. In Australia, certain employees are represented by an enterprise bargaining agreement; in Japan, employees are represented through a Work Council; and in Vietnam, employees are represented through a collective bargaining agreement. We believe that our positive employee relations and total employee experience drive the continual growth of our workforce.

Culture and Values

Our culture is grounded in a customer-focused, collaborative, and performance-driven approach, guided by core values emphasizing relentless customer focus, agility and flexibility, problem-solving, drive to succeed, purposeful candor, and the importance of relationships. Employees are encouraged to exercise judgment, work transparently with customers, and contribute meaningfully to our mission to make healthcare run better.

Talent Attraction and Development

We seek to attract employees whose skills, experience, and motivation align with our operational and technical needs. Through continual improvement of internal processes, an awareness of market and candidate driven trends, and in partnership with vendors and other outside organizations, our talent acquisition programs focus on efficient hiring processes, market awareness, and building a diverse pipeline of candidates. We support development through consistent performance management processes and early career opportunities to take on additional responsibilities to demonstrate their competencies and drive to succeed and on-the-job responsibility augmented by formal training and development to refine technical and leadership skills. New sales representatives participate in comprehensive training programs, and product managers have targeted development pathways through all stages of their careers, from mandatory onboarding offerings to advanced classes that provide the necessary skills with increasing levels of responsibility, to support progression over time.

Employee Engagement and Inclusion

We believe our employees' ability to communicate and cooperate effectively across functional and departmental teams positively impacts our performance. We engage in various listening strategies and foster engagement through survey feedback mechanisms, anonymous employee feedback platform, focus groups, increased attention to onboarding and offboarding feedback, pulse surveys on remote work needs, and other listening strategies. Insights from these efforts inform workplace improvements. We also support an inclusive environment through Employee Resource Groups and leadership training initiatives designed to reduce bias in talent decisions and strengthen representation across the company.

Health, Safety, and Well-Being

We are committed to maintaining a safe workplace and supporting the physical, emotional, and financial well-being of our employees. We provide competitive health and benefits programs, access to assistance resources where available, and opportunities for community involvement through charitable giving, including financial giving and in-kind giving such as product donations.

Intellectual Property

We rely upon patents, trademarks, copyrights, trade secrets and other intellectual property rights to maintain and improve our competitive position. We have a large portfolio of intellectual property, including more than 2,300 granted patents as well as trademark registrations protecting our notable brands, including Medline, Curad, Microtek, Hudson, and Proxima.

We consider the trademarks and know-how that we own to be material to our business. However, other than the Medline mark, we do not consider our business to be materially dependent upon any individual trademark registration or trade secret. In the aggregate, we consider our more than 2,300 granted patents to be material to our business. However, no single patent or group of related patents is material to our business as a whole or any segment of our business.

We believe that we have taken all necessary steps to protect our intellectual property rights, but no assurance can be given that we will be able to successfully enforce or protect our rights in the event that they are infringed upon or challenged by a third party. See Part I, "Item 1A —Risk Factors—Risks Related to Regulation and Legal Proceedings—Any failure to obtain, maintain, protect and enforce our intellectual property rights, or the failure of the strength or scope of our intellectual property rights, could harm our business, financial condition, and results of operations" and "—Risks Related to Regulation and Legal Proceedings—We may become subject to litigation brought by third parties claiming infringement, misappropriation, or other violation by us of their intellectual property rights."

Government Regulation

Our operations and products are subject to extensive regulation by numerous governmental regulatory authorities, including U.S. and other international regulatory authorities, and other government agencies inside and outside the United States. To varying degrees, each of these agencies requires us to comply with laws and regulations governing the development, design, materials, testing, safety, efficacy, quality, purity, manufacturing, methods, controls, testing, screening, recordkeeping, reporting, processing, storage, registration, authorization, licensing, permitting, labeling, advertising, marketing, distribution, offer for sale, sale, use, expiration, pricing, reimbursement, import, export, clinical trials, post-marketing surveillance of our products, the registration of our facilities, and the claims that we make about our products. The United States and other countries where we sell healthcare and other regulated products, including drugs, human cell and tissue products, dietary supplements, cosmetics, certain foods, and consumer products subject such products to their own clearance, authorization, approval, registration, listing, labeling, manufacturing, recordkeeping, reporting, and other regulatory requirements regarding the performance, safety, and quality of such products. We are also subject to healthcare and other regulations and enforcement by the federal government and the states and foreign governments and authorities in the locations in which we conduct our business. The U.S. governmental and regulatory authorities that enforce such laws and rules, and that issue guidance on compliance with such laws and rules include, without limitation, the FDA, the Centers for Medicare & Medicaid Services ("CMS"), other divisions of the U.S. Department of Health and Human Services ("HHS"), the HHS Office of Inspector General, U.S. Environmental Protection Agency ("EPA"), the Federal Trade Commission ("the FTC"), Consumer Product Safety Commission ("CPSC"), the U.S. Department of Justice ("DOJ") and individual U.S. Attorney offices within the DOJ, as well as state and local governments. Our business is also affected by patient and data privacy and security laws, government payer cost containment initiatives, government reimbursement laws and regulations, environmental, health, and safety laws and regulations, as well as laws and regulations with respect to the sale, transportation, storage, handling, and disposal of hazardous or potentially hazardous substances, and safe working conditions. Our business also maintains contracts with governmental agencies and such contracts are subject to various government procurement laws and regulations, required contract provisions, and other requirements relating to contract formation, administration and performance. Failure to comply with applicable laws and regulations or with contractual or other requirements may result in monetary damages and criminal or civil penalties as well as termination of our government contracts or our suspension or debarment from government contract work.

The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, including through the offering of new products and services or entering into new geographic areas, we may be subject to new and additional regulatory requirements. The foreign, federal, state, and local regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products, suspend, revoke, or terminate our product and facility licenses, permits, and authorizations, request the cessation of distribution and shipments of certain products due to regulatory, safety, or other issues, seize or order the recall of our products, issue safety, quality, or other communications to the public or healthcare providers, enforce laws related to marketing, including promotion of off-label uses of products, and impose injunctions and significant criminal, civil, and administrative sanctions for violations of laws and regulations. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, may impact our business practices and operations, including by limiting our ability to effectively market, ship, and sell our products, affecting the production and distribution of products by our manufacturing facilities, subjecting us to significant liability, and limiting our ability to obtain future authorizations. Although we are subject to international government regulations in the international end markets where we operate and/or provide our products, these regulations do not have a material impact on our products as no international market represents more than 3% of our net sales.

Government Regulation of Medical Devices

Our medical devices are subject to regulation by numerous government agencies, including the FDA and comparable state and foreign agencies. Regulations of the FDA and other regulatory agencies in and outside the United States impose extensive compliance and monitoring obligations on portions of our business. The FDA and other U.S. and foreign governmental agencies regulate, among other things, with respect to medical devices: design, development, and manufacturing; testing, registration, listing, labeling, content, and language of instructions for use and storage; clinical trials; product safety; marketing, sales, and distribution; licensing and permit requirements; premarket clearance, approval and authorization; record keeping procedures; advertising and promotion; recalls and field safety corrective actions; post-market surveillance, including reporting of deaths or serious injuries and malfunctions that, if they were to recur, could lead to death or serious injury; post-market approval studies; and product import and export. The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, we may be subject to new and additional regulatory requirements. The FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers; seize or order the recall of products; terminate, suspend, or revoke licenses and permits; and impose significant criminal, civil, and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers. In addition, the FDA and other governmental and regulatory authorities, both in and outside the United States (including the FTC, the HHS Office of the Inspector General, the DOJ, and various state Attorneys General), monitor the promotion and advertising of our products. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, depending on its magnitude, may limit our ability to effectively market, ship, and sell our products, limit our ability to obtain future premarket authorizations, or result in a substantial modification to our business practices and operations.

FDA Premarket Clearance and Approval Requirements

Each medical device we wish to distribute commercially in the United States requires marketing authorization from the FDA prior to distribution, unless the device is exempt from premarket notification requirements. The type of marketing authorization necessary is generally linked to the classification of the device. The FDA classifies medical devices into one of three classes-Class I, II, or III-based on the degree of risk associated with a device and the level of regulatory control deemed necessary to ensure its safety and effectiveness. Class I devices that pose the least risk are subject only to General Controls applicable to all devices, such as requirements for device labeling, premarket notification, and adherence to current good manufacturing practices for devices as set forth in the Quality System Regulation ("QSR"). Class II devices that pose a moderate risk are subject to General Controls and may also be subject to Special Controls, such as performance standards, product-specific guidance documents, special labeling requirements, patient registries, or post-market surveillance. Class III devices are those for which insufficient information exists to assure safety and effectiveness solely through General and Special Controls, including devices that support or sustain human life, are of substantial importance in preventing impairment of human health, or which present a potential unreasonable risk of illness or injury.

Most Class I devices and some Class II devices are exempted by regulation from the 510(k) clearance requirement and can be marketed without prior authorization from the FDA. Class I and II devices that are not exempted are eligible for marketing through the 510(k) clearance pathway. By contrast, devices placed in Class III generally require premarket approval ("PMA") or de novo clearance prior to commercial marketing. The PMA approval process is more stringent, time-consuming and expensive than the 510(k) clearance process; however, the 510(k) clearance process has also become increasingly stringent and expensive. None of our products are currently approved under a PMA, and we have no plans for any indication or system improvement or extension that we believe would require a PMA. If, in the future, we were to file a PMA, we may be subject to additional regulatory requirements.

510(k) Clearance Process

To obtain 510(k) clearance, we must submit a premarket notification to the FDA demonstrating the proposed device to be substantially equivalent to a predicate device. A device is substantially equivalent if, with respect to the predicate device, it has the same intended use and it has either the same technological characteristics, or it has different technological characteristics, but the information provided in the 510(k) submission demonstrates that the device does not raise new questions of safety or effectiveness. The standard review process for 510(k)s is between six to nine months, dependent upon the type of 510(k) filing submitted. Although many 510(k) premarket notifications are cleared without clinical data, in some cases, the FDA may require clinical data to support substantial equivalence. In reviewing a premarket notification, the FDA may request additional information, including clinical data, which may significantly prolong the review process and clearance is never assured. Clinical trials generally require the submission of an investigational device exemption ("IDE") to the FDA for a specified number of patients and study sites, unless the product is deemed a non-significant risk device eligible for more abbreviated IDE requirements. Clinical trials are subject to numerous requirements and institutional review board approval, oversight, and monitoring. Even if a trial is conducted, the results of clinical testing may not adequately demonstrate the safety and effectiveness of the device or be sufficient to obtain FDA clearance or approval for marketing.

After a device receives 510(k) clearance, any subsequent modification of the device that could significantly affect its safety or effectiveness, or that would constitute a major change in its intended use, requires a new 510(k) clearance or could require submission and approval of a de novo 510(k) or a PMA application in cases where new indications are sought for which there is no predicate. Non-significant changes are handled via internal documentation by the Company. Each manufacturer must judge the significance of modifications based on FDA 510(k) regulatory requirements and guidance documents. The FDA may review any such decision and may disagree with a manufacturer's determination. If the FDA disagrees with a manufacturer's determination, the FDA may require the manufacturer to cease marketing and distribution and/or recall the modified device until 510(k) clearance or PMA approval is obtained. In the future, we may make modifications to our products after they have received FDA clearance and, in appropriate circumstances, determine that new clearance is unnecessary. However, the FDA may disagree with our determination, and, if the FDA requires us to seek 510(k) clearance or submit new PMA applications for any modifications to a previously cleared product, we may be required to cease marketing or distributing or recall the modified device until we obtain the required clearance or approval. We may also market or acquire products that are marketed without a 510(k) clearance, appropriate labeling, or that otherwise are marketed in violation of FDA requirements, since medical devices can be marketed only for the indications for which they are cleared or approved. Under these circumstances, we may also be subject to warning letters, significant regulatory fines, or other penalties, and we may no longer be able to market particular products for which a 510(k) clearance is required.

Post-Marketing Requirements

Numerous FDA regulatory requirements apply to devices we manufacture and distribute, including: compliance with the QSR, which require manufacturers and their suppliers to follow the applicable design, testing, processes, control, documentation, labeling, and other quality assurance procedures during the manufacturing process; establishment registration, which requires establishments involved in the production and distribution of medical devices intended for commercial distribution in the United States to register with the FDA; medical device listing, which requires manufacturers to list the devices they have in commercial distribution with the FDA; labeling regulations, which prohibit "misbranded" devices from entering the market, as well as prohibit the promotion of products for unapproved or off-label uses and impose other restrictions on labeling; post-market surveillance, including medical device reporting requirements which requires manufacturers to report to the FDA if their device may have caused or contributed to a death or serious injury, or malfunctioned in a way that would likely cause or contribute to a death or serious injury if it were to recur; and corrections and removal reporting regulations, which require that manufacturers report to the FDA field corrections and product recalls or removals if undertaken to reduce a risk to health posed by the device or to remedy a violation of the Federal Food, Drug, and Cosmetic Act that may present a risk to health. The FDA and other governmental and regulatory authorities actively enforce the laws and regulations prohibiting the promotion of off-label uses, and a company that is found to have improperly promoted off-label uses may be subject to significant liability.

The FDA enforces these requirements by inspection and market surveillance. Domestic facility records and manufacturing processes are subject to periodic unscheduled inspections by the FDA. The FDA may also inspect foreign facilities that export products to the United States. Failure to comply with applicable regulatory requirements may result in enforcement action or other actions by the FDA, which may include one or more of the following sanctions: adverse press releases and safety communications; requests to stop shipments; untitled letters or warning letters; fines, injunctions, and civil penalties; mandatory recall or seizure of our products; customer notifications and repairs or replacements; administrative detention or banning of our products; consent decrees; operating restrictions, partial suspension or total shutdown of production; refusing our request for 510(k) clearances for new product versions or modifications to existing product versions; revocation of 510(k) clearances previously granted; refusal to grant export approval for our products; and criminal prosecution and penalties. If any of these events were to occur, they could have a material adverse effect on our business, financial condition, and results of operations.

International Regulation of Medical Devices

Sales of medical devices outside the United States are subject to foreign government regulations, which vary substantially from country to country. In order to market our products in other countries, we must comply with applicable regulatory requirements and authorizations and approvals and safety and quality regulations in each country in which the product is marketed. The time required to obtain authorization, approval, or certification by a foreign country may be longer or shorter than that required for FDA clearance, and the requirements may differ significantly.

EU Regulation of Medical Devices

In the European Union ("EU") until May 25, 2021, medical devices were regulated by the Council Directive 93/42/EEC, which has been repealed and replaced by the Medical Device Regulation ("EU MDR"). Unlike directives, regulations are directly applicable in all EU member states without the need for member states to implement into national law. The EU extended the EU MDR transitional periods for certain medical devices until December 31, 2027 or December 31, 2028, depending on a device's risk class and subject to certain conditions to ensure continued access to medical devices for patients and to allow medical devices already placed on the market in accordance with the current legal framework to remain on the market, provided that the requirements of the transitional provisions are fulfilled.

In the EU, there is currently no premarket government review of medical devices. However, all medical devices placed on the EU market must meet general safety and performance requirements, and compliance with the general safety and performance requirements is a prerequisite for European conformity marking without which medical devices cannot be marketed or sold in the EU. EU MDR requirements regarding the distribution, marketing, and sale, including quality systems and post-market surveillance, have to be observed by manufacturers, importers, and distributors as of the application date (i.e., since May 26, 2021), including registration of economic operators and of devices (once the relevant modules of Eudamed are functional), surveillance, and vigilance requirements. The aforementioned EU rules are generally applicable in the European Economic Area which consists of the 27 EU member states plus Norway, Liechtenstein, and Iceland.

The NDA Approval Process

For any new drug products regulated under the Federal Food, Drug, and Cosmetic Act such as our ReadyPrep CHG cloth, a sponsor must submit a New Drug Application ("NDA"), to the FDA for review and approval. The NDA review and approval process may take multiple years and involves steps including the following:

- completion of preclinical studies and analytical and stability testing in accordance with applicable regulations;
- submission to the FDA of an Investigational New Drug ("IND") application, which must become effective before clinical trials may begin and must be updated annually and amended when certain changes are made;
- approval by an institutional review board, or IRB, or independent ethics committee, or IEC, at each clinical trial site before each trial may be initiated;
- performance of adequate and well-controlled clinical trials in accordance with applicable IND regulations, good clinical practice, or GCP, requirements, including informed consent, financial disclosure by investigators, and other clinical trial-related regulations, to establish the safety and efficacy of the investigational product for each proposed indication and other condition of use;
- preparation and submission to the FDA of an NDA;

- satisfactory completion of one or more FDA pre-approval inspections of the manufacturing facility or facilities where the drug will be produced to assess compliance;
- satisfactory completion of FDA inspection of select clinical trial sites involved in conducting pivotal studies that generated the data in support of the NDA;
- payment of user fees for FDA review of the NDA; and
- FDA review and approval of the NDA, including of the proposed prescribing information and, where applicable, consideration of the views of any FDA advisory committee, prior to any commercial marketing or sale of the drug in the United States.

Any approvals that we may ultimately receive could be withdrawn if required post-marketing trials or analyses do not meet the FDA requirements, which could materially harm the commercial prospects for our products.

Even if a product candidate receives regulatory approval, the approval may be limited to specific disease states, patient populations and dosages, or might contain significant limitations on use in the form of warnings, precautions or contraindications, or in the form of onerous risk management plans, restrictions on distribution, or post-marketing study requirements. Further, even after regulatory approval is obtained, later discovery of previously unknown problems with a product may result in restrictions on the product or even complete withdrawal of the product from the market. Delay in obtaining, or failure to obtain, regulatory approval for our candidate products, or obtaining approval but for significantly limited use, would harm our business. In addition, we cannot predict what adverse governmental regulations may arise from future U.S. or foreign governmental action.

Trade Regulations

The movement of products, services, and investment across borders subjects us to extensive trade regulations. A variety of laws and regulations in the countries in which we transact business apply to the sale, shipment, and provision of goods, services, and technology across borders. These laws and regulations govern, among other things, our import, export, and other business activities. We are also subject to the risk that these laws and regulations could change in a way that would expose us to additional costs, penalties, or liabilities. Some governments also impose economic sanctions against certain countries, governments, persons, and entities, both for unlawful or malign conduct and to discourage or prevent entities from abiding by other countries' laws. In addition to our need to comply with such regulations in connection with our direct activities, we also sell and provide goods, technology, and services to agents, representatives, and distributors who may export such items to customers and end-users. If we, or the third parties through which we do business, are not in compliance with applicable import, export control, or economic sanctions laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability. Such actions may disrupt or delay sales of our products or services or result in restrictions on our distribution and sales of products or services that may materially impact our business.

Anti-Boycott Laws

Under U.S. laws and regulations, U.S. companies and their subsidiaries and affiliates are prohibited from participating or agreeing to participate in unsanctioned foreign boycotts in connection with certain business activities, including the sale, purchase, transfer, shipping, or financing of goods or services within the United States or between the United States and countries outside of the United States. If we, or certain third parties through which we sell or provide goods or services, violate U.S. anti-boycott laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability.

4GG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02204	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 5701 Promontory Parkway, Suite 100

City: Tracy State: CA Zip: 95377

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 209-836-7027 Website: medline.com

Name of Designated Representative (DR): Rudy Pena

Licensing Company Email: ralicensing@medline.com DR Email: rpena@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Corporate Discipline History

Original Signature (electronic, copies or stamps not accepted)

4/13/26
Date

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

Lora Simmons

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091 PHONE
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grimston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
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573-751-0091
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800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ REQUESTS

_____ DOES NOT REQUEST

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for discipliming Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____
Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____
Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____
Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____
Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Florida Department of Health

Reason/Charge
Medline's Florida Certified Designated Representative unexpectedly resigned.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

Lara N. Simmons February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

Daisy Kung for February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Medline Industries, Inc., Case #2007-37412

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2008006		Louisiana Board of Wholesale Drug Distributors		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
LA Board of WDD/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingerman

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman; William Crates, Vice-Chairman; Randall Brooks, Secretary/Treasurer; John Liggio, Executive Director/Inspector
Hershal Paul, Board Member; Andy Milligan, Board Member; Wayne Gremillion, Board Member; Eric Voitier, Board Member; Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
HI DCCA / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
119A
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

6. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

9. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

11. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 0 8 2008.

Bobbi W.Y. Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of Jan, 2007, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C&I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08 PHM 037	Wisconsin Department of Regulation and Licensing

Reason/Charge
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WI DSPS/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 29 A 9:4

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2009-7-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Jack V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2009

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

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POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Asa N. Simms, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of January, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
27278		NY State Education Department- Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
NY Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: A. Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

1-5-21

Willis Ingalls, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer M. Rudell, RPh

1-6-2021

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

1-6-2021

Henry Appel, Ohio Assistant Attorney General

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

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THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

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1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	FL DBPR- Div. of Drugs, Devices, and Cosmetics

Reason/Charge
Customer Licenses, Record Keeping

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DBPR / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____

Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
0 9 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — Oct-29-2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 DEC 15 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent MEDLINE INDUSTRIES, L.P. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., and C.7. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____

IVY Y. E. KIM
Attorney for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE
Chair

December 21, 2023
DATE

PATRICK ADAMS
Vice Chair

MARK BROWN

CATALINA CROSS

Kent Kikuchi
KENT KIKUCHI

BRANDON RABANG

SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer, Inc.
Address: 66 Hudson Blvd E City: New York State: NY Zip: 10001

Name: ICU Medical Inc.
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare Inc.
Address: One Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Avenue City: Bethlehem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Medline Inc.
Corporation Name: See Attached Ownership Information
Mailing Address: 3 Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: (847) 949-5500 Email: ralicensing@medline.com
Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025 | SEC Registration Number: 0002046386 | Stock Exchange Symbol: MDLN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Daniel Stevens

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/15/25

Date

PAID

Board Use Only	Date Received: 4/15/25	Amount: $100.00

Power of Attorney

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

POWER OF ATTORNEY

EXCELSIOR MEDICAL, LLC, an Illinois limited liability company, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Excelsior Medical, LLC

By: Medline Industries, LP
Its: Manager
By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Medline Industries, LP, as Manager of Excelsior Medical, LLC.

Natalie D Paulov
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

POWER OF ATTORNEY

Centurion Medical Products, LP, an Delaware limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Centurion Medical Products, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Centurion Medical Products, LP.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries, LP

located at

5701 Promontory Parkway Ste 100, Tracy, CA 95377

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

03/21/2023 to 03/20/2026
Period of Accreditation

Ownership Information

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

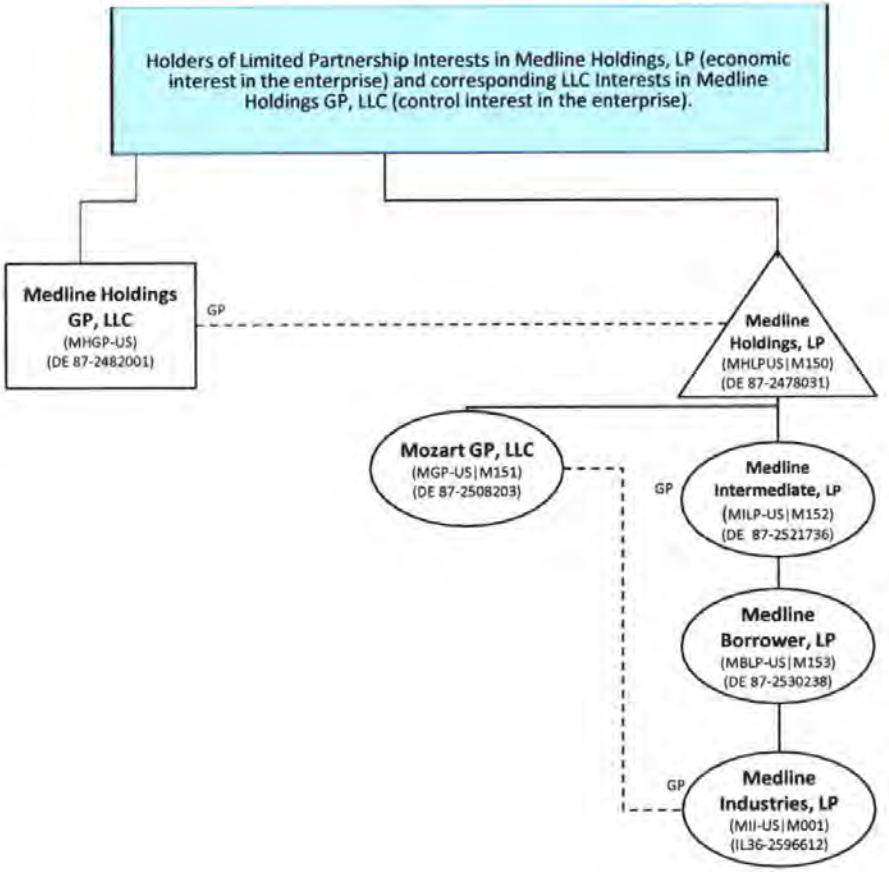
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

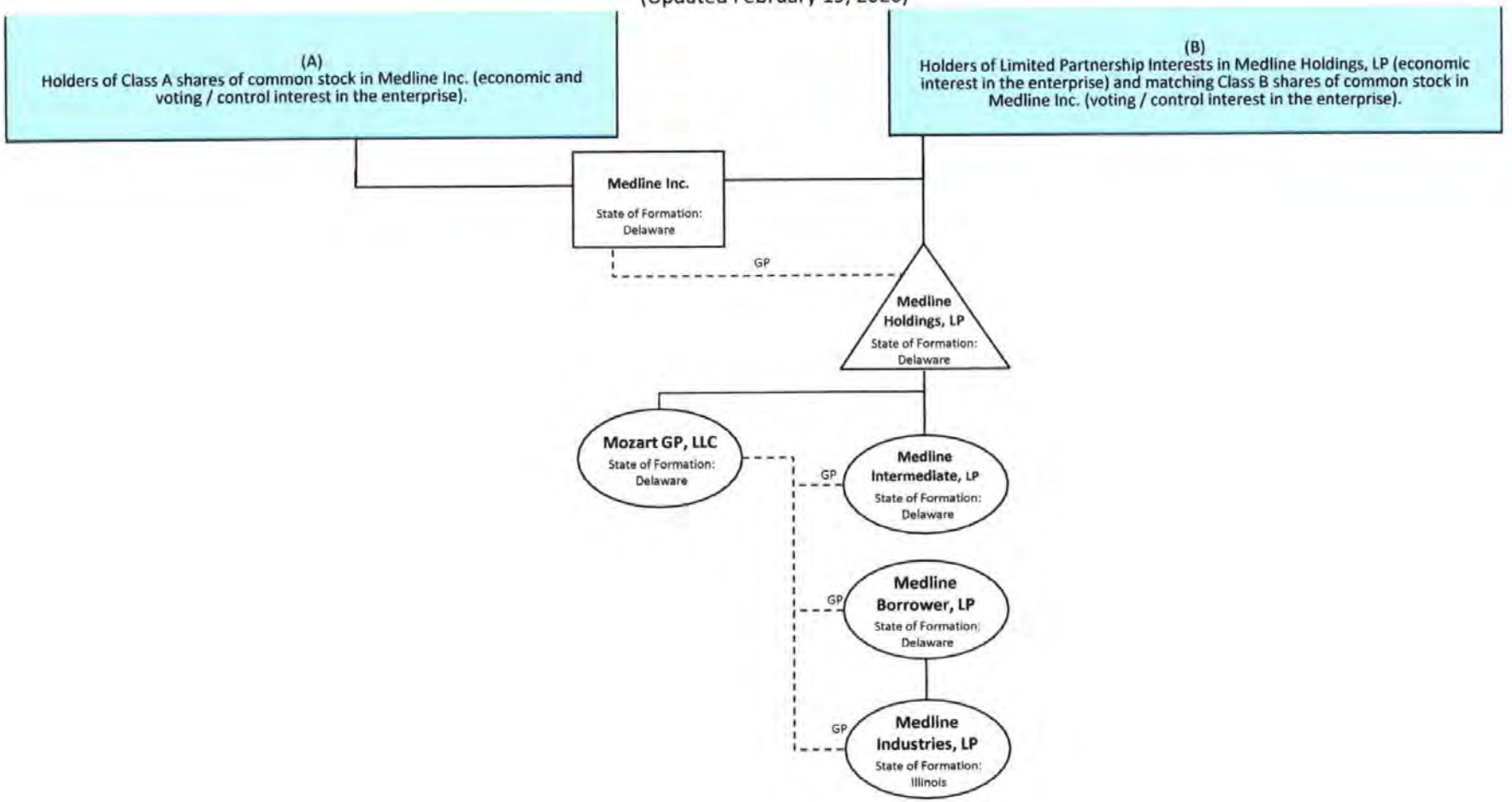


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

List of Officers, Directors, and Partners

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Centurion Medical Products, LP

FEIN: 38-1659420
A Delaware Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Industries, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	36-2596612
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC

FEIN: 32-0473772
An Illinois Limited Liability Company

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Member and Manager of LLC:

Medline Industries, LP
FEIN: 36-2596612

Officers:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC is a member managed LLC with the sole member and manager being Medline Industries, LP. Medline Industries, LP is a limited partnership and does not appoint corporate officers. Medline reports the officers for its general partner, Mozart GP, LLC, which retains 100% control of Medline Industries, LP.

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

Certificates of Good Standing

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502528 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURION MEDICAL PRODUCTS, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTURION MEDICAL PRODUCTS, LP" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6213666 8300

SR# 20261791715

Authentication: 203646965

Date: 04-15-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

File Number 0543231-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

EXCELSIOR MEDICAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502534 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5143163 8300

SR# 20261572157

Authentication: 203550646

Date: 04-03-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

CALIFORNIA STATE BOARD OF PHARMACY
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100

Renewal License

Wholesale Drug Permit

License No. WLS 6844
Receipt No. 00202526

Valid Until: 1/1/2027

MEDLINE INDUSTRIES, L.P.
5701 PROMONTORY PARKWAY_STE 100
TRACY, CA 95377

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

The official status of this license can be verified at www.pharmacy.ca.gov

---- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

FORM WPHWLS (09/30/19) WLS

Certificates of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC. 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** N/A — N/A **INSURER C :** See Acord 101 for Carrier Participation **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-28 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 2,000,000 $ 10,000 $ 2,000,000 $ 4,000,000 $ SEE BELOW
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
	UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
A A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2025 07/01/2025	07/01/2026 07/01/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:

57.86% of the layer is insured by Lloyds of London

17.14% of the layer is insured by AXA XL UK Ltd. (A+)

25% of the layer is insured by Harleysville Insurance Company of NY (A)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$	10,000
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$	2,000,000
	OTHER:						GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y (Mandatory in NH) N/A			PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr. Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S . Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St. Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd. Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **105625536**

Current Billing Term From **July 20, 2025** to **July 20, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **July 20, 2011**, in the amount of **One Hundred Thousand** (**$100,000.00**) on behalf of **MEDLINE INDUSTRIES, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **June 25, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 105625536 **Principal: MEDLINE INDUSTRIES, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25 day of June, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 25th day of June, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Oscar F. Rincon

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #105625536

Current Information as of 04/14/2026

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 5: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 6: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 7: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 8: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 9: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 10: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 11: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 12: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 13: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Location 14: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 15: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 16: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 17: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 18: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 19: (C71)
Medline Industries, LP
264 S 5750 W
Salt Lake City, UT 84104

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

Location 23: (ANG)
Medline Industries, LP
10 Glen Falls Techinical Park
Glen Falls, NY 12801

Location 24: : (EXC-TF)
Excelsior Medical, LLC
1470 Shafto Road
Tinton Falls, NJ 07712

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **108030426**

Current Billing Term From **September 03, 2025** to **September 03, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **September 03, 2024**, in the amount of **Twenty Five Thousand** (**$25,000.00**) on behalf of **CENTURION MEDICAL PRODUCTS, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **July 23, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108030426 **Principal: CENTURION MEDICAL PRODUCTS, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

SEAL SEAL SEAL SEAL

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

NOTARY PUBLIC

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 23 day of July, 2025.

SEAL SEAL SEAL SEAL

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 23rd day of July, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #108030426

Current Information as of 04/14/2026

Location 1: (B01)
Centurion Medical Products, LP
301 Catrell Drive
Howell, MI 48843

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Medline Industries, LP MDEG License # (if applicable) WH02204

Physical Address 5701 Promontory Parkway, Suite 100

City Tracy State CA Zip 95377

Mailing Address (if different from physical address) Three Lakes Drive -3D

City Northfield State IL Zip 60093

Telephone 209-836-7027 Website www.Medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Rudy Middle Daniel Last Pena

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Manteca State CA Zip [redacted]

Telephon[redacted] Email rpena@medline.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Eisenhower High School		08/01-06/05	
Address	**City**	**State**	**Zip**
1321 N Lilac Ave	Rialto	CA	92376
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/24-current	[redacted]	Manteca	CA	[redacted]
10/22-03/24		Manteca	CA	
11/21-09/22		Stockton	CA	
01/15-11/21		Lathrop	CA	
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			03/22 - Present	
Business Address		**City**	**State**	**Zip**
5701 Promontory Pkwy		Tracy	CA	95377
Phone	**Title**		**Number of Employed Hours**	
209-836-7027	Sr. Manager Operations		8,000	
Description of Duties				
Oversee the facility to ensure proper receiving, distribution, storage, shipping and dispensing of prescription drugs and medical devices. Manage multiple team members to ensure proper record keeping, inventory, storage, & product security				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

4/9/26
Date

I, Rudy Pena, **certify that as the MDEG Administrator for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. RP Have a high school diploma or its equivalent;
2. RP Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. RP Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. RP Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rudy Pena
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/9/26
Date

Board Use Only	Date Received: 4/21/26

List of Employees
Medline Industries, LP
C46 - Tracy, CA

Worker	Business Title	Worker	Business Title
Aaron Anacleto	Warehouse Operator Operations	Angel Valora [C]	Warehouse Operator
Aaron Carranza	Warehouse Ld Operations	Angelo Arenas	Warehouse Operator Operations
Aaron Gipson	Warehouse Operator Operations	Angie Harriman	Warehouse Operator Operations
Abigail Ibarra	Delivery Driver	Aniyah Wilson	Warehouse Operator Operations
Abraham Hernandez	Warehouse Operator Operations	Anthony Aiello	Warehouse Operator Operations
Adam Mcclanahan	Warehouse Operator Operations	Anthony Demag	Driver II
Adrian Garza	Warehouse Operator Operations	Anthony Jimenez	Warehouse Operator Operations
Adrian Soto Sarabia	Warehouse Operator Operations	Anthony Sobarzo	Warehouse Operator Operations
Adrian Vega Ramirez	Warehouse Operator Operations	Anthony Zaldivar	Supv Warehouse
Adriana Medina	Warehouse Operator Operations	Antonio Barraza	Warehouse Operator Operations
Ahmed Hussain	Delivery Driver	Antonio Catolos	Warehouse Operator Operations
Aj Atkinson	Warehouse Operator Operations	Antonio Garcia	Warehouse Operator Operations
Al Alonzo	Warehouse Operator Operations	Antonio Tapia	Warehouse Operator Operations
Alan Flanagan	Supv Warehouse	Anuradha Chaganti	Sr Analyst Financial
Alan King	Warehouse Operator Operations	April Pruitt	Warehouse Operator Operations
Alana De Leon	Inventory Coord Sr	Araceli Solis	Warehouse Operator Operations
Alana Salas	Warehouse Operator Operations	Armando Anguiano	Supv Warehouse
Alejandro Nolazco	Warehouse Operator Operations	Armando Garcia	Warehouse Operator Operations
Alejo Gonzales	Trainer Branch	Arsenio Amigable	Warehouse Operator Operations
Alenia Adams	Warehouse Operator Operations	Arthur Hawkins	Trainer Branch
Alessandro Mcintyre	Delivery Driver	Arturo Castro	Driver Ld
Alex Carrillo	Shuttle Driver	arturo Ramirez	Warehouse Operator Operations
Alex Davis	Warehouse Operator Operations	Aryan Ryan	Warehouse Ld Operations
Alex Nunez Jr.	Warehouse Operator Operations	Arzely Caulawon	Inventory Coord Operations
ALEXA TORRES	Warehouse Operator Operations	Arzenith Macadildig	Warehouse Operator Operations
Alexander Francis	Warehouse Operator Operations	Ashanti Hall	Supv QC
Alexander Ramirez chavez	Driver II	Ashley Lopez	Supv Warehouse
Alexis Brown	Warehouse Operator Operations	Audiel Munoz Quiroz	Supv Inventory Control
Alfonso Perez	Janitor Operations	Aura Rebollar	Warehouse Operator Operations
Alfredo Fonseca [C]	Warehouse Operator	Axl Dombrain	Warehouse Operator Operations
ALFREDO RODRIGUEZ	Warehouse Operator Operations	AZELIA MCKENZIE (On Leave)	Warehouse Operator Operations
Allyza Manzano	Warehouse Operator Operations	B clark	Warehouse Operator Operations
Alma Maciel Gutierrez	Warehouse Operator Operations	Balbir Kaur	Warehouse Operator Operations
Alyssa Massa	Warehouse Operator Operations	Baljinder Kaur	Warehouse Operator Operations
Alyssa Rubio	Warehouse Operator Operations	Baltazar Galvan	Driver I
Amandeep Kaur	Warehouse Operator Operations	Barbara Gonzalez	Warehouse Operator Operations
Amit Nath	Warehouse Operator Operations	Beaney Cervantes	Warehouse Operator Operations
Ana Hernandez	Warehouse Operator Operations	Beatriz Acevedo Tafolla	Warehouse Operator Operations
ANA SICAIROS	Warehouse Operator Operations	Belinda James	Warehouse Operator Operations
Anastacia Rose	Warehouse Operator Operations	Belinda Tanique Cruz	Inventory Coord Operations
Andre Augustin	Warehouse Operator Operations	Benjamin Magana	Driver II
Andre Martinez	Warehouse Operator Operations	Benjie Maningding	Warehouse Operator Operations
Andre Taylor	Maintenance Ld	Bennie Jucutan	Warehouse Operator Operations
Andrea Jill Flauta	Warehouse Operator Operations	Bernardo Villapudua (On Leave)	Warehouse Operator Operations
Andrea Lopez	Warehouse Operator Operations	Betsy Rodriguez	Warehouse Operator Operations
Andrew Deocampo	Warehouse Operator Operations	Bhella Jones	Warehouse Operator Operations
Anel Reyes Jaimes	Warehouse Operator Operations	Blanca Moreno	Warehouse Operator Operations
Angel Jesuitas	Mgr Warehouse	Blanca Arellano	Warehouse Operator Operations
Angel Silva-Maciel	Warehouse Operator Operations	Bobbi-Jo Mattson	Warehouse Operator Operations

BORY Al	Warehouse Operator Operations
Brandon Crabb	Janitor Operations
Brandon Flores	Warehouse Operator Operations
Brenda Olimpia Garcia De Soto	Janitor Operations
Brian Manzer	Mgr Maintenance
Brian Torres	Warehouse Operator Operations
Buree Nhoung	Warehouse Operator Operations
Cameron Degrafenread	Warehouse Operator Operations
Carlos Sanchez santamaria	Warehouse Operator Operations
Carlos Villa	Warehouse Operator Operations
Carven Evans	Driver II
Casey Envia	Warehouse Operator Operations
Cassandra Falepouono	Warehouse Operator Operations
Cassaundra Clark	Warehouse Operator Operations
Cat Cardoza	Warehouse Operator Operations
Catalina Bocanegra	Warehouse Operator Operations
Cerena Carrisosa	Supv Warehouse
Cerina Vilayphone	Warehouse Operator Operations
Cesar Aguayo	Driver Ld
Cesar Alvarez	Warehouse Operator Operations
Cesar Maciel	Driver II
Cesar Valencia Barragan	Warehouse Operator Operations
Cha Vang	Delivery Driver
Chad Mcdonald	Warehouse Operator Operations
Chandler Goodrich	Warehouse Ld Operations
Chania Morris	Warehouse Operator Operations
Charity Fulgueras	Inventory Coord Sr
Charles Loudermilk	Warehouse Operator Operations
Charles Morris	Warehouse Operator Operations
Charles Morris	Maintenance Ld
Charles Reed	Driver II
Charles Stover	Warehouse Operator Operations
Cheryl Sweezer	Warehouse Operator Operations
Chia Vang	Warehouse Operator Operations
Chris Harrison	Warehouse Operator Operations
Chris Sanchez	Driver II
Chris Sansom	Maintenance Tech I
Christian Gutierrez	Warehouse Operator Operations
Christian Losoya	Supv MedTrans
Christina Maldonado	Warehouse Operator Operations
Christine King-Sablan	Warehouse Operator Operations
Christopher Baker	Driver II
Christopher Brocco [C]	Driver II
Christopher Brown	Warehouse Operator Operations
Christopher Graham	Warehouse Operator Operations
Christopher Sanchez	Driver II
Cierria Garrison (On Leave)	Warehouse Operator Operations
Citlali Zavala	Warehouse Operator Operations
Clifton Holliday	Janitor Operations
Cody Harris	Driver II
Colt Gonzales	Inventory Coord Operations
Cristhian Valenzuela	Warehouse Operator Operations
Cristian Guillen	Warehouse Operator Operations
Cristina Barber	Warehouse Operator Operations
Cristofer Gamez	Warehouse Operator Operations
Cristopher Garcia Terrones	Warehouse Ld Operations
Crystal De Los Reyes	Sr Spec EH&S
Crystal Pimentel (On Leave)	Warehouse Operator Operations
CURTIS ANDERSON	Warehouse Operator Operations
Cynthia Mcdonald	Warehouse Operator Operations
D.D. Duenas	Warehouse Operator Operations
Daiquan Howard	Warehouse Operator Operations
Daisy Zaragoza	Inventory Coord Operations
Dakota Hotel-Garcia	Quality Control Inspector II
Damare Lawson	Warehouse Operator Operations
Damarea Gaines	Warehouse Operator Operations
Damaris Sevilla (On Leave)	Warehouse Operator Operations
Damariz Alvarez	Supv Warehouse
Damien Skaggs	Warehouse Operator Operations
Damoria Adams	Warehouse Operator Operations
Dan Phimmasone	Janitor Operations
Danaejah Banks	Warehouse Operator Operations
Dani Vera Bustamante	Warehouse Clerk Operations
Daniel Anastacio Garcia	Warehouse Operator Operations
Daniel Garcia	Warehouse Operator Operations
Daniel Manzo	Warehouse Operator Operations
Daniel Mendez	Warehouse Operator Operations
Daniel Ramirez	Driver II
Daniel Rodriguez	Driver I
Daniel Zacarias	Warehouse Operator Operations
Daniella Walker	Warehouse Operator Operations
Daniyal Ali	Warehouse Operator Operations
Danny Diaz	Warehouse Operator Operations
Danny Lo	Inventory Coord Sr
Danny Santiago	Supv Warehouse
Darryl Womack	Warehouse Operator Operations
Darwin Baquero	Driver II
Davian Montgomery (On Leave)	Warehouse Operator Operations
David Bautista	Warehouse Operator Operations
David Bellamy	Warehouse Operator Operations
David Brionez	Warehouse Operator Operations
David Dumanon	Warehouse Operator Operations
DAVID FULLER	Warehouse Operator Operations
David Martinez	Warehouse Operator Operations
David Martinez	Warehouse Operator Operations
David Mayfield	Driver Ld
David Nwaonumah	Warehouse Operator Operations
David Pena	Driver II
David Smith	Janitor Operations
Davith Moeun	Warehouse Operator Operations
Dawnfrances Reyes	Warehouse Operator Operations
De'Onicio Wilson	Warehouse Operator Operations
Deamian Collins	Warehouse Operator Operations
Dee Bey	Mgr Warehouse
Deion Nicolas	Warehouse Ld Operations
Deja Mayfield	Supv Warehouse
Delia Medina (On Leave)	Warehouse Operator Operations
Delores Hedgemon	Warehouse Operator Operations

Demi Saenz	Supv Warehouse	Enrique Perez	Warehouse Operator Operations
Denise Montinola	Warehouse Operator Operations	Eric Barojas Contreras	Warehouse Operator Operations
Derrick Martin	Warehouse Operator Operations	Eric McRae	Sr Supv Warehouse
Desiree Lopez	Supv Warehouse	Eric Nava	Warehouse Operator Operations
Dessy Alvizo	Warehouse Operator Operations	Eric Olvera Carmona	Warehouse Operator Operations
Destiny Duran	Warehouse Operator Operations	Erick Tafolla Aguilar	Warehouse Operator Operations
Devon Sam	Warehouse Operator Operations	Erik Becerra	Warehouse Operator Operations
Deziree Leon	Janitor Operations	Erik Campos	Driver II
Dharmendra Prasad	Driver I	Erik Huynh	Warehouse Operator Operations
Diana Castanares	Warehouse Operator Operations	Erika Valladolid	Warehouse Operator Operations
Diana Hernandez	Warehouse Operator Operations	Ernesto Bautista	Driver II
Diana Joyce Bagang	Warehouse Operator Operations	Ernesto Hernandez [C]	Contingent Worker
Diana Perez	Maintenance Ld	Ernesto Zamora	Warehouse Ld Operations
Diana Pulido	Warehouse Ld Operations	Estella Wake	Trainer Branch
Diana Sanchez	Warehouse Operator Operations	Estrella Rosas	Warehouse Operator Operations
Diana Solis	Warehouse Operator Operations	Evangelina Villalpando Vargas (On Leave)	Delivery Driver
Diane Gandall	Training Coord Sr	Evelyn Estrada	Warehouse Operator Operations
Dianna Jasso	Warehouse Operator Operations	Evelyn Rosales	Inventory Coord Operations
Diego Guzman	Warehouse Operator Operations	Evencio Sanchez	Warehouse Operator Operations
Diego Torres-Escamilla	Warehouse Ld Operations	Everardo Rodriguez	Driver II
Dillan Vilayphone	Warehouse Ld Operations	Fabian Hernandez	Warehouse Operator Operations
Diron Robinson	Janitor Operations	Faith Gomez	Warehouse Operator Operations
Divontay Lebria	Delivery Driver	Farid Ahmed	Training Coord Sr
Dolores Jackson	Inventory Coord Operations	FAVIAN PEREZ	Warehouse Operator Operations
Dominic Castro	Warehouse Operator Operations	Felicia Mora	Warehouse Operator Operations
Don Flores	Warehouse Operator Operations	Feliciano Quismorio	Warehouse Operator Operations
Don Watari	Maintenance Ld	Fernanda Cabrera Hidalgo	Warehouse Operator Operations
Donald Hoeven	Driver II	Fernando Fragoso	Driver II
Donovan J Sandoval	Delivery Driver	Fiana Fleck	Inventory Coord Sr
Donoven McDonald	Warehouse Operator Operations	Fidencio Martinez	Warehouse Operator Operations
Doua Vue	Driver II	Fidencio Martinez	Warehouse Operator Operations
Douglas Hillian	Mgr Warehouse	Flint Mcculley	Driver II
Dwayne Butler	Warehouse Operator Operations	Francisco Melendrez (On Leave)	Warehouse Operator Operations
Dylan Ryan	Warehouse Operator Operations	Frank Elias	Driver II
Dylan Speed	Warehouse Operator Operations	Frank Hernandez	Trainer Branch
Edgar Fierros	Warehouse Operator Operations	Franklin Quintanilla	Warehouse Ld Operations
Edgar Vielma	Warehouse Operator Operations	Fuamatani Tagata	Warehouse Operator Operations
Edgardo Valenzuela Corrales	Supv Warehouse	Gabino Barreras	Warehouse Operator Operations
Eduardo Arroyo	Trainer Branch	Gabriel Sauceda	Warehouse Operator Operations
Eduardo Arteaga	Warehouse Operator Operations	Gabriela Pizano	Warehouse Operator Operations
Edwin Manalo	Warehouse Operator Operations	Gagandeep Grewal	Transportation Coord
Elena Castaneda (On Leave)	Warehouse Operator Operations	Gary Ernest	Driver II
Elijah Cuaderno	Warehouse Operator Operations	George Iniguez	Warehouse Operator Operations
Elizabeth Cardenas (On Leave)	Warehouse Operator Operations	Geovanni Anthonie Pedraza	Inventory Coord Operations
Elizabeth Ortiz	Warehouse Operator Operations	Gerard Capistrano	Warehouse Operator Operations
Elizabeth Perez	Warehouse Operator Operations	Gerson Villanueva Mendoza	Trainer Branch
Elizabeth Pono	Warehouse Operator Operations	Gilbert Escalante	Warehouse Ld Operations
Elvira Jimenez	Warehouse Operator Operations	Gilbert Falepouono	Warehouse Operator Operations
Emerson Matute (On Leave)	Warehouse Operator Operations	Gilman Falepouono	Warehouse Operator Operations
Emilen Santos	Warehouse Operator Operations	giselle contreras	Warehouse Operator Operations
Emilia Lopez	Warehouse Operator Operations	Glen Navarrete	Onsite Support Tech II
Emily Preston	Warehouse Operator Operations	Glenn Betanio	Warehouse Operator Operations
Emmanuel Soliven	Warehouse Operator Operations	Glenn Gaines	Driver II
Enrique Hernandez	Warehouse Operator Operations	Gregory Silas	Warehouse Operator Operations

Guillermo Cervantes Gutierrez	Warehouse Operator Operations	Javier Marquez	Warehouse Operator Operations
Gurmat Sidhu	Driver II	Javier Quintero	Warehouse Ld Operations
Gustavo Alvarado	Driver II	Javier Rios-Loza	Warehouse Operator Operations
Gustavo Sotomayor	Warehouse Operator Operations	Jay Villasista	Warehouse Operator Operations
Harmanpreet Singh	Warehouse Operator Operations	Jaymar Baclagan	Warehouse Ld Operations
Harry Paye	Warehouse Ld Operations	Jazmine Padron	Warehouse Operator Operations
Hazel Valdez	Warehouse Operator Operations	JEFFREY PIPPIN	Office Coord
Hector Arciniega	Warehouse Operator Operations	Jenee' Logette	Inventory Coord Operations
Hector Macias	Warehouse Operator Operations	Jennifer Cabrera Hidalgo	Warehouse Operator Operations
Hector Rodriguez	Warehouse Operator Operations	Jennifer Penaloza	Warehouse Operator Operations
Heerah Khan	Warehouse Clerk Operations	Jermaine Horton	Warehouse Operator Operations
Henry Macaraig	Warehouse Operator Operations	Jermel Fair	Warehouse Operator Operations
Hiyari Nakashima (On Leave)	Warehouse Operator Operations	Jerrell Leap	Driver II
Honorato Valdez	Warehouse Operator Operations	Jerryn Grundy	Warehouse Operator Operations
Hosanna Frausto Perez (On Leave)	Warehouse Operator Operations	Jesse Maciel	Warehouse Operator Operations
Hugo Rodriguez	Warehouse Operator Operations	Jesse Vargas	Warehouse Operator Operations
Isabella Polee	Warehouse Operator Operations	Jessica Madson	Warehouse Operator Operations
Isaiah Alberto	Warehouse Operator Operations	Jessie Alvarez	Warehouse Operator Operations
Ismael Felix	Warehouse Operator Operations	Jesus Barron	Warehouse Operator Operations
Ismael Rivera	Maintenance Tech II	Jesus Cazares	Warehouse Operator Operations
Issac Cuellar	Trainer Branch	Jesus Flores	Warehouse Operator Operations
Itzel Novoa	Warehouse Operator Operations	Jesus Garcia	Driver I
Ivan Thomas	Maintenance Tech I	Jesus Garcia	Warehouse Operator Operations
J Trinidad Fernandez	Warehouse Operator Operations	Jesus Hernandez	Warehouse Ld Operations
JACOB DE LA O	Warehouse Operator Operations	Jesus Lopez Diaz	Warehouse Operator Operations
Jacob Lopez	Warehouse Operator Operations	Jesus Rodriguez	Warehouse Operator Operations
Jacob Sabathia	Warehouse Operator Operations	Jesus Vargas [C]	Warehouse Operator
Jacqueline Cordova	Warehouse Ld Operations	Jesus Velazquez	Warehouse Operator Operations
Jacqueline Gmerek	Warehouse Operator Operations	Jinky Hansen	Quality Control Inspector II
Jacqueline Salgado	Warehouse Operator Operations	Joana Manjarrez	Warehouse Operator Operations
Jacquez Pough	Warehouse Operator Operations	Joanna Heng	Trainer Branch
Jaden Tanforan	Warehouse Operator Operations	Joaquin Ochoa	Warehouse Ld Operations
Jamaica Nelmida	Warehouse Operator Operations	Jobanpreet Singh	Warehouse Operator Operations
James Banks	Trainer Branch	Jocelyn Barajas	Warehouse Operator Operations
James Cardenas	Warehouse Operator Operations	Jodi Macdonald (On Leave)	Warehouse Operator Operations
James Dutter	Warehouse Operator Operations	Joe Correa	Warehouse Operator Operations
James Pierce	HR Generalist	Joe Devaughn	Driver II
James Turner	Sr Supv Warehouse	Joe Sountalavong	Driver II
James Woodard	Janitor Operations	Johan Calderon	Maintenance Tech I
Jamie Miller [C]	Warehouse Operator	John Morales	Warehouse Operator Operations
Jamie Wilcox	Warehouse Operator Operations	john padilla	Warehouse Operator Operations
Jamie Yang	Warehouse Operator Operations	John Valdez	Warehouse Operator Operations
Janelle Chavarria	Warehouse Ld Operations	Johnny Glover	Sr Dir Operations
Janet Presley	Warehouse Operator Operations	Johnny Talatham	Warehouse Operator Operations
Janeya Burton (On Leave)	Warehouse Operator Operations	Jonah Laguana	Warehouse Operator Operations
Jas Caceres	Warehouse Operator Operations	jonathan Arista Moreno	Warehouse Operator Operations
Jasmine Verdugo-Bonilla	Driver II	Jonathan Iddings	Warehouse Operator Operations
JASON MATIENZO	Warehouse Operator Operations	Jonathan Loayza	Warehouse Operator Operations
Jason Smith	Warehouse Operator Operations	Jonathan Phillip	Shuttle Driver
Jason Troie	Maintenance Tech II	Jonathan Rodriguez	Warehouse Operator Operations
Jaswinder Sandhu	Warehouse Operator Operations	Jordan Perez	Warehouse Operator Operations
Jaswinder Singh	Driver II	Jordan Sales	Warehouse Operator Operations
JAVIER GONZALEZ	Driver II	Jorge Baldiviezo Cruz	Warehouse Operator Operations

Jorge Paramo	Inventory Coord Sr	Kenny Leffle	Warehouse Operator Operations
Jory Hedgespeth	Warehouse Operator Operations	Kenzie Or Kenz Roybal	Janitor Operations
Josday Espinoza	Warehouse Clerk Operations	Keta Woodruff	Warehouse Operator Operations
Jose Avalos	Warehouse Operator Operations	Kevin Hang	Warehouse Operator Operations
Jose Faudoa	Warehouse Operator Operations	KEVIN SHOFNER	Warehouse Operator Operations
Jose Flores Reyes	Delivery Driver	KEVIN STERLING	Delivery Driver
Jose Martinez	Warehouse Operator Operations	Kevin Vidrio Caballero	Warehouse Operator Operations
Jose Mendoza	Trainer Branch	Kidd Sagapolutele	Warehouse Operator Operations
Jose Mendoza	Warehouse Operator Operations	Kimberly Rodriguez	HR Coord
Jose Ortiz	Driver II	Kimberly Tripplett	Warehouse Operator Operations
Jose Patague (On Leave)	Warehouse Operator Operations	Klarisse Vidal	Warehouse Operator Operations
Jose Perez	Driver II	Kolby Vidal	Inventory Coord Sr
Jose Perez	Warehouse Operator Operations	Kp Castanares	Warehouse Operator Operations
Jose Rodriguez	Warehouse Operator Operations	Kristian Villariba	Warehouse Operator Operations
Joseph De Anda	Warehouse Operator Operations	Kristina Miller	Supv Warehouse
Joseph Medina	Warehouse Operator Operations	Kyle Beasley	Warehouse Operator Operations
Joseph Rodriguez	Warehouse Operator Operations	Kyle Kaufmann	Maintenance Tech II
Joseph Sausau	Warehouse Operator Operations	Kyle Maria	Warehouse Operator Operations
Joseph Shackelford	Warehouse Operator Operations	Kyle Somerville	Warehouse Operator Operations
Joshua Jones	Driver II	Lady Marles	Warehouse Operator Operations
Joshua Pierceson	Maintenance Tech I	Lamar Smith	Warehouse Operator Operations
Joshua Rheinor	Warehouse Ld Operations	Laura Garcia	Supv Warehouse
Josue Castro Mayotquin [C]	Driver II	Laura Rivas	Warehouse Operator Operations
Jovito Limbag	Driver I	Leah Mcrae	Warehouse Operator Operations
Jozy Moreno	Dispatcher	Leo Beltran	Warehouse Operator Operations
Juan Ambriz Zarco	Warehouse Operator Operations	Leonard Vargas	Warehouse Operator Operations
Juan Arreola	Warehouse Operator Operations	Leonardo Cervantes	Warehouse Operator Operations
JUAN HERNANDEZ	Warehouse Operator Operations	Leonardo Miranda	Warehouse Operator Operations
Juan Martinez	Warehouse Operator Operations	Leslie Saborrido	Warehouse Operator Operations
Juan Olmos	Warehouse Operator Operations	Lesly Sanchez	Warehouse Operator Operations
Juan Resendiz	Shuttle Driver	Leticia Mora	Warehouse Operator Operations
Judith Limon	Trainer Branch	Lidia Cortez	Warehouse Operator Operations
Julian Eduardo Bravo Lemus	Inventory Coord Sr	Lilia Vega	Warehouse Operator Operations
Junie Argoncillo	Warehouse Operator Operations	Lilianna Vasquez	Warehouse Ld Operations
JUNIUS PARAS	Warehouse Operator Operations	Lillian Azuara	Warehouse Operator Operations
Justin Johnson	Warehouse Operator Operations	Lizeth Cuellar Ramos	Quality Control Inspector II
Justin San Gabriel	Trainer Branch	Lizzeth Millan Ojeda	Warehouse Operator Operations
Justina Leng	Warehouse Operator Operations	Lorenzo Jimenez	Regional Fleet Maintenance Manager
Justine Bagang	Trainer Branch	Lori Dionne	Supv Warehouse
Kaileah Johannsen	Warehouse Operator Operations	Lorina Caroro	Warehouse Operator Operations
Kaitlyn Sheehy	Warehouse Ld Operations	Louie Miranda	Warehouse Operator Operations
Kamach Ork	Warehouse Operator Operations	Lourdes Vences	Warehouse Operator Operations
Kameron White	Mgr Warehouse	Lucas Javier Caroro	Warehouse Operator Operations
Kanisha Bennamon	Warehouse Operator Operations	Luis Afanador	Warehouse Operator Operations
Kao Saelee	Trainer Branch	Luis Mora Garcia	Warehouse Operator Operations
Karen Suarez paz	Warehouse Operator Operations	Luis Ventura	Warehouse Operator Operations
Karen Werner	Warehouse Clerk Operations	Lupe Patterson	Warehouse Clerk Operations
Karina Cruz	Supv Warehouse	Lyn Bowker	Warehouse Operator Operations
Katrina Hernandez	Warehouse Operator Operations	Lynn Mcqueen	Warehouse Operator Operations
Katrina Sanchez	Warehouse Operator Operations	Makeda Word	Sr Mgr HR
Kayla Whitaker Davis	Warehouse Operator Operations	Makiayla Smith	Warehouse Clerk Operations
Keila Gastelum	Warehouse Operator Operations	Malaika Donelson	Warehouse Operator Operations
Kelly Dornbush	Driver II	Malivanh Vilayphone	Warehouse Operator Operations
Kendell Lewis	Warehouse Operator Operations	Maninder Kaur	Warehouse Operator Operations

Manolo Reyes	Warehouse Operator Operations
Manuel Antuna	Driver II
Marc Padilla	Warehouse Operator Operations
Marc Richie	Warehouse Operator Operations
Marcos Cabrera	Warehouse Operator Operations
Marcus Balatayo	Janitor Operations
Marcus Brown	Warehouse Operator Operations
Marcus Garcia	Warehouse Operator Operations
Maria A Leon	Driver I
Maria Alonso	Warehouse Operator Operations
Maria Edith Mata Mejia	Warehouse Operator Operations
Maria Garcia	Warehouse Operator Operations
MARIA LEMUS	Warehouse Operator Operations
Maria Montanez-Vazquez	Supv Warehouse
Maria Romero	Driver II
Maria Servin	Warehouse Ld Operations
Maria Zargi	Warehouse Operator Operations
Maricela Ocampo Diaz	Janitor Operations
Marie Poutous	Warehouse Operator Operations
Mariela Moreno	Warehouse Operator Operations
Marietta Tanqueco	Warehouse Operator Operations
Mario Delgado	Warehouse Operator Operations
Mario Espinosa [C]	Warehouse Operator
Mario Nazareno	Driver II
Mario Sierra Suarez	Warehouse Operator Operations
Marisela Gallardo	Inventory Coord Operations
Marissa Allen	Warehouse Operator Operations
Marissa Monjes	Warehouse Operator Operations
Maritza Villalobos	Warehouse Operator Operations
Mark Delisle	Warehouse Operator Operations
Mark Marcos	Warehouse Operator Operations
Mark Nicolas	Warehouse Operator Operations
Mark Sabandal	Warehouse Operator Operations
Marleena Ytuarte	Janitor Operations
Martha Perez	Warehouse Operator Operations
Martha Villasenor	Warehouse Operator Operations
Martin Angulo	Warehouse Operator Operations
Martin Valencia	Driver II
Marvin John Tela	Warehouse Operator Operations
Matthew Rocha	Warehouse Operator Operations
Matthew Villasana	Warehouse Operator Operations
Maureen Formoso	Warehouse Operator Operations
Maximiliano Herrera	Warehouse Operator Operations
Maya Khan (On Leave)	Warehouse Operator Operations
Mehnaaz Khan	Warehouse Operator Operations
Melinda Meza	Driver II
Melissa Monjes	Inventory Coord Operations
Meredith Jaquias	Janitor Operations
Michael Crow	Warehouse Operator Operations
Michael Escobar	Warehouse Ld Operations
Michael Harder	Warehouse Operator Operations
Michael Morgan	Sr Mgr Operations
Michael Racanelli	Warehouse Operator Operations
Michael Santos	Warehouse Operator Operations
Michael Williamson	Warehouse Operator Operations
Michelle Penaloza	Warehouse Operator Operations
Michelle Rangel Magana [C]	Driver II
Miguel Mata	Warehouse Operator Operations
Miguel Velazquez Andrade	Warehouse Operator Operations
Mikey Turner	Warehouse Operator Operations
Mina Diaz	Warehouse Operator Operations
Miranda Mejia	Warehouse Operator Operations
Miriam Limas	Warehouse Operator Operations
Misael Acosta	Warehouse Operator Operations
Miuriel Quant	Inventory Coord Operations
Mohamad Soboh	Warehouse Operator Operations
Mohammed Ashaf	Warehouse Operator Operations
Mohammed Olomari	Warehouse Operator Operations
Moimoi Ponitini	Supv Warehouse
Molly Siv	Warehouse Operator Operations
Monica Alarcon Roque	Warehouse Operator Operations
Monique Damiano	Warehouse Operator Operations
Moua Vang	Driver II
NANCY LOPEZ	Warehouse Operator Operations
Narinder Pal Kaur	Warehouse Operator Operations
Natalie Ramirez	Warehouse Operator Operations
Nate Dinkins	Warehouse Operator Operations
Nate Galvan	Warehouse Operator Operations
Nathaniel Navarrete	Warehouse Operator Operations
Nerie Joya	Janitor Operations
Nicholas Messier	Warehouse Operator Operations
Nicholas Silva	Warehouse Operator Operations
Nick Appleby	Driver II
Nick Giron	Supv MedTrans
Nico Mesina	Onsite Support Tech II
Nicole Vargas	Warehouse Operator Operations
Niyah Rangel	Warehouse Operator Operations
Noel Pangaliman	Warehouse Operator Operations
Noemielind Andrade	Warehouse Operator Operations
Noeun Grandy	Warehouse Operator Operations
Nora Moreios	Warehouse Operator Operations
Nyeem Green	Warehouse Operator Operations
Omar Bermudez	Warehouse Operator Operations
Omar Guro	Warehouse Operator Operations
Omar Lopez	Warehouse Operator Operations
Omariyon Wilson	Warehouse Operator Operations
Oneal Bracken	Janitor Operations
Orlando Lua	Maintenance Tech II
Osbaldo Saravia	Warehouse Operator Operations
Oscar Baron	Warehouse Operator Operations
Oscar Torres	Maintenance Tech I
Paola Hernandez	Warehouse Operator Operations
Paramjit Boparai	Warehouse Operator Operations
Paramjit Kaur	Warehouse Operator Operations
Parimal Pingale	Engineer Process
Patricia Patague	Warehouse Operator Operations
Patricia Rios	Warehouse Operator Operations
Patricia Sandoval	Inventory Control Ld Operations

Paul Cardenas	Warehouse Clerk Operations	Rikkilee Fagundes	Supv Warehouse
Paviter Singh	Driver II	Robert Black	Warehouse Operator Operations
Pawanjot Kaur	Warehouse Clerk Operations	Robert Cancilla	Warehouse Operator Operations
Pawanpreet Chandi	Warehouse Operator Operations	Robert Cervantez	Driver II
Pearun Kong	Maintenance Tech II	Robert Dabbs	Driver II
Pedro Jimenez JR	Warehouse Operator Operations	Robert Gamboa	Warehouse Operator Operations
Peter Chavez	Warehouse Operator Operations	Robert Heifner	Warehouse Operator Operations
Peter Chu	Mgr MedTrans	Robert Herrera	Supv Warehouse
Peter Mendez	Warehouse Operator Operations	Robert Oino	Supv MedTrans
Phillipe Carlon	Warehouse Operator Operations	Robert Schupp (On Leave)	Driver II
phirum phin	Warehouse Operator Operations	Roberto Ordaz-Morales	Driver II
Phonexay Phommachak (On Leave)	Driver II	Rodney Tober	Driver II
PORFIRIO ARMAS	Warehouse Operator Operations	Romeil Jones [C]	Contingent Worker
Preslyn Hernandez	Trainer Branch	Rommel Reside	Inventory Coord Operations
Rabee Bonjoc	Warehouse Operator Operations	Ronald Noun	Warehouse Operator Operations
Rafael Carranza	Warehouse Operator Operations	Rony Arauz	Maintenance Tech II
Rafael De La Cruz	Warehouse Operator Operations	Rosa Carmina Torres Ulloa	Inventory Coord Operations
Rafael Sosa Rodriguez (On Leave)	Delivery Driver	Rosario Gonzalez Campos	Janitor Operations
Raja Ahmed	Driver Ld	Rosie Reza	Warehouse Operator Operations
Rajdeep Hira	Warehouse Operator Operations	Rowell Aguilar	Warehouse Operator Operations
Rajinder Kaur	Transportation Coord	Rowell Gali	Supv Maintenance
Rajveer Sidhu	Warehouse Operator Operations	Ruben Arellano	Warehouse Operator Operations
Rajvir Chahal	Warehouse Operator Operations	Ruben Carrasquel Lira	Warehouse Operator Operations
Ramon Gonzales	Delivery Driver	Ruben Romero	Warehouse Operator Operations
Randy Carter	Delivery Driver	Rubia Romero Reyes	Warehouse Operator Operations
randy ogana	Delivery Driver	Rudy Pena	Sr Mgr Operations
Ranniel Aranas	Warehouse Operator Operations	Rusana Agdeppa	Warehouse Operator Operations
Raquel Torres	Trainer Branch	Ryan Gonzales	Warehouse Operator Operations
Ratana Lath	Warehouse Ld Operations	Ryan Martinez	Trainer Branch
Raul Gutierrez	Warehouse Operator Operations	Sabrina Seuell	Warehouse Clerk Operations
Raul Sixtos	Warehouse Ld Operations	Sacarias Ramirez Buenrostro	Driver II
Raul Tello	Trainer Branch	Sadiq Mohammed	Driver I
Ray Garrett	Warehouse Operator Operations	Sadol Osorio	Warehouse Operator Operations
Ray Ray Hernandez	Warehouse Operator Operations	Saiyad Akhtar	Warehouse Ld Operations
RAY UIA	Warehouse Operator Operations	Saiyad Ashik	Janitor Operations
Raymond De Vera	Inventory Coord Operations	Salvador Canela-Gonzalez	Warehouse Operator Operations
Raymond Rodriguez	Warehouse Operator Operations	Saman Sao	Warehouse Operator Operations
Reggie Ricks	Driver II	Sammy Biado	Warehouse Operator Operations
Remy Cortes	Warehouse Operator Operations	Samuel Cardenas	Warehouse Operator Operations
Renee Marroquin	Warehouse Operator Operations	Samuel Solorzano	Warehouse Ld Operations
Reno Garcia (On Leave)	Warehouse Operator Operations	Sandra Vazquez	Warehouse Ld Operations
RENZO DULAY	Warehouse Operator Operations	Sandy Maya	Warehouse Operator Operations
Reyanna Wright	Warehouse Operator Operations	Sarah Potter	Training Coord Sr
Reynol Celestino Mata [C]	Driver II	Saral Castillo	Warehouse Operator Operations
Rhea Llanes	Warehouse Operator Operations	Saray Valdes	Warehouse Operator Operations
Ricardo Carranza	Delivery Driver	Satwinder Singh	Warehouse Operator Operations
Ricardo Marquez	Warehouse Ld Operations	Saul Alvizar	Warehouse Operator Operations
Ricardo Velasquez	Warehouse Operator Operations	Saul Larios	Warehouse Operator Operations
Richard Arretche	Sr Mgr Medtrans	Sebastian Marquez	Warehouse Operator Operations
Richard Ramos	Warehouse Operator Operations	Seema Rani	Warehouse Operator Operations
Ricky James	Warehouse Operator Operations	Seng Xiong	Driver II
Ricky Richard	Warehouse Operator Operations	Serafin Garcia	Warehouse Operator Operations
Rigoverto Garcia Valadez	Warehouse Operator Operations	Serhii Tabakar	Warehouse Operator Operations

Seth Sanchez-Claffey	Supv Warehouse
Sharan Sandhu	Warehouse Operator Operations
Shelby Lopez	Janitor Operations
Sherraine Lewis	Warehouse Operator Operations
Shiloh Tillery	Warehouse Operator Operations
Shinderpal Kaur	Warehouse Operator Operations
Skye Leal	Warehouse Operator Operations
Somnang chea	Warehouse Operator Operations
Somontha Mam	Inventory Coord Operations
Sonia Chavez	Warehouse Operator Operations
Soung Sim	Driver II
Stanley Anguiano	Quality Control Inspector I
Starlett Silva	Warehouse Operator Operations
Steevi Lopez	Warehouse Operator Operations
Stephanie Arroyo Valentin (On Leave)	Warehouse Operator Operations
Stephanie Bellido (On Leave)	Warehouse Operator Operations
Stephanie Carrillo Gonzalez	Warehouse Operator Operations
Stephen Barbosa	Warehouse Operator Operations
Stina Arreaga	Warehouse Operator Operations
Suneetha Debbad	Warehouse Operator Operations
sylvia broderick	Warehouse Operator Operations
Tamara Thomas	Warehouse Operator Operations
Tamika Noble	Warehouse Operator Operations
Tammy Evans	Driver II
Tammy Wade	Warehouse Operator Operations
Tanisha Shoemaker	Warehouse Operator Operations
Tataneshia Parker	Warehouse Operator Operations
Tawny Powell	Delivery Driver
Teodoro Urena	Warehouse Operator Operations
Teresa Henry	Supv Warehouse
Teresa Ogle	Warehouse Ld Operations
Terrell Gibson	Warehouse Operator Operations
Terrence Chua	Warehouse Operator Operations
Tevin Davis	Warehouse Operator Operations
Theo Sountalavong	Warehouse Operator Operations
Thomas Cooney	Warehouse Operator Operations
Thomas White	Warehouse Operator Operations
Timothy Goodman	Driver I
TIMOTHY TORRES	Warehouse Operator Operations
Tina Ayers	Supv Inventory Control
Todd Felis	Warehouse Operator Operations
Tom Castro	Driver II
Tony Costa	Dir Maintenance
Tony Marquez	Warehouse Ld Operations
Tracy Estrada	Warehouse Operator Operations
Trejon Anthony - Jackson (On Leave)	Warehouse Operator Operations
Troy Collins	Warehouse Operator Operations
TROY MULLEN (On Leave)	Warehouse Operator Operations
Tuku Ashera	Warehouse Operator Operations
Tyler Wachtel	Warehouse Ld Operations
Tyrone Tanner	Warehouse Operator Operations
Valarie Price	Warehouse Operator Operations
Valentino Martinez	Warehouse Operator Operations
Vanessa Saldivar	Warehouse Clerk Operations
Veera Venkata Rayudu	Warehouse Operator Operations
Venisha Bailey	Warehouse Operator Operations
Vernard Bailey	Warehouse Ld Operations
Veronica Osorio	Warehouse Operator Operations
Veronica Romero	Driver II
Vi-Berly Fregillana	Inventory Control Ld Operations
Vicky Gailey	Inventory Coord Operations
Victor Nerecina	Warehouse Operator Operations
Victor Vazquez	Driver II
Victoria Garcia	Warehouse Ld Operations
Vincent Tanega	Warehouse Ld Operations
Violet Velasquez-Pedroza	Warehouse Operator Operations
Viridiana Espinoza	Warehouse Operator Operations
Weston Hogle	Warehouse Operator Operations
Will Sobarzo	Warehouse Operator Operations
William Fenton	Warehouse Ld Operations
Yadira Maldonado (On Leave)	Warehouse Operator Operations
Yansamnan Kong	Supv Warehouse
Yasmin Afanador	Warehouse Operator Operations
Yasmin Nehar	HR Generalist
Yasmine Garces	Warehouse Operator Operations
Yesenia Gonzalez	Warehouse Operator Operations
Yesenia Pacheco	Warehouse Operator Operations
Yolanda Arenas	Warehouse Ld Operations
YOLANDA NAVA	Transportation Coord
Ysabella Romasanta	Warehouse Operator Operations
Yuritzi Chavez	Warehouse Operator Operations
Yvonne Kemp	Warehouse Operator Operations
Zachary Smith	Warehouse Operator Operations
Zaida Arzate	Warehouse Operator Operations
Zaki Nizam	Janitor Operations
Zayvian Manriquez	Warehouse Operator Operations
Zeke Markham	Warehouse Operator Operations
Zenaphan Ward	Inventory Coord Sr

Copy of SEC 10K

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2025

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-43022

Medline Inc.

(Exact name of registrant as specified in its charter)

Delaware	**33-1845288**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
3 Lakes Drive Northfield, Illinois	**60093**
(Address of principal executive offices)	(Zip Code)

(847) 949 5500
Registrant's telephone number, including area code

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A common stock, par value $0.0001 per share	MDLN	Nasdaq Global Select Market

Securities registered pursuant to section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements.

☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b).

☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the Class A common stock held by non-affiliates of the registrant, based on the closing price of a share of Class A common stock on December 17, 2025, as reported by The Nasdaq Global Select Market on such date was approximately $13.0 billion. The registrant has elected to use December 17, 2025, which was the initial trading date of the registrant's Class A common stock on The Nasdaq Global Select Market, as the calculation date because on June 30, 2025 (the last business day of the registrant's most recently completed second fiscal quarter) the registrant was a privately held company. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose.

As of February 23, 2026, there were 811,647,534 shares of the registrant's Class A common stock and 502,045,878 shares of the registrant's Class B common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement related to its 2026 Annual Meeting of Stockholders to be filed with the U.S. Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2025 are incorporated by reference into Part III of this Annual Report on Form 10-K.

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Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K (this "Annual Report") contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Forward-looking statements include all statements that are not historical facts. Words such as "anticipate," "assume," "believe" "contemplate," "continue," "could," "estimate," "expect," "foreseeable," "intend," "may," "plan," "potentially," "predict," "project," "seek," "should," "will," or "would," or similar words or phrases that convey uncertainty of future events or outcomes, are intended to identify forward-looking statements in this Annual Report. These forward-looking statements relate to matters such as our industry, business strategy, costs, and costs savings, impacts of accounting standards and guidance, goals and expectations, market position, future operations, margins, profitability, capital expenditures, liquidity and capital resources, legal matters, trends, and other financial and operating information. The forward-looking statements are based on management's current expectations and are subject to various risks, uncertainty, and changes in circumstances, many of which are beyond our control, that could cause actual results to differ materially. Although we believe that the assumptions underlying the forward-looking statements are reasonable, we cannot guarantee future results, level of activity, performance, or achievements. Factors that may cause actual results to differ from expected results include those described in Part I, "Item 1A—Risk Factors" and Part II, "Item 7—Management's Discussion and Analysis of Financial Condition and Results of Operations". The forward-looking statements included in this Annual Report speak only as of the date of this Annual Report or as of the date they are made, as applicable. Except as otherwise required by law, we disclaim any intent or obligation to update any "forward-looking statement" made in this Annual Report to reflect changed assumptions, the occurrence of unanticipated events, or changes to future operating results over time.

INTRODUCTORY NOTE

Medline Inc. was incorporated as a Delaware corporation on November 6, 2024. Prior to the completion of its initial public offering (the "IPO") on December 18, 2025, Medline Inc. undertook certain reorganization transactions (the "Reorganization") such that Medline Inc. is now a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP ("Medline Holdings"). Following the IPO, Medline Holdings is the predecessor of Medline Inc. for financial reporting purposes. As the general partner of Medline Holdings, Medline Inc. now operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts its business. The Reorganization lacks economic substance and therefore is accounted for in a manner consistent with a reorganization of entities under common control. As a result, the consolidated financial statements of Medline Inc. recognize the assets and liabilities received in the Reorganization at their historical carrying amounts, as reflected in the historical financial statements of Medline Holdings. Medline Inc. will consolidate Medline Holdings on its consolidated financial statements and record a non-controlling interest related to the Units (as defined herein) held by the Continuing Unitholders (as defined herein) on its consolidated balance sheets and statements of comprehensive income.

Medline Inc. had no significant business transactions or activities prior to the Reorganization, and, as a result, the historical financial information reflects that of Medline Holdings.

Basis of Presentation

The consolidated financial statements and accompanying notes included herein are prepared in accordance with United States generally accepted accounting principles ("GAAP"). The results of businesses acquired or disposed of are included in the consolidated financial statements from the date of the acquisition or up to the date of disposal, respectively. All adjustments, in the opinion of management, necessary to a fair statement of the results for the annual periods presented have been made.

Certain monetary amounts, percentages, and other figures included in this Annual Report have been subject to rounding adjustments. Percentage amounts included in this Annual Report have been calculated, in some cases, not on the basis of such rounded figures, but on the basis of such amounts prior to rounding. For this reason, percentage amounts in this Annual Report may vary from those obtained by performing the same calculations using the figures, on the face of our consolidated financial statements included elsewhere in this Annual Report. Certain other amounts that appear in this Annual Report may not sum due to rounding.

In December 2024, we changed the name of Medline Holdings from Mozart Holdings, LP to Medline Holdings, LP. We will not distinguish between the prior and current name of Medline Holdings and will refer to the current name of Medline Holdings throughout this Annual Report. References in this Annual Report to "Medline," the "Company," "we," "us," and "our" refer (1) prior to the consummation of the IPO, to Medline Holdings, LP and its consolidated subsidiaries and (2) after the IPO to Medline Inc. and its consolidated subsidiaries.

CERTAIN DEFINITIONS

As used in this Annual Report, unless otherwise noted or the context requires otherwise, the following terms have the following meanings:

- "Class A Units" refers to the interests in Medline Holdings called "Class A Units" that were outstanding prior to the Reclassification. In connection with the Reclassification, (i) Class A Units held by Common Unitholders were converted into Common Units and (ii) Class A Units held by Exchanging Class A Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Class B Units" refers to the interests in Medline Holdings called "Class B Units" that were outstanding prior to the Reclassification, and does not include CUPI Units. In connection with the Reclassification, (i) Class B Units held by Incentive Unitholders were converted into Incentive Units and (ii) Class B Units held by Exchanging Class B Unitholders were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units).

- "Common Units" refers to the new class of units of Medline Holdings created by the Reclassification and does not include Incentive Units.
- "Common Unitholders" refers to certain pre-IPO holders of Class A Units and/or CUPI Units who hold Common Units following the Reclassification.
- "Incentive Unitholders" refers to certain pre-IPO holders of Class B Units who will hold Incentive Units following the Reclassification, as described under "Organizational Structure."
- "Continuing Unitholders" refers collectively to Common Unitholders and Incentive Unitholders.
- "CUPI Units" refers to the interests in Medline Holdings that were designated as "Catch-Up Class B Units" and outstanding prior to the Reclassification. In connection with the Reclassification, (i) CUPI Units held by Common Unitholders were converted into Common Units and (ii) CUPI Units held by Exchanging CUPI Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Designating Stockholder" refers to each of our Principal Stockholders with whom we entered into separate director nomination agreements.
- "Exchanging Class A Unitholder" refers to pre-IPO holders of Class A Units whose Class A Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Class B Unitholder" refers to pre-IPO holders of Class B Units whose Class B Units were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units) following the Reclassification.
- "Exchanging CUPI Unitholder" refers to pre-IPO holders of CUPI Units whose CUPI Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Unitholders" refers collectively to Exchanging Class A Unitholders, Exchanging CUPI Unitholders, and Exchanging Class B Unitholders.
- "Incentive Units" refers to the new class of units of Medline Holdings created by the reclassification of the Class B Units in the Reclassification. The Incentive Units are "profit interests" having economic characteristics similar to stock appreciation rights and having the right to share in any equity value of Medline Holdings above specified participation thresholds. Vested Incentive Units may be converted to Common Units and be subsequently exchanged for shares of Class A common stock.
- "Principal Stockholders" refers collectively to investment funds associated with Blackstone Inc., The Carlyle Group Inc. and Hellman & Friedman LLC, and members of the Mills family.
- "Reclassification" refers to the reclassification of the partnership interests of Medline Holdings prior to the IPO.
- "Sponsors" refers collectively to Blackstone Inc., The Carlyle Group Inc., and Hellman & Friedman LLC.
- "Units" refers collectively to Common Units and Incentive Units.

Summary of Risk Factors

The following is a summary of the principal factors that make an investment in our securities speculative or risky, all of which are more fully described below. This summary should be read together with the risk factors described under Part I, "Item 1A—Risk Factors" and should not be relied upon as an exhaustive summary of the material risks facing our business. In addition to the following summary, you should consider the information set forth below and the other information contained in this Annual Report before investing in our securities.

- Our global operations are subject to inherent risks that could materially adversely affect our business, results of operations, and financial condition.
- We may be unable to derive fully the anticipated benefits from our existing or future acquisitions, joint ventures, investments, dispositions, or other strategic transactions.
- Consolidation in the healthcare industry could have an adverse effect on our business, results of operations, and financial condition.
- We operate in a highly competitive industry, with accelerating pricing pressure and changes in technology.
- Changes to the U.S. and global healthcare environments may not be favorable to us.
- Increases in shipping costs or service issues with our third-party shippers could harm our business.

- Significant challenges or delays in our sourcing of new products and technologies could have an adverse impact on our long-term success.
- We have concentration in and dependence on certain healthcare provider customers and GPOs.
- Our business and operations depend on the proper functioning of our critical facilities and distribution networks and could be negatively impacted by events outside our control.
- Quality problems and product liability claims have in the past led, and could in the future lead, to recalls or safety alerts, reputational harm, adverse verdicts, or costly settlements, and could have a material adverse effect on our business, results of operations, and financial condition.
- Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline.
- If we experience increased pressure to maintain or decrease the price of our goods and services and we are unable to reduce our expenses, there may be a material adverse effect on our business, results of operations, and financial condition.
- Any failure by or loss of a third-party manufacturer or supplier or other manufacturing or supply-related impacts could result in delays and increased costs, which may adversely affect our business.
- We rely on the proper function, security, and availability of our information technology systems and data, as well as those of third parties throughout our global supply chain, to operate our business.
- We are subject to extensive and complex laws and governmental regulations and any adverse regulatory action may materially adversely affect our business, results of operations, and financial condition both inside and outside the United States.
- We are subject to complex and rapidly evolving data privacy, security, and data protection laws and regulations and the costs to comply with such laws and regulations or any ineffective compliance efforts with such laws and regulations may adversely impact our business.
- Our use or our third-party service providers' or business partners' use of AI, automated decision-making and machine learning technologies and the evolving regulatory framework in this area may subject us to risks or heightened costs that could adversely affect business, results of operation and financial condition.
- Our failure to comply with laws and regulations relating to reimbursement of healthcare goods and services may subject us to penalties and adversely impact our reputation, business, results of operations, financial condition, and cash flows.
- Uncertain global and domestic macro-economic and political conditions could materially adversely affect our business, results of operations, and financial condition.
- Our substantial indebtedness could adversely affect our financial condition, our ability to operate our business or react to changes in the economy or our industry, prevent us from fulfilling our obligations under our debts, and divert our cash flow from operations for debt payments.
- The credit agreement that governs the Senior Secured Credit Facilities and the indentures that govern the Senior Notes will each impose significant operating and financial restrictions on our subsidiaries, which may prevent us from capitalizing on business opportunities.
- Medline Inc. is a holding company and its only material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, and it is accordingly dependent upon distributions from Medline Holdings to pay taxes, make payments under the tax receivable agreement, and pay any dividends.
- The Designating Stockholders hold a significant percentage of our stock, and their interests may conflict with ours or yours in the future.
- Our amended and restated certificate of incorporation does not limit the ability of our Sponsors, the Mills family, and certain other pre-IPO investors to compete with us, and they may have investments in businesses whose interests conflict with ours.

The market price of shares of our Class A common stock may be volatile or may decline regardless of our operating performance, which could cause the value of your investment to decline.

Market and Industry Data

Unless otherwise indicated, information contained in this Annual Report concerning our industry, competitive position, and the markets in which we operate is based on information from independent industry and research organizations, other third-party sources and management estimates. Although we believe that these third-party sources are reliable, we do not guarantee the accuracy or completeness of this information, and we have not independently verified this information. Management estimates are derived from information obtained from surveys, reports by market research firms, our customers, distributors, suppliers, trade and business organizations, and other contacts in the markets in which we operate and have not been verified by independent sources, and are based on assumptions made by us upon reviewing such data, and our experience in, and knowledge of, such industry and markets, which we believe to be reasonable. In addition, assumptions and estimates of our and our industry's future performance are subject to a high degree of uncertainty and risk due to a variety of factors, including those described in Part I, "Item 1A—Risk Factors" and "Cautionary Note Regarding Forward-Looking Statements." These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

Statements regarding our market position (including statements that we are the largest company in a particular market), unless otherwise noted, are based on our 2025 net sales in the relevant market relative to the publicly reported net sales of our competitors in such market, including with respect to our statement of being the largest provider of med-surg products and supply chain solutions serving all points of care, as that statement is based on our 2025 net sales relative to the publicly reported net sales of med-surg products by companies that are both med-surg manufacturers and distributors.

Trademarks

We own or have the right to use trademarks, trade names, and service marks used in connection with our business, including, but not limited to, Medline, Curad, Microtek, Hudson, and Proxima. All trademarks, trade names, and service marks referred to in this Annual Report are the property of their respective owners. We do not intend our use or display of other companies' trade names, trademarks, or service marks to imply a relationship with, or endorsement or sponsorship of us by, these other companies. Solely for convenience, our trademarks, trade names, and service marks referred to in this Annual Report may appear without the ®, ™ or SM symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks, trade names, and service marks.

PART I

Item 1. Business

General

Medline Inc. (together with its subsidiaries, "Medline", "the Company", "we", "ours" and "us") is the largest provider of medical-surgical ("med-surg") products and supply chain solutions serving all points of care, based on total net sales of med-surg products. Medline was founded in 1966 and today delivers mission-critical products used daily across the full range of care settings, from hospitals and surgery centers to physician offices and post-acute facilities. Our mission is to make healthcare run better by delivering improved clinical, financial, and operational outcomes.

We have two reportable segments, Medline Brand and Supply Chain Solutions, the combination of which addresses critical needs in the market through a comprehensive solution. They are both supported by our Prime Vendor model, differentiated distribution network, and robust commercial platform. Through our two segments, we offer approximately 335,000 med-surg products, including surgical and procedural kits, gloves and protective apparel, urological and incontinence care, wound care, and consumable lab and diagnostics products. We distribute these products through our expansive network of global distribution facilities and our owned fleet of MedTrans trucks.

Medline Brand

As of December 31, 2025, we offer our customers approximately 190,000 med-surg products through our Medline Brand segment and hold leading positions across many key product families for our Medline Brand products. Our Medline Brand products are organized into three product categories: Front Line Care, Surgical Solutions, and Laboratory and Diagnostics.

- *Front Line Care* offers mission-critical med-surg products for patient-facing needs, including wound care products, exam gloves, skin care and incontinence products, environment cleaning supplies, textiles, hand sanitizer, durable medical equipment, patient plastics, and decolonization and infection control products.
- *Surgical Solutions* offers operating room and perioperative environment product solutions, including surgical procedure trays, drapes and gowns, personal protective equipment, sterile wraps, surgical instruments, surgeon's gloves, procedure kits, and orthopedic implants.
- *Laboratory and Diagnostics* offers a full range of laboratory and diagnostic product solutions, including point of care testing, analyzers and instrumentation, lab and diagnostic consumables, diagnostic instruments, vital signs monitors, and anatomic pathology and phlebotomy products.

Our product development approach incorporates customer feedback and ongoing innovation. We are also committed to delivering products of the highest standard, which is reflected by our robust quality team embedded across our manufacturing and sourcing locations. The expertise of our research and development team and quality team helps ensure products bearing the Medline brand meet both our rigorous quality standards and our customers' expectations.

Supply Chain Solutions

As of December 31, 2025, we offer approximately 145,000 med-surg products from over 1,300 third-party suppliers, including nearly all leading national brands, through our Supply Chain Solutions segment. We also provide our customers with supply chain optimization services such as consulting engagements, outsourced warehouse and technology management, put-away-ready packaging, third-party logistics, inventory rationalization, and route planning. Our third-party suppliers are primarily responsible for costs related to import and inbound freight, whereas we are primarily responsible for costs related to outbound freight from our distribution centers. Our supply chain expertise allows us to provide additional service offerings to optimize our customers' supply chain and inventory workflows, helping these customers cost-effectively manage their supply chain while building strong relationships and enhancing retention.

Our Prime Vendor Model

A Prime Vendor relationship is a relationship for which there is a multi-year distribution agreement between Medline and a customer, whereby the customer agrees to use Medline for the vast majority of its med-surg product needs.

In our Prime Vendor relationships, we enter into long-term agreements, typically structured with five-year terms, to act as the primary consolidated logistics partner for these customers' med-surg product needs. These agreements have been and are expected to continue to be a key contributor to our growth. Our customers realize efficiencies by partnering with one supply chain partner to consolidate their med-surg purchase volume. Prior to the market adoption of the Prime Vendor model, customers sourced such products individually from a highly fragmented base of suppliers. The Prime Vendor model instead centralizes procurement and distribution, which in turn drives efficiency and higher service levels.

As Prime Vendor, we drive significant cost savings to our customers. Our scale allows us to deliver consistently lower prices and better service levels on Medline Brand products relative to third-party alternatives, while also lowering the distribution cost for delivery of the full range of med-surg products. This often motivates customers to purchase more Medline Brand products over time. The opportunity is even greater in certain non-acute settings, where we sell a more focused product portfolio. Our Prime Vendor model allows us to provide cost savings to Prime Vendor customers, which, over time, supports incremental purchasing of our Medline Brand products and greater scale across our operations. As our scale grows, we are able to realize further efficiencies by offering superior or similar quality to third-party products at a more cost-effective price. We believe that Medline Brand conversion is mutually beneficial for both our customers and us-the value we provide customers at the outset of a Prime Vendor agreement meaningfully increases over time, as they accrue savings by purchasing our lower cost Medline Brand products, while our profitability grows given the enhanced margin profile of Medline Brand products. This compelling value proposition and supply chain relationship with our customers supports our greater than 98% average Prime Vendor retention rate over the past five years.

A portion of Supply Chain Solutions products sold to existing Prime Vendor customers has like-for-like Medline Brand product equivalents, representing a potential gross profit uplift consistent with our historical margin differentials if such products were converted for Medline Brand products. While we historically have earned higher margins upon conversion from third-party national brand products to like-for-like Medline Brand products, because of the lower average prices for Medline Brand products, there is typically a negative impact on net sales upon the conversion of Supply Chain Solutions products to like-for-like Medline Brand products if volume is assumed to be constant. For additional information on potential risks relating to this conversion opportunity, please see Part I, "Item 1A—Risk Factors—Risks Related to Our Business, Industry and Operations—Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline."

Our Distribution Network

We have a differentiated distribution network of 70 global distribution centers, warehouses, cross-docks, and transship facilities, 45 of which are in the United States, strategically located to provide next-day delivery to 95% of our U.S. customer base. We utilize artificial intelligence ("AI") and robotics technology in over 26 million square feet of warehouse space in the United States to improve efficiency and capacity to optimize distribution logistics and maximize utilization. The products we distribute are packaged to meet each customer's individual needs and to be "put-away-ready," which streamlines the customer's unloading and shelving process. We also operate our own fleet of more than 2,100 MedTrans trucks that deliver our products across care settings within the United States. As of December 31, 2025, we had approximately 25% in incremental capacity across our platform to support our long-term growth.

Our Commercial Platform

Our deep connectivity to our customers is driven by the strength of our dedicated and tenured commercial team. We have a U.S. commercial team of approximately 4,000 people across all points of care, which includes account managers, product specialists, specialized clinical resources, customer service representatives, supply chain specialists, Prime Vendor analysts, and a robust leadership team dedicated to driving efficiencies for our customers through their teams. We have created an entrepreneurial environment that empowers our salesforce to work with our product managers to create innovative products that meet market demand. We have a team devoted to each channel in the United States and each region or country internationally, which allows our salesforce teams to develop market-specific knowledge.

Research and Development

We have a track record of successfully bringing new products to market, with more than 2,300 granted patents and more than 450 U.S. Food and Drug Administration ("FDA") 510(k) clearances. Over the last three years, we have successfully launched more than 250 new products.

Competition

Our value proposition is derived from our integrated business model, the breadth of our Medline Brand portfolio, our differentiated supply chain, and the overall quality and cost of our products. As a result of our integrated business model, our competitors include both other leading med-surg product manufacturers and distributors.

Similar to us, other leading med-surg product manufacturers produce a wide range of med-surg supplies. However, unlike us, many of these competitors are reliant upon third-party distributors to deliver their products to customers. By nature of being a distributor, Medline has direct access to and manages the end customer relationships. This enables us to offer a complete solution as a manufacturer and a distributor, offering our customers what we believe to be best-in-class supply chain logistics, and driving value through our brand.

Additionally, other distributors of med-surg products similarly connect the fragmented supplier and provider bases and aggregate inventory from suppliers to deliver products to customers, such as McKesson, Cardinal Health, Owens & Minor, and Henry Schein. These distribution companies compete with us for Prime Vendor agreements. However, we believe that many of these competitors do not benefit from the scale and scope of our vertical integration or commercial excellence, and thus are not able to provide the same magnitude of cost savings, value, and holistic solutions that we deliver for our customers.

Production and Raw Materials

We manufacture approximately one-third of our Medline Brand products, which are primarily Class I and II medical devices, through our 30 manufacturing facilities, of which 24 are in North America. We purchase many of the components and raw materials used in manufacturing our products from numerous suppliers. We focus our manufacturing capabilities on products where we can leverage technology and automation to drive higher quality and lower costs to better serve our customers. For the vast majority of the other two-thirds of our Medline Brand products, we work closely with our network of more than 600 global partners across approximately 40 countries, many of whom have decades-long exclusive relationships with us. The breadth of our global sourcing partnerships provides diversification and strengthens our resiliency, with no single sourcing partner accounting for more than 5% of total spend as of December 31, 2025.

We also have plans and measures in place to help ensure continuity of supply while maintaining high quality and reliability. Generally, we have been able to obtain adequate supplies of such raw materials and components. However, due to the FDA's manufacturing requirements and those of other regulatory authorities, we may not be able to quickly establish additional or replacement sources for certain components, materials or processes if we experience a sudden or unexpected reduction or interruption in supply or services and are unable to develop alternative sources.

Human Capital Resources

At Medline, our relentless focus on the customer drives our human capital strategy, which revolves around attracting, developing, and retaining employees to provide the best products and services for our customers. We have developed a strong foundation that drives our recruitment, retention and development efforts. We are committed to supporting the personal and professional development of our employees, as well as providing competitive benefits and a safe, inclusive workplace.

As of December 31, 2025, we employed over 45,000 employees worldwide, with over 26,000 located in the United States. Our largest non-U.S. employee populations are in Mexico, Dominican Republic, India, Canada, Slovakia, France, China, Japan, Germany, and Australia. None of our employees in the United States are unionized, though some of our employees in Mexico belong to unions. In Germany and the Netherlands, employees are represented through Works Councils; in France and Spain, employees are represented through both Works Councils and industry-wide collective bargaining agreements; and in Belgium and Italy, employees are also represented through industry-wide collective bargaining agreements. In Australia, certain employees are represented by an enterprise bargaining agreement; in Japan, employees are represented through a Work Council; and in Vietnam, employees are represented through a collective bargaining agreement. We believe that our positive employee relations and total employee experience drive the continual growth of our workforce.

Culture and Values

Our culture is grounded in a customer-focused, collaborative, and performance-driven approach, guided by core values emphasizing relentless customer focus, agility and flexibility, problem-solving, drive to succeed, purposeful candor, and the importance of relationships. Employees are encouraged to exercise judgment, work transparently with customers, and contribute meaningfully to our mission to make healthcare run better.

Talent Attraction and Development

We seek to attract employees whose skills, experience, and motivation align with our operational and technical needs. Through continual improvement of internal processes, an awareness of market and candidate driven trends, and in partnership with vendors and other outside organizations, our talent acquisition programs focus on efficient hiring processes, market awareness, and building a diverse pipeline of candidates. We support development through consistent performance management processes and early career opportunities to take on additional responsibilities to demonstrate their competencies and drive to succeed and on-the-job responsibility augmented by formal training and development to refine technical and leadership skills. New sales representatives participate in comprehensive training programs, and product managers have targeted development pathways through all stages of their careers, from mandatory onboarding offerings to advanced classes that provide the necessary skills with increasing levels of responsibility, to support progression over time.

Employee Engagement and Inclusion

We believe our employees' ability to communicate and cooperate effectively across functional and departmental teams positively impacts our performance. We engage in various listening strategies and foster engagement through survey feedback mechanisms, anonymous employee feedback platform, focus groups, increased attention to onboarding and offboarding feedback, pulse surveys on remote work needs, and other listening strategies. Insights from these efforts inform workplace improvements. We also support an inclusive environment through Employee Resource Groups and leadership training initiatives designed to reduce bias in talent decisions and strengthen representation across the company.

Health, Safety, and Well-Being

We are committed to maintaining a safe workplace and supporting the physical, emotional, and financial well-being of our employees. We provide competitive health and benefits programs, access to assistance resources where available, and opportunities for community involvement through charitable giving, including financial giving and in-kind giving such as product donations.

Intellectual Property

We rely upon patents, trademarks, copyrights, trade secrets and other intellectual property rights to maintain and improve our competitive position. We have a large portfolio of intellectual property, including more than 2,300 granted patents as well as trademark registrations protecting our notable brands, including Medline, Curad, Microtek, Hudson, and Proxima.

We consider the trademarks and know-how that we own to be material to our business. However, other than the Medline mark, we do not consider our business to be materially dependent upon any individual trademark registration or trade secret. In the aggregate, we consider our more than 2,300 granted patents to be material to our business. However, no single patent or group of related patents is material to our business as a whole or any segment of our business.

We believe that we have taken all necessary steps to protect our intellectual property rights, but no assurance can be given that we will be able to successfully enforce or protect our rights in the event that they are infringed upon or challenged by a third party. See Part I, "Item 1A —Risk Factors—Risks Related to Regulation and Legal Proceedings—Any failure to obtain, maintain, protect and enforce our intellectual property rights, or the failure of the strength or scope of our intellectual property rights, could harm our business, financial condition, and results of operations" and "—Risks Related to Regulation and Legal Proceedings—We may become subject to litigation brought by third parties claiming infringement, misappropriation, or other violation by us of their intellectual property rights."

Government Regulation

Our operations and products are subject to extensive regulation by numerous governmental regulatory authorities, including U.S. and other international regulatory authorities, and other government agencies inside and outside the United States. To varying degrees, each of these agencies requires us to comply with laws and regulations governing the development, design, materials, testing, safety, efficacy, quality, purity, manufacturing, methods, controls, testing, screening, recordkeeping, reporting, processing, storage, registration, authorization, licensing, permitting, labeling, advertising, marketing, distribution, offer for sale, sale, use, expiration, pricing, reimbursement, import, export, clinical trials, post-marketing surveillance of our products, the registration of our facilities, and the claims that we make about our products. The United States and other countries where we sell healthcare and other regulated products, including drugs, human cell and tissue products, dietary supplements, cosmetics, certain foods, and consumer products subject such products to their own clearance, authorization, approval, registration, listing, labeling, manufacturing, recordkeeping, reporting, and other regulatory requirements regarding the performance, safety, and quality of such products. We are also subject to healthcare and other regulations and enforcement by the federal government and the states and foreign governments and authorities in the locations in which we conduct our business. The U.S. governmental and regulatory authorities that enforce such laws and rules, and that issue guidance on compliance with such laws and rules include, without limitation, the FDA, the Centers for Medicare & Medicaid Services ("CMS"), other divisions of the U.S. Department of Health and Human Services ("HHS"), the HHS Office of Inspector General, U.S. Environmental Protection Agency ("EPA"), the Federal Trade Commission ("the FTC"), Consumer Product Safety Commission ("CPSC"), the U.S. Department of Justice ("DOJ") and individual U.S. Attorney offices within the DOJ, as well as state and local governments. Our business is also affected by patient and data privacy and security laws, government payer cost containment initiatives, government reimbursement laws and regulations, environmental, health, and safety laws and regulations, as well as laws and regulations with respect to the sale, transportation, storage, handling, and disposal of hazardous or potentially hazardous substances, and safe working conditions. Our business also maintains contracts with governmental agencies and such contracts are subject to various government procurement laws and regulations, required contract provisions, and other requirements relating to contract formation, administration and performance. Failure to comply with applicable laws and regulations or with contractual or other requirements may result in monetary damages and criminal or civil penalties as well as termination of our government contracts or our suspension or debarment from government contract work.

The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, including through the offering of new products and services or entering into new geographic areas, we may be subject to new and additional regulatory requirements. The foreign, federal, state, and local regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products, suspend, revoke, or terminate our product and facility licenses, permits, and authorizations, request the cessation of distribution and shipments of certain products due to regulatory, safety, or other issues, seize or order the recall of our products, issue safety, quality, or other communications to the public or healthcare providers, enforce laws related to marketing, including promotion of off-label uses of products, and impose injunctions and significant criminal, civil, and administrative sanctions for violations of laws and regulations. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, may impact our business practices and operations, including by limiting our ability to effectively market, ship, and sell our products, affecting the production and distribution of products by our manufacturing facilities, subjecting us to significant liability, and limiting our ability to obtain future authorizations. Although we are subject to international government regulations in the international end markets where we operate and/or provide our products, these regulations do not have a material impact on our products as no international market represents more than 3% of our net sales.

Government Regulation of Medical Devices

Our medical devices are subject to regulation by numerous government agencies, including the FDA and comparable state and foreign agencies. Regulations of the FDA and other regulatory agencies in and outside the United States impose extensive compliance and monitoring obligations on portions of our business. The FDA and other U.S. and foreign governmental agencies regulate, among other things, with respect to medical devices: design, development, and manufacturing; testing, registration, listing, labeling, content, and language of instructions for use and storage; clinical trials; product safety; marketing, sales, and distribution; licensing and permit requirements; premarket clearance, approval and authorization; record keeping procedures; advertising and promotion; recalls and field safety corrective actions; post-market surveillance, including reporting of deaths or serious injuries and malfunctions that, if they were to recur, could lead to death or serious injury; post-market approval studies; and product import and export. The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, we may be subject to new and additional regulatory requirements. The FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers; seize or order the recall of products; terminate, suspend, or revoke licenses and permits; and impose significant criminal, civil, and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers. In addition, the FDA and other governmental and regulatory authorities, both in and outside the United States (including the FTC, the HHS Office of the Inspector General, the DOJ, and various state Attorneys General), monitor the promotion and advertising of our products. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, depending on its magnitude, may limit our ability to effectively market, ship, and sell our products, limit our ability to obtain future premarket authorizations, or result in a substantial modification to our business practices and operations.

FDA Premarket Clearance and Approval Requirements

Each medical device we wish to distribute commercially in the United States requires marketing authorization from the FDA prior to distribution, unless the device is exempt from premarket notification requirements. The type of marketing authorization necessary is generally linked to the classification of the device. The FDA classifies medical devices into one of three classes-Class I, II, or III-based on the degree of risk associated with a device and the level of regulatory control deemed necessary to ensure its safety and effectiveness. Class I devices that pose the least risk are subject only to General Controls applicable to all devices, such as requirements for device labeling, premarket notification, and adherence to current good manufacturing practices for devices as set forth in the Quality System Regulation ("QSR"). Class II devices that pose a moderate risk are subject to General Controls and may also be subject to Special Controls, such as performance standards, product-specific guidance documents, special labeling requirements, patient registries, or post-market surveillance. Class III devices are those for which insufficient information exists to assure safety and effectiveness solely through General and Special Controls, including devices that support or sustain human life, are of substantial importance in preventing impairment of human health, or which present a potential unreasonable risk of illness or injury.

Most Class I devices and some Class II devices are exempted by regulation from the 510(k) clearance requirement and can be marketed without prior authorization from the FDA. Class I and II devices that are not exempted are eligible for marketing through the 510(k) clearance pathway. By contrast, devices placed in Class III generally require premarket approval ("PMA") or de novo clearance prior to commercial marketing. The PMA approval process is more stringent, time-consuming and expensive than the 510(k) clearance process; however, the 510(k) clearance process has also become increasingly stringent and expensive. None of our products are currently approved under a PMA, and we have no plans for any indication or system improvement or extension that we believe would require a PMA. If, in the future, we were to file a PMA, we may be subject to additional regulatory requirements.

510(k) Clearance Process

To obtain 510(k) clearance, we must submit a premarket notification to the FDA demonstrating the proposed device to be substantially equivalent to a predicate device. A device is substantially equivalent if, with respect to the predicate device, it has the same intended use and it has either the same technological characteristics, or it has different technological characteristics, but the information provided in the 510(k) submission demonstrates that the device does not raise new questions of safety or effectiveness. The standard review process for 510(k)s is between six to nine months, dependent upon the type of 510(k) filing submitted. Although many 510(k) premarket notifications are cleared without clinical data, in some cases, the FDA may require clinical data to support substantial equivalence. In reviewing a premarket notification, the FDA may request additional information, including clinical data, which may significantly prolong the review process and clearance is never assured. Clinical trials generally require the submission of an investigational device exemption ("IDE") to the FDA for a specified number of patients and study sites, unless the product is deemed a non-significant risk device eligible for more abbreviated IDE requirements. Clinical trials are subject to numerous requirements and institutional review board approval, oversight, and monitoring. Even if a trial is conducted, the results of clinical testing may not adequately demonstrate the safety and effectiveness of the device or be sufficient to obtain FDA clearance or approval for marketing.

After a device receives 510(k) clearance, any subsequent modification of the device that could significantly affect its safety or effectiveness, or that would constitute a major change in its intended use, requires a new 510(k) clearance or could require submission and approval of a de novo 510(k) or a PMA application in cases where new indications are sought for which there is no predicate. Non-significant changes are handled via internal documentation by the Company. Each manufacturer must judge the significance of modifications based on FDA 510(k) regulatory requirements and guidance documents. The FDA may review any such decision and may disagree with a manufacturer's determination. If the FDA disagrees with a manufacturer's determination, the FDA may require the manufacturer to cease marketing and distribution and/or recall the modified device until 510(k) clearance or PMA approval is obtained. In the future, we may make modifications to our products after they have received FDA clearance and, in appropriate circumstances, determine that new clearance is unnecessary. However, the FDA may disagree with our determination, and, if the FDA requires us to seek 510(k) clearance or submit new PMA applications for any modifications to a previously cleared product, we may be required to cease marketing or distributing or recall the modified device until we obtain the required clearance or approval. We may also market or acquire products that are marketed without a 510(k) clearance, appropriate labeling, or that otherwise are marketed in violation of FDA requirements, since medical devices can be marketed only for the indications for which they are cleared or approved. Under these circumstances, we may also be subject to warning letters, significant regulatory fines, or other penalties, and we may no longer be able to market particular products for which a 510(k) clearance is required.

Post-Marketing Requirements

Numerous FDA regulatory requirements apply to devices we manufacture and distribute, including: compliance with the QSR, which require manufacturers and their suppliers to follow the applicable design, testing, processes, control, documentation, labeling, and other quality assurance procedures during the manufacturing process; establishment registration, which requires establishments involved in the production and distribution of medical devices intended for commercial distribution in the United States to register with the FDA; medical device listing, which requires manufacturers to list the devices they have in commercial distribution with the FDA; labeling regulations, which prohibit "misbranded" devices from entering the market, as well as prohibit the promotion of products for unapproved or off-label uses and impose other restrictions on labeling; post-market surveillance, including medical device reporting requirements which requires manufacturers to report to the FDA if their device may have caused or contributed to a death or serious injury, or malfunctioned in a way that would likely cause or contribute to a death or serious injury if it were to recur; and corrections and removal reporting regulations, which require that manufacturers report to the FDA field corrections and product recalls or removals if undertaken to reduce a risk to health posed by the device or to remedy a violation of the Federal Food, Drug, and Cosmetic Act that may present a risk to health. The FDA and other governmental and regulatory authorities actively enforce the laws and regulations prohibiting the promotion of off-label uses, and a company that is found to have improperly promoted off-label uses may be subject to significant liability.

The FDA enforces these requirements by inspection and market surveillance. Domestic facility records and manufacturing processes are subject to periodic unscheduled inspections by the FDA. The FDA may also inspect foreign facilities that export products to the United States. Failure to comply with applicable regulatory requirements may result in enforcement action or other actions by the FDA, which may include one or more of the following sanctions: adverse press releases and safety communications; requests to stop shipments; untitled letters or warning letters; fines, injunctions, and civil penalties; mandatory recall or seizure of our products; customer notifications and repairs or replacements; administrative detention or banning of our products; consent decrees; operating restrictions, partial suspension or total shutdown of production; refusing our request for 510(k) clearances for new product versions or modifications to existing product versions; revocation of 510(k) clearances previously granted; refusal to grant export approval for our products; and criminal prosecution and penalties. If any of these events were to occur, they could have a material adverse effect on our business, financial condition, and results of operations.

International Regulation of Medical Devices

Sales of medical devices outside the United States are subject to foreign government regulations, which vary substantially from country to country. In order to market our products in other countries, we must comply with applicable regulatory requirements and authorizations and approvals and safety and quality regulations in each country in which the product is marketed. The time required to obtain authorization, approval, or certification by a foreign country may be longer or shorter than that required for FDA clearance, and the requirements may differ significantly.

EU Regulation of Medical Devices

In the European Union ("EU") until May 25, 2021, medical devices were regulated by the Council Directive 93/42/EEC, which has been repealed and replaced by the Medical Device Regulation ("EU MDR"). Unlike directives, regulations are directly applicable in all EU member states without the need for member states to implement into national law. The EU extended the EU MDR transitional periods for certain medical devices until December 31, 2027 or December 31, 2028, depending on a device's risk class and subject to certain conditions to ensure continued access to medical devices for patients and to allow medical devices already placed on the market in accordance with the current legal framework to remain on the market, provided that the requirements of the transitional provisions are fulfilled.

In the EU, there is currently no premarket government review of medical devices. However, all medical devices placed on the EU market must meet general safety and performance requirements, and compliance with the general safety and performance requirements is a prerequisite for European conformity marking without which medical devices cannot be marketed or sold in the EU. EU MDR requirements regarding the distribution, marketing, and sale, including quality systems and post-market surveillance, have to be observed by manufacturers, importers, and distributors as of the application date (i.e., since May 26, 2021), including registration of economic operators and of devices (once the relevant modules of Eudamed are functional), surveillance, and vigilance requirements. The aforementioned EU rules are generally applicable in the European Economic Area which consists of the 27 EU member states plus Norway, Liechtenstein, and Iceland.

The NDA Approval Process

For any new drug products regulated under the Federal Food, Drug, and Cosmetic Act such as our ReadyPrep CHG cloth, a sponsor must submit a New Drug Application ("NDA"), to the FDA for review and approval. The NDA review and approval process may take multiple years and involves steps including the following:

- completion of preclinical studies and analytical and stability testing in accordance with applicable regulations;
- submission to the FDA of an Investigational New Drug ("IND") application, which must become effective before clinical trials may begin and must be updated annually and amended when certain changes are made;
- approval by an institutional review board, or IRB, or independent ethics committee, or IEC, at each clinical trial site before each trial may be initiated;
- performance of adequate and well-controlled clinical trials in accordance with applicable IND regulations, good clinical practice, or GCP, requirements, including informed consent, financial disclosure by investigators, and other clinical trial-related regulations, to establish the safety and efficacy of the investigational product for each proposed indication and other condition of use;
- preparation and submission to the FDA of an NDA;

- satisfactory completion of one or more FDA pre-approval inspections of the manufacturing facility or facilities where the drug will be produced to assess compliance;
- satisfactory completion of FDA inspection of select clinical trial sites involved in conducting pivotal studies that generated the data in support of the NDA;
- payment of user fees for FDA review of the NDA; and
- FDA review and approval of the NDA, including of the proposed prescribing information and, where applicable, consideration of the views of any FDA advisory committee, prior to any commercial marketing or sale of the drug in the United States.

Any approvals that we may ultimately receive could be withdrawn if required post-marketing trials or analyses do not meet the FDA requirements, which could materially harm the commercial prospects for our products.

Even if a product candidate receives regulatory approval, the approval may be limited to specific disease states, patient populations and dosages, or might contain significant limitations on use in the form of warnings, precautions or contraindications, or in the form of onerous risk management plans, restrictions on distribution, or post-marketing study requirements. Further, even after regulatory approval is obtained, later discovery of previously unknown problems with a product may result in restrictions on the product or even complete withdrawal of the product from the market. Delay in obtaining, or failure to obtain, regulatory approval for our candidate products, or obtaining approval but for significantly limited use, would harm our business. In addition, we cannot predict what adverse governmental regulations may arise from future U.S. or foreign governmental action.

Trade Regulations

The movement of products, services, and investment across borders subjects us to extensive trade regulations. A variety of laws and regulations in the countries in which we transact business apply to the sale, shipment, and provision of goods, services, and technology across borders. These laws and regulations govern, among other things, our import, export, and other business activities. We are also subject to the risk that these laws and regulations could change in a way that would expose us to additional costs, penalties, or liabilities. Some governments also impose economic sanctions against certain countries, governments, persons, and entities, both for unlawful or malign conduct and to discourage or prevent entities from abiding by other countries' laws. In addition to our need to comply with such regulations in connection with our direct activities, we also sell and provide goods, technology, and services to agents, representatives, and distributors who may export such items to customers and end-users. If we, or the third parties through which we do business, are not in compliance with applicable import, export control, or economic sanctions laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability. Such actions may disrupt or delay sales of our products or services or result in restrictions on our distribution and sales of products or services that may materially impact our business.

Anti-Boycott Laws

Under U.S. laws and regulations, U.S. companies and their subsidiaries and affiliates are prohibited from participating or agreeing to participate in unsanctioned foreign boycotts in connection with certain business activities, including the sale, purchase, transfer, shipping, or financing of goods or services within the United States or between the United States and countries outside of the United States. If we, or certain third parties through which we sell or provide goods or services, violate U.S. anti-boycott laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability.

4HH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03399	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 81 Campanelli Dr

City: Uxbridge State: MA Zip: 01569

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 508-526-3971 Website: medline.com

Name of Designated Representative (DR): Vincent Scotti

Licensing Company Email: ralicensing@medline.com DR Email: vscotti@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Corporate Discipline History

Original Signature (electronic, copies or stamps not accepted)

9/15/14
Date

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

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06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

Lora Simmons

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

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800-735-2466 Voice Relay Missouri

Kimberly A. Grimston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
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Kevin E. Kinkade, R.Ph.
Executive Director

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e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ REQUESTS

_____ DOES NOT REQUEST

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____
Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____
Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____
Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____
Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
N/A		Florida Department of Health		
Reason/Charge				
Medline's Florida Certified Designated Representative unexpectedly resigned.				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Florida Department of Health/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

Lara N. Simmons February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

Daisy Kung for February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Medline Industries, Inc., Case #2007-37412

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2008006	Louisiana Board of Wholesale Drug Distributors

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
LA Board of WDD/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingsporn

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman
William Crates, Vice-Chairman
Randall Brooks, Secretary/Treasurer
John Liggio, Executive Director/Inspector
Hershal Paul, Board Member
Andy Milligan, Board Member
Wayne Gremillion, Board Member
Eric Voitier, Board Member
Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
HI DCCA / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
1144
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

6. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

9. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

11. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 0 8 2008.

Bobbi'wy Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of July, 2007, before me personally appeared Larry Sonnes, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C&I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08 PHM 037	Wisconsin Department of Regulation and Licensing

Reason/Charge
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WI DSPS/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 1 day of February, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 19 A 9:4

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2009-7-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Lacy V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2209

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	: :	
MEDLINE INDUSTRIES INC. RESPONDENT.	: :	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick

11-24-08
Date

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

12/10/08
Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

---

POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dana N. Simmons Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Dana N. Simmons, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller
Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of January, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
27278		NY State Education Department- Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
NY Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: A. Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

Willis Ingalls, on behalf of,
Medline Industries, Respondent

1-5-21

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer M. Rudell, RPh

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

1-6-2021

Date of Signature

Henry Appel

Henry Appel, Ohio Assistant Attorney General

1-6-2021

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

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1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2022-0333		FL DBPR- Div. of Drugs, Devices, and Cosmetics		
Reason/Charge				
Customer Licenses, Record Keeping				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
FL DBPR / Medline Industries, LP			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____

Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
0 9 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant**. Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — Oct - 27 - 2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 OCT 16 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent MEDLINE INDUSTRIES, L.P. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., and C.7. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____
IVY Y. E. KIM
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE
Chair

December 21, 2023
DATE

PATRICK ADAMS
Vice Chair

MARK BROWN

CATALINA CROSS

Kent Kikuchi
KENT KIKUCHI

BRANDON RABANG

SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer, Inc.
Address: 66 Hudson Blvd E City: New York State: NY Zip: 10001

Name: ICU Medical Inc.
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare Inc.
Address: One Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Avenue City: Bethlehem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Medline Inc.
Corporation Name: See Attached Ownership Information
Mailing Address: 3 Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: (847) 949-5500 Email: ralicensing@medline.com
Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025 | SEC Registration Number: 0002046386 | Stock Exchange Symbol: MDLN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Daniel Stevens

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/15/26

Date

Board Use Only	Date Received: 4/27/26	Amount: $100.00 PAID

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

POWER OF ATTORNEY

EXCELSIOR MEDICAL, LLC, an Illinois limited liability company, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Excelsior Medical, LLC

By: Medline Industries, LP
Its: Manager
By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Medline Industries, LP, as Manager of Excelsior Medical, LLC.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

POWER OF ATTORNEY

Centurion Medical Products, LP, an Delaware limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Centurion Medical Products, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Centurion Medical Products, LP.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries, LP

located at

81 Campanelli Drive, Uxbridge, MA 01569

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

5612

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

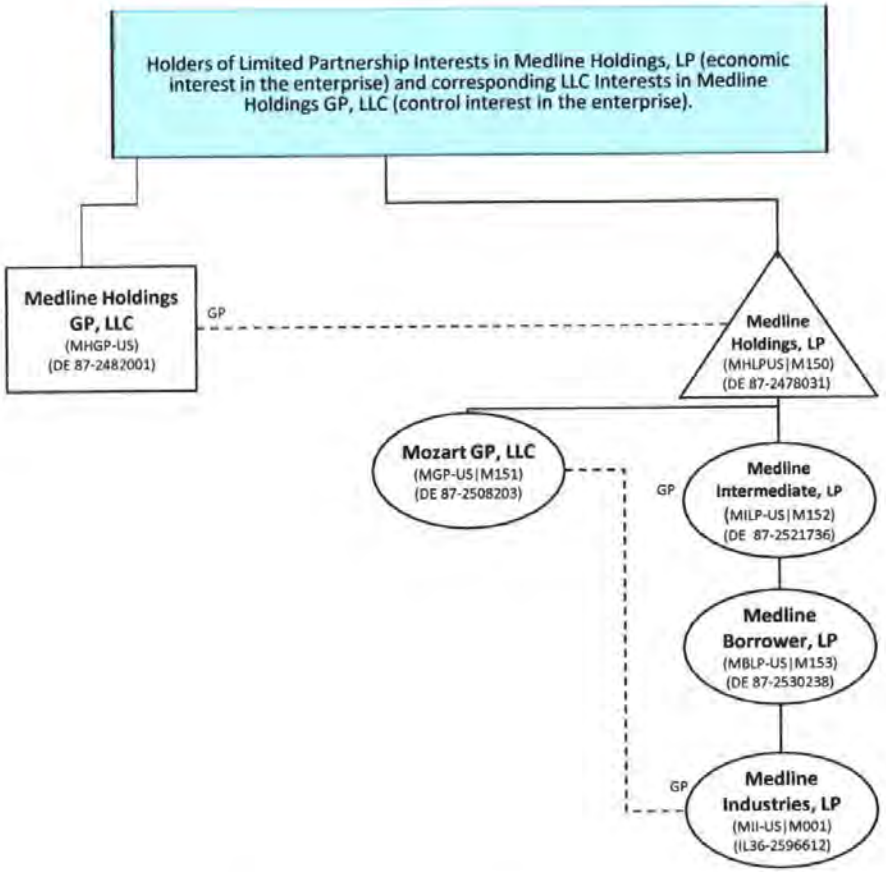
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

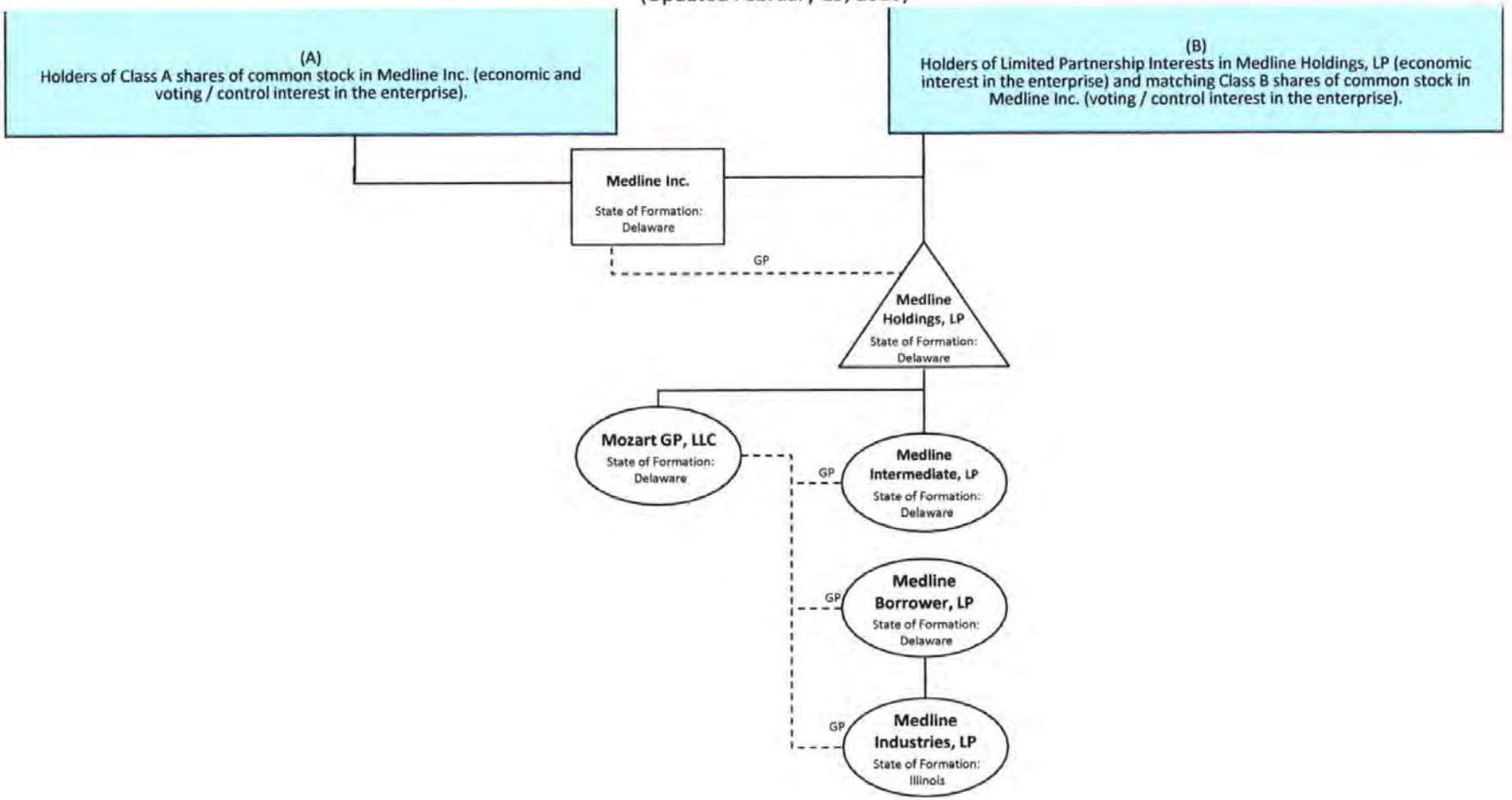


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Centurion Medical Products, LP

FEIN: 38-1659420
A Delaware Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Industries, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	36-2596612
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC

FEIN: 32-0473772
An Illinois Limited Liability Company

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Member and Manager of LLC:

Medline Industries, LP
FEIN: 36-2596612

Officers:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC is a member managed LLC with the sole member and manager being Medline Industries, LP. Medline Industries, LP is a limited partnership and does not appoint corporate officers. Medline reports the officers for its general partner, Mozart GP, LLC, which retains 100% control of Medline Industries, LP.

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502528 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURION MEDICAL PRODUCTS, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTURION MEDICAL PRODUCTS, LP" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6213666 8300

SR# 20261791715

Authentication: 203646965

Date: 04-15-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

File Number 0543231-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

EXCELSIOR MEDICAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502534 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203550646

Date: 04-03-26

5143163 8300

SR# 20261572157

You may verify this certificate online at corp.delaware.gov/authver.shtml

An official website of the Commonwealth of Massachusetts Here's how you know

Mass.gov | Office of Health and Human Services (EOHHS) License Verification Site

To view a list of status definitions please view the Bureau of Health Professions Licensure License Status Definitions.

License Information

License Type:	Drug Manufacturer or Drug Distributor Controlled Substance Registration
License Number:	MA0096366
Status:	Current
Organization Name:	MEDLINE INDUSTRIES, LP
Issue Date:	October 16, 2019
Last Issue/Renewal Date:	October 10, 2025
Expiration Date:	November 13, 2026
Address:	81 CAMPANELLI DRIVE UXBRIDGE, MA 01569
Drug Schedules:	VI

Compliance Actions/Fines

There are no public compliance actions or fines against this license/registration record.

Verification of Licensure

To generate a Verification of Licensure for this license/registration record, please click the "Generate Verification of Licensure" button below.

Generate Verification of Licensure

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC. 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** N/A — N/A **INSURER C :** See Acord 101 for Carrier Participation **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-26 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	2,000,000 2,000,000 10,000 2,000,000 4,000,000 SEE BELOW
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	2,000,000
	UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $	
A A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2025 07/01/2025	07/01/2026 07/01/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$	10,000
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$	2,000,000
	OTHER:						GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? Y	N/A		PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr. Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S . Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St. Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd. Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **105625536**

Current Billing Term From **July 20, 2025** to **July 20, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **July 20, 2011**, in the amount of **One Hundred Thousand** (**$100,000.00**) on behalf of **MEDLINE INDUSTRIES, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **June 25, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 105625536 **Principal: MEDLINE INDUSTRIES, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25 day of June, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 25th day of June, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Oscar F. Rincon

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #105625536

Current Information as of 04/14/2026

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 5: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 6: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 7: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 8: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 9: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 10: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 11: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 12: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 13: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Location 14: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 15: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 16: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 17: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 18: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 19: (C71)
Medline Industries, LP
264 S 5750 W
Salt Lake City, UT 84104

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

Location 23: (ANG)
Medline Industries, LP
10 Glen Falls Techinical Park
Glen Falls, NY 12801

Location 24: : (EXC-TF)
Excelsior Medical, LLC
1470 Shafto Road
Tinton Falls, NJ 07712

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **108030426**

Current Billing Term From **September 03, 2025** to **September 03, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **September 03, 2024**, in the amount of **Twenty Five Thousand** (**$25,000.00**) on behalf of **CENTURION MEDICAL PRODUCTS, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **July 23, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108030426 **Principal: CENTURION MEDICAL PRODUCTS, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

SEAL SEAL SEAL SEAL

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

NOTARY PUBLIC

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 23 day of July, 2025.

SEAL SEAL SEAL SEAL

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 23rd day of July, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #108030426

Current Information as of 04/14/2026

Location 1: (B01)
Centurion Medical Products, LP
301 Catrell Drive
Howell, MI 48843

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP — MDEG License # (if applicable): WH03399

Physical Address: 81 Campanelli Dr.

City: Uxbridge — State: MA — Zip: 01569

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield — State: IL — Zip: 60093

Telephone: 508-526-3971 — Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Vincent — Middle: Ottavio — Last: Scotti Jr

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Providence — State: RI — Zip: [redacted]

Telephone: 508-526-3971 — Email: vscotti@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✔	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
North Providence Highschool		09/97 - 05/01	
Address	**City**	**State**	**Zip**
1828 Mineral Spring Ave	North Providence	RI	02904
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
BRYANT UNIVERSITY		09/10 - 05/11	
Address	**City**	**State**	**Zip**
1150 DOUGLAS PIKE	SMITHFIELD	RI	02917
Diploma/Degree obtained, if any			
BACHELOR'S OF SCIENCE IN BUSINESS ADMINISTRATION			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2014 to Current	[redacted]	Providence,	RI	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			01/01/2022 to Present	
Business Address		**City**	**State**	**Zip**
81 Campanelli Drive		Uxbridge	MA	01569
Phone	**Title**		**Number of Employed Hours**	
508-526-3971	Warehouse Manager		1500 +	
Description of Duties				
As the Warehouse Manager, I oversee the facility and I am involved with decision making, procedures, policies, record keeping and inventory.				

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			12/15/20 to 01/01/2022	
Business Address		**City**	**State**	**Zip**
81 Campanelli Drive		Uxbridge	MA	01569
Phone	**Title**		**Number of Employed Hours**	
508-526-3971	Associate Warehouse Manager		1500 +	
Description of Duties				
As the Associate Warehouse Manager, I oversee the facility and I am involved with decision making, procedures, policies, record keeping and inventory.				

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			2/10/2020 to 12/15/2020	
Business Address		**City**	**State**	**Zip**
81 Campanelli Drive		Uxbridge	MA	01569
Phone	**Title**		**Number of Employed Hours**	
508-526-3971	Warehouse Supervisor		1500 +	
Description of Duties				
As the Warehouse Supervisor, I oversee the facility and I am involved with decision making, procedures, policies, record keeping and inventory.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Vincent Scotti, **certify that as the MDEG Administrator for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. V.S. Have a high school diploma or its equivalent;
2. V.S. Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. V.S. Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. V.S. Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Vincent Scotti Jr
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/08/2026
Date

Board Use Only	Date Received: 4/7/26

List of Employees
Medline Industries, LP
C40 - Uxbridge, MA

Worker	Business Title
Aaron Beaudin	Warehouse Operator Operations
Aaron Correa [C]	warehouse operator
Abigail Rivera Ruiz	Warehouse Operator Operations
ABOU NGOM (On Leave)	Warehouse Operator Operations
Adalberto Santamaria	Warehouse Operator Operations
Adam Gomez	Warehouse Operator Operations
Adam Lozeau	Warehouse Operator Operations
Adam St. Laurent-Mahon	Maintenance Tech II
Agustin Garcia	Warehouse Operator Operations
Ahmed Khalaf (On Leave)	Driver II
Albert Abreu	Warehouse Operator Operations
Albertino Lima	Warehouse Operator Operations
Alberto Garcia	Driver I
Aldevino Fernandes	Warehouse Operator Operations
Alex Centeio	Trainer Branch
Alfred Haueisen	Warehouse Ld Operations
Alissia Ohagan	Warehouse Operator Operations
Allen Molina	Driver II
Alyna Wiley	Warehouse Operator Operations
Amadou Jallow	Warehouse Ld Operations
Amanda Crepeau	Warehouse Operator Operations
Amanda Winfield	Warehouse Operator Operations
Amanda Zanni	Warehouse Operator Operations
Amauri Rodriguez	Warehouse Operator Operations
Amilcar Soares	Warehouse Operator Operations
Amya Wiley	Warehouse Operator Operations
Ana Marroquin	Mgr HR
Analiz Francisco	Warehouse Operator Operations
Anderson Guerra	Warehouse Operator Operations
Andre Smith	Warehouse Operator Operations
Andrea Plouffe	Warehouse Operator Operations
Andreia Delgado Rosario	Driver II
Andres Camacho	Warehouse Operator Operations
Andrew Draude	Mgr Warehouse
Andrew Hill	Warehouse Operator Operations
Andrew Lincoln	Warehouse Operator Operations
Andrew Lipsky	Warehouse Operator Operations
Andrew Richards	Warehouse Operator Operations
Angel Marquez	Line Haul Driver
Angel Rodriguez	Warehouse Operator Operations
Angelo Dos Santos	Delivery Driver
Angie Connolly	Warehouse Operator Operations
Anibal Hoyos Dorado (On Leave)	Driver II
Anita Avelino	Warehouse Ld Operations
Anna Kingvilay	Warehouse Operator Operations
Annerose Ariste	Warehouse Operator Operations
Anthony Cecconi	Warehouse Operator Operations
Anthony Diprete	Inventory Coord Operations
anthony rodriguez	Warehouse Operator Operations
Anthony Senesi	Warehouse Operator Operations
Anthony Woodbury	Warehouse Operator Operations
ANTOINE SHERLANDIE [C]	warehouse operator
Antonio Carvalho	Warehouse Operator Operations
Antonio Smith [C]	Contingent Worker
Argenys Delacruz	Warehouse Ld Operations
Ariel Cespedes Pineda	Warehouse Operator Operations
Ariel Diaz	Warehouse Operator Operations
Ariel Genao	Driver II
Arthur Fortune	Warehouse Operator Operations
Arthur Tonelli	Warehouse Operator Operations
Bethany Leblanc	Warehouse Ld Operations
Bill Major	Supv Warehouse
Billie Jo Salvas (On Leave)	Trainer Branch
Billy Hoyle	Warehouse Operator Operations
Bismark Akoto	Warehouse Operator Operations
Bob Mendes	Onsite Support Tech III
Bob-Henson Jn Francois	Janitor Operations
Bobby G Gelinas	Driver I
Bobby O'Malley	Warehouse Operator Operations
Bradley Sadowski	Warehouse Operator Operations
Brandon Adames Plasencia	Warehouse Operator Operations
Brayan Traya	Warehouse Operator Operations
Brett Leary	Inventory Coord Operations
Brianna Droddy	Dispatcher
Brunilda Alvarez	Warehouse Operator Operations
Bryan Irving	Inventory Coord Operations
Bryson Luchon	Warehouse Operator Operations
Cameron Hall	Warehouse Operator Operations
Cameron MacDonald	Warehouse Operator Operations
Carlos Cardenas	Warehouse Operator Operations
Carlos Cruz	Driver I
Carlos Moreno	Driver I
Carlos Rios	Trainer Branch
Carlos Torres	Warehouse Operator Operations
CARLOS VALLEJO	Warehouse Operator Operations
Carlton Brooks	Warehouse Operator Operations
Casey Burns	Sr Mgr Operations
Cathy Lisi	Supv MedTrans
Celemani Mutangana	Warehouse Operator Operations
Celine Barros	Warehouse Operator Operations
Charlene Flynn	Warehouse Operator Operations
Cherie Botelho	Warehouse Operator Operations
Cherno Jallow	Warehouse Operator Operations
Cheryl Laprade	Transportation Coord
Chevon Towns	Warehouse Operator Operations
Chris Jennings	Maintenance Tech I
Chris Johnson	Supv MedTrans
Chris Marriott (On Leave)	Warehouse Operator Operations

Christian Araujo	Warehouse Ld Operations
Christian Gomes	Warehouse Operator Operations
CHRISTIAN GUILLEN	Warehouse Operator Operations
Christian Santiago	Delivery Driver
Christine Mooney	Warehouse Operator Operations
Christopher Bergeron	Warehouse Operator Operations
Christopher De La Cruz	Warehouse Ld Operations
Christopher Kamps	Warehouse Ld Operations
Christopher Maher	Warehouse Operator Operations
Christopher Parks	Inventory Coord Operations
Christopher Pierce	Warehouse Operator Operations
Christopher Rice	Maintenance Tech I
Cindy Gamboa	Trainer Branch
Colleen Ahlquist	Driver I
Collin Baker	Warehouse Ld Operations
Conner Young	Warehouse Operator Operations
Connor Dailey	Maintenance Tech I
Connor Kennedy	Warehouse Ld Operations
Corey Mcclelland	Warehouse Operator Operations
Cornellious Adams	Warehouse Operator Operations
Craig Wilson	Warehouse Operator Operations
Cristian Jaquez	Warehouse Operator Operations
Cynthia Matos	Warehouse Operator Operations
Daisy Zigue-Chase	Warehouse Operator Operations
Dalton Demers	Warehouse Operator Operations
Dan Griffin	Warehouse Operator Operations
Dan Ryan	Driver I
Daniel Neves	Warehouse Operator Operations
Daniel Thipphavong	Warehouse Operator Operations
Daniel Thomas	Warehouse Operator Operations
Daniel Wentworth	Warehouse Operator Operations
Daniel Williams [C]	Contingent Worker
Danny Mendez Rosa	Warehouse Operator Operations
Daouda Dieye	Warehouse Operator Operations
Darleen Paglia [C]	warehouse operator
Darleen Paglia [C]	Warehouse Operator
Darnell Thompson	Warehouse Operator Operations
Dave Demelia	Delivery Driver
Dave Dilorenzo	Trainer Branch
Dave Lucier	Warehouse Operator Operations
Dave Thivierge	Inventory Coord Operations
Dave Tratenberg	Warehouse Operator Operations
David Adusei	Driver II
David Ariel [C]	Contingent Worker
David Asare	Warehouse Operator Operations
David Brimner (On Leave)	Driver II
David Collins	Warehouse Operator Operations
David Fruzzetti	Driver II
DAVID MANSOUR	Warehouse Operator Operations
DAVID MENDES	Warehouse Operator Operations
Davon Ellis	Warehouse Operator Operations
Dawnye Lassiter	Warehouse Operator Operations
Demietri Miranda	Warehouse Operator Operations
Dena Collins (On Leave)	Warehouse Operator Operations
dennis brown	Warehouse Operator Operations
Derin Paskanik	Warehouse Operator Operations
Derrick Alimasi (On Leave)	Warehouse Ld Operations
Destiny Ruff	Warehouse Operator Operations
Dianne Pereira	Dispatcher
Dillon Janovsky	Warehouse Operator Operations
Doloro Amaral	Driver II
Don Gauvin Jr	Driver II
Donna Saillant	Warehouse Operator Operations
Donna Shea	Warehouse Operator Operations
Donnell Wilson	Warehouse Operator Operations
Dorjel Pronjari	Warehouse Operator Operations
Doug Peckham	Warehouse Operator Operations
Dustin Jacobs	Warehouse Ld Operations
DYLAN ROUILLE	Warehouse Operator Operations
E Vazquez	Driver II
Ed Fontaine	Warehouse Operator Operations
Eddie Caballero	Warehouse Operator Operations
Eder Monteiro	Janitor Operations
Edgar Santiago	Warehouse Operator Operations
Edinson Hernandez	Warehouse Operator Operations
Edward Strycharz	Driver II
Edwin Estrada	Driver II
Edwin lopez rivera	Warehouse Operator Operations
Edwin Rivera	Driver II
Elijah Gordon	Warehouse Operator Operations
Eliseu Monteiro	Driver II
Eliud Mwangi	Warehouse Operator Operations
Elizabeth Carvalho	Supv Warehouse
Elizeth Debarros	Warehouse Operator Operations
Elvis Barros	Driver II
Emil Lopez	Warehouse Operator Operations
Emmanuel Azih	Warehouse Operator Operations
Endrit Bela	Driver II
Eric Albrecht	Mgr Warehouse
Eric Anderson	Warehouse Operator Operations
Eric Cranston	Fleet Maintenance Planner
Eric Jillson	Warehouse Operator Operations
Eric Nkansah	Driver II
Erik Lavalley	Warehouse Operator Operations
Erik Williams	Warehouse Operator Operations
Ernest Tarley	Warehouse Operator Operations
Erwin Douce	Warehouse Operator Operations
Estella Alimasi	Trainer Branch
Eunice Dos Reis	Warehouse Operator Operations
Evan Anderson	Inventory Coord Operations
Evan Stimpson	Driver II
Evans K	Warehouse Operator Operations
Fernando Santos	Driver II
Fidel Correa Rodriguez	Warehouse Operator Operations
Filip Filipov	Warehouse Operator Operations
Frank Grenier	Warehouse Operator Operations
Frederick Baafi	Trainer Branch
Frederick Soliman	Delivery Driver

Gabriela Guerra	Warehouse Operator Operations	Jason Matos	Supv Warehouse
Garry Geslin	Supv Training Branch	Jason Phaneuf	Driver II
Gene Dennett	Warehouse Operator Operations	Jason Rosario	Warehouse Operator Operations
Gina Reyes	Warehouse Operator Operations	Jason Sousa	Warehouse Operator Operations
Gio Rocha	Training Coord Sr	Jayme Nickerson	Trainer Branch
Givanny Duarte	Warehouse Operator Operations	Jeff Delorge	Warehouse Operator Operations
Gladimir Laforest	Warehouse Operator Operations	Jeffrey Martinez	Warehouse Operator Operations
Gladston Almeida	Mgr Warehouse	Jeffrey Rodriguez	Warehouse Operator Operations
Gora Dieye	Warehouse Operator Operations	JEFFREY SURETTE	Supv Warehouse
Gregory Babington	Sr Mgr Medtrans	Jeremy Chamberland	Warehouse Operator Operations
Gregory Schultheiss	Driver II	Jermaine Falconer	Warehouse Operator Operations
Guibentz Janvier	Warehouse Operator Operations	Jermaine Paulo	Driver II
Guilherme Siqueira	Warehouse Ld Operations	Jess DaRocha	Transportation Coord
Gustavo Peguero (On Leave)	Warehouse Operator Operations	Jesus Diaz	Warehouse Operator Operations
Haley Brown	Warehouse Operator Operations	Jeynnah Varela	Warehouse Operator Operations
Hector Morales	Supv Warehouse	JILL SHANLEY	Warehouse Operator Operations
Heidi Serrano Acosta	Warehouse Operator Operations	Joao Rosario	Warehouse Operator Operations
Heiner Salcedo	Driver Ld	Joaquim Dias	Driver II
Helder Andrade	Driver II	Joe Amofah	Inventory Coord Operations
Henry Chaparro	Supv Warehouse	Joel Carmona (On Leave)	Warehouse Operator Operations
Henry Pillco	Driver II	Johann Robledo	Warehouse Operator Operations
Herbert Woehrle	Warehouse Operator Operations	John Bergollo	Warehouse Operator Operations
Hesbon Aseneka	Warehouse Operator Operations	John Calise	Warehouse Operator Operations
Hisham Mahdawi (On Leave)	Warehouse Operator Operations	John Deroy	Warehouse Operator Operations
Hortencia Morales	Warehouse Operator Operations	John Forrester	Warehouse Operator Operations
HUGHENS LEGERME (On Leave)	Warehouse Operator Operations	John Herne	Warehouse Operator Operations
Hugo Nobre	Warehouse Operator Operations	John L'Esperance	Warehouse Operator Operations
Hugo Reyes Rodriguez	Driver I	John Merritt	Driver II
Hyacinth Dixon	Warehouse Ld Operations	John Vento	Warehouse Operator Operations
Ibrahima Gaye	Warehouse Operator Operations	Johnathan Monteiro	Warehouse Operator Operations
IBRAHIMA NDIAYE	Warehouse Operator Operations	Johnathan Thomas	Warehouse Operator Operations
IDRISSA DRAME	Warehouse Operator Operations	Johnny Hopkins	Driver II
Ingrid Garcia Gomez	Supv Warehouse	Johnny Vividor	Warehouse Operator Operations
Isabel Pires Andrade (On Leave)	Warehouse Operator Operations	Jonaida Allende	Warehouse Operator Operations
Isaiah Lucas	Warehouse Operator Operations	Jonathan Calixto	Warehouse Operator Operations
Isaias Monteiro	Driver II	Jordan Baker (On Leave)	Warehouse Operator Operations
Israel Hernandez	Trainer Branch	Jordan Carvalho	Warehouse Operator Operations
Ivan Jarosch	Warehouse Operator Operations	Jordan Chattman	Warehouse Operator Operations
Jaazanias Estevez	Warehouse Operator Operations	Jose Almeida	Driver II
Jace Palardy	Warehouse Operator Operations	Jose Arreguin	Warehouse Operator Operations
Jack Armstrong	Warehouse Operator Operations	Jose Caraballo	Warehouse Operator Operations
Jackson Semedo	Warehouse Operator Operations	Jose Luis Borges	Supv MedTrans
Jacob Desrosiers	Warehouse Operator Operations	Jose Ortega (On Leave)	Warehouse Operator Operations
Jacob Medina	Warehouse Operator Operations	Jose Santos	Warehouse Operator Operations
Jacob Simmons	Warehouse Operator Operations	Jose Tronilo Gutierrez	Driver II
Jacob Yankey	Warehouse Operator Operations	Joseph Brun	Warehouse Operator Operations
Jadan Hem	Warehouse Operator Operations	Joseph Cheever	Driver II
Jaden Brown	Warehouse Operator Operations	Joseph Pelletier	Driver II
Jaime Rosales	Driver II	Josh Bedard	Supv Warehouse
James Alexandre	Warehouse Operator Operations	Josh Benoit	Driver II
Jared Ramirez	Warehouse Operator Operations	Joshua Arpin (On Leave)	Warehouse Operator Operations
Jarvis Williams	Warehouse Ld Operations	Joshua Gutierrez	Warehouse Operator Operations
Jason Garceau	Warehouse Operator Operations	Joshua Judson (On Leave)	Warehouse Operator Operations

Joshua Lopez	Warehouse Operator Operations	Kofi ADJEI	Driver II
Joshua marchand	Warehouse Operator Operations	Kristine Brown	Warehouse Operator Operations
Joshua Vega	Warehouse Operator Operations	Krystin Arias	Warehouse Operator Operations
Joshuael Santiago Torres	Warehouse Operator Operations	Kwaku Agyei	Warehouse Operator Operations
Josue Serrano	Warehouse Operator Operations	Kwaku Yeboah	Warehouse Operator Operations
Jovan Dasilva	Warehouse Operator Operations	Kyle Mclaughlin	Warehouse Operator Operations
Joyce Salvas	Warehouse Operator Operations	Latoya Velez	Warehouse Operator Operations
Juan C Sanchez Masso	Warehouse Operator Operations	Leah Wanjohi	Inventory Coord Operations
Juan Meneses	Driver II	Leoncio Sanchez	Warehouse Operator Operations
Juan Morales	Driver II	Lesley Skillin	Warehouse Operator Operations
Juan Muñoz	Delivery Driver	Leticia Espana	Warehouse Operator Operations
Jude Jeanty	Driver II	Levi Naluwande (On Leave)	Warehouse Operator Operations
Juleydy Hernandez	Warehouse Operator Operations	Lisa Gomez	Warehouse Operator Operations
Juliana De Alkmim	Warehouse Ld Operations	Lisandra Aponte Cosme	HR Generalist
Julianne Valente	Training Coord Sr	LISETH RAMIREZ	Warehouse Operator Operations
Juliette Bombardier	Warehouse Operator Operations	Livingston McCarty	Warehouse Operator Operations
Julio Aquino	Warehouse Operator Operations	Lizbeth Rodriguez	Warehouse Operator Operations
Julio Rosario	Driver II	Lori Braley	Warehouse Operator Operations
Junior Dorrelus	Driver II	Lori Zwicker	Office Coord
Justin Huss	Quality Control Inspector I	Louis Dakai	Warehouse Operator Operations
Justin Thomas	Warehouse Operator Operations	Luis Robles Aponte	Driver II
Kadeen Davis	Warehouse Operator Operations	Luis Rodriguez	Warehouse Operator Operations
Kait Fontaine	Warehouse Operator Operations	luke pilkington	Warehouse Operator Operations
Kara Langevin	Supv Warehouse	Lupita Alonzo (On Leave)	Warehouse Operator Operations
Karl Wise	Warehouse Operator Operations	Malcolm Pickens	Warehouse Operator Operations
Karwon Duo	Warehouse Operator Operations	Malik Shaheed	Warehouse Operator Operations
Kate Marcoux	Warehouse Operator Operations	Manuel Jimenez	Janitor Operations
Kayla Diana [C]	Contingent Worker	Marc Ethier	Maintenance Tech II
Kayla Hanavan	Trainer Branch	Marc Lussier	Warehouse Operator Operations
Keegan Ortiz-Allard	Warehouse Operator Operations	Maria Del Pilar Carrasco Espinal	Warehouse Operator Operations
keith kay	Warehouse Operator Operations	Maria Sousa (On Leave)	Warehouse Operator Operations
Keith-joshua Jackson	Warehouse Operator Operations	Marie Cius [C]	Contingent Worker
Keiyonna Durrett	Warehouse Operator Operations	Mark Brownell	Warehouse Operator Operations
Kennedy Martir	Warehouse Operator Operations	Mark Casanova [C]	Contingent Worker
Kenneth Buchanan	Warehouse Operator Operations	Mark Kelter	Warehouse Operator Operations
Kenneth Colburn	Maintenance Tech I	marlenis mencia madrigales	Warehouse Operator Operations
Kenneth Elliott	Warehouse Operator Operations	Martha Gordillo	Warehouse Operator Operations
Kenneth Portee	Warehouse Operator Operations	Martin Madden [C]	Warehouse Operator
Kenny G. Fafard	Trainer Branch	Marvin Valenzuela Escobar	Warehouse Operator Operations
Kerin Macpherson	Inventory Coord Operations	MaryBeth Malone	Warehouse Operator Operations
Kerry Fenderson	Warehouse Operator Operations	Masudi Said	Driver II
Kervens Joseph	Warehouse Operator Operations	MATHEW FREEDMAN	Warehouse Operator Operations
Kevin Antonuccio	Driver I	Mathews Lima	Warehouse Operator Operations
Kevin Corbitt	Driver Ld	Matilde Pina	Warehouse Operator Operations
Kevin Gray	Warehouse Operator Operations	Matthew Coy	Delivery Driver
Kevin Mendes	Warehouse Operator Operations	Matthew Salmon	Project Manager Engineering
Kevin Ventura	Warehouse Operator Operations	Meetran Meetran	Warehouse Operator Operations
Kevin Yarboro	Driver I	Megan Schall	Inventory Control Ld Operations
Keywion Brown	Warehouse Operator Operations	Mel Moreira	Warehouse Operator Operations
Khempheth Phimchanthaphone	Trainer Branch	Melissa Panek	Warehouse Operator Operations
Kiaralee Norford	Warehouse Operator Operations	Melvin Smith [C]	Class A Driver
Kimberly Shea	Supv Warehouse	Meredith Mckay	Quality Control Inspector II
Kirk Mcfarlane	Warehouse Operator Operations	Michael Burns	Trainer Branch
Kiza Makelele	Warehouse Operator Operations	Michael Carbajal	Warehouse Operator Operations

Michael Chaparro	Warehouse Operator Operations
Michael DiSano	Warehouse Operator Operations
Michael Ilacqua	Warehouse Operator Operations
Michael Nelson [C]	warehouse operator
Michael Preeper	Driver Ld
Michael Rosario	Driver II
Michael Sanders	Warehouse Operator Operations
Michael sayasit Hall	Warehouse Operator Operations
Michael Wassenar	Warehouse Operator Operations
Michelena Cole	Warehouse Operator Operations
Migatcha Silva	Warehouse Operator Operations
Miguel Chaparro	Warehouse Operator Operations
miguel feliz	Warehouse Operator Operations
Miguel Guarcas	Warehouse Operator Operations
Miguel Mendez	Delivery Driver
Miguel Sanchez	Line Haul Driver
Miguel Trejo	Warehouse Operator Operations
Miguel Trejo	Warehouse Operator Operations
Mike Gadsby	Driver II
Mike Pham	Warehouse Operator Operations
Miriam Estevao	Warehouse Operator Operations
Mirian Yupangui	Warehouse Operator Operations
Mitch Merilan	Warehouse Operator Operations
Mitchell Harpin	Warehouse Operator Operations
Momodou Jah	Warehouse Operator Operations
Monique Porter	Warehouse Operator Operations
Mourad Tikaoui	Supv Warehouse
Mynor Colindres	Warehouse Operator Operations
Nadia Gariepy	Warehouse Operator Operations
Natalia Yearby	Warehouse Operator Operations
Nathan Anderson	Warehouse Operator Operations
Nathanael Lebron	Warehouse Operator Operations
Ndeye fatou Cisse	Warehouse Operator Operations
Neal Ratcliffe	Warehouse Operator Operations
Neil Copeland	Driver I
Nelly Osorio	Warehouse Operator Operations
Nelson Flores	Warehouse Operator Operations
Nicholas Arpin	Warehouse Operator Operations
Nicholas Harpool	Warehouse Operator Operations
Nicholas Magaw	Warehouse Operator Operations
Nick Sammah	Driver II
Nicole Silvia	Warehouse Operator Operations
Obed Canario	Warehouse Operator Operations
Olu Oke	Spec EH&S
Orlando Segura	Driver II
Oscar Flores	Warehouse Operator Operations
Oscar Xajap	Driver II
Osvaldo Garcia (On Leave)	Driver II
Paddy Jacobson	Quality Control Inspector II
Pamela Laforest (On Leave)	Warehouse Operator Operations
Patrick Cristina	Warehouse Operator Operations
Patrick Robbins	Transportation Coord
Paul Daigneault	Driver II
Paul Pinelle	Warehouse Operator Operations
PAUL REMILLARD	Warehouse Operator Operations
Paula Foley	Warehouse Operator Operations
Paula Wagner	Warehouse Operator Operations
Pedro Saquic Nimaja	Driver II
Pema Lama	Warehouse Operator Operations
Perry Fedorak	Warehouse Operator Operations
philly philly	Warehouse Operator Operations
Phouseng Phetsomphou	Warehouse Operator Operations
Poe Vilayleut	Warehouse Operator Operations
Prince Bempong	Driver II
Prince Patterson	Warehouse Operator Operations
Queenet Uche [C]	Contingent Worker
Rabbi Manzambi	Warehouse Operator Operations
Rafael Vargas	Driver II
Ralph Brown	Warehouse Operator Operations
Ramon Contreras	Warehouse Operator Operations
Ramon Vasquez Lopez	Warehouse Operator Operations
Ramstin Tsiangeh	Warehouse Operator Operations
Randall Bishop	Mgr Maintenance
Randy Degrace	Driver II
Randy Fackrell	Warehouse Operator Operations
Randy Lewis	Driver II
Raquan Cardoso	Warehouse Operator Operations
Raydell Santa Cruz (On Leave)	Warehouse Operator Operations
Raymond Calcagno	Driver II
RAYMOND DECOSTA [C]	warehouse operator
Raymond Makynen	Warehouse Operator Operations
Regine Avena	Warehouse Operator Operations
Renato Tavares	Warehouse Ld Operations
Ricardo Samuels	Warehouse Operator Operations
Richard Bourque	Supv Inventory Control
Richard Sheehan	Maintenance Ld
Richard Spetka	Warehouse Operator Operations
Rick Broome	Supv Inventory 3PL Services
Rick Kline (On Leave)	Driver II
Robert Delgado	Warehouse Operator Operations
Robert Levitan	Supv MedTrans
Robert Orsini [C]	Driver
Robert Tannenbaum	Driver II
Roberto Bermudez	Driver Ld
Roderick Julmice	Warehouse Operator Operations
Rodman Chudy	Driver I
ROGER LEITE	Warehouse Operator Operations
Rolando Marty	Warehouse Operator Operations
Rolando Rios	Driver II
Rosa Rodriguez Ortiz	Warehouse Operator Operations
Rosalia Martinez	Warehouse Operator Operations
Rose Baker	Warehouse Operator Operations
Rovshen Nurmyrat	Driver II
Rozelski Pujols Lopez (On Leave)	Warehouse Operator Operations
Rufus Franklin	Warehouse Operator Operations
Ryan Pimental	Warehouse Operator Operations
Ryan Treganowan	Warehouse Operator Operations
Rylan Bravetti	Warehouse Ld Operations

Sakira Wilson	Warehouse Operator Operations
Sam Lotter	Warehouse Operator Operations
Sam Taylor	Inventory Coord Operations
Samuel Amissah	Warehouse Operator Operations
Samuel Anti	Warehouse Operator Operations
Samuel Castro	Driver II
Samuel Dompreh	Driver II
Samuel Quartey	Warehouse Operator Operations
Sara Roche (On Leave)	Warehouse Operator Operations
Sayumwe Japhet	Driver II
Scarlett Alcequiez	Warehouse Operator Operations
Scott Boisvert	Warehouse Operator Operations
Scott Hingley	Warehouse Operator Operations
Scott Hunter	Warehouse Operator Operations
Scott Purtell	Warehouse Operator Operations
Scottie Otenti	Warehouse Operator Operations
SEAN DASILVA (On Leave)	Warehouse Operator Operations
Sergio Rios Sepulveda	Warehouse Operator Operations
Serigne Niang	Warehouse Operator Operations
Seth Alan	Warehouse Operator Operations
SHAKIEM THOMAS	Warehouse Operator Operations
Shane Davis	Warehouse Operator Operations
Shane Sullivan	Warehouse Operator Operations
Shane Ta	Warehouse Operator Operations
Shawn Jackson	Maintenance Tech I
Shawn Merilan	Warehouse Operator Operations
Sheily Pinero	Warehouse Operator Operations
Shelley Tighe-Scholz (On Leave)	Warehouse Operator Operations
Sherri Delorenzo	Warehouse Operator Operations
Simon Bou	Warehouse Operator Operations
Sirisha Bala	Warehouse Operator Operations
Soirys Arias	Warehouse Operator Operations
Solan Khalaf	Shuttle Driver
Sonia Ferreira	HR Generalist
Sovanndy Sek	Warehouse Operator Operations
Steven Delang	Delivery Driver
Steven Makynen	Warehouse Operator Operations
Steven Naylor	Warehouse Operator Operations
Steven Saad	Warehouse Operator Operations
Suhellen Mota rivera	Warehouse Operator Operations
Sunthy Ngov	Warehouse Operator Operations
Taylor Hayes	Warehouse Operator Operations
Tevin Lima	Warehouse Operator Operations
Thalles GodinhoDeSouza	Trainer Branch
Theo Egan	Warehouse Operator Operations
Therese Muhawenimana	Warehouse Operator Operations
THOMAS BROWN	Maintenance Tech II
Thomas Connell	Line Haul Driver
Thomas Cross	Warehouse Operator Operations
Thomas Donaldson	Warehouse Operator Operations
Thomas Neal	Janitor Operations
Tiba Hindal	Mgr Warehouse
Tiernan Moore	Warehouse Ld Operations
Timothy Fuller	Driver I
Timothy Hennigan	Supv Warehouse
Timothy Shea	Inventory Coord Sr
TIMOTHY SIEM	Warehouse Operator Operations
Todd Leary	Warehouse Operator Operations
Torrey Huss	Warehouse Operator Operations
Tracy Burmeister	Inventory Coord Operations
Tran Le	Warehouse Operator Operations
Tristen Blount	Supv Warehouse
Ty Dubois	Driver II
Tyler Furey	Warehouse Operator Operations
Tyler Joly	Warehouse Operator Operations
Tyler Montague	Warehouse Operator Operations
Tyrell Jakes	Warehouse Operator Operations
Tyrell Rodrigues	Warehouse Operator Operations
Tyson Sulham	Driver I
Vanessa Taveras Urena	Warehouse Operator Operations
Vicente Coronel	Warehouse Operator Operations
Victory Alimasi	Warehouse Operator Operations
Vinnie Scotti	Dir Operations
Vitor De sousa soares	Warehouse Operator Operations
Walter Tino	Driver II
Wanda Rousseau	Warehouse Operator Operations
Washington Chea	Warehouse Operator Operations
Wayne Galhardo	Supv Warehouse
Webby Jusme	Driver II
Wessou Savane	Warehouse Operator Operations
Whang kcanaash Devinci Aleus	Warehouse Operator Operations
Wil Pesantez	Warehouse Operator Operations
Will Villanueva	Driver II
William Ceesay	Supv Warehouse
William Roberts	Warehouse Operator Operations
Willie Roberson [C]	Driver Class A
Yissely Perez acosta	Warehouse Operator Operations
Yohan Rodriguez	Warehouse Operator Operations
Yohanna Jimenez Ortiz	Warehouse Operator Operations
Yury Gomes	Warehouse Operator Operations
Zach Fitton	Warehouse Operator Operations
Zachary Chase	Warehouse Operator Operations
Zelia Baptista	Warehouse Operator Operations
Zian Harvey	Warehouse Operator Operations
Zini Olando	Warehouse Operator Operations

Copy of SEC 10K

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2025

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-43022

Medline Inc.
(Exact name of registrant as specified in its charter)

Delaware	**33-1845288**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
3 Lakes Drive Northfield, Illinois	**60093**
(Address of principal executive offices)	(Zip Code)

(847) 949 5500
Registrant's telephone number, including area code

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A common stock, par value $0.0001 per share	MDLN	Nasdaq Global Select Market

Securities registered pursuant to section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements.

☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b).

☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the Class A common stock held by non-affiliates of the registrant, based on the closing price of a share of Class A common stock on December 17, 2025, as reported by The Nasdaq Global Select Market on such date was approximately $13.0 billion. The registrant has elected to use December 17, 2025, which was the initial trading date of the registrant's Class A common stock on The Nasdaq Global Select Market, as the calculation date because on June 30, 2025 (the last business day of the registrant's most recently completed second fiscal quarter) the registrant was a privately held company. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose.

As of February 23, 2026, there were 811,647,534 shares of the registrant's Class A common stock and 502,045,878 shares of the registrant's Class B common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement related to its 2026 Annual Meeting of Stockholders to be filed with the U.S. Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2025 are incorporated by reference into Part III of this Annual Report on Form 10-K.

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Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K (this "Annual Report") contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Forward-looking statements include all statements that are not historical facts. Words such as "anticipate," "assume," "believe" "contemplate," "continue," "could," "estimate," "expect," "foreseeable," "intend," "may," "plan," "potentially," "predict," "project," "seek," "should," "will," or "would," or similar words or phrases that convey uncertainty of future events or outcomes, are intended to identify forward-looking statements in this Annual Report. These forward-looking statements relate to matters such as our industry, business strategy, costs, and costs savings, impacts of accounting standards and guidance, goals and expectations, market position, future operations, margins, profitability, capital expenditures, liquidity and capital resources, legal matters, trends, and other financial and operating information. The forward-looking statements are based on management's current expectations and are subject to various risks, uncertainty, and changes in circumstances, many of which are beyond our control, that could cause actual results to differ materially. Although we believe that the assumptions underlying the forward-looking statements are reasonable, we cannot guarantee future results, level of activity, performance, or achievements. Factors that may cause actual results to differ from expected results include those described in Part I, "Item 1A—Risk Factors" and Part II, "Item 7—Management's Discussion and Analysis of Financial Condition and Results of Operations". The forward-looking statements included in this Annual Report speak only as of the date of this Annual Report or as of the date they are made, as applicable. Except as otherwise required by law, we disclaim any intent or obligation to update any "forward-looking statement" made in this Annual Report to reflect changed assumptions, the occurrence of unanticipated events, or changes to future operating results over time.

INTRODUCTORY NOTE

Medline Inc. was incorporated as a Delaware corporation on November 6, 2024. Prior to the completion of its initial public offering (the "IPO") on December 18, 2025, Medline Inc. undertook certain reorganization transactions (the "Reorganization") such that Medline Inc. is now a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP ("Medline Holdings"). Following the IPO, Medline Holdings is the predecessor of Medline Inc. for financial reporting purposes. As the general partner of Medline Holdings, Medline Inc. now operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts its business. The Reorganization lacks economic substance and therefore is accounted for in a manner consistent with a reorganization of entities under common control. As a result, the consolidated financial statements of Medline Inc. recognize the assets and liabilities received in the Reorganization at their historical carrying amounts, as reflected in the historical financial statements of Medline Holdings. Medline Inc. will consolidate Medline Holdings on its consolidated financial statements and record a non-controlling interest related to the Units (as defined herein) held by the Continuing Unitholders (as defined herein) on its consolidated balance sheets and statements of comprehensive income.

Medline Inc. had no significant business transactions or activities prior to the Reorganization, and, as a result, the historical financial information reflects that of Medline Holdings.

Basis of Presentation

The consolidated financial statements and accompanying notes included herein are prepared in accordance with United States generally accepted accounting principles ("GAAP"). The results of businesses acquired or disposed of are included in the consolidated financial statements from the date of the acquisition or up to the date of disposal, respectively. All adjustments, in the opinion of management, necessary to a fair statement of the results for the annual periods presented have been made.

Certain monetary amounts, percentages, and other figures included in this Annual Report have been subject to rounding adjustments. Percentage amounts included in this Annual Report have been calculated, in some cases, not on the basis of such rounded figures, but on the basis of such amounts prior to rounding. For this reason, percentage amounts in this Annual Report may vary from those obtained by performing the same calculations using the figures, on the face of our consolidated financial statements included elsewhere in this Annual Report. Certain other amounts that appear in this Annual Report may not sum due to rounding.

In December 2024, we changed the name of Medline Holdings from Mozart Holdings, LP to Medline Holdings, LP. We will not distinguish between the prior and current name of Medline Holdings and will refer to the current name of Medline Holdings throughout this Annual Report. References in this Annual Report to "Medline," the "Company," "we," "us," and "our" refer (1) prior to the consummation of the IPO, to Medline Holdings, LP and its consolidated subsidiaries and (2) after the IPO to Medline Inc. and its consolidated subsidiaries.

CERTAIN DEFINITIONS

As used in this Annual Report, unless otherwise noted or the context requires otherwise, the following terms have the following meanings:

- "Class A Units" refers to the interests in Medline Holdings called "Class A Units" that were outstanding prior to the Reclassification. In connection with the Reclassification, (i) Class A Units held by Common Unitholders were converted into Common Units and (ii) Class A Units held by Exchanging Class A Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Class B Units" refers to the interests in Medline Holdings called "Class B Units" that were outstanding prior to the Reclassification, and does not include CUPI Units. In connection with the Reclassification, (i) Class B Units held by Incentive Unitholders were converted into Incentive Units and (ii) Class B Units held by Exchanging Class B Unitholders were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units).

- "Common Units" refers to the new class of units of Medline Holdings created by the Reclassification and does not include Incentive Units.
- "Common Unitholders" refers to certain pre-IPO holders of Class A Units and/or CUPI Units who hold Common Units following the Reclassification.
- "Incentive Unitholders" refers to certain pre-IPO holders of Class B Units who will hold Incentive Units following the Reclassification, as described under "Organizational Structure."
- "Continuing Unitholders" refers collectively to Common Unitholders and Incentive Unitholders.
- "CUPI Units" refers to the interests in Medline Holdings that were designated as "Catch-Up Class B Units" and outstanding prior to the Reclassification. In connection with the Reclassification, (i) CUPI Units held by Common Unitholders were converted into Common Units and (ii) CUPI Units held by Exchanging CUPI Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Designating Stockholder" refers to each of our Principal Stockholders with whom we entered into separate director nomination agreements.
- "Exchanging Class A Unitholder" refers to pre-IPO holders of Class A Units whose Class A Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Class B Unitholder" refers to pre-IPO holders of Class B Units whose Class B Units were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units) following the Reclassification.
- "Exchanging CUPI Unitholder" refers to pre-IPO holders of CUPI Units whose CUPI Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Unitholders" refers collectively to Exchanging Class A Unitholders, Exchanging CUPI Unitholders, and Exchanging Class B Unitholders.
- "Incentive Units" refers to the new class of units of Medline Holdings created by the reclassification of the Class B Units in the Reclassification. The Incentive Units are "profit interests" having economic characteristics similar to stock appreciation rights and having the right to share in any equity value of Medline Holdings above specified participation thresholds. Vested Incentive Units may be converted to Common Units and be subsequently exchanged for shares of Class A common stock.
- "Principal Stockholders" refers collectively to investment funds associated with Blackstone Inc., The Carlyle Group Inc. and Hellman & Friedman LLC, and members of the Mills family.
- "Reclassification" refers to the reclassification of the partnership interests of Medline Holdings prior to the IPO.
- "Sponsors" refers collectively to Blackstone Inc., The Carlyle Group Inc., and Hellman & Friedman LLC.
- "Units" refers collectively to Common Units and Incentive Units.

Summary of Risk Factors

The following is a summary of the principal factors that make an investment in our securities speculative or risky, all of which are more fully described below. This summary should be read together with the risk factors described under Part I, "Item 1A—Risk Factors" and should not be relied upon as an exhaustive summary of the material risks facing our business. In addition to the following summary, you should consider the information set forth below and the other information contained in this Annual Report before investing in our securities.

- Our global operations are subject to inherent risks that could materially adversely affect our business, results of operations, and financial condition.
- We may be unable to derive fully the anticipated benefits from our existing or future acquisitions, joint ventures, investments, dispositions, or other strategic transactions.
- Consolidation in the healthcare industry could have an adverse effect on our business, results of operations, and financial condition.
- We operate in a highly competitive industry, with accelerating pricing pressure and changes in technology.
- Changes to the U.S. and global healthcare environments may not be favorable to us.
- Increases in shipping costs or service issues with our third-party shippers could harm our business.

- Significant challenges or delays in our sourcing of new products and technologies could have an adverse impact on our long-term success.
- We have concentration in and dependence on certain healthcare provider customers and GPOs.
- Our business and operations depend on the proper functioning of our critical facilities and distribution networks and could be negatively impacted by events outside our control.
- Quality problems and product liability claims have in the past led, and could in the future lead, to recalls or safety alerts, reputational harm, adverse verdicts, or costly settlements, and could have a material adverse effect on our business, results of operations, and financial condition.
- Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline.
- If we experience increased pressure to maintain or decrease the price of our goods and services and we are unable to reduce our expenses, there may be a material adverse effect on our business, results of operations, and financial condition.
- Any failure by or loss of a third-party manufacturer or supplier or other manufacturing or supply-related impacts could result in delays and increased costs, which may adversely affect our business.
- We rely on the proper function, security, and availability of our information technology systems and data, as well as those of third parties throughout our global supply chain, to operate our business.
- We are subject to extensive and complex laws and governmental regulations and any adverse regulatory action may materially adversely affect our business, results of operations, and financial condition both inside and outside the United States.
- We are subject to complex and rapidly evolving data privacy, security, and data protection laws and regulations and the costs to comply with such laws and regulations or any ineffective compliance efforts with such laws and regulations may adversely impact our business.
- Our use or our third-party service providers' or business partners' use of AI, automated decision-making and machine learning technologies and the evolving regulatory framework in this area may subject us to risks or heightened costs that could adversely affect business, results of operation and financial condition.
- Our failure to comply with laws and regulations relating to reimbursement of healthcare goods and services may subject us to penalties and adversely impact our reputation, business, results of operations, financial condition, and cash flows.
- Uncertain global and domestic macro-economic and political conditions could materially adversely affect our business, results of operations, and financial condition.
- Our substantial indebtedness could adversely affect our financial condition, our ability to operate our business or react to changes in the economy or our industry, prevent us from fulfilling our obligations under our debts, and divert our cash flow from operations for debt payments.
- The credit agreement that governs the Senior Secured Credit Facilities and the indentures that govern the Senior Notes will each impose significant operating and financial restrictions on our subsidiaries, which may prevent us from capitalizing on business opportunities.
- Medline Inc. is a holding company and its only material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, and it is accordingly dependent upon distributions from Medline Holdings to pay taxes, make payments under the tax receivable agreement, and pay any dividends.
- The Designating Stockholders hold a significant percentage of our stock, and their interests may conflict with ours or yours in the future.
- Our amended and restated certificate of incorporation does not limit the ability of our Sponsors, the Mills family, and certain other pre-IPO investors to compete with us, and they may have investments in businesses whose interests conflict with ours.

The market price of shares of our Class A common stock may be volatile or may decline regardless of our operating performance, which could cause the value of your investment to decline.

Market and Industry Data

Unless otherwise indicated, information contained in this Annual Report concerning our industry, competitive position, and the markets in which we operate is based on information from independent industry and research organizations, other third-party sources and management estimates. Although we believe that these third-party sources are reliable, we do not guarantee the accuracy or completeness of this information, and we have not independently verified this information. Management estimates are derived from information obtained from surveys, reports by market research firms, our customers, distributors, suppliers, trade and business organizations, and other contacts in the markets in which we operate and have not been verified by independent sources, and are based on assumptions made by us upon reviewing such data, and our experience in, and knowledge of, such industry and markets, which we believe to be reasonable. In addition, assumptions and estimates of our and our industry's future performance are subject to a high degree of uncertainty and risk due to a variety of factors, including those described in Part I, "Item 1A—Risk Factors" and "Cautionary Note Regarding Forward-Looking Statements." These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

Statements regarding our market position (including statements that we are the largest company in a particular market), unless otherwise noted, are based on our 2025 net sales in the relevant market relative to the publicly reported net sales of our competitors in such market, including with respect to our statement of being the largest provider of med-surg products and supply chain solutions serving all points of care, as that statement is based on our 2025 net sales relative to the publicly reported net sales of med-surg products by companies that are both med-surg manufacturers and distributors.

Trademarks

We own or have the right to use trademarks, trade names, and service marks used in connection with our business, including, but not limited to, Medline, Curad, Microtek, Hudson, and Proxima. All trademarks, trade names, and service marks referred to in this Annual Report are the property of their respective owners. We do not intend our use or display of other companies' trade names, trademarks, or service marks to imply a relationship with, or endorsement or sponsorship of us by, these other companies. Solely for convenience, our trademarks, trade names, and service marks referred to in this Annual Report may appear without the ®, ™ or SM symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks, trade names, and service marks.

PART I

Item 1. Business

General

Medline Inc. (together with its subsidiaries, "Medline", "the Company", "we", "ours" and "us") is the largest provider of medical-surgical ("med-surg") products and supply chain solutions serving all points of care, based on total net sales of med-surg products. Medline was founded in 1966 and today delivers mission-critical products used daily across the full range of care settings, from hospitals and surgery centers to physician offices and post-acute facilities. Our mission is to make healthcare run better by delivering improved clinical, financial, and operational outcomes.

We have two reportable segments, Medline Brand and Supply Chain Solutions, the combination of which addresses critical needs in the market through a comprehensive solution. They are both supported by our Prime Vendor model, differentiated distribution network, and robust commercial platform. Through our two segments, we offer approximately 335,000 med-surg products, including surgical and procedural kits, gloves and protective apparel, urological and incontinence care, wound care, and consumable lab and diagnostics products. We distribute these products through our expansive network of global distribution facilities and our owned fleet of MedTrans trucks.

Medline Brand

As of December 31, 2025, we offer our customers approximately 190,000 med-surg products through our Medline Brand segment and hold leading positions across many key product families for our Medline Brand products. Our Medline Brand products are organized into three product categories: Front Line Care, Surgical Solutions, and Laboratory and Diagnostics.

- *Front Line Care* offers mission-critical med-surg products for patient-facing needs, including wound care products, exam gloves, skin care and incontinence products, environment cleaning supplies, textiles, hand sanitizer, durable medical equipment, patient plastics, and decolonization and infection control products.
- *Surgical Solutions* offers operating room and perioperative environment product solutions, including surgical procedure trays, drapes and gowns, personal protective equipment, sterile wraps, surgical instruments, surgeon's gloves, procedure kits, and orthopedic implants.
- *Laboratory and Diagnostics* offers a full range of laboratory and diagnostic product solutions, including point of care testing, analyzers and instrumentation, lab and diagnostic consumables, diagnostic instruments, vital signs monitors, and anatomic pathology and phlebotomy products.

Our product development approach incorporates customer feedback and ongoing innovation. We are also committed to delivering products of the highest standard, which is reflected by our robust quality team embedded across our manufacturing and sourcing locations. The expertise of our research and development team and quality team helps ensure products bearing the Medline brand meet both our rigorous quality standards and our customers' expectations.

Supply Chain Solutions

As of December 31, 2025, we offer approximately 145,000 med-surg products from over 1,300 third-party suppliers, including nearly all leading national brands, through our Supply Chain Solutions segment. We also provide our customers with supply chain optimization services such as consulting engagements, outsourced warehouse and technology management, put-away-ready packaging, third-party logistics, inventory rationalization, and route planning. Our third-party suppliers are primarily responsible for costs related to import and inbound freight, whereas we are primarily responsible for costs related to outbound freight from our distribution centers. Our supply chain expertise allows us to provide additional service offerings to optimize our customers' supply chain and inventory workflows, helping these customers cost-effectively manage their supply chain while building strong relationships and enhancing retention.

Our Prime Vendor Model

A Prime Vendor relationship is a relationship for which there is a multi-year distribution agreement between Medline and a customer, whereby the customer agrees to use Medline for the vast majority of its med-surg product needs.

In our Prime Vendor relationships, we enter into long-term agreements, typically structured with five-year terms, to act as the primary consolidated logistics partner for these customers' med-surg product needs. These agreements have been and are expected to continue to be a key contributor to our growth. Our customers realize efficiencies by partnering with one supply chain partner to consolidate their med-surg purchase volume. Prior to the market adoption of the Prime Vendor model, customers sourced such products individually from a highly fragmented base of suppliers. The Prime Vendor model instead centralizes procurement and distribution, which in turn drives efficiency and higher service levels.

As Prime Vendor, we drive significant cost savings to our customers. Our scale allows us to deliver consistently lower prices and better service levels on Medline Brand products relative to third-party alternatives, while also lowering the distribution cost for delivery of the full range of med-surg products. This often motivates customers to purchase more Medline Brand products over time. The opportunity is even greater in certain non-acute settings, where we sell a more focused product portfolio. Our Prime Vendor model allows us to provide cost savings to Prime Vendor customers, which, over time, supports incremental purchasing of our Medline Brand products and greater scale across our operations. As our scale grows, we are able to realize further efficiencies by offering superior or similar quality to third-party products at a more cost-effective price. We believe that Medline Brand conversion is mutually beneficial for both our customers and us-the value we provide customers at the outset of a Prime Vendor agreement meaningfully increases over time, as they accrue savings by purchasing our lower cost Medline Brand products, while our profitability grows given the enhanced margin profile of Medline Brand products. This compelling value proposition and supply chain relationship with our customers supports our greater than 98% average Prime Vendor retention rate over the past five years.

A portion of Supply Chain Solutions products sold to existing Prime Vendor customers has like-for-like Medline Brand product equivalents, representing a potential gross profit uplift consistent with our historical margin differentials if such products were converted for Medline Brand products. While we historically have earned higher margins upon conversion from third-party national brand products to like-for-like Medline Brand products, because of the lower average prices for Medline Brand products, there is typically a negative impact on net sales upon the conversion of Supply Chain Solutions products to like-for-like Medline Brand products if volume is assumed to be constant. For additional information on potential risks relating to this conversion opportunity, please see Part I, "Item 1A—Risk Factors—Risks Related to Our Business, Industry and Operations—Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline."

Our Distribution Network

We have a differentiated distribution network of 70 global distribution centers, warehouses, cross-docks, and transship facilities, 45 of which are in the United States, strategically located to provide next-day delivery to 95% of our U.S. customer base. We utilize artificial intelligence ("AI") and robotics technology in over 26 million square feet of warehouse space in the United States to improve efficiency and capacity to optimize distribution logistics and maximize utilization. The products we distribute are packaged to meet each customer's individual needs and to be "put-away-ready," which streamlines the customer's unloading and shelving process. We also operate our own fleet of more than 2,100 MedTrans trucks that deliver our products across care settings within the United States. As of December 31, 2025, we had approximately 25% in incremental capacity across our platform to support our long-term growth.

Our Commercial Platform

Our deep connectivity to our customers is driven by the strength of our dedicated and tenured commercial team. We have a U.S. commercial team of approximately 4,000 people across all points of care, which includes account managers, product specialists, specialized clinical resources, customer service representatives, supply chain specialists, Prime Vendor analysts, and a robust leadership team dedicated to driving efficiencies for our customers through their teams. We have created an entrepreneurial environment that empowers our salesforce to work with our product managers to create innovative products that meet market demand. We have a team devoted to each channel in the United States and each region or country internationally, which allows our salesforce teams to develop market-specific knowledge.

Research and Development

We have a track record of successfully bringing new products to market, with more than 2,300 granted patents and more than 450 U.S. Food and Drug Administration ("FDA") 510(k) clearances. Over the last three years, we have successfully launched more than 250 new products.

Competition

Our value proposition is derived from our integrated business model, the breadth of our Medline Brand portfolio, our differentiated supply chain, and the overall quality and cost of our products. As a result of our integrated business model, our competitors include both other leading med-surg product manufacturers and distributors.

Similar to us, other leading med-surg product manufacturers produce a wide range of med-surg supplies. However, unlike us, many of these competitors are reliant upon third-party distributors to deliver their products to customers. By nature of being a distributor, Medline has direct access to and manages the end customer relationships. This enables us to offer a complete solution as a manufacturer and a distributor, offering our customers what we believe to be best-in-class supply chain logistics, and driving value through our brand.

Additionally, other distributors of med-surg products similarly connect the fragmented supplier and provider bases and aggregate inventory from suppliers to deliver products to customers, such as McKesson, Cardinal Health, Owens & Minor, and Henry Schein. These distribution companies compete with us for Prime Vendor agreements. However, we believe that many of these competitors do not benefit from the scale and scope of our vertical integration or commercial excellence, and thus are not able to provide the same magnitude of cost savings, value, and holistic solutions that we deliver for our customers.

Production and Raw Materials

We manufacture approximately one-third of our Medline Brand products, which are primarily Class I and II medical devices, through our 30 manufacturing facilities, of which 24 are in North America. We purchase many of the components and raw materials used in manufacturing our products from numerous suppliers. We focus our manufacturing capabilities on products where we can leverage technology and automation to drive higher quality and lower costs to better serve our customers. For the vast majority of the other two-thirds of our Medline Brand products, we work closely with our network of more than 600 global partners across approximately 40 countries, many of whom have decades-long exclusive relationships with us. The breadth of our global sourcing partnerships provides diversification and strengthens our resiliency, with no single sourcing partner accounting for more than 5% of total spend as of December 31, 2025.

We also have plans and measures in place to help ensure continuity of supply while maintaining high quality and reliability. Generally, we have been able to obtain adequate supplies of such raw materials and components. However, due to the FDA's manufacturing requirements and those of other regulatory authorities, we may not be able to quickly establish additional or replacement sources for certain components, materials or processes if we experience a sudden or unexpected reduction or interruption in supply or services and are unable to develop alternative sources.

Human Capital Resources

At Medline, our relentless focus on the customer drives our human capital strategy, which revolves around attracting, developing, and retaining employees to provide the best products and services for our customers. We have developed a strong foundation that drives our recruitment, retention and development efforts. We are committed to supporting the personal and professional development of our employees, as well as providing competitive benefits and a safe, inclusive workplace.

As of December 31, 2025, we employed over 45,000 employees worldwide, with over 26,000 located in the United States. Our largest non-U.S. employee populations are in Mexico, Dominican Republic, India, Canada, Slovakia, France, China, Japan, Germany, and Australia. None of our employees in the United States are unionized, though some of our employees in Mexico belong to unions. In Germany and the Netherlands, employees are represented through Works Councils; in France and Spain, employees are represented through both Works Councils and industry-wide collective bargaining agreements; and in Belgium and Italy, employees are also represented through industry-wide collective bargaining agreements. In Australia, certain employees are represented by an enterprise bargaining agreement; in Japan, employees are represented through a Work Council; and in Vietnam, employees are represented through a collective bargaining agreement. We believe that our positive employee relations and total employee experience drive the continual growth of our workforce.

Culture and Values

Our culture is grounded in a customer-focused, collaborative, and performance-driven approach, guided by core values emphasizing relentless customer focus, agility and flexibility, problem-solving, drive to succeed, purposeful candor, and the importance of relationships. Employees are encouraged to exercise judgment, work transparently with customers, and contribute meaningfully to our mission to make healthcare run better.

Talent Attraction and Development

We seek to attract employees whose skills, experience, and motivation align with our operational and technical needs. Through continual improvement of internal processes, an awareness of market and candidate driven trends, and in partnership with vendors and other outside organizations, our talent acquisition programs focus on efficient hiring processes, market awareness, and building a diverse pipeline of candidates. We support development through consistent performance management processes and early career opportunities to take on additional responsibilities to demonstrate their competencies and drive to succeed and on-the-job responsibility augmented by formal training and development to refine technical and leadership skills. New sales representatives participate in comprehensive training programs, and product managers have targeted development pathways through all stages of their careers, from mandatory onboarding offerings to advanced classes that provide the necessary skills with increasing levels of responsibility, to support progression over time.

Employee Engagement and Inclusion

We believe our employees' ability to communicate and cooperate effectively across functional and departmental teams positively impacts our performance. We engage in various listening strategies and foster engagement through survey feedback mechanisms, anonymous employee feedback platform, focus groups, increased attention to onboarding and offboarding feedback, pulse surveys on remote work needs, and other listening strategies. Insights from these efforts inform workplace improvements. We also support an inclusive environment through Employee Resource Groups and leadership training initiatives designed to reduce bias in talent decisions and strengthen representation across the company.

Health, Safety, and Well-Being

We are committed to maintaining a safe workplace and supporting the physical, emotional, and financial well-being of our employees. We provide competitive health and benefits programs, access to assistance resources where available, and opportunities for community involvement through charitable giving, including financial giving and in-kind giving such as product donations.

Intellectual Property

We rely upon patents, trademarks, copyrights, trade secrets and other intellectual property rights to maintain and improve our competitive position. We have a large portfolio of intellectual property, including more than 2,300 granted patents as well as trademark registrations protecting our notable brands, including Medline, Curad, Microtek, Hudson, and Proxima.

We consider the trademarks and know-how that we own to be material to our business. However, other than the Medline mark, we do not consider our business to be materially dependent upon any individual trademark registration or trade secret. In the aggregate, we consider our more than 2,300 granted patents to be material to our business. However, no single patent or group of related patents is material to our business as a whole or any segment of our business.

We believe that we have taken all necessary steps to protect our intellectual property rights, but no assurance can be given that we will be able to successfully enforce or protect our rights in the event that they are infringed upon or challenged by a third party. See Part I, "Item 1A —Risk Factors—Risks Related to Regulation and Legal Proceedings—Any failure to obtain, maintain, protect and enforce our intellectual property rights, or the failure of the strength or scope of our intellectual property rights, could harm our business, financial condition, and results of operations" and "—Risks Related to Regulation and Legal Proceedings—We may become subject to litigation brought by third parties claiming infringement, misappropriation, or other violation by us of their intellectual property rights."

Government Regulation

Our operations and products are subject to extensive regulation by numerous governmental regulatory authorities, including U.S. and other international regulatory authorities, and other government agencies inside and outside the United States. To varying degrees, each of these agencies requires us to comply with laws and regulations governing the development, design, materials, testing, safety, efficacy, quality, purity, manufacturing, methods, controls, testing, screening, recordkeeping, reporting, processing, storage, registration, authorization, licensing, permitting, labeling, advertising, marketing, distribution, offer for sale, sale, use, expiration, pricing, reimbursement, import, export, clinical trials, post-marketing surveillance of our products, the registration of our facilities, and the claims that we make about our products. The United States and other countries where we sell healthcare and other regulated products, including drugs, human cell and tissue products, dietary supplements, cosmetics, certain foods, and consumer products subject such products to their own clearance, authorization, approval, registration, listing, labeling, manufacturing, recordkeeping, reporting, and other regulatory requirements regarding the performance, safety, and quality of such products. We are also subject to healthcare and other regulations and enforcement by the federal government and the states and foreign governments and authorities in the locations in which we conduct our business. The U.S. governmental and regulatory authorities that enforce such laws and rules, and that issue guidance on compliance with such laws and rules include, without limitation, the FDA, the Centers for Medicare & Medicaid Services ("CMS"), other divisions of the U.S. Department of Health and Human Services ("HHS"), the HHS Office of Inspector General, U.S. Environmental Protection Agency ("EPA"), the Federal Trade Commission ("the FTC"), Consumer Product Safety Commission ("CPSC"), the U.S. Department of Justice ("DOJ") and individual U.S. Attorney offices within the DOJ, as well as state and local governments. Our business is also affected by patient and data privacy and security laws, government payer cost containment initiatives, government reimbursement laws and regulations, environmental, health, and safety laws and regulations, as well as laws and regulations with respect to the sale, transportation, storage, handling, and disposal of hazardous or potentially hazardous substances, and safe working conditions. Our business also maintains contracts with governmental agencies and such contracts are subject to various government procurement laws and regulations, required contract provisions, and other requirements relating to contract formation, administration and performance. Failure to comply with applicable laws and regulations or with contractual or other requirements may result in monetary damages and criminal or civil penalties as well as termination of our government contracts or our suspension or debarment from government contract work.

The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, including through the offering of new products and services or entering into new geographic areas, we may be subject to new and additional regulatory requirements. The foreign, federal, state, and local regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products, suspend, revoke, or terminate our product and facility licenses, permits, and authorizations, request the cessation of distribution and shipments of certain products due to regulatory, safety, or other issues, seize or order the recall of our products, issue safety, quality, or other communications to the public or healthcare providers, enforce laws related to marketing, including promotion of off-label uses of products, and impose injunctions and significant criminal, civil, and administrative sanctions for violations of laws and regulations. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, may impact our business practices and operations, including by limiting our ability to effectively market, ship, and sell our products, affecting the production and distribution of products by our manufacturing facilities, subjecting us to significant liability, and limiting our ability to obtain future authorizations. Although we are subject to international government regulations in the international end markets where we operate and/or provide our products, these regulations do not have a material impact on our products as no international market represents more than 3% of our net sales.

Government Regulation of Medical Devices

Our medical devices are subject to regulation by numerous government agencies, including the FDA and comparable state and foreign agencies. Regulations of the FDA and other regulatory agencies in and outside the United States impose extensive compliance and monitoring obligations on portions of our business. The FDA and other U.S. and foreign governmental agencies regulate, among other things, with respect to medical devices: design, development, and manufacturing; testing, registration, listing, labeling, content, and language of instructions for use and storage; clinical trials; product safety; marketing, sales, and distribution; licensing and permit requirements; premarket clearance, approval and authorization; record keeping procedures; advertising and promotion; recalls and field safety corrective actions; post-market surveillance, including reporting of deaths or serious injuries and malfunctions that, if they were to recur, could lead to death or serious injury; post-market approval studies; and product import and export. The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, we may be subject to new and additional regulatory requirements. The FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers; seize or order the recall of products; terminate, suspend, or revoke licenses and permits; and impose significant criminal, civil, and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers. In addition, the FDA and other governmental and regulatory authorities, both in and outside the United States (including the FTC, the HHS Office of the Inspector General, the DOJ, and various state Attorneys General), monitor the promotion and advertising of our products. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, depending on its magnitude, may limit our ability to effectively market, ship, and sell our products, limit our ability to obtain future premarket authorizations, or result in a substantial modification to our business practices and operations.

FDA Premarket Clearance and Approval Requirements

Each medical device we wish to distribute commercially in the United States requires marketing authorization from the FDA prior to distribution, unless the device is exempt from premarket notification requirements. The type of marketing authorization necessary is generally linked to the classification of the device. The FDA classifies medical devices into one of three classes-Class I, II, or III-based on the degree of risk associated with a device and the level of regulatory control deemed necessary to ensure its safety and effectiveness. Class I devices that pose the least risk are subject only to General Controls applicable to all devices, such as requirements for device labeling, premarket notification, and adherence to current good manufacturing practices for devices as set forth in the Quality System Regulation ("QSR"). Class II devices that pose a moderate risk are subject to General Controls and may also be subject to Special Controls, such as performance standards, product-specific guidance documents, special labeling requirements, patient registries, or post-market surveillance. Class III devices are those for which insufficient information exists to assure safety and effectiveness solely through General and Special Controls, including devices that support or sustain human life, are of substantial importance in preventing impairment of human health, or which present a potential unreasonable risk of illness or injury.

Most Class I devices and some Class II devices are exempted by regulation from the 510(k) clearance requirement and can be marketed without prior authorization from the FDA. Class I and II devices that are not exempted are eligible for marketing through the 510(k) clearance pathway. By contrast, devices placed in Class III generally require premarket approval ("PMA") or de novo clearance prior to commercial marketing. The PMA approval process is more stringent, time-consuming and expensive than the 510(k) clearance process; however, the 510(k) clearance process has also become increasingly stringent and expensive. None of our products are currently approved under a PMA, and we have no plans for any indication or system improvement or extension that we believe would require a PMA. If, in the future, we were to file a PMA, we may be subject to additional regulatory requirements.

510(k) Clearance Process

To obtain 510(k) clearance, we must submit a premarket notification to the FDA demonstrating the proposed device to be substantially equivalent to a predicate device. A device is substantially equivalent if, with respect to the predicate device, it has the same intended use and it has either the same technological characteristics, or it has different technological characteristics, but the information provided in the 510(k) submission demonstrates that the device does not raise new questions of safety or effectiveness. The standard review process for 510(k)s is between six to nine months, dependent upon the type of 510(k) filing submitted. Although many 510(k) premarket notifications are cleared without clinical data, in some cases, the FDA may require clinical data to support substantial equivalence. In reviewing a premarket notification, the FDA may request additional information, including clinical data, which may significantly prolong the review process and clearance is never assured. Clinical trials generally require the submission of an investigational device exemption ("IDE") to the FDA for a specified number of patients and study sites, unless the product is deemed a non-significant risk device eligible for more abbreviated IDE requirements. Clinical trials are subject to numerous requirements and institutional review board approval, oversight, and monitoring. Even if a trial is conducted, the results of clinical testing may not adequately demonstrate the safety and effectiveness of the device or be sufficient to obtain FDA clearance or approval for marketing.

After a device receives 510(k) clearance, any subsequent modification of the device that could significantly affect its safety or effectiveness, or that would constitute a major change in its intended use, requires a new 510(k) clearance or could require submission and approval of a de novo 510(k) or a PMA application in cases where new indications are sought for which there is no predicate. Non-significant changes are handled via internal documentation by the Company. Each manufacturer must judge the significance of modifications based on FDA 510(k) regulatory requirements and guidance documents. The FDA may review any such decision and may disagree with a manufacturer's determination. If the FDA disagrees with a manufacturer's determination, the FDA may require the manufacturer to cease marketing and distribution and/or recall the modified device until 510(k) clearance or PMA approval is obtained. In the future, we may make modifications to our products after they have received FDA clearance and, in appropriate circumstances, determine that new clearance is unnecessary. However, the FDA may disagree with our determination, and, if the FDA requires us to seek 510(k) clearance or submit new PMA applications for any modifications to a previously cleared product, we may be required to cease marketing or distributing or recall the modified device until we obtain the required clearance or approval. We may also market or acquire products that are marketed without a 510(k) clearance, appropriate labeling, or that otherwise are marketed in violation of FDA requirements, since medical devices can be marketed only for the indications for which they are cleared or approved. Under these circumstances, we may also be subject to warning letters, significant regulatory fines, or other penalties, and we may no longer be able to market particular products for which a 510(k) clearance is required.

Post-Marketing Requirements

Numerous FDA regulatory requirements apply to devices we manufacture and distribute, including: compliance with the QSR, which require manufacturers and their suppliers to follow the applicable design, testing, processes, control, documentation, labeling, and other quality assurance procedures during the manufacturing process; establishment registration, which requires establishments involved in the production and distribution of medical devices intended for commercial distribution in the United States to register with the FDA; medical device listing, which requires manufacturers to list the devices they have in commercial distribution with the FDA; labeling regulations, which prohibit "misbranded" devices from entering the market, as well as prohibit the promotion of products for unapproved or off-label uses and impose other restrictions on labeling; post-market surveillance, including medical device reporting requirements which requires manufacturers to report to the FDA if their device may have caused or contributed to a death or serious injury, or malfunctioned in a way that would likely cause or contribute to a death or serious injury if it were to recur; and corrections and removal reporting regulations, which require that manufacturers report to the FDA field corrections and product recalls or removals if undertaken to reduce a risk to health posed by the device or to remedy a violation of the Federal Food, Drug, and Cosmetic Act that may present a risk to health. The FDA and other governmental and regulatory authorities actively enforce the laws and regulations prohibiting the promotion of off-label uses, and a company that is found to have improperly promoted off-label uses may be subject to significant liability.

The FDA enforces these requirements by inspection and market surveillance. Domestic facility records and manufacturing processes are subject to periodic unscheduled inspections by the FDA. The FDA may also inspect foreign facilities that export products to the United States. Failure to comply with applicable regulatory requirements may result in enforcement action or other actions by the FDA, which may include one or more of the following sanctions: adverse press releases and safety communications; requests to stop shipments; untitled letters or warning letters; fines, injunctions, and civil penalties; mandatory recall or seizure of our products; customer notifications and repairs or replacements; administrative detention or banning of our products; consent decrees; operating restrictions, partial suspension or total shutdown of production; refusing our request for 510(k) clearances for new product versions or modifications to existing product versions; revocation of 510(k) clearances previously granted; refusal to grant export approval for our products; and criminal prosecution and penalties. If any of these events were to occur, they could have a material adverse effect on our business, financial condition, and results of operations.

International Regulation of Medical Devices

Sales of medical devices outside the United States are subject to foreign government regulations, which vary substantially from country to country. In order to market our products in other countries, we must comply with applicable regulatory requirements and authorizations and approvals and safety and quality regulations in each country in which the product is marketed. The time required to obtain authorization, approval, or certification by a foreign country may be longer or shorter than that required for FDA clearance, and the requirements may differ significantly.

EU Regulation of Medical Devices

In the European Union ("EU") until May 25, 2021, medical devices were regulated by the Council Directive 93/42/EEC, which has been repealed and replaced by the Medical Device Regulation ("EU MDR"). Unlike directives, regulations are directly applicable in all EU member states without the need for member states to implement into national law. The EU extended the EU MDR transitional periods for certain medical devices until December 31, 2027 or December 31, 2028, depending on a device's risk class and subject to certain conditions to ensure continued access to medical devices for patients and to allow medical devices already placed on the market in accordance with the current legal framework to remain on the market, provided that the requirements of the transitional provisions are fulfilled.

In the EU, there is currently no premarket government review of medical devices. However, all medical devices placed on the EU market must meet general safety and performance requirements, and compliance with the general safety and performance requirements is a prerequisite for European conformity marking without which medical devices cannot be marketed or sold in the EU. EU MDR requirements regarding the distribution, marketing, and sale, including quality systems and post-market surveillance, have to be observed by manufacturers, importers, and distributors as of the application date (i.e., since May 26, 2021), including registration of economic operators and of devices (once the relevant modules of Eudamed are functional), surveillance, and vigilance requirements. The aforementioned EU rules are generally applicable in the European Economic Area which consists of the 27 EU member states plus Norway, Liechtenstein, and Iceland.

The NDA Approval Process

For any new drug products regulated under the Federal Food, Drug, and Cosmetic Act such as our ReadyPrep CHG cloth, a sponsor must submit a New Drug Application ("NDA"), to the FDA for review and approval. The NDA review and approval process may take multiple years and involves steps including the following:

- completion of preclinical studies and analytical and stability testing in accordance with applicable regulations;
- submission to the FDA of an Investigational New Drug ("IND") application, which must become effective before clinical trials may begin and must be updated annually and amended when certain changes are made;
- approval by an institutional review board, or IRB, or independent ethics committee, or IEC, at each clinical trial site before each trial may be initiated;
- performance of adequate and well-controlled clinical trials in accordance with applicable IND regulations, good clinical practice, or GCP, requirements, including informed consent, financial disclosure by investigators, and other clinical trial-related regulations, to establish the safety and efficacy of the investigational product for each proposed indication and other condition of use;
- preparation and submission to the FDA of an NDA;

- satisfactory completion of one or more FDA pre-approval inspections of the manufacturing facility or facilities where the drug will be produced to assess compliance;
- satisfactory completion of FDA inspection of select clinical trial sites involved in conducting pivotal studies that generated the data in support of the NDA;
- payment of user fees for FDA review of the NDA; and
- FDA review and approval of the NDA, including of the proposed prescribing information and, where applicable, consideration of the views of any FDA advisory committee, prior to any commercial marketing or sale of the drug in the United States.

Any approvals that we may ultimately receive could be withdrawn if required post-marketing trials or analyses do not meet the FDA requirements, which could materially harm the commercial prospects for our products.

Even if a product candidate receives regulatory approval, the approval may be limited to specific disease states, patient populations and dosages, or might contain significant limitations on use in the form of warnings, precautions or contraindications, or in the form of onerous risk management plans, restrictions on distribution, or post-marketing study requirements. Further, even after regulatory approval is obtained, later discovery of previously unknown problems with a product may result in restrictions on the product or even complete withdrawal of the product from the market. Delay in obtaining, or failure to obtain, regulatory approval for our candidate products, or obtaining approval but for significantly limited use, would harm our business. In addition, we cannot predict what adverse governmental regulations may arise from future U.S. or foreign governmental action.

Trade Regulations

The movement of products, services, and investment across borders subjects us to extensive trade regulations. A variety of laws and regulations in the countries in which we transact business apply to the sale, shipment, and provision of goods, services, and technology across borders. These laws and regulations govern, among other things, our import, export, and other business activities. We are also subject to the risk that these laws and regulations could change in a way that would expose us to additional costs, penalties, or liabilities. Some governments also impose economic sanctions against certain countries, governments, persons, and entities, both for unlawful or malign conduct and to discourage or prevent entities from abiding by other countries' laws. In addition to our need to comply with such regulations in connection with our direct activities, we also sell and provide goods, technology, and services to agents, representatives, and distributors who may export such items to customers and end-users. If we, or the third parties through which we do business, are not in compliance with applicable import, export control, or economic sanctions laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability. Such actions may disrupt or delay sales of our products or services or result in restrictions on our distribution and sales of products or services that may materially impact our business.

Anti-Boycott Laws

Under U.S. laws and regulations, U.S. companies and their subsidiaries and affiliates are prohibited from participating or agreeing to participate in unsanctioned foreign boycotts in connection with certain business activities, including the sale, purchase, transfer, shipping, or financing of goods or services within the United States or between the United States and countries outside of the United States. If we, or certain third parties through which we sell or provide goods or services, violate U.S. anti-boycott laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02296	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 1 Medline Dr.

City: Wilmer State: TX Zip: 75172

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 972-525-3424 Website: medline.com

Name of Designated Representative (DR): John Pegan

Licensing Company Email: rallicensing@medline.com DR Email: jpegan@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Corporate Discipline History

Original Signature (electronic, copies or stamps not accepted)

4/15/24

Date

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
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800-735-2466 Voice Relay Missouri

Kimberly A. Grunston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
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573-526-3464 FAX
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800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ REQUESTS

_____ DOES NOT REQUEST

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____
Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____
Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____
Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____
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601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Florida Department of Health

Reason/Charge
Medline's Florida Certified Designated Representative unexpectedly resigned.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

_____ February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

_____ February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Medline Industries, Inc., Case #2007-37412

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2008006		Louisiana Board of Wholesale Drug Distributors		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
LA Board of WDD/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingerman

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman
William Crates, Vice-Chairman
Randall Brooks, Secretary/Treasurer
John Liggio, Executive Director/Inspector
Hershal Paul, Board Member
Andy Milligan, Board Member
Wayne Gremillion, Board Member
Eric Voitier, Board Member
Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
HI DCCA / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
119A
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of MEDLINE INDUSTRIES INC., Respondent.	PHA 2008-17-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

6. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

9. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

11. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 0 8 2008.

Bobbi'wy Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of Jan, 200 8, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C&I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08 PHM 037	Wisconsin Department of Regulation and Licensing

Reason/Charge
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WI DSPS/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 19 A 9:4

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2009-7-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Lacy V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2009

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

---

POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Asa N. Simms, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of January, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
27278		NY State Education Department- Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
NY Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: Ariana Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

1-5-21

Willis Ingalls, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer M. Rudell, RPh

1-6-2021

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

1-6-2021

Henry Appel, Ohio Assistant Attorney General

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

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1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	FL DBPR- Div. of Drugs, Devices, and Cosmetics

Reason/Charge
Customer Licenses, Record Keeping

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DBPR / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____
Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
0 9 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

06-29-2023

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 DEC 15 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent MEDLINE INDUSTRIES, L.P. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., and C.7. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____
(Signature)

Daniel Stevens
(Print Name)

Its Manager Regulatory Affairs
(Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____
IVY Y. E. KIM
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE
Chair

December 21, 2023
DATE

PATRICK ADAMS
Vice Chair

MARK BROWN

CATALINA CROSS

Kent Kikuchi
KENT KIKUCHI

BRANDON RABANG

SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer, Inc.
Address: 66 Hudson Blvd E City: New York State: NY Zip: 10001

Name: ICU Medical Inc.
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare Inc.
Address: One Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Avenue City: Bethlehem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Medline Inc.
Corporation Name: See Attached Ownership Information
Mailing Address: 3 Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: (847) 949-5500 Email: ralicensing@medline.com
Contact Person Name: Daniel Stevens ([redacted])

Date of SEC Registration: 12/17/2025 | SEC Registration Number: 0002046386 | Stock Exchange Symbol: MDLN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Daniel Stevens

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9/15/25

Date

PAID

Board Use Only	Date Received: 9/22/25	Amount: $1000.00

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

POWER OF ATTORNEY

EXCELSIOR MEDICAL, LLC, an Illinois limited liability company, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Excelsior Medical, LLC

By: Medline Industries, LP
Its: Manager
By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Medline Industries, LP, as Manager of Excelsior Medical, LLC.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

POWER OF ATTORNEY

Centurion Medical Products, LP, an Delaware limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Centurion Medical Products, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Centurion Medical Products, LP.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries, LP

located at

1 Medline Dr, Wilmer, TX 75172

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

11/17/2023 - 11/16/2026
Period of Accreditation

5831

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

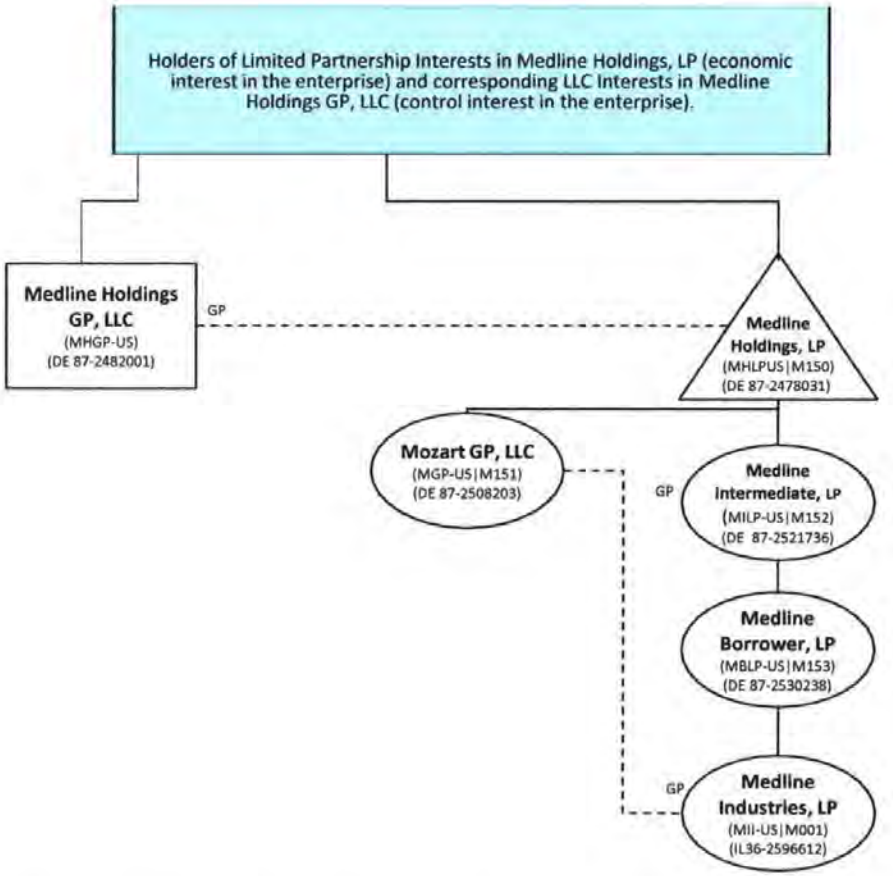
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

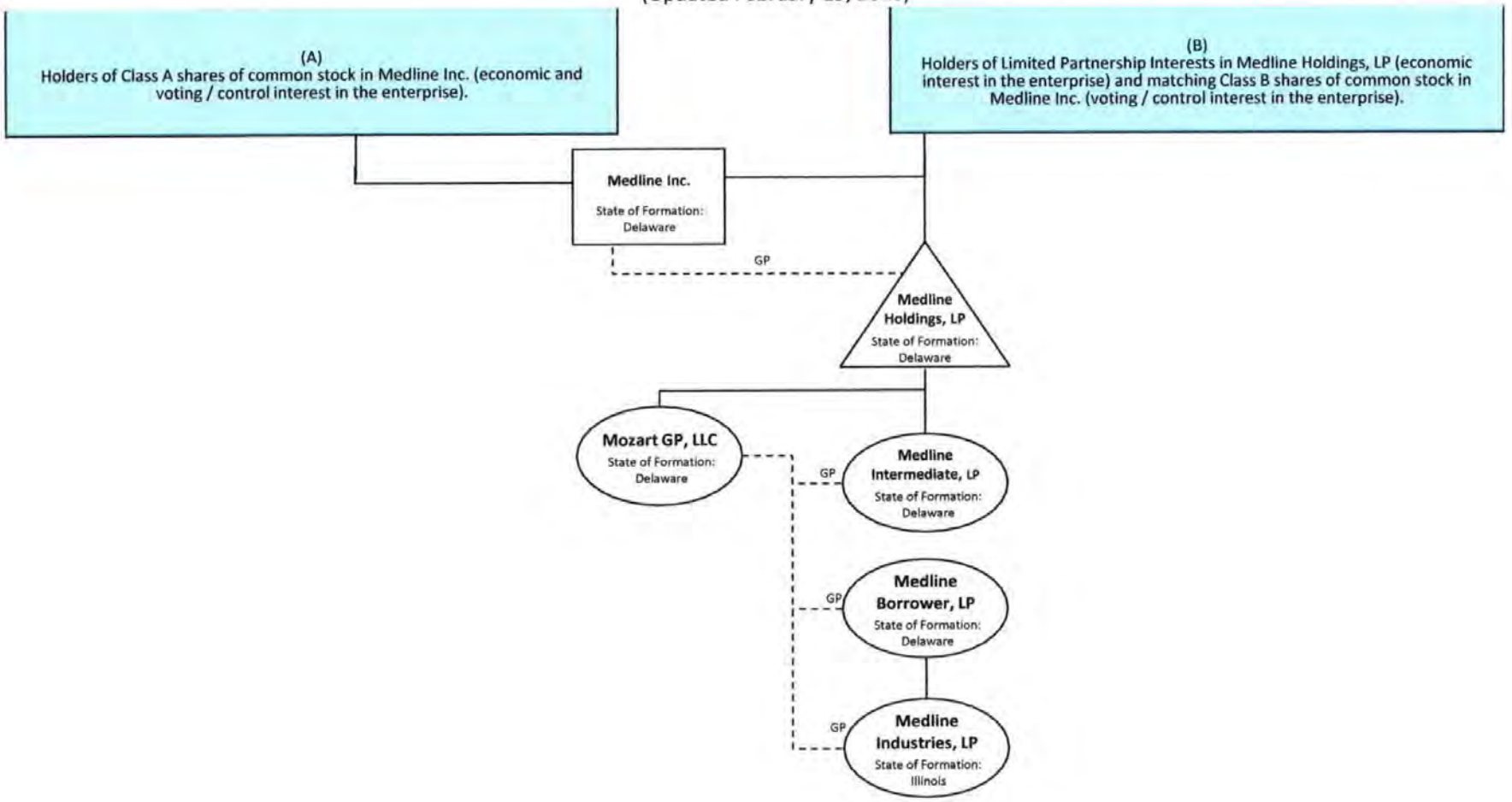


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Centurion Medical Products, LP

FEIN: 38-1659420
A Delaware Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Industries, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	36-2596612
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC

FEIN: 32-0473772
An Illinois Limited Liability Company

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Member and Manager of LLC:

Medline Industries, LP
FEIN: 36-2596612

Officers:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC is a member managed LLC with the sole member and manager being Medline Industries, LP. Medline Industries, LP is a limited partnership and does not appoint corporate officers. Medline reports the officers for its general partner, Mozart GP, LLC, which retains 100% control of Medline Industries, LP.

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 2610502528 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURION MEDICAL PRODUCTS, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTURION MEDICAL PRODUCTS, LP" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6213666 8300

SR# 20261791715

Authentication: 203646965

Date: 04-15-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

File Number 0543231-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

EXCELSIOR MEDICAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502534 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203550646

Date: 04-03-26

5143163 8300

SR# 20261572157

You may verify this certificate online at corp.delaware.gov/authver.shtml

- Please contact Drugs and Food Safety Licensing Branch at (512) 834-6727 immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **https://www.dshs.texas.gov/drug-manufacturers-distributors/applications-forms-drug-manufacturers-distributor**.
- Please submit written notice if you close or sell your business. You can email us at drugs-foodsafety@dshs.texas.gov.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drugs and Food Safety Licensing Branch at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

MEDLINE INDUSTRIES LP
THREE LAKES DR 3D
WINNETKA IL 60093

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

MEDLINE INDUSTRIES LP

1 MEDLINE DR
WILMER TX 75172

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

License # 1003757
Expires: November 30, 2027

NON-TRANSFERABLE

M.D.
Commissioner

1620291

TEXAS Health and Human Services | Texas Department of State Health Services

Contact your licensing board or program | Internet Policy
Return to the Main Menu | Contact Us

License Details

"License" means a license, certificate, registration, permit, or other form of authorization, including a renewal of the authorization, that: a person must obtain to practice or engage in a particular business, occupation, or profession; or a facility must obtain before a particular business, occupation, or profession is practiced or engaged in within the facility. A "License Rank" is the level of license; a "License Modifier" provides additional information on the scope of the license.

A license may have one or two statuses. The first status is normally "Current" which means the license is in good standing. If the first status is "Expired" or "Null and Void", or if either status shows "Inactive", the licensee may not practice in the profession and/or operate as a licensed business.

For more information regarding this license, including any disciplinary information displayed below, please contact the appropriate board or program office. A list of DSHS licensing board and programs may be found at: http://www.dshs.state.tx.us/Licensee-Registrant-Permittee.aspx or click the link at the bottom of this page.

Press "Previous Record" to display the previous license.

Press "Next Record" to display the next license.

Press "Search Results" to return to the Search Results list.

Press "New Search Criteria" to do another search of this type.

Press "New Search" to start a new search.

License Number: 1003757 ***Current Date: 02/20/2026 07:41 AM***

Name:	MEDLINE INDUSTRIES LP
License Type:	Prescription Drug Distributor
License Status:	Current
Expiry Date:	11/30/2027
Effective Rank Date:	12/19/2023
Modifier(s):	Third Party Logistics Provider Prescription Non Prescript Wholesales Distributor Veterinary

Addresses

Physical Loc	Address	**MEDLINE INDUSTRIES LP** **1 MEDLINE DR** **WILMER , TX** **DALLAS** **75172** **US**
Mailing Address	Address	**MEDLINE INDUSTRIES LP** **WINNETKA , IL** **OUT OF STATE/UNKNOWN** **60093**

Food & Drug Owner

Licensee's Role:	Food & Drug License
Related Party Role:	Food & Drug Owner

Related Party Name	License	Address
MEDLINE INDUSTRIES LP	**Owner #A030801** Status: Current Expiration Date:	**NORTHFIELD , IL** **OUT OF STATE/UNKNOWN** **60093** **US**

DSHS Certifications, Licenses and Permits | Disclaimer
Last Updated Mar 27, 2013

Certificates of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC. 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** N/A — N/A **INSURER C :** See Acord 101 for Carrier Participation **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-26 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	2,000,000 2,000,000 10,000 2,000,000 4,000,000 SEE BELOW
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	2,000,000
	UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $	
A A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2025 07/01/2025	07/01/2026 07/01/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

ACORD 101 (2008/01) © 2008 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$	10,000
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$	2,000,000
	OTHER:						GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y	N/A		PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr. Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S . Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St. Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd. Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **105625536**

Current Billing Term From **July 20, 2025** to **July 20, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **July 20, 2011**, in the amount of **One Hundred Thousand** (**$100,000.00**) on behalf of **MEDLINE INDUSTRIES, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **June 25, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS	**Travelers Casualty and Surety Company of America** **Travelers Casualty and Surety Company** **St. Paul Fire and Marine Insurance Company** **Farmington Casualty Company**

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 105625536 **Principal: MEDLINE INDUSTRIES, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25 day of June, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 25th day of June, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #105625536

Current Information as of 04/14/2026

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 5: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 6: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 7: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 8: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 9: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 10: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 11: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 12: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 13: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Location 14: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 15: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 16: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 17: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 18: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 19: (C71)
Medline Industries, LP
264 S 5750 W
Salt Lake City, UT 84104

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

Location 23: (ANG)
Medline Industries, LP
10 Glen Falls Techinical Park
Glen Falls, NY 12801

Location 24: : (EXC-TF)
Excelsior Medical, LLC
1470 Shafto Road
Tinton Falls, NJ 07712

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **108030426**

Current Billing Term From **September 03, 2025** to **September 03, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **September 03, 2024**, in the amount of **Twenty Five Thousand** (**$25,000.00**) on behalf of **CENTURION MEDICAL PRODUCTS, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **July 23, 2025**

Travelers Casualty and Surety Company of America

By: _____
Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108030426 **Principal: CENTURION MEDICAL PRODUCTS, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

SEAL SEAL SEAL SEAL

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

NOTARY PUBLIC

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 23 day of July, 2025.

SEAL SEAL SEAL SEAL

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 23rd day of July, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #108030426

Current Information as of 04/14/2026

Location 1: (B01)
Centurion Medical Products, LP
301 Catrell Drive
Howell, MI 48843

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP — MDEG License # (if applicable): WH02296

Physical Address: 1 Medline Dr.

City: Wilmer — State: TX — Zip: 75172

Mailing Address (if different from physical address):

City: — State: — Zip:

Telephone: 972-525-3424 — Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: John — Middle: — Last: Pegan

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☑ M ☐ F ☐ X

Mailing Addre[redacted]

City: Garland — State: TX — Zip: [redacted]

Telephone: 972-525-3424 — Email: jpegan@medline.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Allegheny College		1997-2002	
Address	**City**	**State**	**Zip**
520 N Main St.	Meadville	PA	16335
Diploma/Degree obtained, if any			
Bachelor of Science, Environmental Science			

School Name		From - To (MM/YY – MM/YY)	
McQuaid Jesuit High School		1992-1997	
Address	**City**	**State**	**Zip**
1800 S Clinton Ave	Rochester	NY	14618
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/19-04/26	[redacted]	Garland	TX	[redacted]
01/11-04/20		Walworth	NY	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP			10/2022 to Present
Business Address	**City**	**State**	**Zip**
1 Medline Dr	Wilmer	TX	75172
Phone	**Title**	**Number of Employed Hours**	
972-525-3424	Sr. Operations Manager	7,200	
Description of Duties			
Oversee warehouse operations (receiving, storage, shipping, etc.) for drug and medical device distribution.			

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP			04/2021- 09/2022
Business Address	**City**	**State**	**Zip**
1 Medline Dr	Wilmer	TX	75172
Phone	**Title**	**Number of Employed Hours**	
972-525-3424	Warehouse Manager	2550	
Description of Duties			
Oversee warehouse operations (receiving, storage, shipping, etc.) for drug and medical device distribution.			

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, Inc			06/2015- 04/2021
Business Address	**City**	**State**	**Zip**
1989 Transit Way	Brockport	NY	14420
Phone	**Title**	**Number of Employed Hours**	
972-525-3424	Supervisor	11500	
Description of Duties			
Supervise designated area of warehouse operations (receiving, storage, shipping, etc.) for drug and medical device distribution center.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) _____ Date _____

I, John Pegan, **certify that as the MDEG Administrator for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. JP Have a high school diploma or its equivalent;
2. JP Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JP Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JP Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Pegan
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/15/2026
Date

Board Use Only	Date Received: 4/17/26

List of Employees
Medline Industries, LP
B06 - Wilmer, TX

Worker	Business Title
Aaron Bass	Driver I
Abayomi Jegede	Warehouse Operator Operations
Abigail Rodriguez Andres	Warehouse Operator Operations
Adam Covarrubias	Warehouse Operator Operations
Adam Landrum	Warehouse Operator Operations
Adam Marti	Maintenance Ld
Adam Wallen	Supv MedTrans
Adrian Juarez	Warehouse Operator Operations
Aimie Silvia	Supv Warehouse
Aj Benitez	Warehouse Operator Operations
Alan Calderon [C]	WH Operator
Alantayaih Woodard [C]	WH Operator
Alejandro Becerra	Warehouse Operator Operations
Alejandro Valdez	Warehouse Operator Operations
Alexandra Ibarra	Trainer Branch
Alexis Lovette	Warehouse Operator Operations
Alicia Dunn	Warehouse Operator Operations
Alisia Phillips	Line Haul Driver
Alonzo Mendez	Maintenance Tech I
Alvaro Quezada	Warehouse Operator Operations
Alyse Gordon	Mgr Warehouse
AMANDA FARQUHAR	Warehouse Operator Operations
Amelia Bellamy	Transportation Coord
Amon Bailey	Warehouse Operator Operations
Ana Pineda Duarte	Warehouse Operator Operations
Ana Rodriguez (On Leave)	Warehouse Operator Operations
Andy Irvin	Sr Spec EH&S
Andy Kiatoukaysi	Warehouse Operator Operations
Anthony Hudlun	Warehouse Operator Operations
Anthony Prudhomme	Driver I
Anthony Upshaw	Warehouse Operator Operations
ANTOINETTE GRAY	Warehouse Operator Operations
Antonia Payton	Warehouse Operator Operations
Antonio Felixcavazos	Warehouse Operator Operations
Ariana Hughes-Crockett	Trainer Branch
Arnie Aserios	Maintenance Tech II
Arre Holmes	Warehouse Operator Operations
Arturo Esparza	Warehouse Operator Operations
Asha Nelson	Warehouse Operator Operations
Ashunti Gray	Warehouse Operator Operations
Aubrey Ervin [C]	WH Operator
Austin Johnson	Warehouse Operator Operations
Baltazar Cerriteno	Warehouse Operator Operations
Beatrice Arredondo	Warehouse Operator Operations
Beatriz Carbajal	Warehouse Operator Operations
Bella Simmons	Supv Warehouse
Bertha Lozano	Quality Control Inspector I
Bharat Vadaria	Supv Warehouse
Bianca Aguilar	Warehouse Operator Operations
Billy Smith	Warehouse Operator Operations
Billy Wilks	Line Haul Driver
Bj High	Maintenance Tech II
Blake Black	Driver II
Bob Sharp	Warehouse Operator Operations
Bobby Baldwin	Warehouse Operator Operations
Brandon Gonzales	Warehouse Operator Operations
Brandon Greene	Delivery Driver
Brandon Robinson	Delivery Driver
Brandon Scott	Trainer Branch
Brandon Shanks	Warehouse Operator Operations
Breelin Green	Warehouse Operator Operations
Brenanna Carroll	Warehouse Operator Operations
Brenda Arreola	Warehouse Operator Operations
Brian Johnson [C]	Warehouse Worker
Brian McMillon	Trainer Branch
Brittani Harris (On Leave)	Warehouse Operator Operations
Brittney Reese	Warehouse Operator Operations
Bryant Lorings	Driver II
Byron Paredes	Warehouse Operator Operations
Camara Burleson	HR Generalist
Cameron Hills	Warehouse Operator Operations
Cameron Sangster	Warehouse Operator Operations
Camia Harris [C]	WH Operator
Carlos Hawkins	Driver II
Carlos Hernandez Gutierrez	Warehouse Operator Operations
Carlos Morales	Supv Warehouse
Carlos Rodriguez	Maintenance Tech II
Caroline Karluah [C]	WH Operator
Casino Davis	Warehouse Operator Operations
Cayley Toft	HR Generalist
Chanta Sampson	Line Haul Driver
Chantiss Nixon	Warehouse Operator Operations
Charles Bradley	Driver I
Charlie Williams	Warehouse Operator Operations
Chelsea McGowan	Warehouse Operator Operations
Chris Burton	Warehouse Operator Operations
Chris Neugent	Driver II
Christian Booker	Warehouse Operator Operations
Christopher Dukes [C]	WH Operator
Chubby Carrion	Driver II
Cj Hill	Warehouse Operator Operations
CLYDE RODGERS	Warehouse Operator Operations
Colleen Lucas	Warehouse Operator Operations
Cordell Mayorga	Supv Warehouse
Corey Bolden	Warehouse Operator Operations
Cynthia Cruz	Warehouse Operator Operations
Cynthia Morin	Warehouse Operator Operations
Cynthia Tatum	Inventory Coord Sr
CYNTHIA WADE	Warehouse Operator Operations
D Lott	Driver II

D'Andria Robinson	Warehouse Operator Operations	Eddy Garcia	Trainer Branch
Dacsha Taylor	Warehouse Operator Operations	Eduardo Martinez	Warehouse Operator Operations
Daisy Hinojosa	Warehouse Operator Operations	Edwin Parker (On Leave)	Warehouse Operator Operations
Dalia Garcia	Warehouse Operator Operations	Edwina Johnson (On Leave)	Warehouse Operator Operations
Dameion Cofer [C]	WH Operator	Eladia Williams	Warehouse Operator Operations
Damien Conner	Driver II	Elijah Smith	Warehouse Operator Operations
Dan Severn	Driver II	Elizabeth Barrera	Warehouse Operator Operations
Daniel Alonso	Warehouse Operator Operations	Elizabeth Gonzalez	Inventory Coord Sr
Daniella Rivera	Warehouse Operator Operations	Elmore Shorts	Warehouse Operator Operations
Danisha Mitchell	Warehouse Clerk Operations	Emilio Juarez	Warehouse Operator Operations
Darance White	Warehouse Operator Operations	Emilio Sanchez	Warehouse Ld Operations
Darin Lacina	Driver II	Emily Perez [C]	Quality Control
Darlene Young	Warehouse Operator Operations	Enrique Romero	Inventory Coord Operations
Darran Hanson	Supv Warehouse	Eric Allen [C]	WH Operator
Darrel Hammond	Warehouse Operator Operations	ERIC ARELLANO	Sr Engineer Process
Darrell Johnson	Supv Warehouse	Eric Beaver (On Leave)	Driver II
Darrell Langott	Warehouse Operator Operations	Erica Jimenez	Warehouse Operator Operations
Darren Cooper	Sr Mgr Maintenance	Erick Zandt	Supv MedTrans
Datavian Bush	Warehouse Operator Operations	Ericka Aguilar [C]	QC-Contingent Worker
David Aguilar	Inventory Coord Operations	Ericka Cibrian	Warehouse Operator Operations
David Neal	Warehouse Operator Operations	Erin Dutremble	Trainer Branch
Dawn Lee	Warehouse Clerk Operations	Esmeralda Diaz	Warehouse Operator Operations
Dax Williams	Driver II	Essence Williams	Warehouse Operator Operations
Daylon Ford	Warehouse Operator Operations	Evelin Leyva [C]	Quality Inspector
DeAndre Baines	Warehouse Operator Operations	Ever Mendoza	Warehouse Operator Operations
Deanna Hammond	Warehouse Operator Operations	Everardo Alonso [C]	WH Operator
Dee Henderson	Driver Ld	Evette Lamb (On Leave)	Delivery Driver
Delviona Leonard	Warehouse Operator Operations	Fabian Cubillos	Warehouse Operator Operations
Demarra Thomas	Driver II	Farrah Hicks	Warehouse Operator Operations
Demecia Kidd-Buie	Warehouse Operator Operations	Felimon Duran	Inventory Coord Sr
Denise Ortega	Warehouse Operator Operations	Fernando Tovar Rios	Warehouse Operator Operations
Dennis Darnell	Warehouse Operator Operations	Flavio Angeles	Warehouse Operator Operations
Dennis Hamilton	Warehouse Operator Operations	Francisco Parra Cisneros	Warehouse Operator Operations
Dennis Singleton	Warehouse Operator Operations	Fred Alfaro	Supv Warehouse
Derek Stucky	Line Haul Driver	Fred Cumby	Mgr Maintenance
Derrick Johnson	Warehouse Operator Operations	FREDDY ESPINOZA	Warehouse Operator Operations
Derrick Wynn	Warehouse Operator Operations	Gabriella Garcia	Warehouse Operator Operations
Detrick Gilder	Transportation Coord	Gary Brown	Delivery Driver
Devin Lee	Warehouse Operator Operations	Giovanni Guerra	Warehouse Operator Operations
Devone Johnson	Warehouse Operator Operations	GLORIA JONES	Warehouse Operator Operations
Devone Pugh	Warehouse Operator Operations	Gloria Perez	Warehouse Operator Operations
Dewayne Fields	Driver II	Greta Cash	Warehouse Operator Operations
Diego Delatorre	Warehouse Operator Operations	Harrita Ngirucherong	Warehouse Operator Operations
Dione King	Warehouse Operator Operations	Harry Sprague	Fleet Maintenance Planner
Dominique King	Driver II	Heather Sterns	Supv Warehouse
Don Lankford	Onsite Support Tech II	Henry Ortiz	Supv Warehouse
Dondrick Smith	Warehouse Operator Operations	Hoa Cao	Warehouse Operator Operations
Donell Greer	Warehouse Operator Operations	Hosa Hall	Warehouse Operator Operations
Doneric Rivers	Trainer Branch	Howard Horn	Warehouse Operator Operations
Dora Martinez	Inventory Coord Operations	Ifeanyi Dike	Supv Warehouse
Dora Torres (On Leave)	Warehouse Operator Operations	Irene Garcia	Warehouse Operator Operations
Dustin Erickson	Driver II	Ireydisa Rosales	Trainer Branch
Duy Pham	Supv Warehouse	Isaac Arashiro	Warehouse Operator Operations
Dwight Samuel (On Leave)	Warehouse Operator Operations	Isaac De Leon	Driver II
Eddie Garcia	Warehouse Operator Operations	Isaias Garay	Warehouse Operator Operations

Ivan Olivares-Ayala	Warehouse Operator Operations
Jabore White	Warehouse Operator Operations
Jacob Holmes	Sr Operations Production Controller
Jacqueline Smith	Inventory Coord Operations
Jacquelyn Flores	Warehouse Operator Operations
Jadarrius Adkinson	Warehouse Operator Operations
Jadarthia JOHNSON	Warehouse Operator Operations
Jaime Becerra	Warehouse Operator Operations
Jaime Carvajal	Warehouse Operator Operations
Jake Sanchez	Warehouse Operator Operations
Jakima Robinson	Training Coord Sr
Jalen Porter	Warehouse Operator Operations
Jamal Younger	Warehouse Operator Operations
Jamale wesley	Warehouse Operator Operations
Jamar Scott	Warehouse Operator Operations
Jamaul Henry	Mgr HR
James Garrett	Warehouse Operator Operations
James Reynolds	Driver II
James Sterns	Warehouse Operator Operations
Jamorian Wilkins	Warehouse Operator Operations
Jaquise Taylor	Warehouse Operator Operations
Jarmar Lynch	Warehouse Operator Operations
Jarrett Kamosky	Dir Maintenance
Jarronisha Tate	Driver II
Jay Mount	Warehouse Operator Operations
Jayden Garcia	Warehouse Operator Operations
JC Cardona	Inventory Coord Operations
Jeannette Contreras	Warehouse Operator Operations
Jeannette Daniels	Warehouse Operator Operations
Jeffrey Grant	Warehouse Operator Operations
Jeneal Calhoun	Warehouse Operator Operations
Jennifer Giron	Warehouse Operator Operations
Jennifer Shorter	Warehouse Operator Operations
Jenny Balta	Warehouse Operator Operations
Jeremiah McCurdy	Warehouse Operator Operations
Jeremiah Williams	Warehouse Operator Operations
Jeremy Drumgoole	Warehouse Operator Operations
Jermarius Marshall	Warehouse Operator Operations
Jerry Reagans	Warehouse Operator Operations
Jessie Henderson	Driver II
Jillian Compton	Warehouse Operator Operations
Joanna Lopez	Office Coord
Jocelyn Garcia	Supv Warehouse
Joe Franklin	Line Haul Driver
Joe John Valdez	Mgr Warehouse
John Brown	Warehouse Operator Operations
John Champlain	Warehouse Operator Operations
John Ortiz	Warehouse Operator Operations
John Pegan	Sr Mgr Operations
Johnny Brown	Warehouse Operator Operations
Jomar Cruzmaldonado	Warehouse Operator Operations
Jonathan Carter [C]	Warehouse Worker
Jonathan Lee	Driver I
Jonathan Torres	Warehouse Operator Operations
Jonathan Wall	Warehouse Operator Operations
Jorge Cardenas	Delivery Driver
Jose Garza	Warehouse Operator Operations
Jose Hernandez	Warehouse Operator Operations
Jose Lintag	Warehouse Operator Operations
Jose Martinez	Warehouse Operator Operations
Jose Rivera	Warehouse Operator Operations
Joseph Aserios	Warehouse Operator Operations
Joseph Boehm	Mgr MedTrans
Joseph Junious (On Leave)	Warehouse Operator Operations
Joseph Salas	Warehouse Operator Operations
Joshep Lopez	Warehouse Operator Operations
Joshua Bennett	Warehouse Operator Operations
Joshua Haynes	Warehouse Operator Operations
Joshua Jackson	Warehouse Operator Operations
Joshua Maldonado	Warehouse Operator Operations
Joyce Poston	Warehouse Operator Operations
Juan Martinez	Warehouse Ld Operations
Juan Rocha	Warehouse Ld Operations
Julie Ann Smith	Warehouse Operator Operations
Julio Soto	Delivery Driver Ld
Justin Seldomridge	Maintenance Ld
Juwan Jones	Warehouse Operator Operations
Kacou Ake	Warehouse Operator Operations
Kaila Williams	Warehouse Operator Operations
Kaitlyn Solis	Warehouse Clerk Operations
Kamisha Vaughn (On Leave)	Warehouse Operator Operations
Kassandra Arevalo	Warehouse Operator Operations
Kawanna Mckenzie	Warehouse Operator Operations
Kb Combs-Bryant	Warehouse Operator Operations
Ke Truong	Warehouse Operator Operations
Keenan Smiley	Warehouse Operator Operations
Keith Myers [C]	WH Operator
Keithan Manus	Warehouse Operator Operations
Kenneth Ashby	Warehouse Operator Operations
KENNETH HALL	Warehouse Operator Operations
Kenneth Royal	Driver II
Kentron Crosby	Warehouse Operator Operations
Kerby Frazier	Warehouse Operator Operations
Kevin Norris	Warehouse Operator Operations
Kimberly Gallway	Warehouse Operator Operations
Kimberly Wright	Warehouse Operator Operations
Kira Fields	Warehouse Operator Operations
Kisimba Kakasa [C]	Wh Operator
Kreo Thomas	Warehouse Operator Operations
Krishunda Wofford	Warehouse Operator Operations
Kristina Estrada	Trainer Branch
KT Turner	Warehouse Operator Operations
Kyler Garnett	Warehouse Operator Operations
Labrian Clayborn [C]	WH Operator
Ladareus Smith	Warehouse Operator Operations
Lamizah Jackson	Supv Warehouse
Lamont Smith	Warehouse Operator Operations
Lamonte Clark	Warehouse Operator Operations

Larry Picard	Warehouse Operator Operations
Lashonda Debose	Warehouse Operator Operations
Latasha Anderson	Warehouse Operator Operations
Latasha Gilmore	Warehouse Operator Operations
Latasha King	Warehouse Ld Operations
Latyvia Stewart	Warehouse Operator Operations
Lawrence Nelson	Driver Ld
Le'Derik Williams	Warehouse Operator Operations
Lenardore Cox	Driver II
LeNearl Shelton [C]	Warehouse Worker
Leonard Gamble	Warehouse Operator Operations
Leonel Madrid [C]	Warehouse Quality
Leonel Valdez	Warehouse Operator Operations
Lili Herrera	Warehouse Operator Operations
Lindsey Andrews	Mgr Warehouse
Lisa Charlton	Warehouse Operator Operations
Lizbet Morales	Warehouse Operator Operations
Lloyd Briggs (On Leave)	Warehouse Operator Operations
Logan Yucuis	Warehouse Operator Operations
Loranne Thomas	Warehouse Ld Operations
Luis Gomez	Delivery Driver
Luis Montalvo Oquendo	Delivery Driver
LUIS VARGAS	Warehouse Operator Operations
LuLu Smith	Warehouse Operator Operations
Lyric Harris	Supv Warehouse
Magdalena Garay	Warehouse Operator Operations
Magy Ceballos	Warehouse Operator Operations
MAKAYLA ROMANS	Warehouse Operator Operations
Mallory Pendleton	Warehouse Operator Operations
Mamie Barron	Supv MedTrans
Mandy Forest	Warehouse Operator Operations
MARCELINO GARCIA	Warehouse Operator Operations
Marco Brookins	Warehouse Operator Operations
Marcos Rosales	Driver II
MARCUS ALLEN	Warehouse Operator Operations
Marcus duarte	Warehouse Operator Operations
Marcus Heard	Warehouse Operator Operations
Marcus Smith [C]	Warehouse Operator
Maria Gutierrez	Warehouse Operator Operations
Maria Pecina	Warehouse Operator Operations
Maria Perez	Warehouse Operator Operations
Maria Simon	Warehouse Operator Operations
Marielly Maldonadorivera	Warehouse Operator Operations
Mark Ambriz [C]	Warehouse Operator
Mark Miller	Driver II
Markel Thomas	Warehouse Operator Operations
Marnita Boyd	Warehouse Operator Operations
Marquis Anderson	Warehouse Operator Operations
Martin Chavez	Warehouse Operator Operations
Martin Hirth	Supv Inventory Control
Matt Baugher	Maintenance Tech II
Matthew Randle	Driver I
Matthew Spaulding	Warehouse Operator Operations
Maximina Medina	Warehouse Operator Operations
Mayra Rangel	Warehouse Operator Operations
Meagan Hellacio	Warehouse Operator Operations
Meagan Shaw (On Leave)	Warehouse Operator Operations
Medelin Lemus	Warehouse Operator Operations
Melinda Rolen	Warehouse Operator Operations
Melissa Morgan	Warehouse Operator Operations
Mia Gray (On Leave)	Warehouse Operator Operations
Micah Wafer	Warehouse Operator Operations
Michael Bostic	Driver I
Michael Brown	Trainer Branch
Michael Cato	Sr Dir Operations
Michael Chambers	Warehouse Operator Operations
Michael Mangual	Warehouse Operator Operations
Michael Miller	Warehouse Operator Operations
Michael Sasser [C]	WH Operator
Michael Scott	Line Haul Driver
Michelle Manly	Training Coord Sr
Michelle Padilla	Dispatcher
Miguel Garcia	Trainer Branch
Mika Nabushosi	Driver II
Milton Amaya	Delivery Driver
Milton Graves (On Leave)	Warehouse Operator Operations
Miracle Peeples (On Leave)	Supv Training Branch
Miya Degray	Supv Warehouse
Modesto Orozco	Line Haul Driver
Montrell Brown	Warehouse Operator Operations
Moo Gay	Warehouse Operator Operations
Morgan Neal	Warehouse Operator Operations
Mthandazo Nkolomi	Warehouse Operator Operations
Myron Cooper	Warehouse Operator Operations
Nate Nance	Maintenance Tech II
Nathaniel Daves	Warehouse Operator Operations
Nathaniel Whitaker	Supv Warehouse
Nayeli Vergara Martinez	Warehouse Operator Operations
Nelda Lopez [C]	QC Support
Nellie Martinez Foote	Warehouse Operator Operations
Nicholas Terry	Driver II
Nikita Wiggins	Mgr Inventory Control
Nikki Starks	Warehouse Operator Operations
Nina Martinez	Warehouse Operator Operations
Noe Nino	Inventory Control Ld Operations
Noe Rosales	Warehouse Operator Operations
Norma Aguilar	Inventory Coord Sr
Nysahn Williams	Warehouse Operator Operations
Ochob Obeketang	Warehouse Operator Operations
Octavius McBride [C]	Warehouse Worker
Oliver Cole	Supv Warehouse
Omar Carranza	Warehouse Operator Operations
Oscar Lopez	Warehouse Operator Operations
Osiel Rodriguez	Sr Supv Warehouse
Pamela Jones	Warehouse Operator Operations
Pamela Lewis	Warehouse Operator Operations
Patricia Andrade	Warehouse Operator Operations
Patricia Rivas	Warehouse Operator Operations
Patrick Bell	Warehouse Operator Operations
Paul Pritchett	Delivery Driver

Pedro Guzman	Driver II
Peralta Peralta Solis	Warehouse Operator Operations
Phil Mangum	Driver II
PHILLIP SPENCER	Warehouse Operator Operations
Porsche Foster	Warehouse Operator Operations
QuaNeisha Lyons	Warehouse Operator Operations
Quante Lejay	Warehouse Operator Operations
Quincy Smith	Warehouse Operator Operations
Quinton Jackson	Warehouse Operator Operations
Rafael Salgado	Warehouse Operator Operations
Randy Terrill	Maintenance Tech II
Ransford Kyere-Danquah	Driver II
Ray Mendoza	Driver II
Rebeca Castaneda (On Leave)	Quality Control Inspector II
Regina Jenkins (On Leave)	Warehouse Operator Operations
Rekita Mccoy	Warehouse Operator Operations
Rene Sotelo	Driver II
Renfred Reed	Warehouse Operator Operations
Rhonda Simon	Warehouse Operator Operations
Richard Roblez [C]	Warehouse Worker
Ricka Williams	Warehouse Operator Operations
Ricky Langrum	Supv Warehouse
Robert Carvell	Driver II
Robert Caulk	Warehouse Operator Operations
Robert Smith	Warehouse Operator Operations
Roberta Gann	Line Haul Driver
Rocio Morales	Warehouse Operator Operations
Roddie Thomas	Driver I
Rodrigo Guzman [C]	WH Operator
Roland Howard	Warehouse Operator Operations
Ronald Bates	Driver I
Ronald King	Warehouse Operator Operations
Ronnie Gray	Driver I
Rosario Basilio	Warehouse Operator Operations
RYAN COX	Maintenance Tech II
Ryan Tarter	Mgr Warehouse
RYAN WHITTAKER	Sr Supv Warehouse
Salvador Padilla	Warehouse Operator Operations
Sam Williams	Warehouse Operator Operations
Samantha Salas	Inventory Coord Operations
Samuel Zamarripa	Warehouse Operator Operations
Sandra Johnson	Inventory Coord Operations
Satera Bishop	Warehouse Operator Operations
Saul Martinez	Yard Driver
Scott Quinn	Driver Ld
Sedrick Bolton	Warehouse Operator Operations
Sergio Sosa	Warehouse Operator Operations
Shalonda Gilmore	Warehouse Operator Operations
Shane Grace	Warehouse Operator Operations
Shanequa King	Warehouse Ld Operations
Sharonda White	Warehouse Operator Operations
Sharron Hawkins	Warehouse Operator Operations
Shaun Henry	Warehouse Operator Operations
Shavandra Fitzpatrick	Warehouse Operator Operations
Shawn Heller	Driver II
Shawn Johnson	Warehouse Operator Operations
Shawn Johnson	Warehouse Operator Operations
Shaye Turner	Warehouse Operator Operations
Shelby Mendoza	Warehouse Operator Operations
Sheldon Adams	Trainer Branch
Shuntavia Johnson	Warehouse Operator Operations
Shunterrical Lamb	Office Coord
Silvia Fuentes Avelar	Delivery Driver
Simon Lopez	Supv QC
Sombo Chin	Driver II
Staci Davis (On Leave)	Warehouse Operator Operations
Stanley Newton	Trainer Branch
STEPHEN Martin	Warehouse Operator Operations
Steve Horton	Maintenance Tech II
Steven LaBaw	Warehouse Operator Operations
Summer Franklin	Warehouse Operator Operations
Svetlana Chen	Warehouse Operator Operations
Sy'Niya Adams	Warehouse Operator Operations
Sylvia Perez	Warehouse Operator Operations
Tabatha Lewis	Warehouse Operator Operations
Tai Parhams	Warehouse Operator Operations
Takela Smith	Warehouse Operator Operations
Tamika Stewart Kline	Warehouse Operator Operations
Tammy Smith [C]	WH Operator
Tanuneka Jackson [C]	WH Operator
TaRhonda Wilson	Warehouse Operator Operations
Tarra Howard	Warehouse Operator Operations
Taylon Baker	Warehouse Operator Operations
Teaja Jones	Warehouse Operator Operations
Tederius Harper	Warehouse Operator Operations
Telia Shyne	Driver II
Terra Jarrett	Inventory Coord Sr
Terrance Bush [C]	WH Operator
Terrell Barnett	Warehouse Operator Operations
Terri Lewis	Warehouse Operator Operations
Thalia Eagleberger	Warehouse Ld Operations
Thomas Santos	Driver II
Tim Estes	Dispatcher
Todd Sharpe	Maintenance Tech II
Tomeka Skinner	Warehouse Operator Operations
Tommy Alsbrooks	Warehouse Operator Operations
Tommy Perez	Delivery Driver
Tony Haro	Driver II
Tonya Rose	Warehouse Operator Operations
Torry Dean	Delivery Driver
Tory Terrell	Trainer Branch
Tosha Jackson	Mgr Talent Acquisition
Tracey Johnson	Warehouse Operator Operations
Trenya Timmons	Warehouse Operator Operations
Trevis Smith	Warehouse Ld Operations
TRISTAN JACKSON	Warehouse Operator Operations
Tristan Lee	Quality Control Inspector II
Triveno Woodson	Warehouse Operator Operations
Tykia Hazel	Warehouse Operator Operations
TYRAIL DOTSON	Warehouse Operator Operations

Tyreeq Starks	Warehouse Operator Operations
Tyrone St John	Supv Warehouse
Urshelia Howard	Warehouse Operator Operations
Uzoma Mbamara	Warehouse Operator Operations
Valerie Childers	Warehouse Operator Operations
Veronica Cuevas [C]	WH operator
Victor Loredo	Warehouse Operator Operations
Victor Nino	Warehouse Operator Operations
Victor wachira	Warehouse Operator Operations
Vu Le	Warehouse Operator Operations
Wilfred Burger	Warehouse Operator Operations
William Forbes	Warehouse Operator Operations
William Pelegreen	Sr Mgr Operations
Willie Curry	Delivery Driver
Willie King	Warehouse Operator Operations
Willie Thomas [C]	WH Operator
Wunderful Jones	Inventory Coord Operations
Xavier Roaf	Warehouse Operator Operations
Zackary Nieto	Warehouse Operator Operations
Zaire Pruitt	Warehouse Operator Operations
Zaques Gibson	Warehouse Operator Operations
Zoila Padron	Warehouse Operator Operations

Copy of SEC 10K

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2025

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-43022

Medline Inc.

(Exact name of registrant as specified in its charter)

Delaware	**33-1845288**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
3 Lakes Drive Northfield, Illinois	**60093**
(Address of principal executive offices)	(Zip Code)

(847) 949 5500
Registrant's telephone number, including area code

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A common stock, par value $0.0001 per share	MDLN	Nasdaq Global Select Market

Securities registered pursuant to section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements.

☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b).

☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the Class A common stock held by non-affiliates of the registrant, based on the closing price of a share of Class A common stock on December 17, 2025, as reported by The Nasdaq Global Select Market on such date was approximately $13.0 billion. The registrant has elected to use December 17, 2025, which was the initial trading date of the registrant's Class A common stock on The Nasdaq Global Select Market, as the calculation date because on June 30, 2025 (the last business day of the registrant's most recently completed second fiscal quarter) the registrant was a privately held company. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose.

As of February 23, 2026, there were 811,647,534 shares of the registrant's Class A common stock and 502,045,878 shares of the registrant's Class B common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement related to its 2026 Annual Meeting of Stockholders to be filed with the U.S. Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2025 are incorporated by reference into Part III of this Annual Report on Form 10-K.

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Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K (this "Annual Report") contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Forward-looking statements include all statements that are not historical facts. Words such as "anticipate," "assume," "believe" "contemplate," "continue," "could," "estimate," "expect," "foreseeable," "intend," "may," "plan," "potentially," "predict," "project," "seek," "should," "will," or "would," or similar words or phrases that convey uncertainty of future events or outcomes, are intended to identify forward-looking statements in this Annual Report. These forward-looking statements relate to matters such as our industry, business strategy, costs, and costs savings, impacts of accounting standards and guidance, goals and expectations, market position, future operations, margins, profitability, capital expenditures, liquidity and capital resources, legal matters, trends, and other financial and operating information. The forward-looking statements are based on management's current expectations and are subject to various risks, uncertainty, and changes in circumstances, many of which are beyond our control, that could cause actual results to differ materially. Although we believe that the assumptions underlying the forward-looking statements are reasonable, we cannot guarantee future results, level of activity, performance, or achievements. Factors that may cause actual results to differ from expected results include those described in Part I, "Item 1A—Risk Factors" and Part II, "Item 7—Management's Discussion and Analysis of Financial Condition and Results of Operations". The forward-looking statements included in this Annual Report speak only as of the date of this Annual Report or as of the date they are made, as applicable. Except as otherwise required by law, we disclaim any intent or obligation to update any "forward-looking statement" made in this Annual Report to reflect changed assumptions, the occurrence of unanticipated events, or changes to future operating results over time.

INTRODUCTORY NOTE

Medline Inc. was incorporated as a Delaware corporation on November 6, 2024. Prior to the completion of its initial public offering (the "IPO") on December 18, 2025, Medline Inc. undertook certain reorganization transactions (the "Reorganization") such that Medline Inc. is now a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP ("Medline Holdings"). Following the IPO, Medline Holdings is the predecessor of Medline Inc. for financial reporting purposes. As the general partner of Medline Holdings, Medline Inc. now operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts its business. The Reorganization lacks economic substance and therefore is accounted for in a manner consistent with a reorganization of entities under common control. As a result, the consolidated financial statements of Medline Inc. recognize the assets and liabilities received in the Reorganization at their historical carrying amounts, as reflected in the historical financial statements of Medline Holdings. Medline Inc. will consolidate Medline Holdings on its consolidated financial statements and record a non-controlling interest related to the Units (as defined herein) held by the Continuing Unitholders (as defined herein) on its consolidated balance sheets and statements of comprehensive income.

Medline Inc. had no significant business transactions or activities prior to the Reorganization, and, as a result, the historical financial information reflects that of Medline Holdings.

Basis of Presentation

The consolidated financial statements and accompanying notes included herein are prepared in accordance with United States generally accepted accounting principles ("GAAP"). The results of businesses acquired or disposed of are included in the consolidated financial statements from the date of the acquisition or up to the date of disposal, respectively. All adjustments, in the opinion of management, necessary to a fair statement of the results for the annual periods presented have been made.

Certain monetary amounts, percentages, and other figures included in this Annual Report have been subject to rounding adjustments. Percentage amounts included in this Annual Report have been calculated, in some cases, not on the basis of such rounded figures, but on the basis of such amounts prior to rounding. For this reason, percentage amounts in this Annual Report may vary from those obtained by performing the same calculations using the figures, on the face of our consolidated financial statements included elsewhere in this Annual Report. Certain other amounts that appear in this Annual Report may not sum due to rounding.

In December 2024, we changed the name of Medline Holdings from Mozart Holdings, LP to Medline Holdings, LP. We will not distinguish between the prior and current name of Medline Holdings and will refer to the current name of Medline Holdings throughout this Annual Report. References in this Annual Report to "Medline," the "Company," "we," "us," and "our" refer (1) prior to the consummation of the IPO, to Medline Holdings, LP and its consolidated subsidiaries and (2) after the IPO to Medline Inc. and its consolidated subsidiaries.

CERTAIN DEFINITIONS

As used in this Annual Report, unless otherwise noted or the context requires otherwise, the following terms have the following meanings:

- "Class A Units" refers to the interests in Medline Holdings called "Class A Units" that were outstanding prior to the Reclassification. In connection with the Reclassification, (i) Class A Units held by Common Unitholders were converted into Common Units and (ii) Class A Units held by Exchanging Class A Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Class B Units" refers to the interests in Medline Holdings called "Class B Units" that were outstanding prior to the Reclassification, and does not include CUPI Units. In connection with the Reclassification, (i) Class B Units held by Incentive Unitholders were converted into Incentive Units and (ii) Class B Units held by Exchanging Class B Unitholders were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units).

- "Common Units" refers to the new class of units of Medline Holdings created by the Reclassification and does not include Incentive Units.
- "Common Unitholders" refers to certain pre-IPO holders of Class A Units and/or CUPI Units who hold Common Units following the Reclassification.
- "Incentive Unitholders" refers to certain pre-IPO holders of Class B Units who will hold Incentive Units following the Reclassification, as described under "Organizational Structure."
- "Continuing Unitholders" refers collectively to Common Unitholders and Incentive Unitholders.
- "CUPI Units" refers to the interests in Medline Holdings that were designated as "Catch-Up Class B Units" and outstanding prior to the Reclassification. In connection with the Reclassification, (i) CUPI Units held by Common Unitholders were converted into Common Units and (ii) CUPI Units held by Exchanging CUPI Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Designating Stockholder" refers to each of our Principal Stockholders with whom we entered into separate director nomination agreements.
- "Exchanging Class A Unitholder" refers to pre-IPO holders of Class A Units whose Class A Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Class B Unitholder" refers to pre-IPO holders of Class B Units whose Class B Units were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units) following the Reclassification.
- "Exchanging CUPI Unitholder" refers to pre-IPO holders of CUPI Units whose CUPI Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Unitholders" refers collectively to Exchanging Class A Unitholders, Exchanging CUPI Unitholders, and Exchanging Class B Unitholders.
- "Incentive Units" refers to the new class of units of Medline Holdings created by the reclassification of the Class B Units in the Reclassification. The Incentive Units are "profit interests" having economic characteristics similar to stock appreciation rights and having the right to share in any equity value of Medline Holdings above specified participation thresholds. Vested Incentive Units may be converted to Common Units and be subsequently exchanged for shares of Class A common stock.
- "Principal Stockholders" refers collectively to investment funds associated with Blackstone Inc., The Carlyle Group Inc. and Hellman & Friedman LLC, and members of the Mills family.
- "Reclassification" refers to the reclassification of the partnership interests of Medline Holdings prior to the IPO.
- "Sponsors" refers collectively to Blackstone Inc., The Carlyle Group Inc., and Hellman & Friedman LLC.
- "Units" refers collectively to Common Units and Incentive Units.

Summary of Risk Factors

The following is a summary of the principal factors that make an investment in our securities speculative or risky, all of which are more fully described below. This summary should be read together with the risk factors described under Part I, "Item 1A—Risk Factors" and should not be relied upon as an exhaustive summary of the material risks facing our business. In addition to the following summary, you should consider the information set forth below and the other information contained in this Annual Report before investing in our securities.

- Our global operations are subject to inherent risks that could materially adversely affect our business, results of operations, and financial condition.
- We may be unable to derive fully the anticipated benefits from our existing or future acquisitions, joint ventures, investments, dispositions, or other strategic transactions.
- Consolidation in the healthcare industry could have an adverse effect on our business, results of operations, and financial condition.
- We operate in a highly competitive industry, with accelerating pricing pressure and changes in technology.
- Changes to the U.S. and global healthcare environments may not be favorable to us.
- Increases in shipping costs or service issues with our third-party shippers could harm our business.

- Significant challenges or delays in our sourcing of new products and technologies could have an adverse impact on our long-term success.
- We have concentration in and dependence on certain healthcare provider customers and GPOs.
- Our business and operations depend on the proper functioning of our critical facilities and distribution networks and could be negatively impacted by events outside our control.
- Quality problems and product liability claims have in the past led, and could in the future lead, to recalls or safety alerts, reputational harm, adverse verdicts, or costly settlements, and could have a material adverse effect on our business, results of operations, and financial condition.
- Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline.
- If we experience increased pressure to maintain or decrease the price of our goods and services and we are unable to reduce our expenses, there may be a material adverse effect on our business, results of operations, and financial condition.
- Any failure by or loss of a third-party manufacturer or supplier or other manufacturing or supply-related impacts could result in delays and increased costs, which may adversely affect our business.
- We rely on the proper function, security, and availability of our information technology systems and data, as well as those of third parties throughout our global supply chain, to operate our business.
- We are subject to extensive and complex laws and governmental regulations and any adverse regulatory action may materially adversely affect our business, results of operations, and financial condition both inside and outside the United States.
- We are subject to complex and rapidly evolving data privacy, security, and data protection laws and regulations and the costs to comply with such laws and regulations or any ineffective compliance efforts with such laws and regulations may adversely impact our business.
- Our use or our third-party service providers' or business partners' use of AI, automated decision-making and machine learning technologies and the evolving regulatory framework in this area may subject us to risks or heightened costs that could adversely affect business, results of operation and financial condition.
- Our failure to comply with laws and regulations relating to reimbursement of healthcare goods and services may subject us to penalties and adversely impact our reputation, business, results of operations, financial condition, and cash flows.
- Uncertain global and domestic macro-economic and political conditions could materially adversely affect our business, results of operations, and financial condition.
- Our substantial indebtedness could adversely affect our financial condition, our ability to operate our business or react to changes in the economy or our industry, prevent us from fulfilling our obligations under our debts, and divert our cash flow from operations for debt payments.
- The credit agreement that governs the Senior Secured Credit Facilities and the indentures that govern the Senior Notes will each impose significant operating and financial restrictions on our subsidiaries, which may prevent us from capitalizing on business opportunities.
- Medline Inc. is a holding company and its only material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, and it is accordingly dependent upon distributions from Medline Holdings to pay taxes, make payments under the tax receivable agreement, and pay any dividends.
- The Designating Stockholders hold a significant percentage of our stock, and their interests may conflict with ours or yours in the future.
- Our amended and restated certificate of incorporation does not limit the ability of our Sponsors, the Mills family, and certain other pre-IPO investors to compete with us, and they may have investments in businesses whose interests conflict with ours.

The market price of shares of our Class A common stock may be volatile or may decline regardless of our operating performance, which could cause the value of your investment to decline.

Market and Industry Data

Unless otherwise indicated, information contained in this Annual Report concerning our industry, competitive position, and the markets in which we operate is based on information from independent industry and research organizations, other third-party sources and management estimates. Although we believe that these third-party sources are reliable, we do not guarantee the accuracy or completeness of this information, and we have not independently verified this information. Management estimates are derived from information obtained from surveys, reports by market research firms, our customers, distributors, suppliers, trade and business organizations, and other contacts in the markets in which we operate and have not been verified by independent sources, and are based on assumptions made by us upon reviewing such data, and our experience in, and knowledge of, such industry and markets, which we believe to be reasonable. In addition, assumptions and estimates of our and our industry's future performance are subject to a high degree of uncertainty and risk due to a variety of factors, including those described in Part I, "Item 1A—Risk Factors" and "Cautionary Note Regarding Forward-Looking Statements." These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

Statements regarding our market position (including statements that we are the largest company in a particular market), unless otherwise noted, are based on our 2025 net sales in the relevant market relative to the publicly reported net sales of our competitors in such market, including with respect to our statement of being the largest provider of med-surg products and supply chain solutions serving all points of care, as that statement is based on our 2025 net sales relative to the publicly reported net sales of med-surg products by companies that are both med-surg manufacturers and distributors.

Trademarks

We own or have the right to use trademarks, trade names, and service marks used in connection with our business, including, but not limited to, Medline, Curad, Microtek, Hudson, and Proxima. All trademarks, trade names, and service marks referred to in this Annual Report are the property of their respective owners. We do not intend our use or display of other companies' trade names, trademarks, or service marks to imply a relationship with, or endorsement or sponsorship of us by, these other companies. Solely for convenience, our trademarks, trade names, and service marks referred to in this Annual Report may appear without the ®, ™ or SM symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks, trade names, and service marks.

PART I

Item 1. Business

General

Medline Inc. (together with its subsidiaries, "Medline", "the Company", "we", "ours" and "us") is the largest provider of medical-surgical ("med-surg") products and supply chain solutions serving all points of care, based on total net sales of med-surg products. Medline was founded in 1966 and today delivers mission-critical products used daily across the full range of care settings, from hospitals and surgery centers to physician offices and post-acute facilities. Our mission is to make healthcare run better by delivering improved clinical, financial, and operational outcomes.

We have two reportable segments, Medline Brand and Supply Chain Solutions, the combination of which addresses critical needs in the market through a comprehensive solution. They are both supported by our Prime Vendor model, differentiated distribution network, and robust commercial platform. Through our two segments, we offer approximately 335,000 med-surg products, including surgical and procedural kits, gloves and protective apparel, urological and incontinence care, wound care, and consumable lab and diagnostics products. We distribute these products through our expansive network of global distribution facilities and our owned fleet of MedTrans trucks.

Medline Brand

As of December 31, 2025, we offer our customers approximately 190,000 med-surg products through our Medline Brand segment and hold leading positions across many key product families for our Medline Brand products. Our Medline Brand products are organized into three product categories: Front Line Care, Surgical Solutions, and Laboratory and Diagnostics.

- *Front Line Care* offers mission-critical med-surg products for patient-facing needs, including wound care products, exam gloves, skin care and incontinence products, environment cleaning supplies, textiles, hand sanitizer, durable medical equipment, patient plastics, and decolonization and infection control products.
- *Surgical Solutions* offers operating room and perioperative environment product solutions, including surgical procedure trays, drapes and gowns, personal protective equipment, sterile wraps, surgical instruments, surgeon's gloves, procedure kits, and orthopedic implants.
- *Laboratory and Diagnostics* offers a full range of laboratory and diagnostic product solutions, including point of care testing, analyzers and instrumentation, lab and diagnostic consumables, diagnostic instruments, vital signs monitors, and anatomic pathology and phlebotomy products.

Our product development approach incorporates customer feedback and ongoing innovation. We are also committed to delivering products of the highest standard, which is reflected by our robust quality team embedded across our manufacturing and sourcing locations. The expertise of our research and development team and quality team helps ensure products bearing the Medline brand meet both our rigorous quality standards and our customers' expectations.

Supply Chain Solutions

As of December 31, 2025, we offer approximately 145,000 med-surg products from over 1,300 third-party suppliers, including nearly all leading national brands, through our Supply Chain Solutions segment. We also provide our customers with supply chain optimization services such as consulting engagements, outsourced warehouse and technology management, put-away-ready packaging, third-party logistics, inventory rationalization, and route planning. Our third-party suppliers are primarily responsible for costs related to import and inbound freight, whereas we are primarily responsible for costs related to outbound freight from our distribution centers. Our supply chain expertise allows us to provide additional service offerings to optimize our customers' supply chain and inventory workflows, helping these customers cost-effectively manage their supply chain while building strong relationships and enhancing retention.

Our Prime Vendor Model

A Prime Vendor relationship is a relationship for which there is a multi-year distribution agreement between Medline and a customer, whereby the customer agrees to use Medline for the vast majority of its med-surg product needs.

In our Prime Vendor relationships, we enter into long-term agreements, typically structured with five-year terms, to act as the primary consolidated logistics partner for these customers' med-surg product needs. These agreements have been and are expected to continue to be a key contributor to our growth. Our customers realize efficiencies by partnering with one supply chain partner to consolidate their med-surg purchase volume. Prior to the market adoption of the Prime Vendor model, customers sourced such products individually from a highly fragmented base of suppliers. The Prime Vendor model instead centralizes procurement and distribution, which in turn drives efficiency and higher service levels.

As Prime Vendor, we drive significant cost savings to our customers. Our scale allows us to deliver consistently lower prices and better service levels on Medline Brand products relative to third-party alternatives, while also lowering the distribution cost for delivery of the full range of med-surg products. This often motivates customers to purchase more Medline Brand products over time. The opportunity is even greater in certain non-acute settings, where we sell a more focused product portfolio. Our Prime Vendor model allows us to provide cost savings to Prime Vendor customers, which, over time, supports incremental purchasing of our Medline Brand products and greater scale across our operations. As our scale grows, we are able to realize further efficiencies by offering superior or similar quality to third-party products at a more cost-effective price. We believe that Medline Brand conversion is mutually beneficial for both our customers and us-the value we provide customers at the outset of a Prime Vendor agreement meaningfully increases over time, as they accrue savings by purchasing our lower cost Medline Brand products, while our profitability grows given the enhanced margin profile of Medline Brand products. This compelling value proposition and supply chain relationship with our customers supports our greater than 98% average Prime Vendor retention rate over the past five years.

A portion of Supply Chain Solutions products sold to existing Prime Vendor customers has like-for-like Medline Brand product equivalents, representing a potential gross profit uplift consistent with our historical margin differentials if such products were converted for Medline Brand products. While we historically have earned higher margins upon conversion from third-party national brand products to like-for-like Medline Brand products, because of the lower average prices for Medline Brand products, there is typically a negative impact on net sales upon the conversion of Supply Chain Solutions products to like-for-like Medline Brand products if volume is assumed to be constant. For additional information on potential risks relating to this conversion opportunity, please see Part I, "Item 1A—Risk Factors—Risks Related to Our Business, Industry and Operations—Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline."

Our Distribution Network

We have a differentiated distribution network of 70 global distribution centers, warehouses, cross-docks, and transship facilities, 45 of which are in the United States, strategically located to provide next-day delivery to 95% of our U.S. customer base. We utilize artificial intelligence ("AI") and robotics technology in over 26 million square feet of warehouse space in the United States to improve efficiency and capacity to optimize distribution logistics and maximize utilization. The products we distribute are packaged to meet each customer's individual needs and to be "put-away-ready," which streamlines the customer's unloading and shelving process. We also operate our own fleet of more than 2,100 MedTrans trucks that deliver our products across care settings within the United States. As of December 31, 2025, we had approximately 25% in incremental capacity across our platform to support our long-term growth.

Our Commercial Platform

Our deep connectivity to our customers is driven by the strength of our dedicated and tenured commercial team. We have a U.S. commercial team of approximately 4,000 people across all points of care, which includes account managers, product specialists, specialized clinical resources, customer service representatives, supply chain specialists, Prime Vendor analysts, and a robust leadership team dedicated to driving efficiencies for our customers through their teams. We have created an entrepreneurial environment that empowers our salesforce to work with our product managers to create innovative products that meet market demand. We have a team devoted to each channel in the United States and each region or country internationally, which allows our salesforce teams to develop market-specific knowledge.

Research and Development

We have a track record of successfully bringing new products to market, with more than 2,300 granted patents and more than 450 U.S. Food and Drug Administration ("FDA") 510(k) clearances. Over the last three years, we have successfully launched more than 250 new products.

Competition

Our value proposition is derived from our integrated business model, the breadth of our Medline Brand portfolio, our differentiated supply chain, and the overall quality and cost of our products. As a result of our integrated business model, our competitors include both other leading med-surg product manufacturers and distributors.

Similar to us, other leading med-surg product manufacturers produce a wide range of med-surg supplies. However, unlike us, many of these competitors are reliant upon third-party distributors to deliver their products to customers. By nature of being a distributor, Medline has direct access to and manages the end customer relationships. This enables us to offer a complete solution as a manufacturer and a distributor, offering our customers what we believe to be best-in-class supply chain logistics, and driving value through our brand.

Additionally, other distributors of med-surg products similarly connect the fragmented supplier and provider bases and aggregate inventory from suppliers to deliver products to customers, such as McKesson, Cardinal Health, Owens & Minor, and Henry Schein. These distribution companies compete with us for Prime Vendor agreements. However, we believe that many of these competitors do not benefit from the scale and scope of our vertical integration or commercial excellence, and thus are not able to provide the same magnitude of cost savings, value, and holistic solutions that we deliver for our customers.

Production and Raw Materials

We manufacture approximately one-third of our Medline Brand products, which are primarily Class I and II medical devices, through our 30 manufacturing facilities, of which 24 are in North America. We purchase many of the components and raw materials used in manufacturing our products from numerous suppliers. We focus our manufacturing capabilities on products where we can leverage technology and automation to drive higher quality and lower costs to better serve our customers. For the vast majority of the other two-thirds of our Medline Brand products, we work closely with our network of more than 600 global partners across approximately 40 countries, many of whom have decades-long exclusive relationships with us. The breadth of our global sourcing partnerships provides diversification and strengthens our resiliency, with no single sourcing partner accounting for more than 5% of total spend as of December 31, 2025.

We also have plans and measures in place to help ensure continuity of supply while maintaining high quality and reliability. Generally, we have been able to obtain adequate supplies of such raw materials and components. However, due to the FDA's manufacturing requirements and those of other regulatory authorities, we may not be able to quickly establish additional or replacement sources for certain components, materials or processes if we experience a sudden or unexpected reduction or interruption in supply or services and are unable to develop alternative sources.

Human Capital Resources

At Medline, our relentless focus on the customer drives our human capital strategy, which revolves around attracting, developing, and retaining employees to provide the best products and services for our customers. We have developed a strong foundation that drives our recruitment, retention and development efforts. We are committed to supporting the personal and professional development of our employees, as well as providing competitive benefits and a safe, inclusive workplace.

As of December 31, 2025, we employed over 45,000 employees worldwide, with over 26,000 located in the United States. Our largest non-U.S. employee populations are in Mexico, Dominican Republic, India, Canada, Slovakia, France, China, Japan, Germany, and Australia. None of our employees in the United States are unionized, though some of our employees in Mexico belong to unions. In Germany and the Netherlands, employees are represented through Works Councils; in France and Spain, employees are represented through both Works Councils and industry-wide collective bargaining agreements; and in Belgium and Italy, employees are also represented through industry-wide collective bargaining agreements. In Australia, certain employees are represented by an enterprise bargaining agreement; in Japan, employees are represented through a Work Council; and in Vietnam, employees are represented through a collective bargaining agreement. We believe that our positive employee relations and total employee experience drive the continual growth of our workforce.

Culture and Values

Our culture is grounded in a customer-focused, collaborative, and performance-driven approach, guided by core values emphasizing relentless customer focus, agility and flexibility, problem-solving, drive to succeed, purposeful candor, and the importance of relationships. Employees are encouraged to exercise judgment, work transparently with customers, and contribute meaningfully to our mission to make healthcare run better.

Talent Attraction and Development

We seek to attract employees whose skills, experience, and motivation align with our operational and technical needs. Through continual improvement of internal processes, an awareness of market and candidate driven trends, and in partnership with vendors and other outside organizations, our talent acquisition programs focus on efficient hiring processes, market awareness, and building a diverse pipeline of candidates. We support development through consistent performance management processes and early career opportunities to take on additional responsibilities to demonstrate their competencies and drive to succeed and on-the-job responsibility augmented by formal training and development to refine technical and leadership skills. New sales representatives participate in comprehensive training programs, and product managers have targeted development pathways through all stages of their careers, from mandatory onboarding offerings to advanced classes that provide the necessary skills with increasing levels of responsibility, to support progression over time.

Employee Engagement and Inclusion

We believe our employees' ability to communicate and cooperate effectively across functional and departmental teams positively impacts our performance. We engage in various listening strategies and foster engagement through survey feedback mechanisms, anonymous employee feedback platform, focus groups, increased attention to onboarding and offboarding feedback, pulse surveys on remote work needs, and other listening strategies. Insights from these efforts inform workplace improvements. We also support an inclusive environment through Employee Resource Groups and leadership training initiatives designed to reduce bias in talent decisions and strengthen representation across the company.

Health, Safety, and Well-Being

We are committed to maintaining a safe workplace and supporting the physical, emotional, and financial well-being of our employees. We provide competitive health and benefits programs, access to assistance resources where available, and opportunities for community involvement through charitable giving, including financial giving and in-kind giving such as product donations.

Intellectual Property

We rely upon patents, trademarks, copyrights, trade secrets and other intellectual property rights to maintain and improve our competitive position. We have a large portfolio of intellectual property, including more than 2,300 granted patents as well as trademark registrations protecting our notable brands, including Medline, Curad, Microtek, Hudson, and Proxima.

We consider the trademarks and know-how that we own to be material to our business. However, other than the Medline mark, we do not consider our business to be materially dependent upon any individual trademark registration or trade secret. In the aggregate, we consider our more than 2,300 granted patents to be material to our business. However, no single patent or group of related patents is material to our business as a whole or any segment of our business.

We believe that we have taken all necessary steps to protect our intellectual property rights, but no assurance can be given that we will be able to successfully enforce or protect our rights in the event that they are infringed upon or challenged by a third party. See Part I, "Item 1A —Risk Factors—Risks Related to Regulation and Legal Proceedings—Any failure to obtain, maintain, protect and enforce our intellectual property rights, or the failure of the strength or scope of our intellectual property rights, could harm our business, financial condition, and results of operations" and "—Risks Related to Regulation and Legal Proceedings—We may become subject to litigation brought by third parties claiming infringement, misappropriation, or other violation by us of their intellectual property rights."

Government Regulation

Our operations and products are subject to extensive regulation by numerous governmental regulatory authorities, including U.S. and other international regulatory authorities, and other government agencies inside and outside the United States. To varying degrees, each of these agencies requires us to comply with laws and regulations governing the development, design, materials, testing, safety, efficacy, quality, purity, manufacturing, methods, controls, testing, screening, recordkeeping, reporting, processing, storage, registration, authorization, licensing, permitting, labeling, advertising, marketing, distribution, offer for sale, sale, use, expiration, pricing, reimbursement, import, export, clinical trials, post-marketing surveillance of our products, the registration of our facilities, and the claims that we make about our products. The United States and other countries where we sell healthcare and other regulated products, including drugs, human cell and tissue products, dietary supplements, cosmetics, certain foods, and consumer products subject such products to their own clearance, authorization, approval, registration, listing, labeling, manufacturing, recordkeeping, reporting, and other regulatory requirements regarding the performance, safety, and quality of such products. We are also subject to healthcare and other regulations and enforcement by the federal government and the states and foreign governments and authorities in the locations in which we conduct our business. The U.S. governmental and regulatory authorities that enforce such laws and rules, and that issue guidance on compliance with such laws and rules include, without limitation, the FDA, the Centers for Medicare & Medicaid Services ("CMS"), other divisions of the U.S. Department of Health and Human Services ("HHS"), the HHS Office of Inspector General, U.S. Environmental Protection Agency ("EPA"), the Federal Trade Commission ("the FTC"), Consumer Product Safety Commission ("CPSC"), the U.S. Department of Justice ("DOJ") and individual U.S. Attorney offices within the DOJ, as well as state and local governments. Our business is also affected by patient and data privacy and security laws, government payer cost containment initiatives, government reimbursement laws and regulations, environmental, health, and safety laws and regulations, as well as laws and regulations with respect to the sale, transportation, storage, handling, and disposal of hazardous or potentially hazardous substances, and safe working conditions. Our business also maintains contracts with governmental agencies and such contracts are subject to various government procurement laws and regulations, required contract provisions, and other requirements relating to contract formation, administration and performance. Failure to comply with applicable laws and regulations or with contractual or other requirements may result in monetary damages and criminal or civil penalties as well as termination of our government contracts or our suspension or debarment from government contract work.

The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, including through the offering of new products and services or entering into new geographic areas, we may be subject to new and additional regulatory requirements. The foreign, federal, state, and local regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products, suspend, revoke, or terminate our product and facility licenses, permits, and authorizations, request the cessation of distribution and shipments of certain products due to regulatory, safety, or other issues, seize or order the recall of our products, issue safety, quality, or other communications to the public or healthcare providers, enforce laws related to marketing, including promotion of off-label uses of products, and impose injunctions and significant criminal, civil, and administrative sanctions for violations of laws and regulations. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, may impact our business practices and operations, including by limiting our ability to effectively market, ship, and sell our products, affecting the production and distribution of products by our manufacturing facilities, subjecting us to significant liability, and limiting our ability to obtain future authorizations. Although we are subject to international government regulations in the international end markets where we operate and/or provide our products, these regulations do not have a material impact on our products as no international market represents more than 3% of our net sales.

Government Regulation of Medical Devices

Our medical devices are subject to regulation by numerous government agencies, including the FDA and comparable state and foreign agencies. Regulations of the FDA and other regulatory agencies in and outside the United States impose extensive compliance and monitoring obligations on portions of our business. The FDA and other U.S. and foreign governmental agencies regulate, among other things, with respect to medical devices: design, development, and manufacturing; testing, registration, listing, labeling, content, and language of instructions for use and storage; clinical trials; product safety; marketing, sales, and distribution; licensing and permit requirements; premarket clearance, approval and authorization; record keeping procedures; advertising and promotion; recalls and field safety corrective actions; post-market surveillance, including reporting of deaths or serious injuries and malfunctions that, if they were to recur, could lead to death or serious injury; post-market approval studies; and product import and export. The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, we may be subject to new and additional regulatory requirements. The FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers; seize or order the recall of products; terminate, suspend, or revoke licenses and permits; and impose significant criminal, civil, and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers. In addition, the FDA and other governmental and regulatory authorities, both in and outside the United States (including the FTC, the HHS Office of the Inspector General, the DOJ, and various state Attorneys General), monitor the promotion and advertising of our products. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, depending on its magnitude, may limit our ability to effectively market, ship, and sell our products, limit our ability to obtain future premarket authorizations, or result in a substantial modification to our business practices and operations.

FDA Premarket Clearance and Approval Requirements

Each medical device we wish to distribute commercially in the United States requires marketing authorization from the FDA prior to distribution, unless the device is exempt from premarket notification requirements. The type of marketing authorization necessary is generally linked to the classification of the device. The FDA classifies medical devices into one of three classes-Class I, II, or III-based on the degree of risk associated with a device and the level of regulatory control deemed necessary to ensure its safety and effectiveness. Class I devices that pose the least risk are subject only to General Controls applicable to all devices, such as requirements for device labeling, premarket notification, and adherence to current good manufacturing practices for devices as set forth in the Quality System Regulation ("QSR"). Class II devices that pose a moderate risk are subject to General Controls and may also be subject to Special Controls, such as performance standards, product-specific guidance documents, special labeling requirements, patient registries, or post-market surveillance. Class III devices are those for which insufficient information exists to assure safety and effectiveness solely through General and Special Controls, including devices that support or sustain human life, are of substantial importance in preventing impairment of human health, or which present a potential unreasonable risk of illness or injury.

Most Class I devices and some Class II devices are exempted by regulation from the 510(k) clearance requirement and can be marketed without prior authorization from the FDA. Class I and II devices that are not exempted are eligible for marketing through the 510(k) clearance pathway. By contrast, devices placed in Class III generally require premarket approval ("PMA") or de novo clearance prior to commercial marketing. The PMA approval process is more stringent, time-consuming and expensive than the 510(k) clearance process; however, the 510(k) clearance process has also become increasingly stringent and expensive. None of our products are currently approved under a PMA, and we have no plans for any indication or system improvement or extension that we believe would require a PMA. If, in the future, we were to file a PMA, we may be subject to additional regulatory requirements.

510(k) Clearance Process

To obtain 510(k) clearance, we must submit a premarket notification to the FDA demonstrating the proposed device to be substantially equivalent to a predicate device. A device is substantially equivalent if, with respect to the predicate device, it has the same intended use and it has either the same technological characteristics, or it has different technological characteristics, but the information provided in the 510(k) submission demonstrates that the device does not raise new questions of safety or effectiveness. The standard review process for 510(k)s is between six to nine months, dependent upon the type of 510(k) filing submitted. Although many 510(k) premarket notifications are cleared without clinical data, in some cases, the FDA may require clinical data to support substantial equivalence. In reviewing a premarket notification, the FDA may request additional information, including clinical data, which may significantly prolong the review process and clearance is never assured. Clinical trials generally require the submission of an investigational device exemption ("IDE") to the FDA for a specified number of patients and study sites, unless the product is deemed a non-significant risk device eligible for more abbreviated IDE requirements. Clinical trials are subject to numerous requirements and institutional review board approval, oversight, and monitoring. Even if a trial is conducted, the results of clinical testing may not adequately demonstrate the safety and effectiveness of the device or be sufficient to obtain FDA clearance or approval for marketing.

After a device receives 510(k) clearance, any subsequent modification of the device that could significantly affect its safety or effectiveness, or that would constitute a major change in its intended use, requires a new 510(k) clearance or could require submission and approval of a de novo 510(k) or a PMA application in cases where new indications are sought for which there is no predicate. Non-significant changes are handled via internal documentation by the Company. Each manufacturer must judge the significance of modifications based on FDA 510(k) regulatory requirements and guidance documents. The FDA may review any such decision and may disagree with a manufacturer's determination. If the FDA disagrees with a manufacturer's determination, the FDA may require the manufacturer to cease marketing and distribution and/or recall the modified device until 510(k) clearance or PMA approval is obtained. In the future, we may make modifications to our products after they have received FDA clearance and, in appropriate circumstances, determine that new clearance is unnecessary. However, the FDA may disagree with our determination, and, if the FDA requires us to seek 510(k) clearance or submit new PMA applications for any modifications to a previously cleared product, we may be required to cease marketing or distributing or recall the modified device until we obtain the required clearance or approval. We may also market or acquire products that are marketed without a 510(k) clearance, appropriate labeling, or that otherwise are marketed in violation of FDA requirements, since medical devices can be marketed only for the indications for which they are cleared or approved. Under these circumstances, we may also be subject to warning letters, significant regulatory fines, or other penalties, and we may no longer be able to market particular products for which a 510(k) clearance is required.

Post-Marketing Requirements

Numerous FDA regulatory requirements apply to devices we manufacture and distribute, including: compliance with the QSR, which require manufacturers and their suppliers to follow the applicable design, testing, processes, control, documentation, labeling, and other quality assurance procedures during the manufacturing process; establishment registration, which requires establishments involved in the production and distribution of medical devices intended for commercial distribution in the United States to register with the FDA; medical device listing, which requires manufacturers to list the devices they have in commercial distribution with the FDA; labeling regulations, which prohibit "misbranded" devices from entering the market, as well as prohibit the promotion of products for unapproved or off-label uses and impose other restrictions on labeling; post-market surveillance, including medical device reporting requirements which requires manufacturers to report to the FDA if their device may have caused or contributed to a death or serious injury, or malfunctioned in a way that would likely cause or contribute to a death or serious injury if it were to recur; and corrections and removal reporting regulations, which require that manufacturers report to the FDA field corrections and product recalls or removals if undertaken to reduce a risk to health posed by the device or to remedy a violation of the Federal Food, Drug, and Cosmetic Act that may present a risk to health. The FDA and other governmental and regulatory authorities actively enforce the laws and regulations prohibiting the promotion of off-label uses, and a company that is found to have improperly promoted off-label uses may be subject to significant liability.

The FDA enforces these requirements by inspection and market surveillance. Domestic facility records and manufacturing processes are subject to periodic unscheduled inspections by the FDA. The FDA may also inspect foreign facilities that export products to the United States. Failure to comply with applicable regulatory requirements may result in enforcement action or other actions by the FDA, which may include one or more of the following sanctions: adverse press releases and safety communications; requests to stop shipments; untitled letters or warning letters; fines, injunctions, and civil penalties; mandatory recall or seizure of our products; customer notifications and repairs or replacements; administrative detention or banning of our products; consent decrees; operating restrictions, partial suspension or total shutdown of production; refusing our request for 510(k) clearances for new product versions or modifications to existing product versions; revocation of 510(k) clearances previously granted; refusal to grant export approval for our products; and criminal prosecution and penalties. If any of these events were to occur, they could have a material adverse effect on our business, financial condition, and results of operations.

International Regulation of Medical Devices

Sales of medical devices outside the United States are subject to foreign government regulations, which vary substantially from country to country. In order to market our products in other countries, we must comply with applicable regulatory requirements and authorizations and approvals and safety and quality regulations in each country in which the product is marketed. The time required to obtain authorization, approval, or certification by a foreign country may be longer or shorter than that required for FDA clearance, and the requirements may differ significantly.

EU Regulation of Medical Devices

In the European Union ("EU") until May 25, 2021, medical devices were regulated by the Council Directive 93/42/EEC, which has been repealed and replaced by the Medical Device Regulation ("EU MDR"). Unlike directives, regulations are directly applicable in all EU member states without the need for member states to implement into national law. The EU extended the EU MDR transitional periods for certain medical devices until December 31, 2027 or December 31, 2028, depending on a device's risk class and subject to certain conditions to ensure continued access to medical devices for patients and to allow medical devices already placed on the market in accordance with the current legal framework to remain on the market, provided that the requirements of the transitional provisions are fulfilled.

In the EU, there is currently no premarket government review of medical devices. However, all medical devices placed on the EU market must meet general safety and performance requirements, and compliance with the general safety and performance requirements is a prerequisite for European conformity marking without which medical devices cannot be marketed or sold in the EU. EU MDR requirements regarding the distribution, marketing, and sale, including quality systems and post-market surveillance, have to be observed by manufacturers, importers, and distributors as of the application date (i.e., since May 26, 2021), including registration of economic operators and of devices (once the relevant modules of Eudamed are functional), surveillance, and vigilance requirements. The aforementioned EU rules are generally applicable in the European Economic Area which consists of the 27 EU member states plus Norway, Liechtenstein, and Iceland.

The NDA Approval Process

For any new drug products regulated under the Federal Food, Drug, and Cosmetic Act such as our ReadyPrep CHG cloth, a sponsor must submit a New Drug Application ("NDA"), to the FDA for review and approval. The NDA review and approval process may take multiple years and involves steps including the following:

- completion of preclinical studies and analytical and stability testing in accordance with applicable regulations;
- submission to the FDA of an Investigational New Drug ("IND") application, which must become effective before clinical trials may begin and must be updated annually and amended when certain changes are made;
- approval by an institutional review board, or IRB, or independent ethics committee, or IEC, at each clinical trial site before each trial may be initiated;
- performance of adequate and well-controlled clinical trials in accordance with applicable IND regulations, good clinical practice, or GCP, requirements, including informed consent, financial disclosure by investigators, and other clinical trial-related regulations, to establish the safety and efficacy of the investigational product for each proposed indication and other condition of use;
- preparation and submission to the FDA of an NDA;

- satisfactory completion of one or more FDA pre-approval inspections of the manufacturing facility or facilities where the drug will be produced to assess compliance;
- satisfactory completion of FDA inspection of select clinical trial sites involved in conducting pivotal studies that generated the data in support of the NDA;
- payment of user fees for FDA review of the NDA; and
- FDA review and approval of the NDA, including of the proposed prescribing information and, where applicable, consideration of the views of any FDA advisory committee, prior to any commercial marketing or sale of the drug in the United States.

Any approvals that we may ultimately receive could be withdrawn if required post-marketing trials or analyses do not meet the FDA requirements, which could materially harm the commercial prospects for our products.

Even if a product candidate receives regulatory approval, the approval may be limited to specific disease states, patient populations and dosages, or might contain significant limitations on use in the form of warnings, precautions or contraindications, or in the form of onerous risk management plans, restrictions on distribution, or post-marketing study requirements. Further, even after regulatory approval is obtained, later discovery of previously unknown problems with a product may result in restrictions on the product or even complete withdrawal of the product from the market. Delay in obtaining, or failure to obtain, regulatory approval for our candidate products, or obtaining approval but for significantly limited use, would harm our business. In addition, we cannot predict what adverse governmental regulations may arise from future U.S. or foreign governmental action.

Trade Regulations

The movement of products, services, and investment across borders subjects us to extensive trade regulations. A variety of laws and regulations in the countries in which we transact business apply to the sale, shipment, and provision of goods, services, and technology across borders. These laws and regulations govern, among other things, our import, export, and other business activities. We are also subject to the risk that these laws and regulations could change in a way that would expose us to additional costs, penalties, or liabilities. Some governments also impose economic sanctions against certain countries, governments, persons, and entities, both for unlawful or malign conduct and to discourage or prevent entities from abiding by other countries' laws. In addition to our need to comply with such regulations in connection with our direct activities, we also sell and provide goods, technology, and services to agents, representatives, and distributors who may export such items to customers and end-users. If we, or the third parties through which we do business, are not in compliance with applicable import, export control, or economic sanctions laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability. Such actions may disrupt or delay sales of our products or services or result in restrictions on our distribution and sales of products or services that may materially impact our business.

Anti-Boycott Laws

Under U.S. laws and regulations, U.S. companies and their subsidiaries and affiliates are prohibited from participating or agreeing to participate in unsanctioned foreign boycotts in connection with certain business activities, including the sale, purchase, transfer, shipping, or financing of goods or services within the United States or between the United States and countries outside of the United States. If we, or certain third parties through which we sell or provide goods or services, violate U.S. anti-boycott laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability.

4JJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03936	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Excelsior Medical LLC

Physical Address: 1470 Shafton Road

City: Tinton Falls State: NJ Zip: 07712

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 732-643-6169 Website: medline.com

Name of Designated Representative (DR): Sofi Clark

Licensing Company Email: ralicensing@medline.com DR Email: sclark@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	■ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Corporate Discipline History

Original Signature (electronic, copies or stamps not accepted)

04/13/26
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer, Inc.
Address: 66 Hudson Blvd E City: New York State: NY Zip: 10001

Name: ICU Medical Inc.
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare Inc.
Address: One Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Avenue City: Bethlehem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Medline Inc.
Corporation Name: See Attached Ownership Information
Mailing Address: 3 Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: (847) 949-5500 Email: ralicensing@medline.com
Contact Person Name: Daniel Stevens (916) 292-0005

Date of SEC Registration: 12/17/2025 | SEC Registration Number: 0002046386 | Stock Exchange Symbol: MDLN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Excelsior Medical LLC

Facility Name

Daniel Stevens

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

01/15/16

Date

PAID

Board Use Only	Date Received: 1/21/16	Amount: $1000.00

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
MO Board of Pharmacy/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
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573-751-0091 PHONE
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800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grimston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
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800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> > (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ REQUESTS

_____ DOES NOT REQUEST

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____

Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____

Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____

Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____

Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Florida Department of Health

Reason/Charge
Medline's Florida Certified Designated Representative unexpectedly resigned.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

_____ February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

_____ February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Medline Industries, Inc., Case #2007-37412

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2008006	Louisiana Board of Wholesale Drug Distributors

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
LA Board of WDD/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingerman

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman
William Crates, Vice-Chairman
Randall Brooks, Secretary/Treasurer
John Liggio, Executive Director/Inspector
Hershal Paul, Board Member
Andy Milligan, Board Member
Wayne Gremillion, Board Member
Eric Voitier, Board Member
Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
HI DCCA / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
1-14A
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

6. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

9. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

11. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 0 8 2008.

Bobbi'wy Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of Jan, 2007, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C&I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08 PHM 037	Wisconsin Department of Regulation and Licensing

Reason/Charge
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WI DSPS/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 19 A 9:4

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2009-7-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Jack V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2009

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

11-24-08
Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

12/10/08
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

---

POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dana N. Simmons Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Dana N. Simmons, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller
Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of January, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
27278		NY State Education Department- Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
NY Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: A. Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

---X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

---X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

1-5-21

Willis Ingalls, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer M. Rudell, RPh

1-6-2021

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

1-6-2021

Henry Appel, Ohio Assistant Attorney General

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

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THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

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1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2022-0333		FL DBPR- Div. of Drugs, Devices, and Cosmetics		
Reason/Charge				
Customer Licenses, Record Keeping				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
FL DBPR / Medline Industries, LP			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____

Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
0 9 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant**. Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — Oct - 27 - 2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 OCT 16 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent MEDLINE INDUSTRIES, L.P. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., and C.7. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____

IVY Y. E. KIM
Attorney for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE Chair	December 21, 2023 DATE
PATRICK ADAMS Vice Chair	MARK BROWN
CATALINA CROSS	Kent Kikuchi KENT KIKUCHI
BRANDON RABANG	SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

Power of Attorney

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

POWER OF ATTORNEY

EXCELSIOR MEDICAL, LLC, an Illinois limited liability company, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Excelsior Medical, LLC

By: Medline Industries, LP
Its: Manager
By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Medline Industries, LP, as Manager of Excelsior Medical, LLC.

Natalie D Paulov
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

POWER OF ATTORNEY

Centurion Medical Products, LP, an Delaware limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Centurion Medical Products, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Centurion Medical Products, LP.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

FDA

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Establishment Registration & Device Listing

New Search

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Establishment:
EXCELSIOR MEDICAL LLC
1470 Shafto Road
Tinton Falls, NJ 07712
Registration Number: 3036706541
FEI Number*: 3036706541
Status: Active
Date Of Registration Status: 2026

Owner/Operator:
Medline Industries, LP[6]
Three Lakes Drive
Northfield, IL US 60093
Owner/Operator Number: 9000300[7]

Official Correspondent:
Stephanie Augsburg
Three Lakes Drive
Northfield, IL 60093
Phone: 1-847-6433690

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 04/13/2026

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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U.S. Department of Health & Human Services

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Ownership Information

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

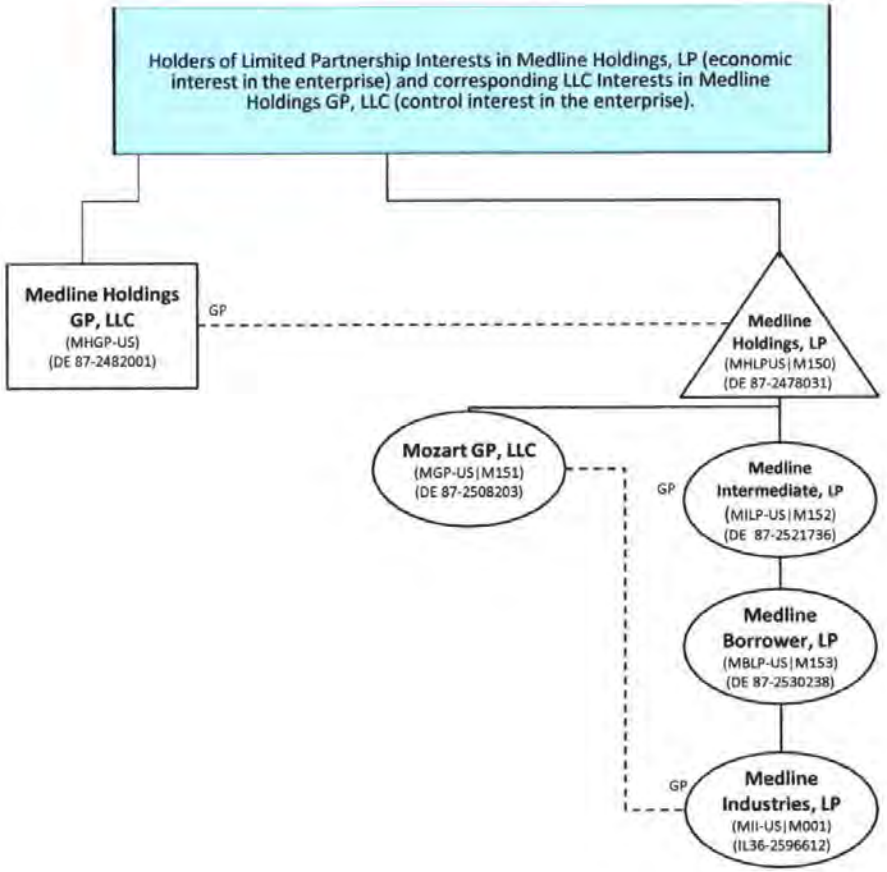
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

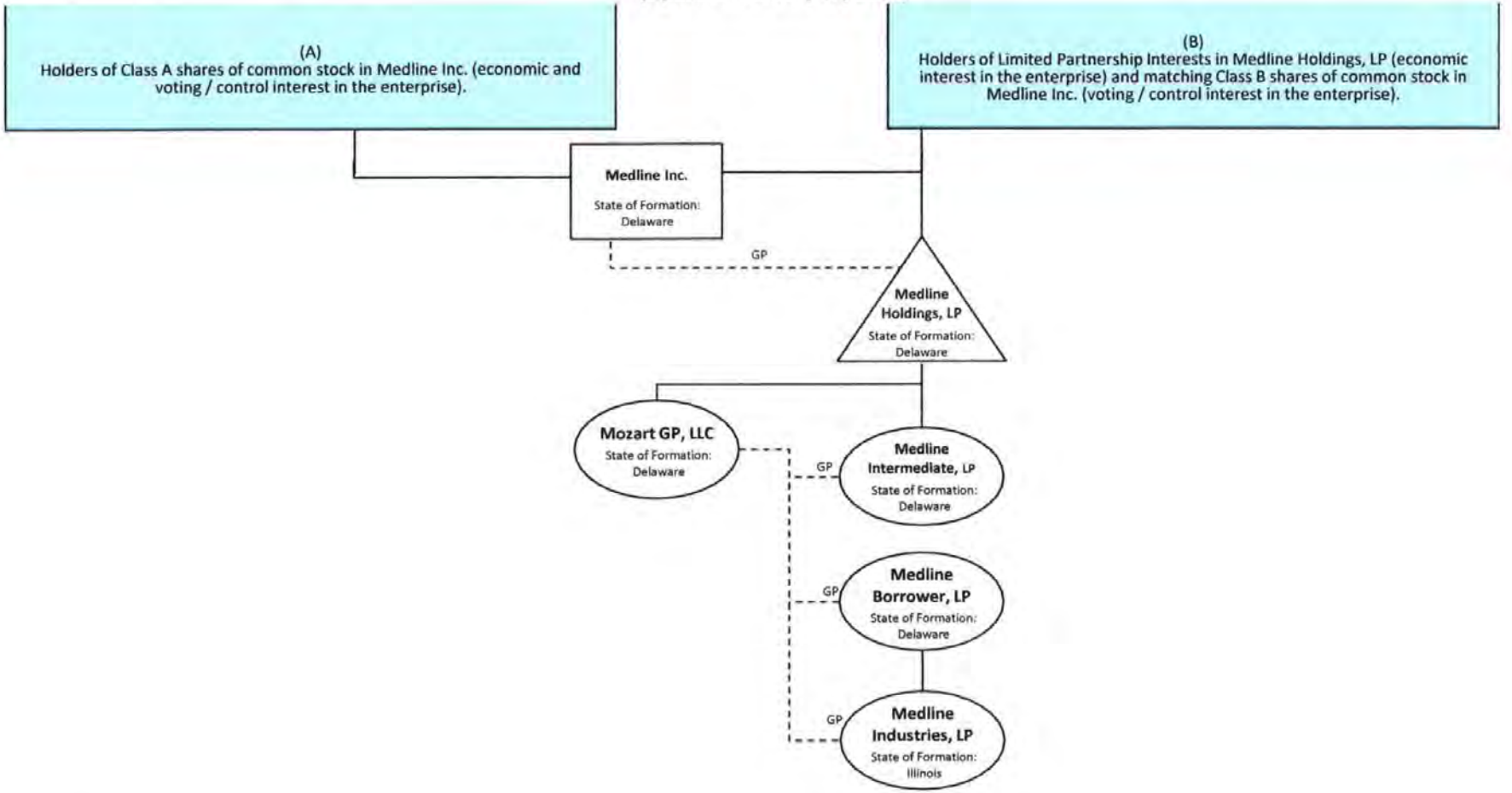


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046380. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

List of Officers, Directors, and Partners

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Centurion Medical Products, LP

FEIN: 38-1659420
A Delaware Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Industries, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	36-2596612
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC

FEIN: 32-0473772
An Illinois Limited Liability Company

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Member and Manager of LLC:

Medline Industries, LP
FEIN: 36-2596612

Officers:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC is a member managed LLC with the sole member and manager being Medline Industries, LP. Medline Industries, LP is a limited partnership and does not appoint corporate officers. Medline reports the officers for its general partner, Mozart GP, LLC, which retains 100% control of Medline Industries, LP.

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	54	Chief Executive Officer and Director
James M. Pigott	55	President
Michael B. Drazin	51	Chief Financial Officer
Stephen L. Miller	55	Chief Operating Officer
Alex M. Liberman	61	Chief Legal Officer
Douglas P. Golwas	57	Chief Commercial Officer
Christopher P. Shryock	44	Chief Human Resources Officer
Amanda H. Laabs	45	Chief Product Officer
William J. Abrams	61	Executive Vice President, Supply Chain Solutions
Charles N. Mills	64	Chair of the Board of Directors
Joseph P. Baratta	54	Director
Jacob D. Best	41	Director
Todd M. Bluedorn	62	Director Nominee
Richard A. Galanti	69	Director
Patrick J. Healy	59	Director
Andrew J. Mills	64	Director
Robert R. Schmidt	43	Director
Anushka M. Sunder	39	Director
Thomas W. Sweet	66	Director
Stephen H. Wise	53	Director

Certificates of Good Standing

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

SEAL OF THE STATE OF ILLINOIS — AUG. 26TH 1818

Authentication #: 2610502528 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURION MEDICAL PRODUCTS, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTURION MEDICAL PRODUCTS, LP" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6213666 8300

SR# 20261791715

Authentication: 203646965

Date: 04-15-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

File Number 0543231-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

EXCELSIOR MEDICAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 2610502534 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5143163 8300

SR# 20261572157

Authentication: 203550646

Date: 04-03-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

Registration Number: 5002666 **Registered As:** Manufacturer,Distributor

Information Recorded in the System as of 06/04/2026

Name: EXCELSIOR MEDICAL, LLC

New Jersey Department of Health

DBA:

Address: 1933 HECK AVE NEPTUNE, NJ 07753

Original Issue Date: 01/19/2000 **Expiration Date:** 01/31/2027

Current Issue Date: 01/09/2026

Disciplines: No

Permit Status: Active

Additional Registered Addresses:

1923 HECK AVE NEPTUNE, NJ 07753

1930 HECK AVE NEPTUNE, NJ 07753

1919 HECK AVE NEPTUNE, NJ 07753

317 FAIRFIELD RD FREEHOLD, NJ 07728

1470 SHAFTO RD TINTON FALLS, NJ 07712

Certificates of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : N/A	N/A
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries LP
Excelsior Medical, LLC
Attn: Risk Management
Three Lakes Drive
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-28 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$	10,000
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$	2,000,000
	OTHER:						GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	
	DED RETENTION $							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: Y (Mandatory in NH)	N/A		PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 : Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	2,000,000 2,000,000 10,000 2,000,000 4,000,000 SEE BELOW
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	2,000,000
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE AGGREGATE	$ $	10,000,000 10,000,000
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y N / A If yes, describe under DESCRIPTION OF OPERATIONS below			LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2025 07/01/2025	07/01/2026 07/01/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S . Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St, Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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Surety Bonds

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **105625536**

Current Billing Term From **July 20, 2025** to **July 20, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **July 20, 2011**, in the amount of **One Hundred Thousand** (**$100,000.00**) on behalf of **MEDLINE INDUSTRIES, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **June 25, 2025**

Travelers Casualty and Surety Company of America

By: _____
Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 105625536 **Principal: MEDLINE INDUSTRIES, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25 day of June, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 25th day of June, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Oscar F. Rincon

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #105625536

Current Information as of 04/14/2026

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 5: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 6: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 7: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 8: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 9: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 10: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 11: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 12: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 13: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Location 14: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 15: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 16: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 17: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 18: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 19: (C71)
Medline Industries, LP
264 S 5750 W
Salt Lake City, UT 84104

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

Location 23: (ANG)
Medline Industries, LP
10 Glen Falls Techinical Park
Glen Falls, NY 12801

Location 24: : (EXC-TF)
Excelsior Medical, LLC
1470 Shafto Road
Tinton Falls, NJ 07712

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **108030426**

Current Billing Term From **September 03, 2025** to **September 03, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **September 03, 2024**, in the amount of **Twenty Five Thousand** (**$25,000.00**) on behalf of **CENTURION MEDICAL PRODUCTS, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee),
remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **July 23, 2025**

Travelers Casualty and Surety Company of America

By: _____
Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS	Travelers Casualty and Surety Company of America Travelers Casualty and Surety Company St. Paul Fire and Marine Insurance Company Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108030426 **Principal: CENTURION MEDICAL PRODUCTS, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 23 day of July, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 23rd day of July, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Oscar F. Rincon

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #108030426

Current Information as of 04/14/2026

Location 1: (B01)
Centurion Medical Products, LP
301 Catrell Drive
Howell, MI 48843

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Excelsior Medical, LLC — MDEG License # (if applicable): WHO 3936

Physical Address: 1470 Shafto Road

City: Tinton Falls — State: NJ — Zip: 07712

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield — State: IL — Zip: 60093

Telephone: 732-643-6169 — Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Sofi — Middle: Enroth — Last: Clark

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted]

City: Whitehouse Station — State: NJ — Zip: [redacted]

Telephone: 732-643-6169 — Email: sclark@medline.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Villanova University		2012-2014	
Address	**City**	**State**	**Zip**
800 E Lancaster Avenue	Villanova	PA	19085
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
University of Michigan		1999 - 2003	
Address	**City**	**State**	**Zip**
500 S State St.	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
Bachelors of Science - Mechanical Engineering			

School Name		From - To (MM/YY – MM/YY)	
West Windsor Plainsboro High School South		1995 - 1999	
Address	**City**	**State**	**Zip**
346 Clarksville Road	Princeton Junction	NJ	08550
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2016 - Current	[redacted]	Whitehouse Station	NJ	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Excelsior Medical, LLC			02/2025 - Current	
Business Address	**City**		**State**	**Zip**
1470 Shafto Road	Tinton Falls		NJ	07712
Phone	**Title**		**Number of Employed Hours**	
732-643-6169	Sr. Director of Manufacturing Operations		1200+	
Description of Duties				
Oversee the facility & training of all employees, decision making procedures, policies record keeping & inventory. I am responsible for the accuracy of all transactions and monitor processes to ensure that all products are handled correctly.				

Business Name			From - To (MM/YY – MM/YY)	
Excelsior Medical, LLC			04/2018 - 02/2025	
Business Address	**City**		**State**	**Zip**
1933 Heck Ave.	Neptune		NJ	07753
Phone	**Title**		**Number of Employed Hours**	
732-776-7525	Director of Manufacturing Operations		11,000+	
Description of Duties				
Oversee the facility & help with training, decision making procedures, policies record keeping & inventory. I am responsible for the accuracy of all transactions and monitor processes to ensure that all products are handled correctly.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

04/08/26
Date

I, Sofi Clark, **certify that as the MDEG Administrator for**

Excelsior Medical, LLC,

that I (initial that you have read and meet the following requirements):

1. SC Have a high school diploma or its equivalent;
2. SC Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. SC Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. SC Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sofi Clark

Print Name (First, Last)

Sofi Clark

Original Signature (electronic, copies or stamps not accepted)

04/08/26

Date

Board Use Only	Date Received: 4/21/26

List of Employees
Excelsior Medical LLC
EXC TF- Tinton Falls, NJ

Name	Business Title
Acedera, Jenkins Garcia	Machine Operator I
Alaniz, Diana	Machine Operator I
Barlow, Taiquan	Machine Operator II
Bautista B, Margarita R.	Machine Operator II
Bautista, Miguel	Production Lead
best, antonio	Machine Operator II
Bobek, Dylan Thomas	Maintenance Ld
Boggs, Charles William	Maintenance Ld
Byers, Lori	Production Lead
De la cruz, Paola R	Machine Operator II
De León, Luis Alexander Alr	Machine Operator I
Deveau, Ryan Anthony	Maintenance Ld
Doherty, Ryan	Quality Control Inspector II
Duran, Jose Miguel	Machine Operator I
Etienne, Jean Rode	Machine Operator II
Fernandez Jimenez, Rene \	Mgr Production
Figueroa, Odalys G	Machine Operator I
FRATER, AKENO S R	Warehouse Operator II
Gallo, Manuel Jesus	Machine Operator I
Ganthier, Shella	Machine Operator II
Garcia, Martha Elena	Warehouse Ld
Garvin, Keon	Machine Operator II
Gest, Todd J.	Supv Maintenance
Gouin, Mariane	Machine Operator I
Hamilton, Xavier	Machine Operator I
Henry, Brian C	Maintenance Tech II
Hylton, Malcolm Donahue	Machine Operator II
Karuzas, Michael A	Warehouse Ld
King, Timothy Michael	Machine Operator II
Kissi, Prince	Quality Inspector II
Kukuvka, Robert David	Supv Production
Lebrun, Ducarmel	Machine Operator I
Lewis, Jafar	Supv Production
López Bautista, María Guad	Machine Operator I
Martinez, Ana H.	Machine Operator II
Mendez, Carmen	Machine Operator II
MEYER, DOMINIC	Maintenance Tech II
Miller, Antonio Miguel	Supv Production
Monserrate, Breanna	Machine Operator II
Negron-Santiago, Jose D	Maintenance Ld
Newsom, Edward	Machine Operator II
Osada, Hannah	Machine Operator I
Paris, Teresa A	Machine Operator II
Perez Rosario, Johanna A	Machine Operator I
Perez, Janeth	Supv Production
Piedra, Rosa Guisela	Machine Operator I
Ponce, Lia Mercedes	Building & Grounds Custodian
Reyes, Manuel R	Maintenance Tech II
Reyes, Margarita	Machine Operator II
Rodriguez Rosario, Nairovi	Machine Operator I
Rodriguez, Christian Camilo	Warehouse Ld
Rodriguez, Rodney	Machine Operator II
Romero Salazar, Paulina Al	Machine Operator I
Sanchez, Angelica	Machine Operator I
Sanchez, Monserat	Machine Operator I
Santos Yoque, Stiven Yande	Machine Operator II
Serrano Lugo, Jesus	Production Lead
Slocum, Lateisha	Quality Control Inspector II
Suchite, Cesar	Warehouse Operator II
Takyi, Philip	Machine Operator I
Taylor, Alexander	Machine Operator II
Ventura Granados, Maria N	Machine Operator II
Vistin Velastegui, Carolina D	Machine Operator I
Yankalunas, Timothy D.	Maintenance Tech II
Yanza, Christian	Packager
Yoque Lopez, Medesma Juc	Machine Operator I
Young, Kendall E	Machine Operator II
Zuniga Bautista, Josue	Machine Operator I
Zuniga-Bautista, Giovany	Production Lead

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Young, Kendall E	Machine Operator II
Zuniga Bautista, Josue	Machine Operator I
Zuniga-Bautista, Giovany	Production Lead

Copy of SEC 10K

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2025

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-43022

Medline Inc.

(Exact name of registrant as specified in its charter)

Delaware	**33-1845288**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
3 Lakes Drive Northfield, Illinois	**60093**
(Address of principal executive offices)	(Zip Code)

(847) 949 5500
Registrant's telephone number, including area code

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A common stock, par value $0.0001 per share	MDLN	Nasdaq Global Select Market

Securities registered pursuant to section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements.

☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b).

☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the Class A common stock held by non-affiliates of the registrant, based on the closing price of a share of Class A common stock on December 17, 2025, as reported by The Nasdaq Global Select Market on such date was approximately $13.0 billion. The registrant has elected to use December 17, 2025, which was the initial trading date of the registrant's Class A common stock on The Nasdaq Global Select Market, as the calculation date because on June 30, 2025 (the last business day of the registrant's most recently completed second fiscal quarter) the registrant was a privately held company. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose.

As of February 23, 2026, there were 811,647,534 shares of the registrant's Class A common stock and 502,045,878 shares of the registrant's Class B common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement related to its 2026 Annual Meeting of Stockholders to be filed with the U.S. Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2025 are incorporated by reference into Part III of this Annual Report on Form 10-K.

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Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K (this "Annual Report") contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Forward-looking statements include all statements that are not historical facts. Words such as "anticipate," "assume," "believe" "contemplate," "continue," "could," "estimate," "expect," "foreseeable," "intend," "may," "plan," "potentially," "predict," "project," "seek," "should," "will," or "would," or similar words or phrases that convey uncertainty of future events or outcomes, are intended to identify forward-looking statements in this Annual Report. These forward-looking statements relate to matters such as our industry, business strategy, costs, and costs savings, impacts of accounting standards and guidance, goals and expectations, market position, future operations, margins, profitability, capital expenditures, liquidity and capital resources, legal matters, trends, and other financial and operating information. The forward-looking statements are based on management's current expectations and are subject to various risks, uncertainty, and changes in circumstances, many of which are beyond our control, that could cause actual results to differ materially. Although we believe that the assumptions underlying the forward-looking statements are reasonable, we cannot guarantee future results, level of activity, performance, or achievements. Factors that may cause actual results to differ from expected results include those described in Part I, "Item 1A—Risk Factors" and Part II, "Item 7—Management's Discussion and Analysis of Financial Condition and Results of Operations". The forward-looking statements included in this Annual Report speak only as of the date of this Annual Report or as of the date they are made, as applicable. Except as otherwise required by law, we disclaim any intent or obligation to update any "forward-looking statement" made in this Annual Report to reflect changed assumptions, the occurrence of unanticipated events, or changes to future operating results over time.

INTRODUCTORY NOTE

Medline Inc. was incorporated as a Delaware corporation on November 6, 2024. Prior to the completion of its initial public offering (the "IPO") on December 18, 2025, Medline Inc. undertook certain reorganization transactions (the "Reorganization") such that Medline Inc. is now a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP ("Medline Holdings"). Following the IPO, Medline Holdings is the predecessor of Medline Inc. for financial reporting purposes. As the general partner of Medline Holdings, Medline Inc. now operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts its business. The Reorganization lacks economic substance and therefore is accounted for in a manner consistent with a reorganization of entities under common control. As a result, the consolidated financial statements of Medline Inc. recognize the assets and liabilities received in the Reorganization at their historical carrying amounts, as reflected in the historical financial statements of Medline Holdings. Medline Inc. will consolidate Medline Holdings on its consolidated financial statements and record a non-controlling interest related to the Units (as defined herein) held by the Continuing Unitholders (as defined herein) on its consolidated balance sheets and statements of comprehensive income.

Medline Inc. had no significant business transactions or activities prior to the Reorganization, and, as a result, the historical financial information reflects that of Medline Holdings.

Basis of Presentation

The consolidated financial statements and accompanying notes included herein are prepared in accordance with United States generally accepted accounting principles ("GAAP"). The results of businesses acquired or disposed of are included in the consolidated financial statements from the date of the acquisition or up to the date of disposal, respectively. All adjustments, in the opinion of management, necessary to a fair statement of the results for the annual periods presented have been made.

Certain monetary amounts, percentages, and other figures included in this Annual Report have been subject to rounding adjustments. Percentage amounts included in this Annual Report have been calculated, in some cases, not on the basis of such rounded figures, but on the basis of such amounts prior to rounding. For this reason, percentage amounts in this Annual Report may vary from those obtained by performing the same calculations using the figures, on the face of our consolidated financial statements included elsewhere in this Annual Report. Certain other amounts that appear in this Annual Report may not sum due to rounding.

In December 2024, we changed the name of Medline Holdings from Mozart Holdings, LP to Medline Holdings, LP. We will not distinguish between the prior and current name of Medline Holdings and will refer to the current name of Medline Holdings throughout this Annual Report. References in this Annual Report to "Medline," the "Company," "we," "us," and "our" refer (1) prior to the consummation of the IPO, to Medline Holdings, LP and its consolidated subsidiaries and (2) after the IPO to Medline Inc. and its consolidated subsidiaries.

CERTAIN DEFINITIONS

As used in this Annual Report, unless otherwise noted or the context requires otherwise, the following terms have the following meanings:

- "Class A Units" refers to the interests in Medline Holdings called "Class A Units" that were outstanding prior to the Reclassification. In connection with the Reclassification, (i) Class A Units held by Common Unitholders were converted into Common Units and (ii) Class A Units held by Exchanging Class A Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Class B Units" refers to the interests in Medline Holdings called "Class B Units" that were outstanding prior to the Reclassification, and does not include CUPI Units. In connection with the Reclassification, (i) Class B Units held by Incentive Unitholders were converted into Incentive Units and (ii) Class B Units held by Exchanging Class B Unitholders were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units).

- "Common Units" refers to the new class of units of Medline Holdings created by the Reclassification and does not include Incentive Units.
- "Common Unitholders" refers to certain pre-IPO holders of Class A Units and/or CUPI Units who hold Common Units following the Reclassification.
- "Incentive Unitholders" refers to certain pre-IPO holders of Class B Units who will hold Incentive Units following the Reclassification, as described under "Organizational Structure."
- "Continuing Unitholders" refers collectively to Common Unitholders and Incentive Unitholders.
- "CUPI Units" refers to the interests in Medline Holdings that were designated as "Catch-Up Class B Units" and outstanding prior to the Reclassification. In connection with the Reclassification, (i) CUPI Units held by Common Unitholders were converted into Common Units and (ii) CUPI Units held by Exchanging CUPI Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Designating Stockholder" refers to each of our Principal Stockholders with whom we entered into separate director nomination agreements.
- "Exchanging Class A Unitholder" refers to pre-IPO holders of Class A Units whose Class A Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Class B Unitholder" refers to pre-IPO holders of Class B Units whose Class B Units were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units) following the Reclassification.
- "Exchanging CUPI Unitholder" refers to pre-IPO holders of CUPI Units whose CUPI Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Unitholders" refers collectively to Exchanging Class A Unitholders, Exchanging CUPI Unitholders, and Exchanging Class B Unitholders.
- "Incentive Units" refers to the new class of units of Medline Holdings created by the reclassification of the Class B Units in the Reclassification. The Incentive Units are "profit interests" having economic characteristics similar to stock appreciation rights and having the right to share in any equity value of Medline Holdings above specified participation thresholds. Vested Incentive Units may be converted to Common Units and be subsequently exchanged for shares of Class A common stock.
- "Principal Stockholders" refers collectively to investment funds associated with Blackstone Inc., The Carlyle Group Inc. and Hellman & Friedman LLC, and members of the Mills family.
- "Reclassification" refers to the reclassification of the partnership interests of Medline Holdings prior to the IPO.
- "Sponsors" refers collectively to Blackstone Inc., The Carlyle Group Inc., and Hellman & Friedman LLC.
- "Units" refers collectively to Common Units and Incentive Units.

Summary of Risk Factors

The following is a summary of the principal factors that make an investment in our securities speculative or risky, all of which are more fully described below. This summary should be read together with the risk factors described under Part I, "Item 1A—Risk Factors" and should not be relied upon as an exhaustive summary of the material risks facing our business. In addition to the following summary, you should consider the information set forth below and the other information contained in this Annual Report before investing in our securities.

- Our global operations are subject to inherent risks that could materially adversely affect our business, results of operations, and financial condition.
- We may be unable to derive fully the anticipated benefits from our existing or future acquisitions, joint ventures, investments, dispositions, or other strategic transactions.
- Consolidation in the healthcare industry could have an adverse effect on our business, results of operations, and financial condition.
- We operate in a highly competitive industry, with accelerating pricing pressure and changes in technology.
- Changes to the U.S. and global healthcare environments may not be favorable to us.
- Increases in shipping costs or service issues with our third-party shippers could harm our business.

- Significant challenges or delays in our sourcing of new products and technologies could have an adverse impact on our long-term success.
- We have concentration in and dependence on certain healthcare provider customers and GPOs.
- Our business and operations depend on the proper functioning of our critical facilities and distribution networks and could be negatively impacted by events outside our control.
- Quality problems and product liability claims have in the past led, and could in the future lead, to recalls or safety alerts, reputational harm, adverse verdicts, or costly settlements, and could have a material adverse effect on our business, results of operations, and financial condition.
- Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline.
- If we experience increased pressure to maintain or decrease the price of our goods and services and we are unable to reduce our expenses, there may be a material adverse effect on our business, results of operations, and financial condition.
- Any failure by or loss of a third-party manufacturer or supplier or other manufacturing or supply-related impacts could result in delays and increased costs, which may adversely affect our business.
- We rely on the proper function, security, and availability of our information technology systems and data, as well as those of third parties throughout our global supply chain, to operate our business.
- We are subject to extensive and complex laws and governmental regulations and any adverse regulatory action may materially adversely affect our business, results of operations, and financial condition both inside and outside the United States.
- We are subject to complex and rapidly evolving data privacy, security, and data protection laws and regulations and the costs to comply with such laws and regulations or any ineffective compliance efforts with such laws and regulations may adversely impact our business.
- Our use or our third-party service providers' or business partners' use of AI, automated decision-making and machine learning technologies and the evolving regulatory framework in this area may subject us to risks or heightened costs that could adversely affect business, results of operation and financial condition.
- Our failure to comply with laws and regulations relating to reimbursement of healthcare goods and services may subject us to penalties and adversely impact our reputation, business, results of operations, financial condition, and cash flows.
- Uncertain global and domestic macro-economic and political conditions could materially adversely affect our business, results of operations, and financial condition.
- Our substantial indebtedness could adversely affect our financial condition, our ability to operate our business or react to changes in the economy or our industry, prevent us from fulfilling our obligations under our debts, and divert our cash flow from operations for debt payments.
- The credit agreement that governs the Senior Secured Credit Facilities and the indentures that govern the Senior Notes will each impose significant operating and financial restrictions on our subsidiaries, which may prevent us from capitalizing on business opportunities.
- Medline Inc. is a holding company and its only material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, and it is accordingly dependent upon distributions from Medline Holdings to pay taxes, make payments under the tax receivable agreement, and pay any dividends.
- The Designating Stockholders hold a significant percentage of our stock, and their interests may conflict with ours or yours in the future.
- Our amended and restated certificate of incorporation does not limit the ability of our Sponsors, the Mills family, and certain other pre-IPO investors to compete with us, and they may have investments in businesses whose interests conflict with ours.

The market price of shares of our Class A common stock may be volatile or may decline regardless of our operating performance, which could cause the value of your investment to decline.

Market and Industry Data

Unless otherwise indicated, information contained in this Annual Report concerning our industry, competitive position, and the markets in which we operate is based on information from independent industry and research organizations, other third-party sources and management estimates. Although we believe that these third-party sources are reliable, we do not guarantee the accuracy or completeness of this information, and we have not independently verified this information. Management estimates are derived from information obtained from surveys, reports by market research firms, our customers, distributors, suppliers, trade and business organizations, and other contacts in the markets in which we operate and have not been verified by independent sources, and are based on assumptions made by us upon reviewing such data, and our experience in, and knowledge of, such industry and markets, which we believe to be reasonable. In addition, assumptions and estimates of our and our industry's future performance are subject to a high degree of uncertainty and risk due to a variety of factors, including those described in Part I, "Item 1A—Risk Factors" and "Cautionary Note Regarding Forward-Looking Statements." These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

Statements regarding our market position (including statements that we are the largest company in a particular market), unless otherwise noted, are based on our 2025 net sales in the relevant market relative to the publicly reported net sales of our competitors in such market, including with respect to our statement of being the largest provider of med-surg products and supply chain solutions serving all points of care, as that statement is based on our 2025 net sales relative to the publicly reported net sales of med-surg products by companies that are both med-surg manufacturers and distributors.

Trademarks

We own or have the right to use trademarks, trade names, and service marks used in connection with our business, including, but not limited to, Medline, Curad, Microtek, Hudson, and Proxima. All trademarks, trade names, and service marks referred to in this Annual Report are the property of their respective owners. We do not intend our use or display of other companies' trade names, trademarks, or service marks to imply a relationship with, or endorsement or sponsorship of us by, these other companies. Solely for convenience, our trademarks, trade names, and service marks referred to in this Annual Report may appear without the ®, ™ or SM symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks, trade names, and service marks.

PART I

Item 1. Business

General

Medline Inc. (together with its subsidiaries, "Medline", "the Company", "we", "ours" and "us") is the largest provider of medical-surgical ("med-surg") products and supply chain solutions serving all points of care, based on total net sales of med-surg products. Medline was founded in 1966 and today delivers mission-critical products used daily across the full range of care settings, from hospitals and surgery centers to physician offices and post-acute facilities. Our mission is to make healthcare run better by delivering improved clinical, financial, and operational outcomes.

We have two reportable segments, Medline Brand and Supply Chain Solutions, the combination of which addresses critical needs in the market through a comprehensive solution. They are both supported by our Prime Vendor model, differentiated distribution network, and robust commercial platform. Through our two segments, we offer approximately 335,000 med-surg products, including surgical and procedural kits, gloves and protective apparel, urological and incontinence care, wound care, and consumable lab and diagnostics products. We distribute these products through our expansive network of global distribution facilities and our owned fleet of MedTrans trucks.

Medline Brand

As of December 31, 2025, we offer our customers approximately 190,000 med-surg products through our Medline Brand segment and hold leading positions across many key product families for our Medline Brand products. Our Medline Brand products are organized into three product categories: Front Line Care, Surgical Solutions, and Laboratory and Diagnostics.

- *Front Line Care* offers mission-critical med-surg products for patient-facing needs, including wound care products, exam gloves, skin care and incontinence products, environment cleaning supplies, textiles, hand sanitizer, durable medical equipment, patient plastics, and decolonization and infection control products.
- *Surgical Solutions* offers operating room and perioperative environment product solutions, including surgical procedure trays, drapes and gowns, personal protective equipment, sterile wraps, surgical instruments, surgeon's gloves, procedure kits, and orthopedic implants.
- *Laboratory and Diagnostics* offers a full range of laboratory and diagnostic product solutions, including point of care testing, analyzers and instrumentation, lab and diagnostic consumables, diagnostic instruments, vital signs monitors, and anatomic pathology and phlebotomy products.

Our product development approach incorporates customer feedback and ongoing innovation. We are also committed to delivering products of the highest standard, which is reflected by our robust quality team embedded across our manufacturing and sourcing locations. The expertise of our research and development team and quality team helps ensure products bearing the Medline brand meet both our rigorous quality standards and our customers' expectations.

Supply Chain Solutions

As of December 31, 2025, we offer approximately 145,000 med-surg products from over 1,300 third-party suppliers, including nearly all leading national brands, through our Supply Chain Solutions segment. We also provide our customers with supply chain optimization services such as consulting engagements, outsourced warehouse and technology management, put-away-ready packaging, third-party logistics, inventory rationalization, and route planning. Our third-party suppliers are primarily responsible for costs related to import and inbound freight, whereas we are primarily responsible for costs related to outbound freight from our distribution centers. Our supply chain expertise allows us to provide additional service offerings to optimize our customers' supply chain and inventory workflows, helping these customers cost-effectively manage their supply chain while building strong relationships and enhancing retention.

Our Prime Vendor Model

A Prime Vendor relationship is a relationship for which there is a multi-year distribution agreement between Medline and a customer, whereby the customer agrees to use Medline for the vast majority of its med-surg product needs.

In our Prime Vendor relationships, we enter into long-term agreements, typically structured with five-year terms, to act as the primary consolidated logistics partner for these customers' med-surg product needs. These agreements have been and are expected to continue to be a key contributor to our growth. Our customers realize efficiencies by partnering with one supply chain partner to consolidate their med-surg purchase volume. Prior to the market adoption of the Prime Vendor model, customers sourced such products individually from a highly fragmented base of suppliers. The Prime Vendor model instead centralizes procurement and distribution, which in turn drives efficiency and higher service levels.

As Prime Vendor, we drive significant cost savings to our customers. Our scale allows us to deliver consistently lower prices and better service levels on Medline Brand products relative to third-party alternatives, while also lowering the distribution cost for delivery of the full range of med-surg products. This often motivates customers to purchase more Medline Brand products over time. The opportunity is even greater in certain non-acute settings, where we sell a more focused product portfolio. Our Prime Vendor model allows us to provide cost savings to Prime Vendor customers, which, over time, supports incremental purchasing of our Medline Brand products and greater scale across our operations. As our scale grows, we are able to realize further efficiencies by offering superior or similar quality to third-party products at a more cost-effective price. We believe that Medline Brand conversion is mutually beneficial for both our customers and us-the value we provide customers at the outset of a Prime Vendor agreement meaningfully increases over time, as they accrue savings by purchasing our lower cost Medline Brand products, while our profitability grows given the enhanced margin profile of Medline Brand products. This compelling value proposition and supply chain relationship with our customers supports our greater than 98% average Prime Vendor retention rate over the past five years.

A portion of Supply Chain Solutions products sold to existing Prime Vendor customers has like-for-like Medline Brand product equivalents, representing a potential gross profit uplift consistent with our historical margin differentials if such products were converted for Medline Brand products. While we historically have earned higher margins upon conversion from third-party national brand products to like-for-like Medline Brand products, because of the lower average prices for Medline Brand products, there is typically a negative impact on net sales upon the conversion of Supply Chain Solutions products to like-for-like Medline Brand products if volume is assumed to be constant. For additional information on potential risks relating to this conversion opportunity, please see Part I, "Item 1A—Risk Factors—Risks Related to Our Business, Industry and Operations—Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline."

Our Distribution Network

We have a differentiated distribution network of 70 global distribution centers, warehouses, cross-docks, and transship facilities, 45 of which are in the United States, strategically located to provide next-day delivery to 95% of our U.S. customer base. We utilize artificial intelligence ("AI") and robotics technology in over 26 million square feet of warehouse space in the United States to improve efficiency and capacity to optimize distribution logistics and maximize utilization. The products we distribute are packaged to meet each customer's individual needs and to be "put-away-ready," which streamlines the customer's unloading and shelving process. We also operate our own fleet of more than 2,100 MedTrans trucks that deliver our products across care settings within the United States. As of December 31, 2025, we had approximately 25% in incremental capacity across our platform to support our long-term growth.

Our Commercial Platform

Our deep connectivity to our customers is driven by the strength of our dedicated and tenured commercial team. We have a U.S. commercial team of approximately 4,000 people across all points of care, which includes account managers, product specialists, specialized clinical resources, customer service representatives, supply chain specialists, Prime Vendor analysts, and a robust leadership team dedicated to driving efficiencies for our customers through their teams. We have created an entrepreneurial environment that empowers our salesforce to work with our product managers to create innovative products that meet market demand. We have a team devoted to each channel in the United States and each region or country internationally, which allows our salesforce teams to develop market-specific knowledge.

Research and Development

We have a track record of successfully bringing new products to market, with more than 2,300 granted patents and more than 450 U.S. Food and Drug Administration ("FDA") 510(k) clearances. Over the last three years, we have successfully launched more than 250 new products.

Competition

Our value proposition is derived from our integrated business model, the breadth of our Medline Brand portfolio, our differentiated supply chain, and the overall quality and cost of our products. As a result of our integrated business model, our competitors include both other leading med-surg product manufacturers and distributors.

Similar to us, other leading med-surg product manufacturers produce a wide range of med-surg supplies. However, unlike us, many of these competitors are reliant upon third-party distributors to deliver their products to customers. By nature of being a distributor, Medline has direct access to and manages the end customer relationships. This enables us to offer a complete solution as a manufacturer and a distributor, offering our customers what we believe to be best-in-class supply chain logistics, and driving value through our brand.

Additionally, other distributors of med-surg products similarly connect the fragmented supplier and provider bases and aggregate inventory from suppliers to deliver products to customers, such as McKesson, Cardinal Health, Owens & Minor, and Henry Schein. These distribution companies compete with us for Prime Vendor agreements. However, we believe that many of these competitors do not benefit from the scale and scope of our vertical integration or commercial excellence, and thus are not able to provide the same magnitude of cost savings, value, and holistic solutions that we deliver for our customers.

Production and Raw Materials

We manufacture approximately one-third of our Medline Brand products, which are primarily Class I and II medical devices, through our 30 manufacturing facilities, of which 24 are in North America. We purchase many of the components and raw materials used in manufacturing our products from numerous suppliers. We focus our manufacturing capabilities on products where we can leverage technology and automation to drive higher quality and lower costs to better serve our customers. For the vast majority of the other two-thirds of our Medline Brand products, we work closely with our network of more than 600 global partners across approximately 40 countries, many of whom have decades-long exclusive relationships with us. The breadth of our global sourcing partnerships provides diversification and strengthens our resiliency, with no single sourcing partner accounting for more than 5% of total spend as of December 31, 2025.

We also have plans and measures in place to help ensure continuity of supply while maintaining high quality and reliability. Generally, we have been able to obtain adequate supplies of such raw materials and components. However, due to the FDA's manufacturing requirements and those of other regulatory authorities, we may not be able to quickly establish additional or replacement sources for certain components, materials or processes if we experience a sudden or unexpected reduction or interruption in supply or services and are unable to develop alternative sources.

Human Capital Resources

At Medline, our relentless focus on the customer drives our human capital strategy, which revolves around attracting, developing, and retaining employees to provide the best products and services for our customers. We have developed a strong foundation that drives our recruitment, retention and development efforts. We are committed to supporting the personal and professional development of our employees, as well as providing competitive benefits and a safe, inclusive workplace.

As of December 31, 2025, we employed over 45,000 employees worldwide, with over 26,000 located in the United States. Our largest non-U.S. employee populations are in Mexico, Dominican Republic, India, Canada, Slovakia, France, China, Japan, Germany, and Australia. None of our employees in the United States are unionized, though some of our employees in Mexico belong to unions. In Germany and the Netherlands, employees are represented through Works Councils; in France and Spain, employees are represented through both Works Councils and industry-wide collective bargaining agreements; and in Belgium and Italy, employees are also represented through industry-wide collective bargaining agreements. In Australia, certain employees are represented by an enterprise bargaining agreement; in Japan, employees are represented through a Work Council; and in Vietnam, employees are represented through a collective bargaining agreement. We believe that our positive employee relations and total employee experience drive the continual growth of our workforce.

Culture and Values

Our culture is grounded in a customer-focused, collaborative, and performance-driven approach, guided by core values emphasizing relentless customer focus, agility and flexibility, problem-solving, drive to succeed, purposeful candor, and the importance of relationships. Employees are encouraged to exercise judgment, work transparently with customers, and contribute meaningfully to our mission to make healthcare run better.

Talent Attraction and Development

We seek to attract employees whose skills, experience, and motivation align with our operational and technical needs. Through continual improvement of internal processes, an awareness of market and candidate driven trends, and in partnership with vendors and other outside organizations, our talent acquisition programs focus on efficient hiring processes, market awareness, and building a diverse pipeline of candidates. We support development through consistent performance management processes and early career opportunities to take on additional responsibilities to demonstrate their competencies and drive to succeed and on-the-job responsibility augmented by formal training and development to refine technical and leadership skills. New sales representatives participate in comprehensive training programs, and product managers have targeted development pathways through all stages of their careers, from mandatory onboarding offerings to advanced classes that provide the necessary skills with increasing levels of responsibility, to support progression over time.

Employee Engagement and Inclusion

We believe our employees' ability to communicate and cooperate effectively across functional and departmental teams positively impacts our performance. We engage in various listening strategies and foster engagement through survey feedback mechanisms, anonymous employee feedback platform, focus groups, increased attention to onboarding and offboarding feedback, pulse surveys on remote work needs, and other listening strategies. Insights from these efforts inform workplace improvements. We also support an inclusive environment through Employee Resource Groups and leadership training initiatives designed to reduce bias in talent decisions and strengthen representation across the company.

Health, Safety, and Well-Being

We are committed to maintaining a safe workplace and supporting the physical, emotional, and financial well-being of our employees. We provide competitive health and benefits programs, access to assistance resources where available, and opportunities for community involvement through charitable giving, including financial giving and in-kind giving such as product donations.

Intellectual Property

We rely upon patents, trademarks, copyrights, trade secrets and other intellectual property rights to maintain and improve our competitive position. We have a large portfolio of intellectual property, including more than 2,300 granted patents as well as trademark registrations protecting our notable brands, including Medline, Curad, Microtek, Hudson, and Proxima.

We consider the trademarks and know-how that we own to be material to our business. However, other than the Medline mark, we do not consider our business to be materially dependent upon any individual trademark registration or trade secret. In the aggregate, we consider our more than 2,300 granted patents to be material to our business. However, no single patent or group of related patents is material to our business as a whole or any segment of our business.

We believe that we have taken all necessary steps to protect our intellectual property rights, but no assurance can be given that we will be able to successfully enforce or protect our rights in the event that they are infringed upon or challenged by a third party. See Part I, "Item 1A —Risk Factors—Risks Related to Regulation and Legal Proceedings—Any failure to obtain, maintain, protect and enforce our intellectual property rights, or the failure of the strength or scope of our intellectual property rights, could harm our business, financial condition, and results of operations" and "—Risks Related to Regulation and Legal Proceedings—We may become subject to litigation brought by third parties claiming infringement, misappropriation, or other violation by us of their intellectual property rights."

Government Regulation

Our operations and products are subject to extensive regulation by numerous governmental regulatory authorities, including U.S. and other international regulatory authorities, and other government agencies inside and outside the United States. To varying degrees, each of these agencies requires us to comply with laws and regulations governing the development, design, materials, testing, safety, efficacy, quality, purity, manufacturing, methods, controls, testing, screening, recordkeeping, reporting, processing, storage, registration, authorization, licensing, permitting, labeling, advertising, marketing, distribution, offer for sale, sale, use, expiration, pricing, reimbursement, import, export, clinical trials, post-marketing surveillance of our products, the registration of our facilities, and the claims that we make about our products. The United States and other countries where we sell healthcare and other regulated products, including drugs, human cell and tissue products, dietary supplements, cosmetics, certain foods, and consumer products subject such products to their own clearance, authorization, approval, registration, listing, labeling, manufacturing, recordkeeping, reporting, and other regulatory requirements regarding the performance, safety, and quality of such products. We are also subject to healthcare and other regulations and enforcement by the federal government and the states and foreign governments and authorities in the locations in which we conduct our business. The U.S. governmental and regulatory authorities that enforce such laws and rules, and that issue guidance on compliance with such laws and rules include, without limitation, the FDA, the Centers for Medicare & Medicaid Services ("CMS"), other divisions of the U.S. Department of Health and Human Services ("HHS"), the HHS Office of Inspector General, U.S. Environmental Protection Agency ("EPA"), the Federal Trade Commission ("the FTC"), Consumer Product Safety Commission ("CPSC"), the U.S. Department of Justice ("DOJ") and individual U.S. Attorney offices within the DOJ, as well as state and local governments. Our business is also affected by patient and data privacy and security laws, government payer cost containment initiatives, government reimbursement laws and regulations, environmental, health, and safety laws and regulations, as well as laws and regulations with respect to the sale, transportation, storage, handling, and disposal of hazardous or potentially hazardous substances, and safe working conditions. Our business also maintains contracts with governmental agencies and such contracts are subject to various government procurement laws and regulations, required contract provisions, and other requirements relating to contract formation, administration and performance. Failure to comply with applicable laws and regulations or with contractual or other requirements may result in monetary damages and criminal or civil penalties as well as termination of our government contracts or our suspension or debarment from government contract work.

The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, including through the offering of new products and services or entering into new geographic areas, we may be subject to new and additional regulatory requirements. The foreign, federal, state, and local regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products, suspend, revoke, or terminate our product and facility licenses, permits, and authorizations, request the cessation of distribution and shipments of certain products due to regulatory, safety, or other issues, seize or order the recall of our products, issue safety, quality, or other communications to the public or healthcare providers, enforce laws related to marketing, including promotion of off-label uses of products, and impose injunctions and significant criminal, civil, and administrative sanctions for violations of laws and regulations. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, may impact our business practices and operations, including by limiting our ability to effectively market, ship, and sell our products, affecting the production and distribution of products by our manufacturing facilities, subjecting us to significant liability, and limiting our ability to obtain future authorizations. Although we are subject to international government regulations in the international end markets where we operate and/or provide our products, these regulations do not have a material impact on our products as no international market represents more than 3% of our net sales.

Government Regulation of Medical Devices

Our medical devices are subject to regulation by numerous government agencies, including the FDA and comparable state and foreign agencies. Regulations of the FDA and other regulatory agencies in and outside the United States impose extensive compliance and monitoring obligations on portions of our business. The FDA and other U.S. and foreign governmental agencies regulate, among other things, with respect to medical devices: design, development, and manufacturing; testing, registration, listing, labeling, content, and language of instructions for use and storage; clinical trials; product safety; marketing, sales, and distribution; licensing and permit requirements; premarket clearance, approval and authorization; record keeping procedures; advertising and promotion; recalls and field safety corrective actions; post-market surveillance, including reporting of deaths or serious injuries and malfunctions that, if they were to recur, could lead to death or serious injury; post-market approval studies; and product import and export. The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, we may be subject to new and additional regulatory requirements. The FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers; seize or order the recall of products; terminate, suspend, or revoke licenses and permits; and impose significant criminal, civil, and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers. In addition, the FDA and other governmental and regulatory authorities, both in and outside the United States (including the FTC, the HHS Office of the Inspector General, the DOJ, and various state Attorneys General), monitor the promotion and advertising of our products. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, depending on its magnitude, may limit our ability to effectively market, ship, and sell our products, limit our ability to obtain future premarket authorizations, or result in a substantial modification to our business practices and operations.

FDA Premarket Clearance and Approval Requirements

Each medical device we wish to distribute commercially in the United States requires marketing authorization from the FDA prior to distribution, unless the device is exempt from premarket notification requirements. The type of marketing authorization necessary is generally linked to the classification of the device. The FDA classifies medical devices into one of three classes-Class I, II, or III-based on the degree of risk associated with a device and the level of regulatory control deemed necessary to ensure its safety and effectiveness. Class I devices that pose the least risk are subject only to General Controls applicable to all devices, such as requirements for device labeling, premarket notification, and adherence to current good manufacturing practices for devices as set forth in the Quality System Regulation ("QSR"). Class II devices that pose a moderate risk are subject to General Controls and may also be subject to Special Controls, such as performance standards, product-specific guidance documents, special labeling requirements, patient registries, or post-market surveillance. Class III devices are those for which insufficient information exists to assure safety and effectiveness solely through General and Special Controls, including devices that support or sustain human life, are of substantial importance in preventing impairment of human health, or which present a potential unreasonable risk of illness or injury.

Most Class I devices and some Class II devices are exempted by regulation from the 510(k) clearance requirement and can be marketed without prior authorization from the FDA. Class I and II devices that are not exempted are eligible for marketing through the 510(k) clearance pathway. By contrast, devices placed in Class III generally require premarket approval ("PMA") or de novo clearance prior to commercial marketing. The PMA approval process is more stringent, time-consuming and expensive than the 510(k) clearance process; however, the 510(k) clearance process has also become increasingly stringent and expensive. None of our products are currently approved under a PMA, and we have no plans for any indication or system improvement or extension that we believe would require a PMA. If, in the future, we were to file a PMA, we may be subject to additional regulatory requirements.

510(k) Clearance Process

To obtain 510(k) clearance, we must submit a premarket notification to the FDA demonstrating the proposed device to be substantially equivalent to a predicate device. A device is substantially equivalent if, with respect to the predicate device, it has the same intended use and it has either the same technological characteristics, or it has different technological characteristics, but the information provided in the 510(k) submission demonstrates that the device does not raise new questions of safety or effectiveness. The standard review process for 510(k)s is between six to nine months, dependent upon the type of 510(k) filing submitted. Although many 510(k) premarket notifications are cleared without clinical data, in some cases, the FDA may require clinical data to support substantial equivalence. In reviewing a premarket notification, the FDA may request additional information, including clinical data, which may significantly prolong the review process and clearance is never assured. Clinical trials generally require the submission of an investigational device exemption ("IDE") to the FDA for a specified number of patients and study sites, unless the product is deemed a non-significant risk device eligible for more abbreviated IDE requirements. Clinical trials are subject to numerous requirements and institutional review board approval, oversight, and monitoring. Even if a trial is conducted, the results of clinical testing may not adequately demonstrate the safety and effectiveness of the device or be sufficient to obtain FDA clearance or approval for marketing.

After a device receives 510(k) clearance, any subsequent modification of the device that could significantly affect its safety or effectiveness, or that would constitute a major change in its intended use, requires a new 510(k) clearance or could require submission and approval of a de novo 510(k) or a PMA application in cases where new indications are sought for which there is no predicate. Non-significant changes are handled via internal documentation by the Company. Each manufacturer must judge the significance of modifications based on FDA 510(k) regulatory requirements and guidance documents. The FDA may review any such decision and may disagree with a manufacturer's determination. If the FDA disagrees with a manufacturer's determination, the FDA may require the manufacturer to cease marketing and distribution and/or recall the modified device until 510(k) clearance or PMA approval is obtained. In the future, we may make modifications to our products after they have received FDA clearance and, in appropriate circumstances, determine that new clearance is unnecessary. However, the FDA may disagree with our determination, and, if the FDA requires us to seek 510(k) clearance or submit new PMA applications for any modifications to a previously cleared product, we may be required to cease marketing or distributing or recall the modified device until we obtain the required clearance or approval. We may also market or acquire products that are marketed without a 510(k) clearance, appropriate labeling, or that otherwise are marketed in violation of FDA requirements, since medical devices can be marketed only for the indications for which they are cleared or approved. Under these circumstances, we may also be subject to warning letters, significant regulatory fines, or other penalties, and we may no longer be able to market particular products for which a 510(k) clearance is required.

Post-Marketing Requirements

Numerous FDA regulatory requirements apply to devices we manufacture and distribute, including: compliance with the QSR, which require manufacturers and their suppliers to follow the applicable design, testing, processes, control, documentation, labeling, and other quality assurance procedures during the manufacturing process; establishment registration, which requires establishments involved in the production and distribution of medical devices intended for commercial distribution in the United States to register with the FDA; medical device listing, which requires manufacturers to list the devices they have in commercial distribution with the FDA; labeling regulations, which prohibit "misbranded" devices from entering the market, as well as prohibit the promotion of products for unapproved or off-label uses and impose other restrictions on labeling; post-market surveillance, including medical device reporting requirements which requires manufacturers to report to the FDA if their device may have caused or contributed to a death or serious injury, or malfunctioned in a way that would likely cause or contribute to a death or serious injury if it were to recur; and corrections and removal reporting regulations, which require that manufacturers report to the FDA field corrections and product recalls or removals if undertaken to reduce a risk to health posed by the device or to remedy a violation of the Federal Food, Drug, and Cosmetic Act that may present a risk to health. The FDA and other governmental and regulatory authorities actively enforce the laws and regulations prohibiting the promotion of off-label uses, and a company that is found to have improperly promoted off-label uses may be subject to significant liability.

The FDA enforces these requirements by inspection and market surveillance. Domestic facility records and manufacturing processes are subject to periodic unscheduled inspections by the FDA. The FDA may also inspect foreign facilities that export products to the United States. Failure to comply with applicable regulatory requirements may result in enforcement action or other actions by the FDA, which may include one or more of the following sanctions: adverse press releases and safety communications; requests to stop shipments; untitled letters or warning letters; fines, injunctions, and civil penalties; mandatory recall or seizure of our products; customer notifications and repairs or replacements; administrative detention or banning of our products; consent decrees; operating restrictions, partial suspension or total shutdown of production; refusing our request for 510(k) clearances for new product versions or modifications to existing product versions; revocation of 510(k) clearances previously granted; refusal to grant export approval for our products; and criminal prosecution and penalties. If any of these events were to occur, they could have a material adverse effect on our business, financial condition, and results of operations.

International Regulation of Medical Devices

Sales of medical devices outside the United States are subject to foreign government regulations, which vary substantially from country to country. In order to market our products in other countries, we must comply with applicable regulatory requirements and authorizations and approvals and safety and quality regulations in each country in which the product is marketed. The time required to obtain authorization, approval, or certification by a foreign country may be longer or shorter than that required for FDA clearance, and the requirements may differ significantly.

EU Regulation of Medical Devices

In the European Union ("EU") until May 25, 2021, medical devices were regulated by the Council Directive 93/42/EEC, which has been repealed and replaced by the Medical Device Regulation ("EU MDR"). Unlike directives, regulations are directly applicable in all EU member states without the need for member states to implement into national law. The EU extended the EU MDR transitional periods for certain medical devices until December 31, 2027 or December 31, 2028, depending on a device's risk class and subject to certain conditions to ensure continued access to medical devices for patients and to allow medical devices already placed on the market in accordance with the current legal framework to remain on the market, provided that the requirements of the transitional provisions are fulfilled.

In the EU, there is currently no premarket government review of medical devices. However, all medical devices placed on the EU market must meet general safety and performance requirements, and compliance with the general safety and performance requirements is a prerequisite for European conformity marking without which medical devices cannot be marketed or sold in the EU. EU MDR requirements regarding the distribution, marketing, and sale, including quality systems and post-market surveillance, have to be observed by manufacturers, importers, and distributors as of the application date (i.e., since May 26, 2021), including registration of economic operators and of devices (once the relevant modules of Eudamed are functional), surveillance, and vigilance requirements. The aforementioned EU rules are generally applicable in the European Economic Area which consists of the 27 EU member states plus Norway, Liechtenstein, and Iceland.

The NDA Approval Process

For any new drug products regulated under the Federal Food, Drug, and Cosmetic Act such as our ReadyPrep CHG cloth, a sponsor must submit a New Drug Application ("NDA"), to the FDA for review and approval. The NDA review and approval process may take multiple years and involves steps including the following:

- completion of preclinical studies and analytical and stability testing in accordance with applicable regulations;
- submission to the FDA of an Investigational New Drug ("IND") application, which must become effective before clinical trials may begin and must be updated annually and amended when certain changes are made;
- approval by an institutional review board, or IRB, or independent ethics committee, or IEC, at each clinical trial site before each trial may be initiated;
- performance of adequate and well-controlled clinical trials in accordance with applicable IND regulations, good clinical practice, or GCP, requirements, including informed consent, financial disclosure by investigators, and other clinical trial-related regulations, to establish the safety and efficacy of the investigational product for each proposed indication and other condition of use;
- preparation and submission to the FDA of an NDA;

- satisfactory completion of one or more FDA pre-approval inspections of the manufacturing facility or facilities where the drug will be produced to assess compliance;
- satisfactory completion of FDA inspection of select clinical trial sites involved in conducting pivotal studies that generated the data in support of the NDA;
- payment of user fees for FDA review of the NDA; and
- FDA review and approval of the NDA, including of the proposed prescribing information and, where applicable, consideration of the views of any FDA advisory committee, prior to any commercial marketing or sale of the drug in the United States.

Any approvals that we may ultimately receive could be withdrawn if required post-marketing trials or analyses do not meet the FDA requirements, which could materially harm the commercial prospects for our products.

Even if a product candidate receives regulatory approval, the approval may be limited to specific disease states, patient populations and dosages, or might contain significant limitations on use in the form of warnings, precautions or contraindications, or in the form of onerous risk management plans, restrictions on distribution, or post-marketing study requirements. Further, even after regulatory approval is obtained, later discovery of previously unknown problems with a product may result in restrictions on the product or even complete withdrawal of the product from the market. Delay in obtaining, or failure to obtain, regulatory approval for our candidate products, or obtaining approval but for significantly limited use, would harm our business. In addition, we cannot predict what adverse governmental regulations may arise from future U.S. or foreign governmental action.

Trade Regulations

The movement of products, services, and investment across borders subjects us to extensive trade regulations. A variety of laws and regulations in the countries in which we transact business apply to the sale, shipment, and provision of goods, services, and technology across borders. These laws and regulations govern, among other things, our import, export, and other business activities. We are also subject to the risk that these laws and regulations could change in a way that would expose us to additional costs, penalties, or liabilities. Some governments also impose economic sanctions against certain countries, governments, persons, and entities, both for unlawful or malign conduct and to discourage or prevent entities from abiding by other countries' laws. In addition to our need to comply with such regulations in connection with our direct activities, we also sell and provide goods, technology, and services to agents, representatives, and distributors who may export such items to customers and end-users. If we, or the third parties through which we do business, are not in compliance with applicable import, export control, or economic sanctions laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability. Such actions may disrupt or delay sales of our products or services or result in restrictions on our distribution and sales of products or services that may materially impact our business.

Anti-Boycott Laws

Under U.S. laws and regulations, U.S. companies and their subsidiaries and affiliates are prohibited from participating or agreeing to participate in unsanctioned foreign boycotts in connection with certain business activities, including the sale, purchase, transfer, shipping, or financing of goods or services within the United States or between the United States and countries outside of the United States. If we, or certain third parties through which we sell or provide goods or services, violate U.S. anti-boycott laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Inhibrx Biosciences, Inc.

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City: La Jolla State: CA Zip: 92037

Mailing Address (if different from physical address): 11025 N. Torrey Pines Rd, Suite 140

City: La Jolla State: California Zip: 92037

Telephone: 858-795-4220 Website: https://inhibrx.com/

Name of Designated Representative (DR): David Kao

Licensing Company Email: statelicenses@inhibrx.com DR Email: davidk@inhibrx.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☒ Others: Biologic	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Distributors & Specialty Pharmacies		☒ Others: Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: no suppliers sold, dispensed or distributed within the last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): N/A

Corporation Name: Inhibrx Biosciences, Inc.

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration: 1/29/2024	SEC Registration Number: 0002007919	Stock Exchange Symbol: INBX

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/29/2026
Date

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Inhibrx Biosciences, Inc.
Facility Name

Leah Pollema
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/29/2026
Date

Board Use Only	Date Received: 5/11/26	Amount: $1000 - CK 5666

From: edrls@fda.hhs.gov
To: davidk@inhibrx.com
Subject: Labeler Code Request Approved
Date: Thursday, August 7, 2025 5:48:50 AM

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eDRLS - Electronic Drug Registration & Listing System

Current Date: 07-AUG-2025
Labeler DUNS: 119264230
Labeler Name: Inhibrx Biosciences, Inc.
Labeler Code Assigned: 87006

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Description of Operations

Inhibrx Biosciences, Inc, is a VirtualManufacturer. Inhibrx Biosciences, Inc,'s products are manufactured by a Contract Manufacturer and will be distributed to specialty distributors and specialty pharmacies by their Third-Party Logistics Provider, BioCare, Inc. (d/b/a LogiCare3PL), who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:
We are using the following contract manufacturer to produce our product:

CMO name: Lonza AG
Address: Rottenstrasse 6
City, State Zip: Visp, Switzerland CH-3930
FDA Establishment Number: 3012793444

Contact Person: Ibrahim Sahraoui
Contact Number: +41 79 790 53 95

CMO name: Almac Pharma Services LLC
Address: 2661 Audubon Road
City, State, Zip: Audubon, PA 19403
FDA Establishment Number: 3000214934

Contact Person: Brendon Lee
Contact Number: 215 660 8500

Lonza AG or Almac Pharma Services LLC manufactures Inhibrx Biosciences, Inc,'s product and Almac Pharma Services LLC packages finished product. At no time does Lonza AG or Almac Pharma Services LLC own the product, contract with Inhibrx Biosciences, Inc,'s customers, invoice, nor sell a Inhibrx Biosciences, Inc, product. Inhibrx Biosciences, Inc,'s products [are/are not] Controlled Substances.

Labeler Code:
87006

Company Information

Company Name: Inhibrx Biosciences, Inc.
Address: 11025 N Torrey Pines Road, Suite 140
City, State, Zip: La Jolla, CA 92037
Phone: 858-795-4220
Website: https://inhibrx.com/
E-mail: statelicenses@inhibrx.com

FEIN: 99-0613523
State of Formation: DE
Date Incorporated: 01/08/2024
File Number:2903341

Ownership Information

Inhibrx Biosciences, Inc. is a Publicly Traded company on the NASDAQ stock exchange under the symbol INBX.

Officers

Mark Lappe, Chief Executive Officer

Kelly Deck, Chief Financial Officer

David Matly, President

Leah Pollema, VP, General Counsel, Secretary

Third Party Logistic information:

For distribution into the commercial supply channels, BioCare, Inc. (d/b/a LogiCare3PL) acts as Inhibrx Biosciences, Inc,'s Third Party Logistics (3PL) provider to manage the storage and distribution of Inhibrx Biosciences, Inc,'s product-throughout the United States. BioCare, Inc. (d/b/a LogiCare3PL)'s address is:

BioCare, Inc. (d/b/a LogiCare3PL)
6356 Commercial Drive, Ste. 150, Olive Branch, MS 38654
Scott Wilson - 217-685-1743

Inhibrx Biosciences, Inc, has 105 employees working on site during normal business hours.

Inhibrx Biosciences, Inc,'s hours of operation are 8:00 am – 5:00pm Monday through Friday.

Inhibrx Biosciences, Inc,'s records are stored at their 3PL and electronically at their CA facility.

Inhibrx Biosciences, Inc,'s facility square footage is 42,000 sq feet .

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INHIBRX BIOSCIENCES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JANUARY, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INHIBRX BIOSCIENCES, INC." WAS INCORPORATED ON THE EIGHTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 202836597

Date: 01-16-26

2903341 8300

SR# 20260177806

You may verify this certificate online at corp.delaware.gov/authver.shtml

Message Insert Format text Draw Options

Calibri 11

Send From: cheryl.midian@twolabs.com

To

Bcc

Cc

Re: Licensure Requirements- Manufacturers/Virtual Manufacturers

Draft saved at 1:22 PM

From: Dang, Janice
Sent: Tuesday, June 25, 2024 7:04 PM
To: Cheryl Midian
Subject: RE: Licensure Requirements- Manufacturers/Virtual Manufacturers

[External]

Good Afternoon,

I was requested to respond to your question. Please refer to **Business and Professions Code section 4160(h)** which states a drug manufacturer premises licensed by the Food and Drug Administration or licensed pursuant to Section 11615 of the Health and Safety Code that only distributes dangerous drugs and dangerous devices of it own manufacture is exempt from this section and section 4161.

Therefore, if you are a virtual manufacturer/manufacturer, licensure as a wholesaler or nonresident wholesaler with the California State Board of Pharmacy is not required if you only distribute dangerous drugs and dangerous devices that [redacted] has the NDA or manufactures.

However, if XXXX also distributes dangerous or dangerous devices, which they **are not listed** with the FDA or the California Dept of Public Health, State Food and Drug Branch (CDPH, SFDB), as the manufacturer or does not hold the NDA, then a wholesaler license (if located in CA) or nonresident wholesaler license (outside of CA and within the United States or a territory of the U.S.) is required.

I hope this answers your question. Otherwise, my contact information is below if you have any additional questions.

Sincerely,

Janice Dang, Pharm.D.
Supervising Inspector
California State Board of Pharmacy

File Message Insert Format text Draw Options

Paste Aptos 12 Copilot

Clipboard Basic Text

From: cheryl.midian@twolabs.com

To: Wlsstatus@DCA <Wlsstatus@dca.ca.gov>; Dang, Janice@DCA <Janice.Dang@dca.ca.gov>; Mitchell, Debi@DCA <Debi.Mitchell@dca.ca.gov>

Re: Licensure Requirements- Manufacturers/Virtual Manufacturers

Draft with Copilot (Alt+i)

From: Wlsstatus@DCA <Wlsstatus@dca.ca.gov>
Sent: Monday, November 17, 2025 12:18 PM
To: Cheryl Midian <cheryl.midian@twolabs.com>
Cc: Dang, Janice@DCA <Janice.Dang@dca.ca.gov>; Mitchell, Debi@DCA <Debi.Mitchell@dca.ca.gov>
Subject: RE: Licensure Requirements- Manufacturers/Virtual Manufacturers

[External]

Good morning,

In response to your question, Business and Professions Code section 4160 and 4161 have not been revised. You may also review these sections available in the Board's Pharmacy Law book.

Debi



Debi Mitchell, Senior Licensing Manager
Pharmacist Recovery Program Manager
California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833
M: (916) 518-3100 | D: (916) 518-3052 | FAX (916) 574-8617 | www.pharmacy.ca.gov

The California State Board of Pharmacy does not answer hypothetical questions, issue advisory opinions or offer legal advice. Such requests should be directed to your attorney. While we can share with you commonly accepted interpretations of applicable laws and regulations, it should be noted that the applicability of statutes and regulations depend ultimately on the distinctive nature of a particular case, which will change given a different set of circumstances.

From: Cheryl Midian <cheryl.midian@twolabs.com>
Sent: Monday, November 10, 2025 11:36 AM
To: Dang, Janice@DCA <Janice.Dang@dca.ca.gov>
Cc: Mitchell, Debi@DCA <Debi.Mitchell@dca.ca.gov>; Ansel, Julia@DCA <Julia.Ansel@dca.ca.gov>; Sodergren, Anne@DCA <Anne.Sodergren@dca.ca.gov>
Subject: Re: Licensure Requirements- Manufacturers/Virtual Manufacturers

Hello,

I wanted to confirm if the below is still accurate?

Thank you in advance for any assistance.

Cheryl Midian

Senior Manager, Strategic Licensing Operations

PharmaLicense





8620 Mooney Street, Suite 340 | Dublin, OH | 43016

mobile 216.406.0178

website | email | LinkedIn

Please consider the environment before printing this email.

Copilot suggested drafts

Appreciate clarification provided | Will review law book | Contact for more details | Custom

HEALTH AND SAFETY CODE - HSC

DIVISION 104. ENVIRONMENTAL HEALTH [106500 - 119406] *(Division 104 added by Stats. 1995, Ch. 415, Sec. 6.)*

PART 5. SHERMAN FOOD, DRUG, AND COSMETIC LAWS [109875 - 111929.4] *(Part 5 added by Stats. 1995, Ch. 415, Sec. 6.)*

CHAPTER 1. General Provisions and Definitions [109875 - 110040] *(Chapter 1 added by Stats. 1995, Ch. 415, Sec. 6.)*

109875. This part shall be known as the Sherman Food, Drug, and Cosmetic Law.

(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

109880. Unless the context otherwise requires, the definitions set forth in this article govern the construction of this part.

(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

109885. "Advertisement" means any representations, including, but not limited to, statements upon the products, its packages, cartons, and any other container, disseminated in any manner or by any means, for the purpose of inducing, or that is likely to induce, directly or indirectly, the purchase or use of any food, drug, device, or cosmetic.

(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

109890. "Antibiotic drug" means any drug , except drugs for use in animals other than humans, composed in whole or in part of any form of penicillin, streptomycin, chlortetracycline chloramphenicol, bacitracin, or any other drug intended for human use containing any quantity of any chemical substance that is produced by micro-organisms, and that has the capacity to inhibit or destroy micro-organisms in dilute solution, including a chemically synthesized equivalent, or any derivative thereof.

(Amended by Stats. 2000, Ch. 796, Sec. 1. Effective January 1, 2001.)

109895. "Color additive" means a substance that satisfies both of the following requirements:

(a) It is a dye, pigment, or other substance made by a process of synthesis or similar artifice, or extracted, isolated, or otherwise derived, with or without intermediate or final change of identity, from a vegetable, animal, mineral, or other source.

(b) When added or applied to a food, drug, device, or cosmetic, or to the human body or any part of the body, it is capable, alone or through reaction with any other substance, of imparting color to the food, drug, device, or cosmetic, or to the human body or the part of the human body, to which it is added or applied.

The term "color additive" does not include any material that the department, by regulation, determines is used, or intended to be used, solely for a purpose or purposes other than coloring.

The term "color," as used in this section, includes black, white, and intermediate grays.

This section does not apply to any pesticide chemical, soil, or plant nutrient, or other agricultural chemical, solely because of its effect in aiding, retarding, or otherwise affecting, directly or indirectly, the growth or other natural physiological process of produce of the soil and thereby affecting its color, whether before or after harvest.

(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

109900. "Cosmetic" means any article, or its components, intended to be rubbed, poured, sprinkled, or sprayed on, introduced into, or otherwise applied to, the human body, or any part of the human body, for cleansing, beautifying, promoting attractiveness, or altering the appearance.

109965. "Local health department" means the health department of a city, county, city and county, or local health district that qualifies for state assistance pursuant to Chapter 3 (commencing with Section 101175) of Part 3 of Division 101, or any city health department of a city that has had its own health department for 12 years or more.

(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

109970. "Manufacture" means the preparation, compounding, propagation, processing, or fabrication of any food, drug, device, or cosmetic. The term "manufacture" includes repackaging or otherwise changing the container, wrapper, or labeling of any food, drug, device, or cosmetic in furtherance of the distribution of the food, drug, device, or cosmetic. The term "manufacture" does not include repackaging from a bulk container by a retailer at the time of sale to its ultimate consumer.

(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

109971. "Medical food" means any product that meets the definition of medical food in the Federal Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 360ee(b)(3)). The department shall review all changes to the federal definition of "medical food" before those changes are incorporated by reference pursuant to this section. Within six months after the effective date of any changes to the federal definition, the department shall complete its review of the changes, and submit a report to the Senate Health and Human Services Committee and the Assembly Health Committee that describes the changes and makes a recommendation as to whether it is appropriate to incorporate the changes by reference pursuant to this section. Any change to the federal definition shall take effect pursuant to this section one year after the effective date of the federal change, unless a law that specifically prohibits the change from taking effect is enacted and becomes effective.

(Amended by Stats. 2001, Ch. 641, Sec. 3. Effective January 1, 2002.)

109975. "New device" means any of the following:

(a) Any device the composition, construction, or properties of which are such that the device is not generally recognized, among experts qualified by scientific training and experience to evaluate the safety and effectiveness of devices, as having been adequately shown, through scientific investigations to be safe and effective for use under the conditions prescribed, recommended, or suggested in the labeling or advertising thereof.

(b) Any device the composition, construction, or properties of which are such that the device, as a result of such investigation to determine its safety and effectiveness for use under these conditions, has become so recognized, but which has not, otherwise than in the investigations, been used to a material extent or for a material time under the conditions.

(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

109980. "New drug" means either of the following:

(a) Any drug the composition of which is such that the drug is not generally recognized, among experts qualified by scientific training and experience to evaluate the safety and effectiveness of drugs, as safe and effective for use under the conditions prescribed, recommended, or suggested in the labeling or advertising thereof.

(b) Any drug the composition of which is such that the drug, as a result of investigations to determine its safety and effectiveness for use under these conditions, has become so recognized, but that has not, otherwise than in the investigations, been used to a material extent or for a material time under the conditions.

(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

109985. "Official compendium" means the latest edition of the United States Pharmacopoeia, the latest edition of the Homeopathic Pharmacopoeia of the United States, or the latest edition of the National Formulary, or any supplement to any of these.

(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

109990. "Package" means any container or wrapper that may be used by a manufacturer, producer, jobber, packer, or dealer for enclosing or containing any food, drug, device, or cosmetic.

The term "package" does not include any of the following:

(a) Any shipping container or outer wrapping used solely for the transportation of a food, drug, device, or cosmetic in bulk quantity to any manufacturer, packer, processor, or wholesale or retail distributor.

(f) A wholesaler shall notify the board in writing, on a form designed by the board, within 30 days of the date when a designated representative-in-charge ceases to act as the designated representative-in-charge, and shall on the same form propose another authorized licensee to take over as the designated representative-in-charge. The proposed replacement designated representative-in-charge shall be subject to approval by the board. If disapproved, the wholesaler shall propose another replacement within 15 days of the date of disapproval, and shall continue to name proposed replacements until a designated representative-in-charge is approved by the board.

(g) A third-party logistics provider shall notify the board in writing, on a form designed by the board, within 30 days of the date when a responsible manager ceases to act as the responsible manager, and shall on the same form propose another designated representative-3PL to take over as the responsible manager. The proposed replacement responsible manager shall be subject to approval by the board. If disapproved, the third-party logistics provider shall propose another replacement within 15 days of the date of disapproval, and shall continue to name proposed replacements until a responsible manager is approved by the board.

(h) A drug manufacturer premises licensed by the Food and Drug Administration or licensed pursuant to Section 111615 of the Health and Safety Code that only distributes dangerous drugs and dangerous devices of its own manufacture is exempt from this section and Section 4161.

(i) The board may issue a temporary license, upon conditions and for periods of time as the board determines to be in the public interest. A temporary license fee shall be required in an amount established by the board as specified in subdivision (f) of Section 4400. When needed to protect public safety, a temporary license may be issued for a period not to exceed 180 days, subject to terms and conditions that the board deems necessary. If the board determines that a temporary license was issued by

mistake or denies the application for a permanent license, the temporary license shall terminate upon either personal service of the notice of termination upon the licenseholder or service by certified mail, return receipt requested, at the licenseholder's address of record with the board, whichever occurs first. For purposes of retaining a temporary license, or for purposes of any disciplinary or license denial proceeding before the board, the temporary licenseholder shall not be deemed to have a vested property right or interest in the license.

4160.5. Nonprescription Diabetes Test Devices – Authorized Distributors Posted on Board Website

Within 30 days of the effective date of the act adding this section, a manufacturer of a nonprescription diabetes test device shall make the names of its authorized distributors available on its Internet Web site and shall provide the board with the names of its authorized distributors. Within 30 days of receiving that information from a manufacturer of a nonprescription diabetes test device, the board shall post the names of authorized distributors of nonprescription diabetes test devices on the board's Internet Web site. A manufacturer of a nonprescription diabetes test device shall, within 30 days of making changes to its authorized distributors, update its Internet Web site and inform the board of changes to its authorized distributors. Within 30 days of receiving notice of any change from a manufacturer of a nonprescription diabetes test device, the board shall post the updated list of the manufacturer's authorized distributors on its Internet Web site.

4161. Nonresident Wholesaler or Nonresident Third-Party Logistics Provider; Requirements

(a) A person located outside this state that (1) ships, sells, mails, warehouses, distributes, or delivers dangerous drugs or dangerous devices into this state or (2) sells, brokers, warehouses, or distributes dangerous drugs or devices within this

4155. Corporate Form Not Required

Nothing in this article shall be construed as requiring the applicant or holder of a pharmacy permit pursuant to Section 4110 to be a pharmacy corporation.

4156. Unprofessional Conduct by Corporation

A pharmacy corporation shall not do, or fail to do, any act where doing or failing to do the act would constitute unprofessional conduct under any statute or regulation. In the conduct of its practice, a pharmacy corporation shall observe and be bound by the laws and regulations that apply to a person licensed under this chapter.

Article 11. Wholesalers, Third-Party Logistics Providers and Manufacturers

4160. Wholesaler or Third-Party Logistics Provider: License Required

(a) A person shall not act as a wholesaler or third-party logistics provider of any dangerous drug or dangerous device unless he or she has obtained a license from the board.

(b) Upon approval by the board and the payment of the required fee, the board shall issue a license to the applicant.

(c) (1) A separate license shall be required for each place of business owned or operated by a wholesaler or third-party logistics provider. Each place of business may only be issued a single license by the board, except as provided in paragraph (2). Each license shall be renewed annually and shall not be transferable. At all times during which a place of business is open for business, at least one designated representative, in the case of a wholesaler, or designated representative-3PL in the case of a third-party logistics provider, shall be present. A wholesaler that only acts as a reverse distributor may use either a designated representative or a designated representative-reverse distributor to fulfill this requirement.

(2) A wholesaler and a third-party logistics provider under common ownership may be licensed at the same place of business provided that all of the following requirements are satisfied:

(A) The wholesaler and the third-party logistics provider each separately maintain the records required under Section 4081.

(B) Dangerous drugs and dangerous devices owned by the wholesaler are not commingled with the dangerous drugs and dangerous devices handled by the third-party logistics provider.

(C) Any individual acting as a designated representative for the wholesaler is not concurrently acting as a designated representative-3PL on behalf of the third-party logistics provider. Nothing in this subparagraph shall be construed to prohibit an individual from concurrently holding a license to act as a designated representative and to act as a designated representative-3PL.

(D) The wholesaler has its own designated representative-in-charge responsible for the operations of the wholesaler and the third-party logistics provider has its own responsible manager responsible for the operations of the third-party logistics provider. The same individual shall not concurrently serve as the responsible manager and the designated representative-in-charge for a wholesaler and a third-party logistics provider licensed at the same place of business.

(E) The third-party logistics provider does not handle the prescription drugs or prescription devices owned by a prescriber.

(F) The third-party logistics provider is not a reverse third-party logistics provider.

(G) The wholesaler is not acting as a reverse distributor.

(d) Every wholesaler shall be supervised or managed by a designated representative-in-charge. The designated representative-in-charge shall be responsible for the wholesaler's compliance with state and federal laws governing wholesalers. As part of its initial application for a license, and for each renewal, each wholesaler shall, on a form designed by the board, provide

identifying information and the California license number for a designated representative or pharmacist proposed to serve as the designated representative-in-charge. The proposed designated representative-in-charge shall be subject to approval by the board. The board shall not issue or renew a wholesaler license without identification of an approved designated representative-in-charge for the wholesaler. The designated representative-in-charge shall maintain an active license as a designated representative with the board at all times during which he or she is designated as the designated representative-in-charge. A wholesaler that only acts as a reverse distributor may identify and allow a designated representative-reverse distributor to perform in this capacity. That individual shall maintain an active license as a designated representative-reverse distributor.

(e) Each place of business of a third-party logistics provider shall be supervised and managed by a responsible manager. The responsible manager shall be responsible for the compliance of the place of business with state and federal laws governing third-party logistics providers and with the third-party logistics provider's customer specifications, except where the customer's specifications conflict with state or federal laws. As part of its initial application for a license, and for each renewal, each third-party logistics provider shall, on a form designated by the board, provide identifying information and the California license number for a designated representative-3PL proposed to serve as the responsible manager. The proposed responsible manager shall be subject to approval by the board. The board shall not issue or renew a third-party logistics provider license without identification of an approved responsible manager for the third-party logistics provider. The responsible manager shall maintain an active license as a designated representative-3PL with the board at all times during which he or she is designated as the responsible manager.

Last Name	Preferred/First Name
Matly	David
Pollema	Leah
Abbott	David
Sandvick	Kyle
Lappe	Mark
Ebbets-Reed	Dana
Burke	Kate
Lara	Marian
Lyon	Yana
Chen	Yao
Holley	Samuel
Stedman	Sabrina
Kalabus	James
Brown	Darren
Efe	Jem
Diaz-De-Durana	Yaiza
Opel	Cary
Babcock	Erin
Veldstra	Carson
Weinbach	Susan
Hentzen	Caroline
Emery	Craig
Kim	Daniel
Salek-Ardakani	Shahram
Rau-Kim	Sydney
Martinez	Angelica
Hanesana	Thu
Becklund	Bryan
Willis	Katelyn
Haerr	Eric
Esquer-Romero	Patricia
Sitter	Olivia
Neves Carvalho Pinto	Beatriz
Mehta	Shiv
Huang	Ya
DeLattre	Chase
Sanabria	Angelica

Ortiz-Barquero	Georgina
Zour	Jason
Kaschak	Timothy
Geruntino	Kayla
Staebler	Thi
Meza	Marchelle
Kosberg	Kori
Niehaus	Austin
Robinson	Kaitlyn
O'Connor	Ryan
Sinha	Sandipan
Schenauer	Matthew
Kasler	Garret
Kao	Dave
Bais	Carlos
Alarcon Granadeno	Johanna
Hampel	Kegan
Shih	Lydia
Wittenberg	Julie
Heinemann	Jon
Garcia	Josep
Manos	Angie
Kaplan	Michael
Salehizadeh	Stephanie
Knox	Clint
Robertson	Liz
Adams	Bonne
Vento	Ann
Horan	Kelly
Chanthabandith	Bounthavy
Li	Darian
Eckles	Andrew
Hwang	Iljin
Amanullah	Ashraf
Deck	Kelly
DiProfio	Michael

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 10-K

(Mark one)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2024

or

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from to

Commission File Number: 001-42031

INHIBRX BIOSCIENCES, INC.

(Exact name of registrant as specified in its charter)

Delaware	**99-0613523**
(State or other jurisdiction of incorporation or organization)	**(I.R.S. Employer Identification No.)**
11025 N. Torrey Pines Road, Suite 140 La Jolla, California	**92037**
(Address of principal executive offices)	**(Zip Code)**

(858) 795-4220

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act

Title of each class	Trading symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.0001	INBX	The Nasdaq Global Market

Securities registered pursuant to Section 12(g) of the Act

None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☒
		Emerging growth company	☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☒

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to § 240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

As of June 30, 2024, the aggregate market value of the registrant's common stock held by non-affiliates of the registrant was approximately $169.4 million, based on the closing price of the registrant's common stock on the Nasdaq Global Market of $14.17 per share.

As of February 28, 2025, the registrant had 14,475,904 shares of common stock outstanding.

Documents Incorporated By Reference

The following documents (or parts thereof) are incorporated by reference into the following parts of this Form 10-K: Certain information required in Part III of this Annual Report on Form 10-K is incorporated from the Registrant's Proxy Statement for the 2025 Annual Meeting of Stockholders to be filed with the Securities and Exchange Commission.

INHIBRX BIOSCIENCES, INC.
ANNUAL REPORT ON FORM 10-K
For the Year Ended December 31, 2024

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SPECIAL NOTE REGARDING FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K, or this Annual Report, contains express and implied forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, or the Securities Act, and Section 21E of the Securities Exchange Act of 1934, as amended, or the Exchange Act. Except as otherwise indicated by the context, references in this Annual Report to "we," "us" and "our" are to the consolidated business of Inhibrx Biosciences, Inc., or the Company or Inhibrx. All statements other than statements of historical facts contained in this Annual Report are forward-looking statements. In some cases, you can identify forward-looking statements by words such as "anticipate," "believe," "contemplate," "continue," "could," "estimate," "expect," "intend," "may," "plan," "possible," "potential," "predict," "project," "design," "seek," "should," "target," "will," "would," or the negative of these words or other comparable terminology. These forward-looking statements include, but are not limited to, statements about:

- the design, initiation, timing, progress, results and costs of our research and development programs as well as our preclinical studies and clinical trials;
- our ability to advance therapeutic candidates into, and successfully complete, clinical trials;
- our interpretation of initial, interim or preliminary data from our clinical trials, including interpretations regarding disease control and disease response;
- the potential benefits of regulatory designations;
- the timing or likelihood of regulatory filings and approvals;
- the safety and therapeutic benefits of our therapeutic candidates;
- the commercialization of our therapeutic candidates, if approved;
- the pricing, coverage and reimbursement of our therapeutic candidates, if approved;
- our ability to utilize our technology platform to generate and advance additional therapeutic candidates;
- the implementation of our business model and strategic plans for our business and therapeutic candidates;
- our ability to successfully manufacture our therapeutic candidates for clinical trials and commercial use, if approved;
- our ability to contract with third-party suppliers and manufacturers and their ability to perform adequately;
- the scope of protection we are able to establish and maintain for intellectual property rights covering our therapeutic candidates;
- our ability to enter into strategic partnerships and the potential benefits of such partnerships;
- future results of operations and financial position and our estimates regarding expenses, capital requirements and needs for additional financing;
- our ability to raise funds needed to satisfy our capital requirements, which may depend on financial, economic and market conditions and other factors, over which we may have no or limited control;
- our financial performance;
- our and our third-party partners' and service providers' ability to continue operations and advance our therapeutic candidates through clinical trials, as well as the ability of our third party manufacturers to provide the required raw materials, antibodies and other biologics for our preclinical research and clinical trials, in light of the current market conditions or any pandemics, regional conflicts, sanctions, labor conditions, geopolitical events, natural disasters or extreme weather events;
- our ability to retain the continued service of our key professionals and to identify, hire and retain additional qualified professionals; and
- developments relating to our competitors and our industry

These forward-looking statements are subject to a number of risks, uncertainties and assumptions, including those described in the section titled "Risk Factors" elsewhere in this Annual Report. Moreover, we operate in a very competitive and rapidly changing environment, and new risks emerge from time to time. It is not possible for our management to predict all risks, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements we may make. In light of these risks, uncertainties and assumptions, the forward-looking events and circumstances discussed in this Annual Report may not occur and actual results could differ materially and adversely from those anticipated or implied in the forward-looking statements. In addition, statements that "we believe" and similar statements reflect our current beliefs and opinions on the relevant subject. These statements are

based upon information available to us as of the date of this Annual Report, and while we believe such information forms a reasonable basis for such statements, such information may be limited or incomplete, and our statements should not be read to indicate that we have conducted an exhaustive inquiry into, or review of, all potentially available relevant information. These statements are inherently uncertain and investors are cautioned not to unduly rely upon these statements.

You should not rely upon forward-looking statements as predictions of future events. Although we believe that the expectations reflected in the forward-looking statements are reasonable, we cannot guarantee that the future results, levels of activity, performance or events and circumstances reflected in the forward-looking statements will be achieved or occur. We undertake no obligation to update publicly any forward-looking statements for any reason after the date of this Annual Report to conform these statements to new information, actual results or to changes in our expectations, except as required by law.

You should read this Annual Report and the documents that we file with the Securities and Exchange Commission, or the SEC, with the understanding that our actual future results, levels of activity, performance and events and circumstances may be materially different from what we expect. All forward-looking statements are qualified in their entirety by this cautionary statement, which is made under the safe harbor provisions of the Private Securities Litigation Reform Act of 1995.

This Annual Report includes trademarks, tradenames, and service marks that are the property of other organizations. Solely for convenience, trademarks and tradenames referred to in this Annual Report appear without the ® and ™ symbols, but those references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights, or that the applicable owner will not assert its rights, to these trademarks and tradenames.

Part I.

Item 1. Business.

Overview

We are a clinical-stage biopharmaceutical company with a pipeline of novel biologic therapeutic candidates, developed using our proprietary modular protein engineering platforms. We leverage our innovative protein engineering technologies and deep understanding of target biology to create therapeutic candidates with attributes and mechanisms we believe to be superior to current approaches and applicable to a range of challenging, validated targets with high potential.

Recent Developments

Separation from Former Parent

In January 2024, Inhibrx, Inc., or the Former Parent, announced its intent to effect the spin-off of INBRX-101, an optimized, recombinant alpha-1 antitrypsin, or AAT, augmentation therapy in a registrational trial for the treatment of patients with alpha-1 antitrypsin deficiency. On May 29, 2024, the Former Parent completed a distribution to holders of its shares of common stock of 92% of the issued and outstanding shares of common stock of the Company, or the Distribution. On May 30, 2024, the Former Parent completed a series of internal restructuring transactions, or the Separation.

On May 30, 2024, the Former Parent completed the merger of Art Acquisition Sub, Inc., a wholly owned subsidiary of Aventis Inc., or the Acquirer, a wholly owned subsidiary of Sanofi S.A., or Sanofi, with and into the Former Parent with the Former Parent continuing as the surviving entity. Pursuant to the merger (i) all assets and liabilities primarily related to INBRX-101, or the 101 Business, were transferred to the Acquirer; and (ii) by way of the Separation, the Company acquired the assets and liabilities and corporate infrastructure associated with its ongoing programs, INBRX-106 and ozekibart (INBRX-109), and its discovery pipeline, as well as the remaining close-out obligations related to its previously terminated program, INBRX-105.

Upon the closing, each Former Parent stockholder received: (i) $30.00 per share in cash, (ii) one contingent value right per share, representing the right to receive a contingent payment of $5.00 in cash upon the achievement of a regulatory milestone, and (iii) one SEC-registered, publicly listed, share of Inhibrx for every four shares of the Former Parent's common stock held.

From and after the closing, Inhibrx continues to operate as a stand-alone, publicly traded company focused on its clinical programs, ozekibart (INBRX-109) and INBRX-106.

Transactions with Related Parties

We entered into a Separation and Distribution Agreement and various agreements relating to transition services, licenses, and certain other matters with the Former Parent, which govern our relationship with the Former Parent prior to, at, and after the Former Parent completed the Distribution. These agreements include the allocation of employee benefits, taxes, and certain other liabilities and obligations attributable to periods prior to, at and after the Distribution.

Current Clinical Pipeline

Our current clinical pipeline of therapeutic candidates includes ozekibart (INBRX-109) and INBRX-106, both of which utilize our multivalent formats where the precise valency can be optimized in a target-centric way to mediate what we believe to be the most appropriate agonist function:



ozekibart (INBRX-109)
Tetravalent DR5
agonist



INBRX-106
Hexavalent OX40
agonist

Program	Therapeutic Area	Target(s)/Format	STAGE OF DEVELOPMENT Preclinical	Phase 1	Phase 2	Phase 3
ozekibart (INBRX-109)*	Oncology	DR5 Tetravalent Agonist				
INBRX-106**	Oncology	OX40 Hexavalent Agonist				

* Currently being investigated in chondrosarcoma, Ewing sarcoma, and colorectal cancer.
** Currently being investigated in patients with non-small cell lung cancer, or NSCLC, and head and neck squamous cell carcinoma, or HNSCC.

Our Leadership Team

We have assembled a team with deep scientific, manufacturing, and clinical experience in discovering and developing protein therapeutics, as well as an accomplished commercial team with the expertise we believe to successfully bring our therapeutic candidates, if approved, to market. Our in-house capabilities span the disciplines of discovery, protein engineering, cell biology, translational research, chemistry, manufacturing and controls, or CMC, clinical development, and commercialization. Members of our team bring experience from multiple organizations including Genentech, Inc., Gilead Sciences, Inc., Merck & Co., Novartis AG, Pfizer Inc., and Roche. Our board of directors is comprised of individuals with proven business and scientific accomplishments and significant operating knowledge of our company.

Our Strategy

Our mission is to discover and develop effective biologic treatments for people with life-threatening conditions and to evolve the Company into a biopharmaceutical company with a differentiated and sustainable product portfolio by focusing on the following:

Rapidly advance and optimize the clinical development of our lead programs.

Both of our clinical stage programs have key data or milestone events expected in 2025. Since entering the clinic, we have made great strides in our trials for both programs.

Apply our protein engineering platforms to create differentiated, next-generation therapeutics in focused disease areas with particular emphasis on oncology.

We continue to focus our internal clinical development where we believe we can create effective and flexible solutions to address the challenges of validated targets in areas with a high unmet medical need. Our modular protein engineering platforms enable us to efficiently identify optional therapeutic formats customized to the target biology.

Maintain our culture of innovation, execution and efficiency.

We have successfully built an innovative culture that encourages scientific risk-taking within the bounds of our data-driven philosophy. This enables our research and development team to discover numerous promising preclinical candidates cost effectively, from which we select what we believe are highly differentiated programs for clinical development.

Maximize the potential of our therapeutic pipeline.

We have a disciplined strategy to maximize the potential of our therapeutic pipeline in order to bring the greatest value to our stockholders and the most significant impact to patients. We are continuously looking to streamline operations to increase efficiency and to ensure maximum value is achieved with the capital we raise. Additionally, we will enter into strategic partnerships and transactions in instances where we believe partnering will accelerate our development timelines and/or maximize the commercial potential of any approved therapeutic candidate.

Our Pipeline

ozekibart (INBRX-109)

Ozekibart was originally known as INBRX-109, but was granted the "ozekibart" generic name in 2023 by both International Nonproprietary Names, or INN, and United States Adopted Names, or USAN. Ozekibart (INBRX-109) is a precisely engineered tetravalent therapeutic candidate targeting death-receptor 5, or DR5, a TNFRSF member, also known as tumor necrosis factor-related apoptosis-inducing ligand, or TRAIL, receptor 2. DR5 activation induces cancer-specific programmed cell death. The valency of ozekibart (INBRX-109) was selected to maximize the therapeutic index.

Background on DR5

Apoptosis is a critical process for maintaining healthy tissue homeostasis, but this process is frequently altered in cancer patients leading to the accumulation of malignant cells. Apoptotic signaling pathways are tightly regulated by the balance of pro- and anti-apoptotic factors, and their therapeutic modulation has the potential to be exploited for the treatment of cancer. Targeting the anti-apoptotic proteins has been a clinically successful strategy. For example, Venetoclax, an inhibitor of B-cell lymphoma 2, or Bcl-2, was approved by the FDA for the treatment of chronic lymphocytic leukemia in 2016.

Alternatively, we believe therapeutically targeting pro-apoptotic proteins such as DR5 is a promising oncology treatment strategy. DR5 signaling is induced by clustering of multiple receptors, which initiates an apoptotic signaling pathway resulting in cell death. The strength of apoptotic signaling is proportional to the degree of DR5 clustering. Importantly, although DR5 is expressed throughout the body, cancer cells have been shown to be more sensitive to DR5 signaling compared to healthy cells of normal tissues.

The promise of inducing cancer-specific cell death has led to extensive efforts by pharmaceutical and biotechnology companies to therapeutically exploit the DR5 pathway for the treatment of cancer. These initial efforts centered around developing recombinant versions of the DR5 ligand, TRAIL, and agonistic bivalent DR5 antibodies. Despite demonstrated clinical safety as single agents and in combination with chemotherapies, these first generation DR5 agonists failed to meet clinical efficacy endpoints. We believe these failures were caused by insufficient clustering of DR5, which is necessary for activation of this pathway.

Unmet Medical Need

We are currently investigating ozekibart (INBRX-109) in chondrosarcoma, Ewing sarcoma, and colorectal cancer. These are some of the most aggressive diseases, some of which are also orphan oncology indications that have

shown signs of activity in preclinical studies. These indications and many of these cancer subtypes do not respond well to currently approved therapies and represent a significant unmet need.

Chondrosarcoma is a rare malignant bone tumor composed of cartilage matrix-producing cells. It is reported to be the second most common primary bone sarcoma with an incidence of 1 in 200,000 per year globally. The incidence in the United States is reported to be about 1,400 cases per year. There is currently no approved systemic treatment for patients with unresectable or metastatic disease.

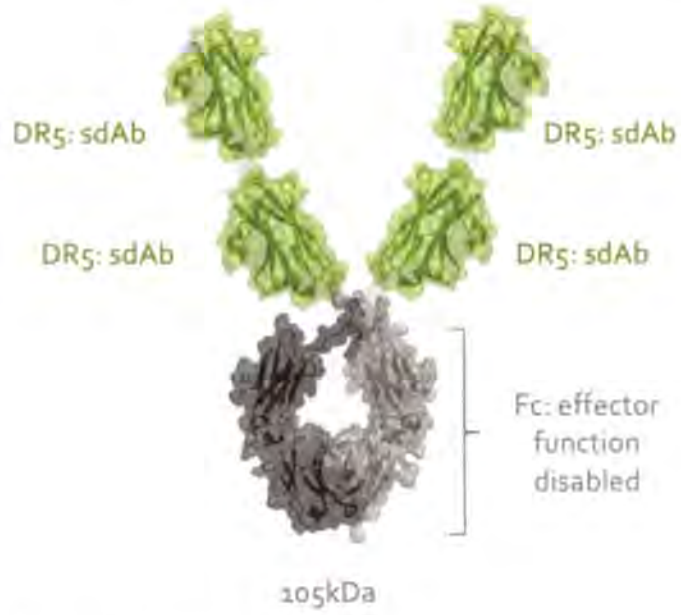
Ewing sarcoma is a rare type of cancer that occurs in bones or in the soft tissue around the bones and is more commonly found in children. The incidence of Ewing sarcoma for all ages is approximately 1.3 cases per 1 million people in the U.S., corresponding to approximately 430 new patients diagnosed per year in the U.S. The median age at diagnosis of patients with Ewing sarcoma is 15. Current treatment for Ewing sarcoma typically includes a combination of chemotherapy, surgery, and/or radiation therapy. Despite aggressive treatment, outcomes remain poor for patients with metastatic or relapsed disease, with five-year survival rates dropping below 30% in these cases, highlighting the need for more efficacious options.

Colorectal adenocarcinoma, or CRC, is the third most frequent cancer globally and the second leading cause of cancer-related death. According to the WHO, there were nearly 2,000,000 new cases of CRC in 2020, with nearly 1,000,000 deaths. Effective therapies beyond the second-line setting are limited. In the U.S., the five-year relative survival rate in patients with metastatic CRC is 15.7%, underscoring the need for better treatments.

Our Solution — ozekibart (INBRX-109)

Ozekibart (INBRX-109) is a tetravalent agonist of DR5 that we designed with our proprietary single domain antibody, or sdAb, platform to drive cancer-selective programmed cell death and to maximize potency while minimizing on-target liver toxicity arising from hepatocyte apoptosis. We believe ozekibart (INBRX-109) has the potential to overcome the limitations of previous DR5 agonists. As shown in the diagram below, ozekibart (INBRX-109) is comprised of four DR5 targeted sdAbs fused to an Fc region that has been modified to prevent Fc receptor interactions. In preclinical studies, we have observed that ozekibart (INBRX-109) has the ability to potently agonize DR5 through efficient receptor clustering, causing cancer cell death. Based upon experience with earlier generation DR5 agonists, hepatocytes appear to be a non-cancerous cell type particularly sensitive to DR5 agonism. We have engineered ozekibart (INBRX-109) with our proprietary sdAb modifications to reduce recognition by pre-existing anti-drug antibodies in humans, which can lessen the potential for hyper-clustering and thereby reduce potential hepatotoxicity.

ozekibart (INBRX-109): Tetravalent DR5 Agonistic Antibody



Phase 1 Clinical Trial of ozekibart (INBRX-109)

We initiated a Phase 1 clinical trial in the United States in November 2018. This Phase 1 clinical trial is designed as an open-label, three-part trial in patients with locally advanced or metastatic solid tumors. Primary objectives of the Phase 1 trial are safety, tolerability, and determination of the maximum tolerated dose, or MTD, and recommended Phase 2 dose. For some of the expansion cohorts in part 2 and part 3, clinical anti-tumor efficacy, such as response rate, was also included as one of the primary objectives. Secondary objectives are serum exposure and immunogenicity, as measured by frequency of anti-drug antibodies. Exploratory objectives include clinical anti-tumor efficacy, based on response rate, duration of response, disease control rate, progression-free survival and overall survival, as well as evaluation of potential predictive diagnostic and pharmacodynamic biomarkers.

Part 1

Part 1 of the trial utilized a traditional 3+3 dose escalation design escalating ozekibart (INBRX-109) as a single agent from 0.3 mg/kg to 30 mg/kg. Twenty patients were enrolled in this portion of the trial, which was completed in August 2019. Ozekibart (INBRX-109) was observed to be well-tolerated without significant toxicities observed at doses up to and including the maximum administered dose of 30 mg/kg. No MTD was reached.

Part 2

In September 2019, we commenced single agent dose expansion cohorts. Part 2 is now complete and enrolled 116 patients in single agent dose cohorts in the following tumor types: colorectal and gastric adenocarcinomas, malignant pleural mesothelioma, chondrosarcoma, synovial sarcoma, and solid tumors.

Part 3

In February 2021, we initiated chemotherapy combination cohorts in Part 3 of this trial. We are currently investigating ozekibart (INBRX-109) in Ewing sarcoma, colorectal adenocarcinoma, and chondrosarcoma in Part 3 of this trial.

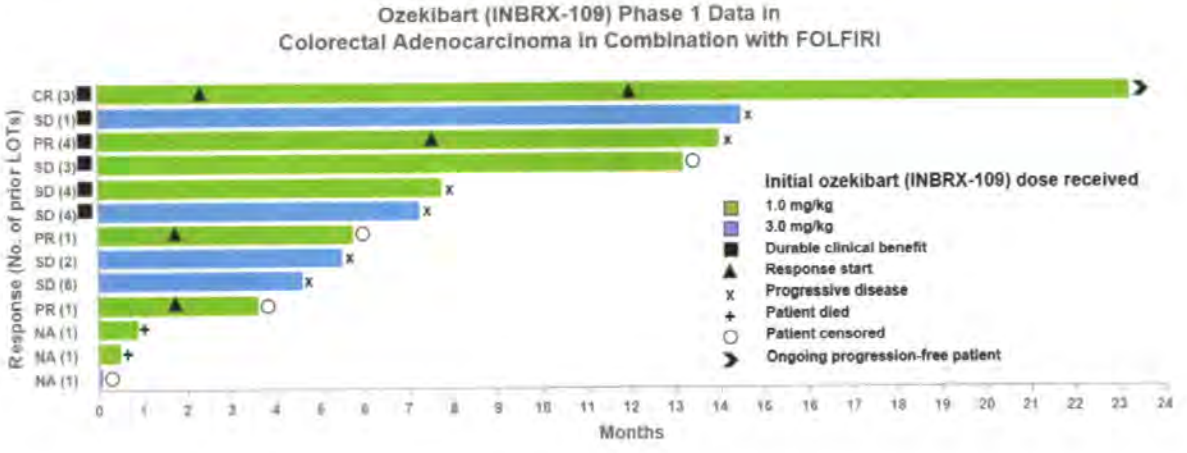
Interim Results from the Phase 1 cohort in Ewing Sarcoma

In November 2023, we announced interim efficacy and safety data from the cohort of the Phase 1 trial evaluating ozekibart (INBRX-109) in combination with Irinotecan, or IRI, and Temozolomide, or TMZ, for the treatment of advanced or metastatic, unresectable Ewing sarcoma. Among the 13 patients evaluable as of the data cut of September 8, 2023, the observed disease control rate was 76.9%, or 10 out of 13 patients as measured by

RECISTv1.1, with seven patients achieving partial responses (53.8%) and three patients achieving stable disease (23.1%). Overall, ozekibart (INBRX-109) in combination with IRI/TMZ was well-tolerated from a safety perspective. We have expanded recruitment of this cohort by 50 patients as a result of these preliminary findings and expect to have interim data during the second half of 2025.

Interim Results from the Phase 1 cohort in Colorectal Adenocarcinoma

In January 2025, we announced interim efficacy and safety data from the cohort of the Phase 1 trial evaluating ozekibart (INBRX-109) in combination with FOLFIRI for the treatment of advanced or metastatic, unresectable colorectal adenocarcinoma, or CRC. Efficacy was assessed in 10 of the 13 patients who received at least one dose of ozekibart, based on RECIST v1.1 criteria. Interim results as of the cutoff date of December 2, 2024 demonstrated one complete response, or CR, three partial responses, or PR, and six cases of stable disease, or SD. Durable disease control lasting ≥180 days was observed in 46.2% of patients, with a median progression-free survival of 7.85 months. All patients had received at least one prior line of systemic therapy (median: two; range: 1–6). Notably, the patient achieving a CR had undergone three prior lines of therapy, and two PRs occurred in patients who had failed prior FOLFIRI-based treatments. Ozekibart-related treatment-emergent adverse events, or TEAEs, were reported in 84.6% of patients, with most being grade 1 or 2 in severity. Grade ≥3 TEAEs were observed in 30.8% of patients. The most common ozekibart-related TEAEs included nausea, increased alanine aminotransferase, diarrhea, and fatigue, with the majority being low-grade.



n=13

ORR, n (%)	4 (30.8)
CR, n (%)	1 (7.7)
PR, n (%)	3 (23.1)
SD, n (%)	6 (46.2)
DCR, n (%)	10 (76.9)

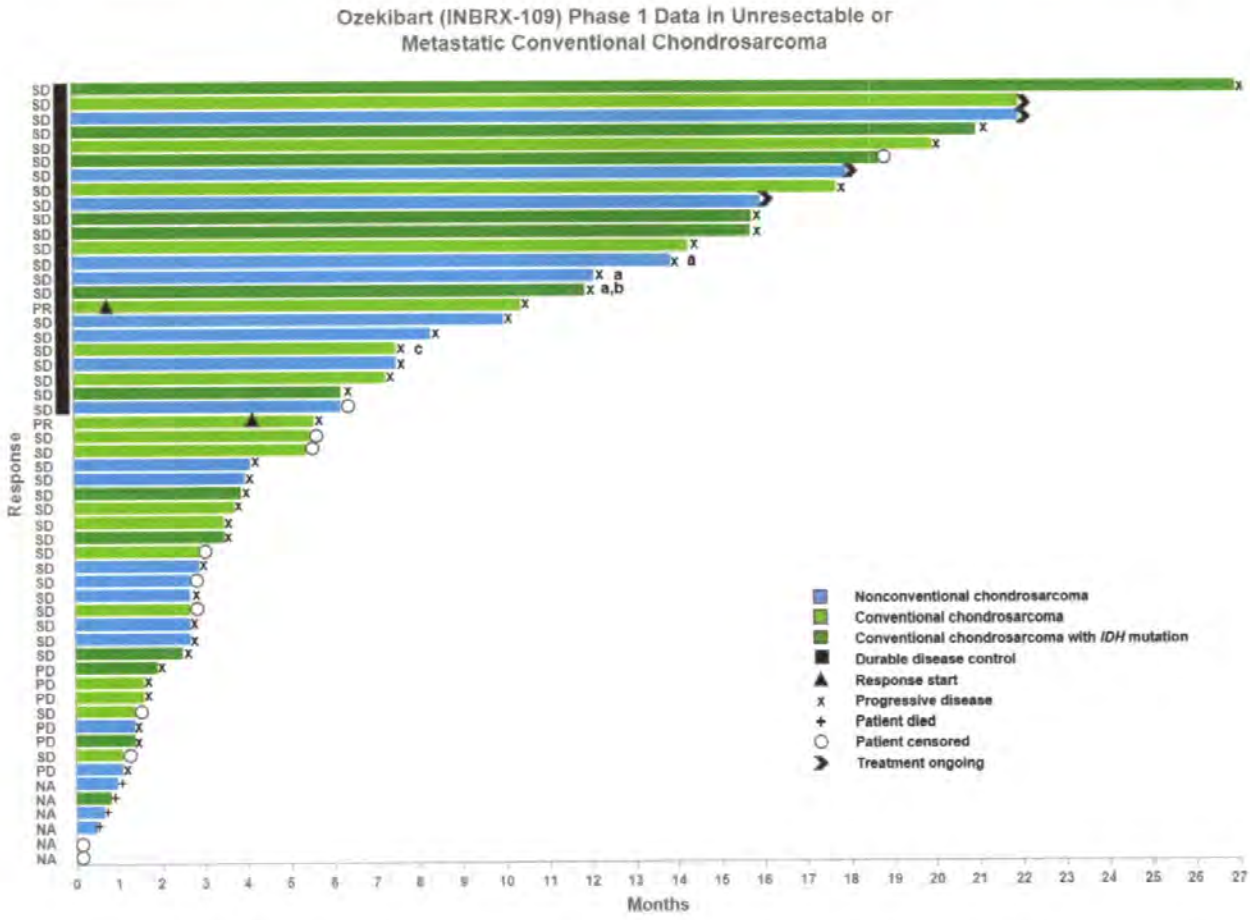
We have expanded recruitment of this cohort by 50 patients as a result of these preliminary findings in order to validate these findings in a more uniform patient population. The cohort is expected to enroll up to 50 patients, each with two to three prior lines of systemic therapy, and data are anticipated in the third quarter of 2025.

Interim Results from the Phase 1 cohort in Chondrosarcoma

In January 2021, the FDA granted Fast Track designation to ozekibart (INBRX-109) for the treatment of patients with unresectable or metastatic conventional chondrosarcoma. In November 2021, the FDA granted orphan drug designation for ozekibart (INBRX-109) for the treatment of chondrosarcoma. In August 2022, the European Commission granted orphan designation for ozekibart (INBRX-109) for the treatment of chondrosarcoma.

In November 2024, we announced interim efficacy and safety data from the ongoing Phase 1 expansion cohort evaluating ozekibart (INBRX-109) for the treatment of chondrosarcoma. Among the 31 patients evaluable as of

August 9, 2024, the observed disease control rate was 77.8%, or 42 out of 54 patients as measured by RECISTv1.1, with two patients achieving partial responses (3.7%) and 40 patients achieving stable disease (74.1%). Disease control was observed in patients with and without IDH1/IDH2 mutations. Of those achieving stable disease, 55.0% had decreases from baseline in tumor size. 23 of 42 patients (54.8%) who achieved disease control maintained control for longer than 6 months, and the longest duration of stable disease observed was 27 months. At the time of evaluation, the median progression-free survival, or PFS, was 7.42 months, and one patient remained on study.



Data cutoff: August 9, 2024; presented at the CTOS Annual Meeting, November 13-16, 2024, San Diego, CA

a. Patient continued receiving ozekibart beyond progression.

b. Patient received priming dose of ozekibart 0.3 mg/kg in cycle 1; in all subsequent cycles, the patient received 3 mg/kg.

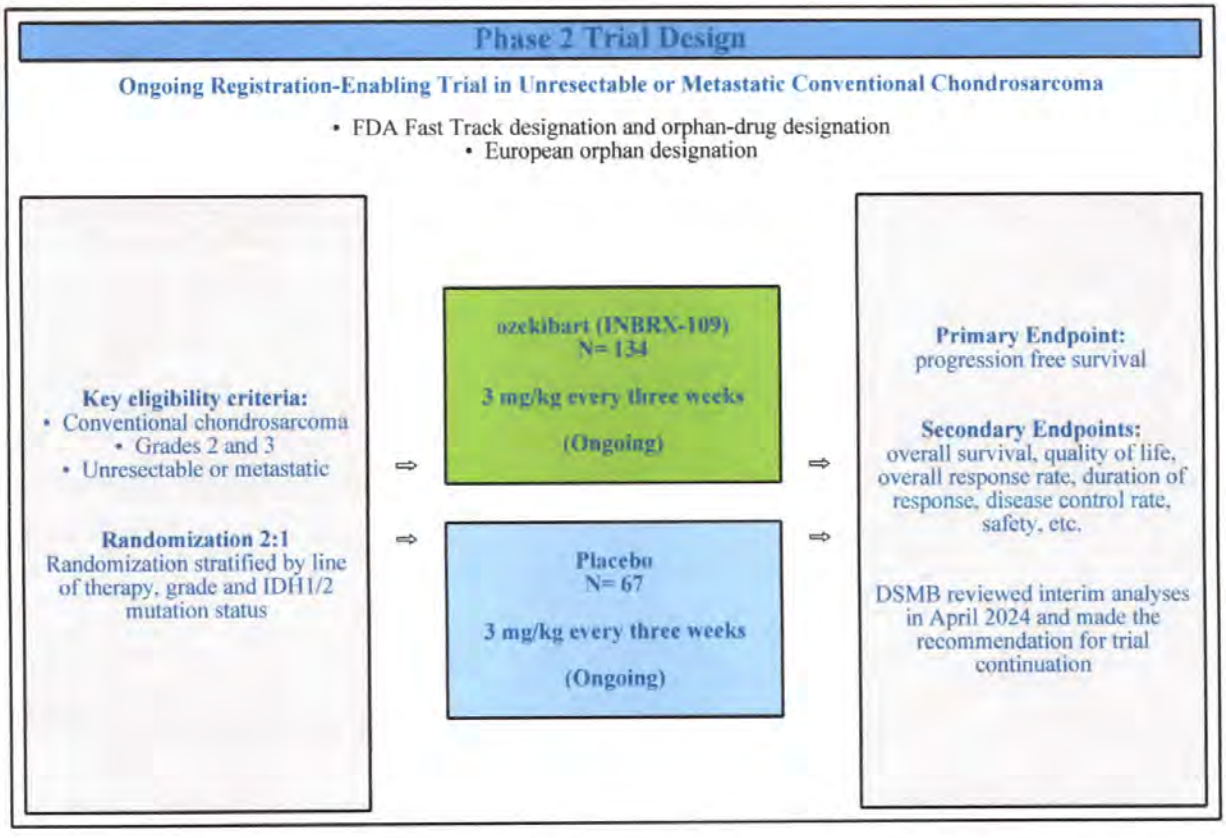
c. Patient received ozekibart at a dose of 10 mg/kg.

n=54

ORR, n (%)	2 (3.7)
DCR, n (%)	42 (77.8)
PR, n (%)	2 (3.7)
SD, n (%)	40 (74.1)

Phase 2 ozekibart (INBRX-109) in Chondrosarcoma

In June 2021, we initiated a Phase 2 trial in patients with metastatic conventional chondrosarcoma, which will enroll approximately 200 patients in total at 50 different sites worldwide. Primary objectives of the ongoing Phase 2 trial are to evaluate the efficacy of ozekibart (INBRX-109) as measured by median PFS, assessed by central real-time independent radiology review. Secondary objectives are to evaluate the overall survival, median PFS by investigator assessment, quality of life, objective response rate, duration of response, disease control rate, safety and tolerability, pharmacokinetics and anti-drug antibodies to ozekibart (INBRX-109).



In early 2023, the Phase 2 trial was placed on partial clinical hold by the FDA, and we paused patient enrollment in the trial following the occurrence of a fatal (grade 5) serious adverse event of hepatotoxicity (or hepatic failure) event triggering the predefined stopping rules built into the protocol. The additional insight gained on patients at risk of significant hepatotoxicity led us to believe that elderly patients with fatty liver disease are the at higher-risk population. We implemented the Hepatic Steatosis Index, or HSI, into the protocol and excluded those higher-risk elderly patients with an HSI score of 36 or higher, which has helped to mitigate the risk of severe hepatotoxicity. The FDA lifted the hold in April 2023 after we amended the trial protocol.

The safety and integrity of the Phase 2 trial is overseen by an independent group of qualified experts, known as a data safety monitoring board, or DSMB, committee. This group provides the recommendation of whether a trial may move forward at designated check points based on access that only the group maintains to available data from the trial. Suspension or termination of development occurs if it is determined that the participants or patients are being exposed to an unacceptable health risk. In April 2024, the DSMB committee reviewed the interim analyses for the Phase 2 trial and made the recommendation that we continue forward with the current trial. We expect to announce data from this trial around the third quarter of 2025.

Safety Data for ozekibart (INBRX-109)

Of the 238 patients studied and evaluable in our Phase 1 trial as of the cutoff date of January 3, 2025, the treatment-related serious adverse events observed were (i) abnormal laboratory findings of increased alanine aminotransferase (6 or 2.5%), increased aspartate aminotransferase (6 or 2.5%), transaminases increased, an increased on hepatic enzyme (1 or 0.4%), increased liver function test (1 or 0.4%) and decreased platelet count (1 or 0.4%), (ii) gastrointestinal disorders, which consisted of diarrhea (4 or 1.7%), enterocolitis, an inflammation of the small intestine and colon (1 or 0.4%), colitis (1 or 0.4%), nausea (1 or 0.4%) and vomiting (1 or 0.4%), (iii) blood and lymphatic system disorders, which consisted of anemia (3 or 1.3%), febrile neutropenia, a condition where the body has a reduced number of a certain type of white blood cells in conjunction with a fever (2 or 0.8%) and thrombocytopenia, a condition where the number of platelets in the blood is abnormally low (1 or 0.4%), (iv) hepatobiliary (liver, bile duct or gallbladder) disorders which consisted of acute hepatic failure (3 or 1.3%), hepatic

failure (1 or 0.4%), drug-induced liver injury (1 or 0.4%), (v) general disorders and administration site conditions, which consisted of asthenia, or physical weakness or general lack of energy (1 or 0.4%) and influenza-like illness (1 or 0.4%), (vi) infections, which consisted of neutropenic sepsis, a significant inflammatory response to a presumed infection in a person with or without fever (1 or 0.4%) and sepsis, an overreactive and extreme inflammatory response to infection (1 or 0.4%), (vii) metabolism and nutrition disorders, which consisted of dehydration (1 or 0.4%), failure to thrive (1 or 0.4%) and hyponatremia, a condition where the sodium levels in blood are lower than normal (1 or 0.4%), (viii) tachycardia (1 or 0.4%), and (ix) posterior reversible encephalopathy syndrome, a condition marked by headaches, vision problems, mental changes, seizures, and swelling in the brain (1 or 0.4%).

Of 161 patients studied and evaluable in our Phase 2 trial as of the cutoff date of January 3, 2025, the serious adverse events related to study drug (ozekibart (INBRX-109) or placebo) were (i) abnormal laboratory findings of increased alanine aminotransferase (5 or 3.1%) and increased aspartate aminotransferase (5 or 3.1%), (ii) hepatobiliary disorders, which consisted of hypertransaminasemia (2 or 1.2%) and hepatic failure (2 or 1.2%), (iii) infections which consisted of infectious enterocolitis (1 or 0.6%), (iv) muscular weakness (1 or 0.6%), (v) cardiac disorders which consisted of angina pectoris (1 or 0.6%) and (vi) renal and urinary disorders, which consisted of hemorrhagic Cystitis, a condition in which the bladder becomes inflamed and starts to bleed (1 or 0.6%).

INBRX-106

INBRX-106 is a hexavalent OX40 agonist, currently being investigated as a single agent and in combination with KEYTRUDA® (pembrolizumab), a PD-1 blocking checkpoint inhibitor, in patients with locally advanced or metastatic solid tumors. KEYTRUDA® is a registered trademark of Merck Sharp & Dohme LLC, a subsidiary of Merck & Co., Inc., Rahway, NJ, USA.

Background on Immunotherapy

A notable recent success in cancer treatment is the approval of checkpoint inhibitor immunotherapies as therapeutic agents. Immune checkpoints are key mechanisms that fine-tune and control the body's immune response. In the cancer setting, tumors have developed strategies for hijacking these checkpoints, preventing an immune response to the cancer and allowing the tumor cells to proliferate unchecked. Checkpoint inhibitor immunotherapies were developed to overcome this phenomenon by relieving immune cell inhibition, resulting in a potentially long-lasting amplification of the anti-tumor immune response. Therapies against checkpoint proteins, such as PD-1 and PD-L1, produced impressive results in clinical development, resulting in marketing approvals in a number of malignancies.

Background on OX40

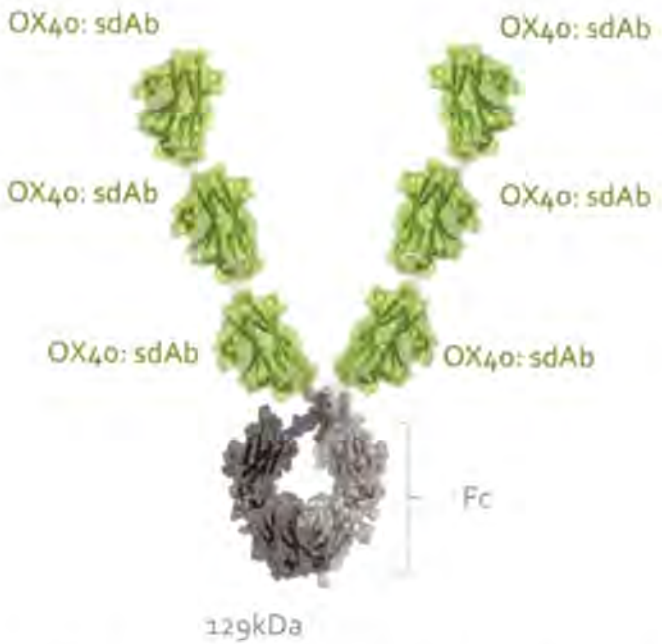
OX40, a member of the TNFRSF, is predominately expressed and is a key co-stimulatory receptor on activated T-cells. Signaling through OX40 provides co-stimulation that promotes T-cell expansion, enhanced effector function and memory cell formation, and prevents activation-induced cell death. The natural mechanism of OX40 activation is via the interaction with its trimeric ligand, OX40L, which serves to effectively cluster multiple OX40 molecules and facilitate downstream signaling leading to nuclear factor kappa-light-chain-enhancer of activated B cells, or NFkB, activation. Based on the capacity for OX40 signaling to enhance anti-tumor immunity in preclinical studies, there have been many efforts to therapeutically exploit this pathway for cancer immunotherapy. Most previously developed agents were bivalent OX40 agonists, the configuration of which we believe to be poorly suited for efficient receptor clustering, evidenced by the lack of clinical responses observed for such molecules.

Unmet Medical Need

Despite unprecedented clinical response rates, the majority of patients fail to respond to therapies targeting PD-1 and PD-L1. We believe this is in part because T-cells require co-stimulation for full functionality. Thus, checkpoint inhibition alone is likely insufficient to fully enable the immune system to attack a tumor, and we believe further benefit could be derived by the addition of immune co-stimulatory agents.

Our Solution

INBRX-106 is a precisely engineered hexavalent sdAb-based therapeutic candidate targeting OX40, designed to be an optimized agonist of this co-stimulatory receptor. As shown in the diagram below, INBRX-106 is composed of six OX40 targeting sdAbs and a functional Fc domain.



As a hexavalent therapeutic candidate, INBRX-106 is designed to bind six OX40 molecules on the cell surface to mediate efficient receptor clustering and downstream signaling. In preclinical studies, we observed that INBRX-106 elicited superior OX40 agonism when compared to the bivalent antibodies, 1A7 (analog of MOXR-0916) or 1D10 using an OX40 expressing NFkB reporter cell line, wherein clustering of OX40 receptor mediated signaling culminated in luciferase expression. We also observed that INBRX-106 can mediate T-cell co-stimulation and reduce the suppressive activity of regulatory T-cells. Additionally, INBRX-106 is able to exploit IgG-mediated effector function via the Fc domain.

Clinical Data

We initiated a Phase 1/2 clinical trial in December 2019 for INBRX-106. This trial is designed as an open-label, four-part trial in patients with locally advanced or metastatic solid tumors. Primary objectives of the trial are safety and tolerability, and the determination of the MTD and recommended Phase 2 dose of INBRX-106 as a single agent and in combination with Keytruda. For some of the expansion cohorts in part 4, clinical anti-tumor efficacy, such as response rate, was also included as one of the primary objectives. Secondary objectives are serum exposure, immunogenicity, as measured by the frequency of anti-drug antibodies, and clinical anti-tumor efficacy per RECIST (version 1.1) and immune RECIST based on response rate, duration of response, disease control rate, progression-free survival and overall survival. Exploratory objectives will include evaluation of potential predictive diagnostic and pharmacodynamic biomarkers.

Part 1 of the trial utilized a traditional 3+3 algorithm for single agent dose escalation from 0.0003 mg/kg to 3 mg/kg in twenty patients. INBRX-106 was observed to be generally well tolerated in humans. The most common adverse events, or AEs, reported for INBRX-106 were Grade 1 and 2 and notably, cutaneous toxicities, which are common immune-related AEs associated with immune checkpoint inhibitors. These AEs, which were mostly mild or moderate non-serious adverse events and likely immune-related toxicities were in line with the mechanism of action of this candidate therapeutic. The maximum administered dose was 3 mg/kg and the MTD level was not reached.

Part 2 of the trial, single agent dose expansion, administered INBRX-106 in different dosing schedules to patients with tumor types responsive to checkpoint inhibitors. Part 2 treatment cohorts of this trial were in the following tumor types: NSCLC, melanoma, HNSCC, gastric or gastroesophageal junction adenocarcinoma, renal cell carcinoma, and urothelial (transitional) cell carcinoma.

In Parts 3 and 4 of this trial, INBRX-106 is being evaluated in combination with Keytruda. In the all-comer Part 3 of the trial, INBRX-106 was escalated in combination with Keytruda and enrolled patients with locally advanced or

4LL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02377	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 10 Glen Falls Technical Park

City: Glen Falls State: NY Zip: 12801

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 518-742-4495 Website: medline.com

Name of Designated Representative (DR): Todd France

Licensing Company Email: ralicensing@medline.com DR Email: rfrance@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Custom Kits/Trays	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attached Corporate Discipline History

Original Signature (electronic, copies or stamps not accepted)

01/15/16
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A Device and Kit Manufacturing Facility

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: S State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Medline Inc.

Corporation Name: See Attached Ownership Information

Mailing Address: 3 Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: (847) 949-5500 Email: ralicensing@medline.com

Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025 | SEC Registration Number: 0002046386 | Stock Exchange Symbol: MDLN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
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800-735-2466 Voice Relay Missouri

Kimberly A. Grimston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
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Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ **REQUESTS**

_____ **DOES NOT REQUEST**

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____
Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____
Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____
Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____
Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
N/A		Florida Department of Health		
Reason/Charge				
Medline's Florida Certified Designated Representative unexpectedly resigned.				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Florida Department of Health/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

_____ February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

_____ February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2008006		Louisiana Board of Wholesale Drug Distributors		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
LA Board of WDD/ Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingsporn

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman; William Crates, Vice-Chairman; Randall Brooks, Secretary/Treasurer; John Liggio, Executive Director/Inspector
Hershal Paul, Board Member; Andy Milligan, Board Member; Wayne Gremillion, Board Member; Eric Vuitton, Board Member; Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
HI DCCA / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
119A
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

6. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

9. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

11. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 0 8 2008.

Bobbi W.Y. Lum-Mew

DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of July, 2007, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C&I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08 PHM 037	Wisconsin Department of Regulation and Licensing

Reason/Charge
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WI DSPS/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 19 A 9:4

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2009-7-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Lee V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller
Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2209

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	: :	
MEDLINE INDUSTRIES INC. RESPONDENT.	: :	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

Date

12/10/08

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

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POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dana N. Simmons Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Dana N. Simmons, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller
Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of January, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
27278	NY State Education Department- Board of Pharmacy

Reason/Charge
Discipline incurred in another jurisdiction

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NY Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: A. Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

---X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

---X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

1-5-21

Willis Ingalls, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer M. Rudell, RPh

1-6-2021

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

1-6-2021

Henry Appel, Ohio Assistant Attorney General

Date of Signature

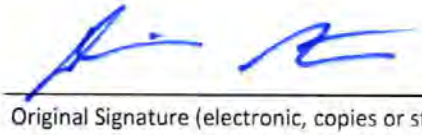
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).



Original Signature (electronic, copies or stamps not accepted)

4/16/24

Date

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

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1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2022-0333		Ohio Board of Pharmacy		
Reason/Charge				
Customer Licenses				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, LP			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	FL DBPR- Div. of Drugs, Devices, and Cosmetics

Reason/Charge
Customer Licenses, Record Keeping

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DBPR / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____

Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
0 9 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

06-29-2023

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 DEC 15 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent MEDLINE INDUSTRIES, L.P. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., and C.7. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____

IVY Y. E. KIM
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE
Chair

December 21, 2023
DATE

PATRICK ADAMS
Vice Chair

MARK BROWN

CATALINA CROSS

Kent Kikuchi
KENT KIKUCHI

BRANDON RABANG

SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Daniel Stevens

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

01/15/16

Date

PAID

Board Use Only	Date Received: 1/21/16	Amount: $1000.00

Power of Attorney

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

POWER OF ATTORNEY

EXCELSIOR MEDICAL, LLC, an Illinois limited liability company, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Excelsior Medical, LLC

By: Medline Industries, LP
Its: Manager
By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Medline Industries, LP, as Manager of Excelsior Medical, LLC.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

POWER OF ATTORNEY

Centurion Medical Products, LP, an Delaware limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Centurion Medical Products, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Centurion Medical Products, LP.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
Medline Industries (NAMIC Division) - Glen Falls
10 Glen Falls Technical Park Drive
Glens Falls, NY 12801
Registration Number: 3015910259
FEI Number*: 3015910259
Status: Active
Date Of Registration Status: 2026

Owner/Operator:
Medline Industries, LP[6]
Three Lakes Drive
Northfield, IL US 60093
Owner/Operator Number: 1417592[7]

Official Correspondent:
Stephanie Augsburg
Three Lakes Drive
Northfield, IL 60093
Phone: 1-847-3936552

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 04/13/2026

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FDA

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U.S. Department of Health & Human Services

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3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1417592&OwnerOperatorName=
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1417592&OwnerOperatorName=

Ownership Information

Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

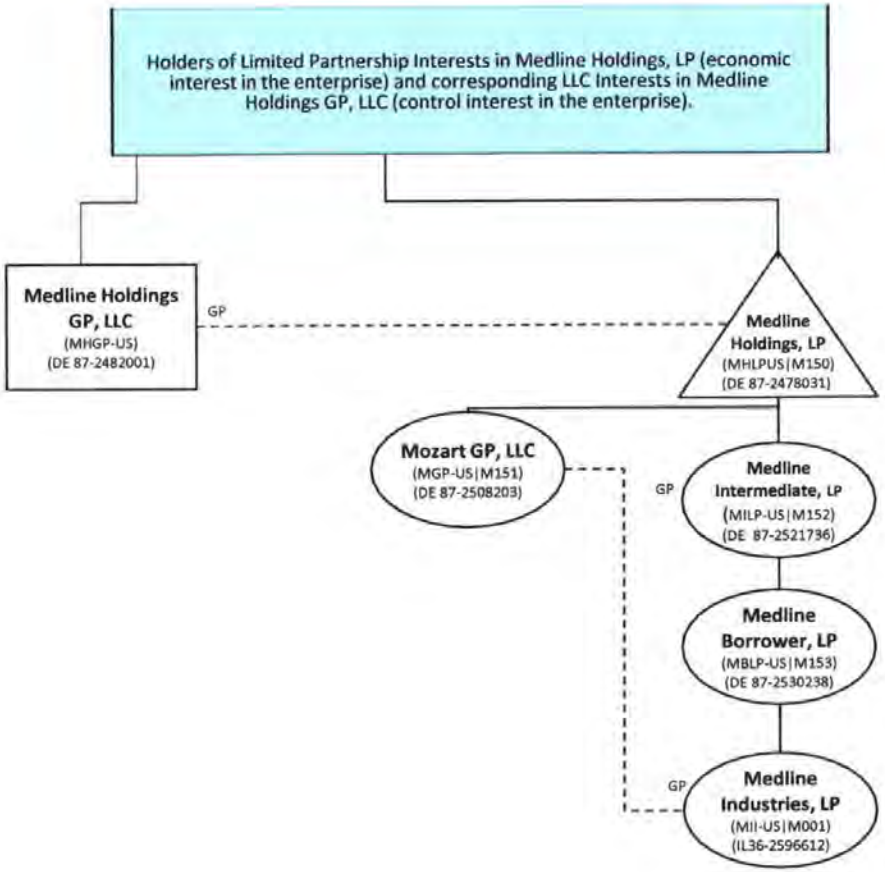
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

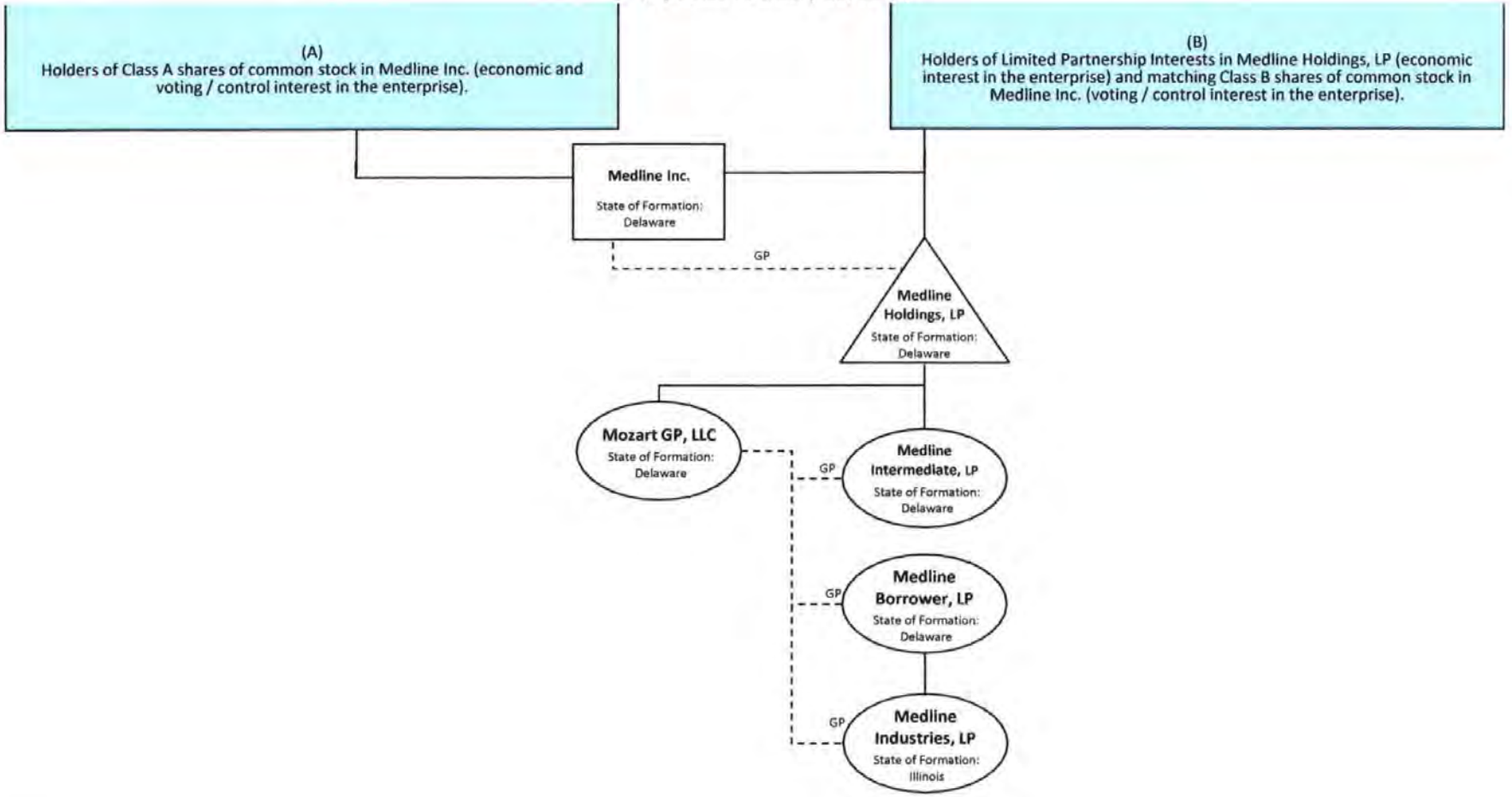


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

List of Officers, Directors, and Partners

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Centurion Medical Products, LP

FEIN: 38-1659420
A Delaware Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Industries, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	36-2596612
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC

FEIN: 32-0473772
An Illinois Limited Liability Company

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Member and Manager of LLC:

Medline Industries, LP
FEIN: 36-2596612

Officers:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC is a member managed LLC with the sole member and manager being Medline Industries, LP. Medline Industries, LP is a limited partnership and does not appoint corporate officers. Medline reports the officers for its general partner, Mozart GP, LLC, which retains 100% control of Medline Industries, LP.

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

Certificates of Good Standing

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502528 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURION MEDICAL PRODUCTS, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTURION MEDICAL PRODUCTS, LP" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203646965

Date: 04-15-26

6213666 8300

SR# 20261791715

You may verify this certificate online at corp.delaware.gov/authver.shtml

File Number 0543231-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

EXCELSIOR MEDICAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502534 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5143163 8300

SR# 20261572157

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203550646

Date: 04-03-26

MEDLINE INDUSTRIES, L.P.

ENFORCEMENT ACTIONS

Type	Manufacturer
Legal Name	MEDLINE INDUSTRIES, L.P.
Trade Name	—
Street Address	10 GLENS FALLS TECHNICAL PARK GLENS FALLS NY 12801
Registration No	039264
Date First Registered	January 05, 2022
Registration Begins	January 01, 2025
Registered Through	December 31, 2027
Supervisor	FRANCE TODD
Establishment Status	Active
Successor	NONE

July 21, 2025 02:18 PM (ET)
https://eservices.nysed.gov/professions/verification-search?pharmacyRegistrationNumber=039264&professionCode=020

Certificates of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC. 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** N/A — N/A **INSURER C :** See Acord 101 for Carrier Participation **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-28 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	2,000,000
							GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
							BODILY INJURY (Per person)	$	
							BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE	$	
							AGGREGATE	$	
								$	
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
							E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

ACORD 101 (2008/01)
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: nskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	2,000,000
							GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
							BODILY INJURY (Per person)	$	
							BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
							AGGREGATE	$	10,000,000
								$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y N/A If yes, describe under DESCRIPTION OF OPERATIONS below			PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
							E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40: 81 Campanelli Dr, Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance

CERTIFICATE HOLDER
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S. Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St, Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway. Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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Surety Bonds

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **105625536**

Current Billing Term From **July 20, 2025** to **July 20, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **July 20, 2011**, in the amount of **One Hundred Thousand** (**$100,000.00**) on behalf of **MEDLINE INDUSTRIES, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **June 25, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CT

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 105625536 **Principal: MEDLINE INDUSTRIES, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25 day of June, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 25th day of June, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #105625536

Current Information as of 04/14/2026

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 5: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 6: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 7: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 8: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 9: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 10: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 11: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 12: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 13: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Location 14: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 15: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 16: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 17: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 18: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 19: (C71)
Medline Industries, LP
264 S 5750 W
Salt Lake City, UT 84104

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

Location 23: (ANG)
Medline Industries, LP
10 Glen Falls Techinical Park
Glen Falls, NY 12801

Location 24: : (EXC-TF)
Excelsior Medical, LLC
1470 Shafto Road
Tinton Falls, NJ 07712

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **108030426**

Current Billing Term From **September 03, 2025** to **September 03, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **September 03, 2024**, in the amount of **Twenty Five Thousand** (**$25,000.00**) on behalf of **CENTURION MEDICAL PRODUCTS, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee),
remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **July 23, 2025**

Travelers Casualty and Surety Company of America

By: _____
Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108030426 **Principal: CENTURION MEDICAL PRODUCTS, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

SEAL SEAL SEAL SEAL

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 23 day of July, 2025.

SEAL SEAL SEAL SEAL

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 23rd day of July, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Oscar F. Rincon

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #108030426

Current Information as of 04/14/2026

Location 1: (B01)
Centurion Medical Products, LP
301 Catrell Drive
Howell, MI 48843

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries LP — MDEG License # (if applicable): WH02377
Physical Address: 10 Glen Falls Technical Park.
City: Glens Falls — State: NY — Zip: 12801
Mailing Address (if different from physical address): Three Lakes Drive - 3D
City: Northfield — State: IL — Zip: 60093
Telephone: 518-742-4495 — Website: WWW.MEDLINE.COM
Licensing Company Email: RALICENSING@MEDLINE.COM

Section 2: Personal Information

First: Richard — Middle: Todd — Last: France
Alias(es, nicknames, name changes, etc.):
Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☑ M ☐ F ☐ X
Mailing Addres[redacted]
City: Hudson Falls — State: NY — Zi[redacted]
Telephon[redacted] — Email: tfrance@Medline.com
Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
South Glens Falls Senior High School		09-1982 - 06/1985	
Address	**City**	**State**	**Zip**
42 Merritt Rd,	South Glens Falls	NY	12803
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
SUNY Adirondack		09/2002 - 05/2004	
Address	**City**	**State**	**Zip**
640 Bay Rd	Queensbury	NY	12804
Diploma/Degree obtained, if any			
A.A.S.			

School Name		From - To (MM/YY – MM/YY)	
Rochester Institute of Technology		09/2005 - 05/2011	
Address	**City**	**State**	**Zip**
1 Lomb Memorial Dr	Rochester	NY	14623
Diploma/Degree obtained, if any			
B.S. Mechanical / Electrical Engineering Technology			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
9-1-2020 to Current	[redacted]	Hudson Falls,	NY	[redacted]
8-1-15 to 9-1-20		Fort Edward	NY	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries LP			4/1/2025 to current	
Business Address		**City**	**State**	**Zip**
10 Glens Falls Technical Park		Glens Falls	NY	12801
Phone	**Title**		**Number of Employed Hours**	
838-213-9862	Engineering Manager		1500 +	
Description of Duties				
Led cross-functional teams in Design Transfers,Collaborated with engineering teams in qualifying new vendors, Worked closely with stakeholders to define requirements and scope for new projects.				

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries LP			5/1/2023 -3/30/2025	
Business Address		**City**	**State**	**Zip**
10 Glens Falls Technical Park		Glens Falls	NY	12801
Phone	**Title**		**Number of Employed Hours**	
838-213-9862	Principal Engineer		1500+	
Description of Duties				
Led cross-functional team implementing EU-MDR Remediation, Product Families involved:Disposable Transducers, Manifolds & Stopcocks,Pressure Monitoring Lines,Contrast Injection Lines. Activities:Gap Analysis, stan. assessments				

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries LP			6/1/2019 - 5/1/2023	
Business Address		**City**	**State**	**Zip**
10 Glens Falls Technical Park		Glens Falls	NY	12801
Phone	**Title**		**Number of Employed Hours**	
838-213-9862	Sr. R&D Engineer		1500+	
Description of Duties				
Qualified new sterilization cycles to align with corporate QA, performing functional testing, to make sure there were no adverse performance effects. Qualified new vendors to realize cost savings				

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries LP			9/1/2014 - 5/31/2019	
Business Address		**City**	**State**	**Zip**
10 Glens Falls Technical Park		Glens Falls	NY	12801
Phone	**Title**		**Number of Employed Hours**	
838-213-9862	Sr. R&D Engineer		1500+	
Description of Duties				
Technical Lead for Disposables (tubing sets) able to withstand 1200 psi pressure rating to be used in conjunction with the Automated Power Injector that was under development. Managed end-to-end product development lifecycle.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

04/14/2026
Date

I, Richard Todd France, **certify that as the MDEG Administrator for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. RTF Have a high school diploma or its equivalent;
2. RTF Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. RTF Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. RTF Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Todd France

Print Name (First, Last)

RTF

Original Signature (electronic, copies or stamps not accepted)

04/14/2026

Date

Board Use Only	Date Received: UPLOAD

List of Employees
Medline Industries, LP
ANG - Glens Falls, NY

Name	Business Title
Ackley, Matthew Robert	Machine Operator I
Aldous, Michael	Supv Maintenance
Aldous, Rebecca A	Production Assoc II
Alger, Katrina Lynn	Production Assoc I
Ames, Christina Louise	Plant Controller
Aratare, Adam	Maintenance Tech I
Archambault, Morgan	Account Rep
Aubrey, Mary	Machine Operator II
Baeza, Adam	Mgr Maintenance
Bailey, Sandra A	Machine Operator II
Baker, Colby H	Line Clearance Coord
Baker, David Michael	Quality Control Inspector I
Baker, Eliza	Material Handler
Baldes, Jareth	Material Handler
Barron, Timothy William	Material Handler
Batchelor, Brian Andrew	Production Assoc I
Bates, Beverly A	Machine Operator I
Beckwith, Jennifer Ann	Production Assoc I
Benitez, Andrea	Warehouse Operator II
Bennett, Emily Ann	Production Assoc I
Bennett-Montello, Emma R	Plant Coord II
Berdejo Dioses, Sarah Lynn	Production Assoc I
Betty, Pharaoh	Material Handler
Bolden, Desiree Lourdes	Line Clearance Coord
Borden, Craig S	Mold Tech III
Borden, Ian	Production Assoc I
Borden, Katherine M	Production Lead
Borden, Teri L	Quality Control Inspector I
Borden, Timothy J	Machine Operator II
Bounds, David A	Production Assoc II
Bowan, John David	Production Assoc II
Brown, Leah J	Line Clearance Coord
Brown, Tena R	Production Assoc II
Bruno, Chelsea Angela	Production Assoc II
Bullard, Kevin James	Material Handler
Burch, Peggy L	Production Assoc II
Burdick, Marie	Production Assoc I
Burlingame, Christian Scott	Warehouse Operator II
Buschman, Joceylyn	Production Assoc I
Butler, Jay E	Line Clearance Coord
BYRNES, STEVE L	Sr Engineer
Campney, Colby	Engineer Quality
Capone, Zachary S	Production Assoc I
Carballo, Alec Mathew	Machine Operator II
Carpenter, Scott Matthew	Engineer
Carruthers, Cambria	Production Assoc I
Casey, Dawn M	Production Assoc I
Castilloux, Paula L	Production Assoc II
Celli, Mario Dominic	Analyst Business Systems
Cenate, Rachel Marie	Production Assoc II
Champaigne, Christopher C	Line Clearance Coord
Cheeney, Traci M	Production Assoc I
Cheeney, William J	Production Assoc II
Clark, James Robert	Production Assoc I
Clarke, Christopher Deshaun	Machine Operator I
Collins, Colleen L	Quality Control Inspector II
Collins, Tammy L	Production Assoc II
COMES, ZACHARY THOMAS	Production Assoc I
Conlon, Brett Maxwell	Machine Operator I
Corbett, Gregory W	Tool & Die Maker
Corbett, Kelly A	Mgr QC
Corcoran, Tammy	Buyer Reorder Div
Corey, Christina	Plant Coord II
Cornell, Chelsy Faith	Line Clearance Coord
Crump, Malinda Sue	Production Assoc I
Cummings, Sarah M	Material Handler
Cunningham, Matthew J	Supv Production
Curley, Amanda Lee	Production Assoc I
Currie, Michael J	Tool & Die Maker
Curtis, Lisa L	Production Assoc I
Cusson, Mark Craig	Machine Operator I
Dastalto, Susan A	Line Clearance Coord
Davidson, John William	Warehouse Operator II
Davis, Jocelyn A	Production Assoc II
de la Rosa, Allison	HR Coord
De Mars, Mikaela	Machine Operator I
Decker, Russell	Production Assoc I
DeFranco, Michaela	Production Assoc I
Dellaporta, Maria	Warehouse Ld
Denis, Ronald J	Production Assoc II
Dewey, Patrick	Material Handler
Deyoe, Kenneth Scott	Machine Operator II
Dingman, Dolores Susan	Production Assoc I
Donnelly, Christopher A	Mold Tech I
Donnelly, James Edward	Machine Operator II
DONOHUE, KAYLA	Production Assoc I
Doty, Molly	Admin Asst
Drew, Donna Louise	Machine Operator II
Drollinger, Graham Joseph	Production Assoc I
Dugan, Nicole Marie	Production Assoc I
Dumas, Andrea	Production Assoc II
Dumas, Cassandra Rebecca	Line Clearance Coord
Dunn, brooke Helen	Production Assoc I
Dunn, Emily	Sr Engineer Product Development
Duval, Jamie L	Production Assoc I
Eastman, Roberta A	Plant Coord II
Edleblute, Dana	Machine Operator I
Ellis, Nikki	Production Assoc I

Ellsworth, Henry C	Material Handler
Elmore, Heidi	Quality Tech
Fallen, Crystal M	Production Lead
Fanning, Elizabeth Erin	Production Assoc II
Farmer, Bridget Y	Line Clearance Coord
Fehl, Justin	Contract Engineer
Ferren, Aubri Nikkole	Production Assoc I
Ferullo, Robert	Mold Tech I
Finke, Jeannine L	Production Lead
Flynn, Joseph N.	Quality Control Inspector I
Foley, Austin Tyler	Warehouse Operator II
Folger, Dawn	Machine Operator II
Francato, Anthony	Machine Operator I
France, Richard T	Mgr Engineering
Frandino, Nicholas C V	Sr Spec EH&S
Frederick, Kathleen M	Quality Control Inspector III
Freer, Ethan	Production Assoc I
Fuller, Barbie E	Line Clearance Coord
Fuller, Beecher W	Line Clearance Coord
Gardner, Kevin Andrew	Production Assoc II
Garrison, Mallory	Material Handler
Gates, Tyler	Machine Operator I
Gheen, Ethan	Material Handler
Gibbs, Pamie Lyn	Machine Operator II
Gibson, Jacob	Production Assoc I
Gillis, Evelyn A	Line Clearance Coord
Gimmler, Tammie Lynn	Machine Operator II
Girard, John Robert	Production Assoc I
Gitto, Angela M	Material Handler
Goepfert, Christine M	Production Assoc I
Goguladinne, Udaya Sree	Engineer Quality
Gordon, Joshua	Machine Operator I
Gordon, Ronald	Mold Tech I
Grabowski, John W	Machine Operator I
Green, Zachary Thomas	Production Assoc I
Greenwood, Kristianne I	Production Assoc I
Griffin, Maria L	Production Assoc II
Guarino, Beth Ann	Production Assoc II
Guerrero Nava, Juan Francisco	Sr Engineer Quality
Guindoy, Arcelyn D	Machine Operator I
Gutierrez Sandoval, Alma Karina	Mgr QA
Gutierrez, Nicole	Engineer Product Development
Hadsell, Tracy A	Supv QC
Hammond, Arlane Maltezo	Production Assoc I
Hammond, Patrick	Machine Operator I
Hammond, Steven E	Project Spec
Harrington, Kory H	Machine Operator I
Hart, Taylor-Ann Marie	Machine Operator I
Hartwell, Stacy L	Material Handler
Hebert, Hannah Mabel	Production Assoc I
Hebert, Katherine	Line Clearance Coord
Hickey, Andrew Joseph	Material Handler
Hill, Stephanie	Production Assoc I
Hinton, Lauri	Machine Operator II
Hoag, James R.	Mgr Production
Hockman, Ann	Production Assoc I
Holcomb, Jeffrey E	Technical Support Tech II IT
Holcomb, Margaret	Production Assoc II
Holland, Tiffany Marie	Production Lead
HOLMES, KAYLA	Sr Engineer Quality
horsford, jeffrey david	Facility Maintenance Tech II
Huck, Christopher John	Production Assoc I
Hudson, Erin E	Calibration Tech III Lab
Huestis, Mary R	Production Assoc II
Hurley, Veronica	Production Assoc I
Husch, Aaron	Maintenance Tech I
Hutchings, Timothy D	Contract Engineer
Ingleston, Heath	Mold Tech II
James, Preston Scott	Production Assoc I
Jameson, Rebecca J	Machine Operator I
Jarrad, James	Production Assoc I
Jean, Brett james	Mold Tech I
Johnson, Christen E	Production Assoc II
Johnson, Paul	Quality Control Inspector I
Johnson, Rose Marie	Line Clearance Coord
Johnson, Virginia Ann	Production Assoc I
Jones, Bette L	Quality Control Inspector II
Jones, bryan Francis	Machine Operator I
Jones, David	Warehouse Operator II
Jones, Kimberly A	Machine Operator II
Kader, Eric Paul	Supv Production
Kalita, Richard	Sr Mgr QA
Kane, Paul Thomas	Machine Operator II
Kasuba, Patricia Ann	Production Assoc II
Keenan, Olivia	Production Assoc I
Keiran, Aimee J	Production Assoc I
Kellar, Talia E	Production Assoc I
Kennedy, Autumn M	Quality Control Inspector II
Kenny, James Steven	Sr Engineer
Kiernozek, Jasmyn Seren	Production Assoc I
Klena, Barbara J	Production Assoc II
Koenig, Paul William	Production Assoc I
La Marque, Thomas	Warehouse Ld
Lacoste, Mike Prescott	Machine Operator II
Lamphear, Bonita	Production Assoc II
Laroe, Cathleen A	Production Assoc I
Lawrence, Sally	Machine Operator II
Lawson, Lois Arlene	Quality Control Inspector II
Lebrun, Homer J	Mold Tech I
LeGere, Colleen	Production Assoc I
Leigh, Melissa A	Production Assoc I
Leroux, Kerry	Machine Operator I
Letizia, Theresa	Production Assoc I
Linke, Michael T	Sr Analyst Supply Chain
Littleton, Kristina Ann	Quality Control Inspector I
Locaputo, Christopher	Production Assoc I
Loveland, Melissa A	Machine Operator I
Luwunu, Mamie Mbakanu	Production Assoc I

Mabb, Elizabeth	Production Assoc I
MacArthur, Aline	Mgr Supply Chain
Mack, Edward L	Plant Coord II
MacPherson, James	Warehouse Operator II
Macpherson, Tara Lynn	Line Clearance Coord
Madison, Melissa Mae	Production Assoc I
Mahoney, Daniel Bryan Jonathan	Machine Operator I
Mallaney, Angela M	Production Assoc I
Martelle, Phillip	Material Handler
Marviglio, Tina	Line Clearance Coord
Maynard, Tabitha Lynn	Production Lead
Mazza, Kristin	Mgr HR Plant
Mcclellan, Noah T	Production Assoc I
Mccoy, William P	Production Assoc II
McCusker, Laura	Production Assoc I
Mcdonald, Sidney A	Machine Operator I
McDougall, Natalie	Production Assoc II
MCDOWELL, KELLY JEAN	Material Handler
Mcguirk, Stephanie Nicole	Production Assoc I
McKenny, Paul George	Machine Operator II
Mckernon, Patrick James	Machine Operator I
Merkle, Benjamin Maxwell	Machine Operator I
Merwin, Michael L	Principal Quality Engineer
Miller, Kathie	Machine Operator II
Miller, Scott D	Warehouse Operator II
Minkler, Laurie Ann	Production Assoc I
Monroe, Kelvin Caleb	Mold Tech I
Moore, Jamerious Akeem	Machine Operator II
Moore, Rosanna P	Production Assoc I
Morgan, Lutricia A	Production Assoc I
Morgan, Victoria Anne	Production Assoc I
Morgans, Maria	Production Assoc II
Morin, Jerry	Machine Operator II
Morin, Kevin Joseph	Machine Operator II
Morris, Celeste Rose	Production Assoc I
Morris, Craig S	Automation Spec
Morrison, Andrew	Mold Tech I
Morro, Dillan	Material Handler
Morse, June M	Production Assoc II
Morse, Yvonne Lea	Quality Control Inspector II
Mulcahy, Diane L	Production Assoc II
Mumblo, Jeffrey M	Material Handler
Murphy, Marion	Production Assoc I
Muset, Jimmily B	Line Clearance Coord
Muya, Ruth Wanjiru	Production Assoc I
Myott, Michael	Machine Operator II
Nelson, Christie	Quality Control Inspector I
Nicholson, Julie A	Production Assoc II
Nicholson, Kaitlin	Supv Account Rep
Nin, Deiberlyn Ofelia	Line Clearance Coord
Normandin, Peter Jacob	Quality Control Inspector II
Norton, Dale M	Spec Technical Engineering
Nyeko Lunungu, Romain Parfait	Machine Operator I
Obrey, Domenica Monet	Sr Mgr Sales Operations
O'Dell, Lisa	Production Assoc I
O'Neil, Darren J	Supv Production
O'Rourke, Christine P	Sr Engineer
Orr, Thomas Andrew	Mold Tech I
Ortecio, Marissa M	Machine Operator I
Palmer, Karl A	Machinist Sr
Palmer, Steven	Mold Tech III
Patterson, Andrew T	Warehouse Operator II
Perez-Roblero, Jazzlynn Marie	Production Assoc II
Perkins, Eugenia I	Quality Control Inspector III
Peters, Jesse	Engineer Quality
Petteys, Christopher P	Supv Tool & Die
Phelps, Kristyna Lee	Production Assoc I
Phelps, Shelby	Machine Operator I
Philion, Theresa A.	Warehouse Operator II
Philip, Paul	Co-Op
POMAINVILLE, DARMIE Mavordomo	Production Assoc I
Porter, Amber Rae	Production Assoc I
Pratt, Bradley R	Sr Dir Manufacturing Operations
Pratt, Kendra Marie	Machine Operator I
Prosser, Margaret M	Warehouse Ld
Radtke, Austin	Material Handler
Ramsey, Helen L	Line Clearance Coord
Rathbun, Lexia Jo	Line Clearance Coord
Reed, Ginger L	Material Handler
Regimbald, Ashley Kia	Quality Control Inspector II
Regimbald, Kimberly	Quality Control Inspector II
Reid, Melinda S	Production Assoc I
Renz, Linda	Production Assoc II
Rich, Connie M	Production Assoc I
Rifendifer, Laurie D	Production Assoc I
Rivers, Tammie L	Production Assoc II
Robare, Shamaine M	Machine Operator I
Rock, Jodi Lyn	Machine Operator I
Rock, Paul	Production Assoc I
Rummans, Cheryl Joan	Machine Operator I
Rumrill, Todd	Line Clearance Coord
Russell, Amanda Marie	Production Assoc II
Russell, Shannon	Machine Operator I
Russo-Lashway, Kyle James	Machine Operator II
Ryan, Marichu	Production Assoc I
Sacco, Anthony Vincent	Maintenance Tech I
Sahlberg, Heather M	Quality Control Inspector III
Sajjad, PARVEJ	Machine Operator I
Salmonson, Sandra Joyce	Production Assoc II
Sanborn, Yvette R	Machine Operator II
Sanchez, Raymond Alfred	Production Assoc I
Sandhu, Avinash	Line Clearance Coord
Santiago, Christopher Stephen	Line Clearance Coord
Sauer, Gary R	Tool & Die Maker
Sauer, Jason R	Supv QC Plant
Saunders, Jerolyn M	Line Clearance Coord
Saville, Lisa B	Line Clearance Coord
Sawyer, Gordon Clarence	Maintenance Tech I

Schiavoni, Brenda	Quality Tech Plant
Schies, Matthew	Line Clearance Coord
Schmeelke, Tammy L	Production Assoc I
Scott, Michelle Marie	Production Assoc II
Scripture, David	Inventory Control Ld
Seamon, Bonnie L	Production Assoc I
Searer, Melissa Ann	Machine Operator I
Sheehan, John	Supv Production
Sheldrick, Heidi A	Production Assoc I
Shiels, Karen Nicole	Production Assoc I
Silva, Suzanne F	Production Assoc II
Sital, Lydia Krystal	Supv Production
Smith, Karen M	Quality Control Inspector II
Smith, Young J.	Assoc Spec Sterility Assurance
Springer, Correy	Production Lead
Squires, Robert W	Maintenance Ld
Staunches, Cindy Lee	Warehouse Operator II
Steele, Anthony Mark	Production Assoc I
Sterling, Heather J	Quality Control Inspector I
Steves, Reagan	Production Assoc I
Stimpson, Bruce O	Automation Spec
Stone, Lee-Ann	Production Assoc I
Sullivan, Dennis	Assoc Engineer Product Development
Sweet, Clifford	Production Assoc I
Tardiff, Tracey	Production Lead
Tardiff, William	Line Clearance Coord
Taylor, Gretchen M	Quality Tech Sr
Taylor, Heather L.	Production Assoc I
Taylor, Madisyn	Production Assoc II
Therrien, Roxann R	Line Clearance Coord
Thompson, Trevor Daniel	Inventory Coord
Tompkins, Andrew Jacob	Production Assoc I
Towers, Claire	Production Assoc I
Tremaine, David L	Quality Control Inspector I
Troelstra, Benjamin T	Machine Operator I
Van Guilder, Leaha	Production Assoc II
Vance, Pamela Lynn	Production Assoc II
Vanderwarker, Peter	Maintenance Tech I
Vanguilder, Terri L	Production Assoc I
Vantassel, Maryann E	Production Assoc I
Vargas, Aron	Machine Operator II
Vaughn, Kristyna M	Production Lead
Velos, Rosh Hashana	Production Assoc II
Vial, hugo O	Machine Operator II
Vial, Valeska	Production Assoc I
Villarreal, Brittany	Buyer I
Wadleigh, Glenn H.	Mgr Engineering
Waite, Richard	Warehouse Operator II
Wall, Caitlin	Production Assoc I
Walls, David Alan	Supv Buyer
Wang, Eric	Development Program QE
Washburn, Gerald W	Maintenance Tech II
Washburn, Melanie Ann	Production Assoc II
Waters, William R.	Assoc Spec R&D
Watkins, Amanda L	Production Assoc II
Wells, Jenna	Line Clearance Coord
Wheeler, Sarah A	Quality Control Inspector III
White, Crystal Anne	Production Lead
White, Kirsten	Production Assoc I
White, Michael Emmanuel Anthony	Material Handler
Whiteway, Dawn	Production Assoc I
Whiting, Kevin M	Production Assoc I
Wigley, Logan Dwight	Production Assoc I
Wilbur, Kurt	Production Assoc I
Wilkes, Beverly R	Production Assoc II
Wilkins, Allen B.	Production Assoc I
Williams, Jobeth	Production Assoc I
Williams, Kevin J	Analyst Business Systems
Williams, Suzanne R	Machine Operator II
Winch, Marie	Machine Operator II
WOOD, AKEELA	Warehouse Operator II
Wood, Charlen	Line Clearance Coord
Wood, Patricia A	Production Assoc I
Woodcock, Haylie	Production Assoc II
Wright, Lisa Anne	Production Assoc I
Yancey, Heather	Line Clearance Coord
Yelizarov, Vladimir	Production Assoc I
Young, Richard E	Mgr Engineering
Zakrzewski, Melody A	Machine Operator I
Zerrenner, Henry	Production Assoc I

Copy of SEC 10K

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2025

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-43022

Medline Inc.

(Exact name of registrant as specified in its charter)

Delaware	**33-1845288**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
3 Lakes Drive Northfield, Illinois	**60093**
(Address of principal executive offices)	(Zip Code)

(847) 949 5500
Registrant's telephone number, including area code

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A common stock, par value $0.0001 per share	MDLN	Nasdaq Global Select Market

Securities registered pursuant to section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements.

☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b).

☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the Class A common stock held by non-affiliates of the registrant, based on the closing price of a share of Class A common stock on December 17, 2025, as reported by The Nasdaq Global Select Market on such date was approximately $13.0 billion. The registrant has elected to use December 17, 2025, which was the initial trading date of the registrant's Class A common stock on The Nasdaq Global Select Market, as the calculation date because on June 30, 2025 (the last business day of the registrant's most recently completed second fiscal quarter) the registrant was a privately held company. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose.

As of February 23, 2026, there were 811,647,534 shares of the registrant's Class A common stock and 502,045,878 shares of the registrant's Class B common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement related to its 2026 Annual Meeting of Stockholders to be filed with the U.S. Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2025 are incorporated by reference into Part III of this Annual Report on Form 10-K.

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Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K (this "Annual Report") contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Forward-looking statements include all statements that are not historical facts. Words such as "anticipate," "assume," "believe" "contemplate," "continue," "could," "estimate," "expect," "foreseeable," "intend," "may," "plan," "potentially," "predict," "project," "seek," "should," "will," or "would," or similar words or phrases that convey uncertainty of future events or outcomes, are intended to identify forward-looking statements in this Annual Report. These forward-looking statements relate to matters such as our industry, business strategy, costs, and costs savings, impacts of accounting standards and guidance, goals and expectations, market position, future operations, margins, profitability, capital expenditures, liquidity and capital resources, legal matters, trends, and other financial and operating information. The forward-looking statements are based on management's current expectations and are subject to various risks, uncertainty, and changes in circumstances, many of which are beyond our control, that could cause actual results to differ materially. Although we believe that the assumptions underlying the forward-looking statements are reasonable, we cannot guarantee future results, level of activity, performance, or achievements. Factors that may cause actual results to differ from expected results include those described in Part I, "Item 1A—Risk Factors" and Part II, "Item 7—Management's Discussion and Analysis of Financial Condition and Results of Operations". The forward-looking statements included in this Annual Report speak only as of the date of this Annual Report or as of the date they are made, as applicable. Except as otherwise required by law, we disclaim any intent or obligation to update any "forward-looking statement" made in this Annual Report to reflect changed assumptions, the occurrence of unanticipated events, or changes to future operating results over time.

INTRODUCTORY NOTE

Medline Inc. was incorporated as a Delaware corporation on November 6, 2024. Prior to the completion of its initial public offering (the "IPO") on December 18, 2025, Medline Inc. undertook certain reorganization transactions (the "Reorganization") such that Medline Inc. is now a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP ("Medline Holdings"). Following the IPO, Medline Holdings is the predecessor of Medline Inc. for financial reporting purposes. As the general partner of Medline Holdings, Medline Inc. now operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts its business. The Reorganization lacks economic substance and therefore is accounted for in a manner consistent with a reorganization of entities under common control. As a result, the consolidated financial statements of Medline Inc. recognize the assets and liabilities received in the Reorganization at their historical carrying amounts, as reflected in the historical financial statements of Medline Holdings. Medline Inc. will consolidate Medline Holdings on its consolidated financial statements and record a non-controlling interest related to the Units (as defined herein) held by the Continuing Unitholders (as defined herein) on its consolidated balance sheets and statements of comprehensive income.

Medline Inc. had no significant business transactions or activities prior to the Reorganization, and, as a result, the historical financial information reflects that of Medline Holdings.

Basis of Presentation

The consolidated financial statements and accompanying notes included herein are prepared in accordance with United States generally accepted accounting principles ("GAAP"). The results of businesses acquired or disposed of are included in the consolidated financial statements from the date of the acquisition or up to the date of disposal, respectively. All adjustments, in the opinion of management, necessary to a fair statement of the results for the annual periods presented have been made.

Certain monetary amounts, percentages, and other figures included in this Annual Report have been subject to rounding adjustments. Percentage amounts included in this Annual Report have been calculated, in some cases, not on the basis of such rounded figures, but on the basis of such amounts prior to rounding. For this reason, percentage amounts in this Annual Report may vary from those obtained by performing the same calculations using the figures, on the face of our consolidated financial statements included elsewhere in this Annual Report. Certain other amounts that appear in this Annual Report may not sum due to rounding.

In December 2024, we changed the name of Medline Holdings from Mozart Holdings, LP to Medline Holdings, LP. We will not distinguish between the prior and current name of Medline Holdings and will refer to the current name of Medline Holdings throughout this Annual Report. References in this Annual Report to "Medline," the "Company," "we," "us," and "our" refer (1) prior to the consummation of the IPO, to Medline Holdings, LP and its consolidated subsidiaries and (2) after the IPO to Medline Inc. and its consolidated subsidiaries.

CERTAIN DEFINITIONS

As used in this Annual Report, unless otherwise noted or the context requires otherwise, the following terms have the following meanings:

- "Class A Units" refers to the interests in Medline Holdings called "Class A Units" that were outstanding prior to the Reclassification. In connection with the Reclassification, (i) Class A Units held by Common Unitholders were converted into Common Units and (ii) Class A Units held by Exchanging Class A Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Class B Units" refers to the interests in Medline Holdings called "Class B Units" that were outstanding prior to the Reclassification, and does not include CUPI Units. In connection with the Reclassification, (i) Class B Units held by Incentive Unitholders were converted into Incentive Units and (ii) Class B Units held by Exchanging Class B Unitholders were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units).

- "Common Units" refers to the new class of units of Medline Holdings created by the Reclassification and does not include Incentive Units.
- "Common Unitholders" refers to certain pre-IPO holders of Class A Units and/or CUPI Units who hold Common Units following the Reclassification.
- "Incentive Unitholders" refers to certain pre-IPO holders of Class B Units who will hold Incentive Units following the Reclassification, as described under "Organizational Structure."
- "Continuing Unitholders" refers collectively to Common Unitholders and Incentive Unitholders.
- "CUPI Units" refers to the interests in Medline Holdings that were designated as "Catch-Up Class B Units" and outstanding prior to the Reclassification. In connection with the Reclassification, (i) CUPI Units held by Common Unitholders were converted into Common Units and (ii) CUPI Units held by Exchanging CUPI Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Designating Stockholder" refers to each of our Principal Stockholders with whom we entered into separate director nomination agreements.
- "Exchanging Class A Unitholder" refers to pre-IPO holders of Class A Units whose Class A Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Class B Unitholder" refers to pre-IPO holders of Class B Units whose Class B Units were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units) following the Reclassification.
- "Exchanging CUPI Unitholder" refers to pre-IPO holders of CUPI Units whose CUPI Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Unitholders" refers collectively to Exchanging Class A Unitholders, Exchanging CUPI Unitholders, and Exchanging Class B Unitholders.
- "Incentive Units" refers to the new class of units of Medline Holdings created by the reclassification of the Class B Units in the Reclassification. The Incentive Units are "profit interests" having economic characteristics similar to stock appreciation rights and having the right to share in any equity value of Medline Holdings above specified participation thresholds. Vested Incentive Units may be converted to Common Units and be subsequently exchanged for shares of Class A common stock.
- "Principal Stockholders" refers collectively to investment funds associated with Blackstone Inc., The Carlyle Group Inc. and Hellman & Friedman LLC, and members of the Mills family.
- "Reclassification" refers to the reclassification of the partnership interests of Medline Holdings prior to the IPO.
- "Sponsors" refers collectively to Blackstone Inc., The Carlyle Group Inc., and Hellman & Friedman LLC.
- "Units" refers collectively to Common Units and Incentive Units.

Summary of Risk Factors

The following is a summary of the principal factors that make an investment in our securities speculative or risky, all of which are more fully described below. This summary should be read together with the risk factors described under Part I, "Item 1A—Risk Factors" and should not be relied upon as an exhaustive summary of the material risks facing our business. In addition to the following summary, you should consider the information set forth below and the other information contained in this Annual Report before investing in our securities.

- Our global operations are subject to inherent risks that could materially adversely affect our business, results of operations, and financial condition.
- We may be unable to derive fully the anticipated benefits from our existing or future acquisitions, joint ventures, investments, dispositions, or other strategic transactions.
- Consolidation in the healthcare industry could have an adverse effect on our business, results of operations, and financial condition.
- We operate in a highly competitive industry, with accelerating pricing pressure and changes in technology.
- Changes to the U.S. and global healthcare environments may not be favorable to us.
- Increases in shipping costs or service issues with our third-party shippers could harm our business.

- Significant challenges or delays in our sourcing of new products and technologies could have an adverse impact on our long-term success.
- We have concentration in and dependence on certain healthcare provider customers and GPOs.
- Our business and operations depend on the proper functioning of our critical facilities and distribution networks and could be negatively impacted by events outside our control.
- Quality problems and product liability claims have in the past led, and could in the future lead, to recalls or safety alerts, reputational harm, adverse verdicts, or costly settlements, and could have a material adverse effect on our business, results of operations, and financial condition.
- Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline.
- If we experience increased pressure to maintain or decrease the price of our goods and services and we are unable to reduce our expenses, there may be a material adverse effect on our business, results of operations, and financial condition.
- Any failure by or loss of a third-party manufacturer or supplier or other manufacturing or supply-related impacts could result in delays and increased costs, which may adversely affect our business.
- We rely on the proper function, security, and availability of our information technology systems and data, as well as those of third parties throughout our global supply chain, to operate our business.
- We are subject to extensive and complex laws and governmental regulations and any adverse regulatory action may materially adversely affect our business, results of operations, and financial condition both inside and outside the United States.
- We are subject to complex and rapidly evolving data privacy, security, and data protection laws and regulations and the costs to comply with such laws and regulations or any ineffective compliance efforts with such laws and regulations may adversely impact our business.
- Our use or our third-party service providers' or business partners' use of AI, automated decision-making and machine learning technologies and the evolving regulatory framework in this area may subject us to risks or heightened costs that could adversely affect business, results of operation and financial condition.
- Our failure to comply with laws and regulations relating to reimbursement of healthcare goods and services may subject us to penalties and adversely impact our reputation, business, results of operations, financial condition, and cash flows.
- Uncertain global and domestic macro-economic and political conditions could materially adversely affect our business, results of operations, and financial condition.
- Our substantial indebtedness could adversely affect our financial condition, our ability to operate our business or react to changes in the economy or our industry, prevent us from fulfilling our obligations under our debts, and divert our cash flow from operations for debt payments.
- The credit agreement that governs the Senior Secured Credit Facilities and the indentures that govern the Senior Notes will each impose significant operating and financial restrictions on our subsidiaries, which may prevent us from capitalizing on business opportunities.
- Medline Inc. is a holding company and its only material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, and it is accordingly dependent upon distributions from Medline Holdings to pay taxes, make payments under the tax receivable agreement, and pay any dividends.
- The Designating Stockholders hold a significant percentage of our stock, and their interests may conflict with ours or yours in the future.
- Our amended and restated certificate of incorporation does not limit the ability of our Sponsors, the Mills family, and certain other pre-IPO investors to compete with us, and they may have investments in businesses whose interests conflict with ours.

The market price of shares of our Class A common stock may be volatile or may decline regardless of our operating performance, which could cause the value of your investment to decline.

Market and Industry Data

Unless otherwise indicated, information contained in this Annual Report concerning our industry, competitive position, and the markets in which we operate is based on information from independent industry and research organizations, other third-party sources and management estimates. Although we believe that these third-party sources are reliable, we do not guarantee the accuracy or completeness of this information, and we have not independently verified this information. Management estimates are derived from information obtained from surveys, reports by market research firms, our customers, distributors, suppliers, trade and business organizations, and other contacts in the markets in which we operate and have not been verified by independent sources, and are based on assumptions made by us upon reviewing such data, and our experience in, and knowledge of, such industry and markets, which we believe to be reasonable. In addition, assumptions and estimates of our and our industry's future performance are subject to a high degree of uncertainty and risk due to a variety of factors, including those described in Part I, "Item 1A—Risk Factors" and "Cautionary Note Regarding Forward-Looking Statements." These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

Statements regarding our market position (including statements that we are the largest company in a particular market), unless otherwise noted, are based on our 2025 net sales in the relevant market relative to the publicly reported net sales of our competitors in such market, including with respect to our statement of being the largest provider of med-surg products and supply chain solutions serving all points of care, as that statement is based on our 2025 net sales relative to the publicly reported net sales of med-surg products by companies that are both med-surg manufacturers and distributors.

Trademarks

We own or have the right to use trademarks, trade names, and service marks used in connection with our business, including, but not limited to, Medline, Curad, Microtek, Hudson, and Proxima. All trademarks, trade names, and service marks referred to in this Annual Report are the property of their respective owners. We do not intend our use or display of other companies' trade names, trademarks, or service marks to imply a relationship with, or endorsement or sponsorship of us by, these other companies. Solely for convenience, our trademarks, trade names, and service marks referred to in this Annual Report may appear without the ®, ™ or SM symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks, trade names, and service marks.

PART I

Item 1. Business

General

Medline Inc. (together with its subsidiaries, "Medline", "the Company", "we", "ours" and "us") is the largest provider of medical-surgical ("med-surg") products and supply chain solutions serving all points of care, based on total net sales of med-surg products. Medline was founded in 1966 and today delivers mission-critical products used daily across the full range of care settings, from hospitals and surgery centers to physician offices and post-acute facilities. Our mission is to make healthcare run better by delivering improved clinical, financial, and operational outcomes.

We have two reportable segments, Medline Brand and Supply Chain Solutions, the combination of which addresses critical needs in the market through a comprehensive solution. They are both supported by our Prime Vendor model, differentiated distribution network, and robust commercial platform. Through our two segments, we offer approximately 335,000 med-surg products, including surgical and procedural kits, gloves and protective apparel, urological and incontinence care, wound care, and consumable lab and diagnostics products. We distribute these products through our expansive network of global distribution facilities and our owned fleet of MedTrans trucks.

Medline Brand

As of December 31, 2025, we offer our customers approximately 190,000 med-surg products through our Medline Brand segment and hold leading positions across many key product families for our Medline Brand products. Our Medline Brand products are organized into three product categories: Front Line Care, Surgical Solutions, and Laboratory and Diagnostics.

- *Front Line Care* offers mission-critical med-surg products for patient-facing needs, including wound care products, exam gloves, skin care and incontinence products, environment cleaning supplies, textiles, hand sanitizer, durable medical equipment, patient plastics, and decolonization and infection control products.
- *Surgical Solutions* offers operating room and perioperative environment product solutions, including surgical procedure trays, drapes and gowns, personal protective equipment, sterile wraps, surgical instruments, surgeon's gloves, procedure kits, and orthopedic implants.
- *Laboratory and Diagnostics* offers a full range of laboratory and diagnostic product solutions, including point of care testing, analyzers and instrumentation, lab and diagnostic consumables, diagnostic instruments, vital signs monitors, and anatomic pathology and phlebotomy products.

Our product development approach incorporates customer feedback and ongoing innovation. We are also committed to delivering products of the highest standard, which is reflected by our robust quality team embedded across our manufacturing and sourcing locations. The expertise of our research and development team and quality team helps ensure products bearing the Medline brand meet both our rigorous quality standards and our customers' expectations.

Supply Chain Solutions

As of December 31, 2025, we offer approximately 145,000 med-surg products from over 1,300 third-party suppliers, including nearly all leading national brands, through our Supply Chain Solutions segment. We also provide our customers with supply chain optimization services such as consulting engagements, outsourced warehouse and technology management, put-away-ready packaging, third-party logistics, inventory rationalization, and route planning. Our third-party suppliers are primarily responsible for costs related to import and inbound freight, whereas we are primarily responsible for costs related to outbound freight from our distribution centers. Our supply chain expertise allows us to provide additional service offerings to optimize our customers' supply chain and inventory workflows, helping these customers cost-effectively manage their supply chain while building strong relationships and enhancing retention.

Our Prime Vendor Model

A Prime Vendor relationship is a relationship for which there is a multi-year distribution agreement between Medline and a customer, whereby the customer agrees to use Medline for the vast majority of its med-surg product needs.

In our Prime Vendor relationships, we enter into long-term agreements, typically structured with five-year terms, to act as the primary consolidated logistics partner for these customers' med-surg product needs. These agreements have been and are expected to continue to be a key contributor to our growth. Our customers realize efficiencies by partnering with one supply chain partner to consolidate their med-surg purchase volume. Prior to the market adoption of the Prime Vendor model, customers sourced such products individually from a highly fragmented base of suppliers. The Prime Vendor model instead centralizes procurement and distribution, which in turn drives efficiency and higher service levels.

As Prime Vendor, we drive significant cost savings to our customers. Our scale allows us to deliver consistently lower prices and better service levels on Medline Brand products relative to third-party alternatives, while also lowering the distribution cost for delivery of the full range of med-surg products. This often motivates customers to purchase more Medline Brand products over time. The opportunity is even greater in certain non-acute settings, where we sell a more focused product portfolio. Our Prime Vendor model allows us to provide cost savings to Prime Vendor customers, which, over time, supports incremental purchasing of our Medline Brand products and greater scale across our operations. As our scale grows, we are able to realize further efficiencies by offering superior or similar quality to third-party products at a more cost-effective price. We believe that Medline Brand conversion is mutually beneficial for both our customers and us-the value we provide customers at the outset of a Prime Vendor agreement meaningfully increases over time, as they accrue savings by purchasing our lower cost Medline Brand products, while our profitability grows given the enhanced margin profile of Medline Brand products. This compelling value proposition and supply chain relationship with our customers supports our greater than 98% average Prime Vendor retention rate over the past five years.

A portion of Supply Chain Solutions products sold to existing Prime Vendor customers has like-for-like Medline Brand product equivalents, representing a potential gross profit uplift consistent with our historical margin differentials if such products were converted for Medline Brand products. While we historically have earned higher margins upon conversion from third-party national brand products to like-for-like Medline Brand products, because of the lower average prices for Medline Brand products, there is typically a negative impact on net sales upon the conversion of Supply Chain Solutions products to like-for-like Medline Brand products if volume is assumed to be constant. For additional information on potential risks relating to this conversion opportunity, please see Part I, "Item 1A—Risk Factors—Risks Related to Our Business, Industry and Operations—Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline."

Our Distribution Network

We have a differentiated distribution network of 70 global distribution centers, warehouses, cross-docks, and transship facilities, 45 of which are in the United States, strategically located to provide next-day delivery to 95% of our U.S. customer base. We utilize artificial intelligence ("AI") and robotics technology in over 26 million square feet of warehouse space in the United States to improve efficiency and capacity to optimize distribution logistics and maximize utilization. The products we distribute are packaged to meet each customer's individual needs and to be "put-away-ready," which streamlines the customer's unloading and shelving process. We also operate our own fleet of more than 2,100 MedTrans trucks that deliver our products across care settings within the United States. As of December 31, 2025, we had approximately 25% in incremental capacity across our platform to support our long-term growth.

Our Commercial Platform

Our deep connectivity to our customers is driven by the strength of our dedicated and tenured commercial team. We have a U.S. commercial team of approximately 4,000 people across all points of care, which includes account managers, product specialists, specialized clinical resources, customer service representatives, supply chain specialists, Prime Vendor analysts, and a robust leadership team dedicated to driving efficiencies for our customers through their teams. We have created an entrepreneurial environment that empowers our salesforce to work with our product managers to create innovative products that meet market demand. We have a team devoted to each channel in the United States and each region or country internationally, which allows our salesforce teams to develop market-specific knowledge.

Research and Development

We have a track record of successfully bringing new products to market, with more than 2,300 granted patents and more than 450 U.S. Food and Drug Administration ("FDA") 510(k) clearances. Over the last three years, we have successfully launched more than 250 new products.

Competition

Our value proposition is derived from our integrated business model, the breadth of our Medline Brand portfolio, our differentiated supply chain, and the overall quality and cost of our products. As a result of our integrated business model, our competitors include both other leading med-surg product manufacturers and distributors.

Similar to us, other leading med-surg product manufacturers produce a wide range of med-surg supplies. However, unlike us, many of these competitors are reliant upon third-party distributors to deliver their products to customers. By nature of being a distributor, Medline has direct access to and manages the end customer relationships. This enables us to offer a complete solution as a manufacturer and a distributor, offering our customers what we believe to be best-in-class supply chain logistics, and driving value through our brand.

Additionally, other distributors of med-surg products similarly connect the fragmented supplier and provider bases and aggregate inventory from suppliers to deliver products to customers, such as McKesson, Cardinal Health, Owens & Minor, and Henry Schein. These distribution companies compete with us for Prime Vendor agreements. However, we believe that many of these competitors do not benefit from the scale and scope of our vertical integration or commercial excellence, and thus are not able to provide the same magnitude of cost savings, value, and holistic solutions that we deliver for our customers.

Production and Raw Materials

We manufacture approximately one-third of our Medline Brand products, which are primarily Class I and II medical devices, through our 30 manufacturing facilities, of which 24 are in North America. We purchase many of the components and raw materials used in manufacturing our products from numerous suppliers. We focus our manufacturing capabilities on products where we can leverage technology and automation to drive higher quality and lower costs to better serve our customers. For the vast majority of the other two-thirds of our Medline Brand products, we work closely with our network of more than 600 global partners across approximately 40 countries, many of whom have decades-long exclusive relationships with us. The breadth of our global sourcing partnerships provides diversification and strengthens our resiliency, with no single sourcing partner accounting for more than 5% of total spend as of December 31, 2025.

We also have plans and measures in place to help ensure continuity of supply while maintaining high quality and reliability. Generally, we have been able to obtain adequate supplies of such raw materials and components. However, due to the FDA's manufacturing requirements and those of other regulatory authorities, we may not be able to quickly establish additional or replacement sources for certain components, materials or processes if we experience a sudden or unexpected reduction or interruption in supply or services and are unable to develop alternative sources.

Human Capital Resources

At Medline, our relentless focus on the customer drives our human capital strategy, which revolves around attracting, developing, and retaining employees to provide the best products and services for our customers. We have developed a strong foundation that drives our recruitment, retention and development efforts. We are committed to supporting the personal and professional development of our employees, as well as providing competitive benefits and a safe, inclusive workplace.

As of December 31, 2025, we employed over 45,000 employees worldwide, with over 26,000 located in the United States. Our largest non-U.S. employee populations are in Mexico, Dominican Republic, India, Canada, Slovakia, France, China, Japan, Germany, and Australia. None of our employees in the United States are unionized, though some of our employees in Mexico belong to unions. In Germany and the Netherlands, employees are represented through Works Councils; in France and Spain, employees are represented through both Works Councils and industry-wide collective bargaining agreements; and in Belgium and Italy, employees are also represented through industry-wide collective bargaining agreements. In Australia, certain employees are represented by an enterprise bargaining agreement; in Japan, employees are represented through a Work Council; and in Vietnam, employees are represented through a collective bargaining agreement. We believe that our positive employee relations and total employee experience drive the continual growth of our workforce.

Culture and Values

Our culture is grounded in a customer-focused, collaborative, and performance-driven approach, guided by core values emphasizing relentless customer focus, agility and flexibility, problem-solving, drive to succeed, purposeful candor, and the importance of relationships. Employees are encouraged to exercise judgment, work transparently with customers, and contribute meaningfully to our mission to make healthcare run better.

Talent Attraction and Development

We seek to attract employees whose skills, experience, and motivation align with our operational and technical needs. Through continual improvement of internal processes, an awareness of market and candidate driven trends, and in partnership with vendors and other outside organizations, our talent acquisition programs focus on efficient hiring processes, market awareness, and building a diverse pipeline of candidates. We support development through consistent performance management processes and early career opportunities to take on additional responsibilities to demonstrate their competencies and drive to succeed and on-the-job responsibility augmented by formal training and development to refine technical and leadership skills. New sales representatives participate in comprehensive training programs, and product managers have targeted development pathways through all stages of their careers, from mandatory onboarding offerings to advanced classes that provide the necessary skills with increasing levels of responsibility, to support progression over time.

Employee Engagement and Inclusion

We believe our employees' ability to communicate and cooperate effectively across functional and departmental teams positively impacts our performance. We engage in various listening strategies and foster engagement through survey feedback mechanisms, anonymous employee feedback platform, focus groups, increased attention to onboarding and offboarding feedback, pulse surveys on remote work needs, and other listening strategies. Insights from these efforts inform workplace improvements. We also support an inclusive environment through Employee Resource Groups and leadership training initiatives designed to reduce bias in talent decisions and strengthen representation across the company.

Health, Safety, and Well-Being

We are committed to maintaining a safe workplace and supporting the physical, emotional, and financial well-being of our employees. We provide competitive health and benefits programs, access to assistance resources where available, and opportunities for community involvement through charitable giving, including financial giving and in-kind giving such as product donations.

Intellectual Property

We rely upon patents, trademarks, copyrights, trade secrets and other intellectual property rights to maintain and improve our competitive position. We have a large portfolio of intellectual property, including more than 2,300 granted patents as well as trademark registrations protecting our notable brands, including Medline, Curad, Microtek, Hudson, and Proxima.

We consider the trademarks and know-how that we own to be material to our business. However, other than the Medline mark, we do not consider our business to be materially dependent upon any individual trademark registration or trade secret. In the aggregate, we consider our more than 2,300 granted patents to be material to our business. However, no single patent or group of related patents is material to our business as a whole or any segment of our business.

We believe that we have taken all necessary steps to protect our intellectual property rights, but no assurance can be given that we will be able to successfully enforce or protect our rights in the event that they are infringed upon or challenged by a third party. See Part I, "Item 1A —Risk Factors—Risks Related to Regulation and Legal Proceedings—Any failure to obtain, maintain, protect and enforce our intellectual property rights, or the failure of the strength or scope of our intellectual property rights, could harm our business, financial condition, and results of operations" and "—Risks Related to Regulation and Legal Proceedings—We may become subject to litigation brought by third parties claiming infringement, misappropriation, or other violation by us of their intellectual property rights."

Government Regulation

Our operations and products are subject to extensive regulation by numerous governmental regulatory authorities, including U.S. and other international regulatory authorities, and other government agencies inside and outside the United States. To varying degrees, each of these agencies requires us to comply with laws and regulations governing the development, design, materials, testing, safety, efficacy, quality, purity, manufacturing, methods, controls, testing, screening, recordkeeping, reporting, processing, storage, registration, authorization, licensing, permitting, labeling, advertising, marketing, distribution, offer for sale, sale, use, expiration, pricing, reimbursement, import, export, clinical trials, post-marketing surveillance of our products, the registration of our facilities, and the claims that we make about our products. The United States and other countries where we sell healthcare and other regulated products, including drugs, human cell and tissue products, dietary supplements, cosmetics, certain foods, and consumer products subject such products to their own clearance, authorization, approval, registration, listing, labeling, manufacturing, recordkeeping, reporting, and other regulatory requirements regarding the performance, safety, and quality of such products. We are also subject to healthcare and other regulations and enforcement by the federal government and the states and foreign governments and authorities in the locations in which we conduct our business. The U.S. governmental and regulatory authorities that enforce such laws and rules, and that issue guidance on compliance with such laws and rules include, without limitation, the FDA, the Centers for Medicare & Medicaid Services ("CMS"), other divisions of the U.S. Department of Health and Human Services ("HHS"), the HHS Office of Inspector General, U.S. Environmental Protection Agency ("EPA"), the Federal Trade Commission ("the FTC"), Consumer Product Safety Commission ("CPSC"), the U.S. Department of Justice ("DOJ") and individual U.S. Attorney offices within the DOJ, as well as state and local governments. Our business is also affected by patient and data privacy and security laws, government payer cost containment initiatives, government reimbursement laws and regulations, environmental, health, and safety laws and regulations, as well as laws and regulations with respect to the sale, transportation, storage, handling, and disposal of hazardous or potentially hazardous substances, and safe working conditions. Our business also maintains contracts with governmental agencies and such contracts are subject to various government procurement laws and regulations, required contract provisions, and other requirements relating to contract formation, administration and performance. Failure to comply with applicable laws and regulations or with contractual or other requirements may result in monetary damages and criminal or civil penalties as well as termination of our government contracts or our suspension or debarment from government contract work.

The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, including through the offering of new products and services or entering into new geographic areas, we may be subject to new and additional regulatory requirements. The foreign, federal, state, and local regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products, suspend, revoke, or terminate our product and facility licenses, permits, and authorizations, request the cessation of distribution and shipments of certain products due to regulatory, safety, or other issues, seize or order the recall of our products, issue safety, quality, or other communications to the public or healthcare providers, enforce laws related to marketing, including promotion of off-label uses of products, and impose injunctions and significant criminal, civil, and administrative sanctions for violations of laws and regulations. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, may impact our business practices and operations, including by limiting our ability to effectively market, ship, and sell our products, affecting the production and distribution of products by our manufacturing facilities, subjecting us to significant liability, and limiting our ability to obtain future authorizations. Although we are subject to international government regulations in the international end markets where we operate and/or provide our products, these regulations do not have a material impact on our products as no international market represents more than 3% of our net sales.

Government Regulation of Medical Devices

Our medical devices are subject to regulation by numerous government agencies, including the FDA and comparable state and foreign agencies. Regulations of the FDA and other regulatory agencies in and outside the United States impose extensive compliance and monitoring obligations on portions of our business. The FDA and other U.S. and foreign governmental agencies regulate, among other things, with respect to medical devices: design, development, and manufacturing; testing, registration, listing, labeling, content, and language of instructions for use and storage; clinical trials; product safety; marketing, sales, and distribution; licensing and permit requirements; premarket clearance, approval and authorization; record keeping procedures; advertising and promotion; recalls and field safety corrective actions; post-market surveillance, including reporting of deaths or serious injuries and malfunctions that, if they were to recur, could lead to death or serious injury; post-market approval studies; and product import and export. The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, we may be subject to new and additional regulatory requirements. The FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers; seize or order the recall of products; terminate, suspend, or revoke licenses and permits; and impose significant criminal, civil, and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers. In addition, the FDA and other governmental and regulatory authorities, both in and outside the United States (including the FTC, the HHS Office of the Inspector General, the DOJ, and various state Attorneys General), monitor the promotion and advertising of our products. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, depending on its magnitude, may limit our ability to effectively market, ship, and sell our products, limit our ability to obtain future premarket authorizations, or result in a substantial modification to our business practices and operations.

FDA Premarket Clearance and Approval Requirements

Each medical device we wish to distribute commercially in the United States requires marketing authorization from the FDA prior to distribution, unless the device is exempt from premarket notification requirements. The type of marketing authorization necessary is generally linked to the classification of the device. The FDA classifies medical devices into one of three classes-Class I, II, or III-based on the degree of risk associated with a device and the level of regulatory control deemed necessary to ensure its safety and effectiveness. Class I devices that pose the least risk are subject only to General Controls applicable to all devices, such as requirements for device labeling, premarket notification, and adherence to current good manufacturing practices for devices as set forth in the Quality System Regulation ("QSR"). Class II devices that pose a moderate risk are subject to General Controls and may also be subject to Special Controls, such as performance standards, product-specific guidance documents, special labeling requirements, patient registries, or post-market surveillance. Class III devices are those for which insufficient information exists to assure safety and effectiveness solely through General and Special Controls, including devices that support or sustain human life, are of substantial importance in preventing impairment of human health, or which present a potential unreasonable risk of illness or injury.

Most Class I devices and some Class II devices are exempted by regulation from the 510(k) clearance requirement and can be marketed without prior authorization from the FDA. Class I and II devices that are not exempted are eligible for marketing through the 510(k) clearance pathway. By contrast, devices placed in Class III generally require premarket approval ("PMA") or de novo clearance prior to commercial marketing. The PMA approval process is more stringent, time-consuming and expensive than the 510(k) clearance process; however, the 510(k) clearance process has also become increasingly stringent and expensive. None of our products are currently approved under a PMA, and we have no plans for any indication or system improvement or extension that we believe would require a PMA. If, in the future, we were to file a PMA, we may be subject to additional regulatory requirements.

510(k) Clearance Process

To obtain 510(k) clearance, we must submit a premarket notification to the FDA demonstrating the proposed device to be substantially equivalent to a predicate device. A device is substantially equivalent if, with respect to the predicate device, it has the same intended use and it has either the same technological characteristics, or it has different technological characteristics, but the information provided in the 510(k) submission demonstrates that the device does not raise new questions of safety or effectiveness. The standard review process for 510(k)s is between six to nine months, dependent upon the type of 510(k) filing submitted. Although many 510(k) premarket notifications are cleared without clinical data, in some cases, the FDA may require clinical data to support substantial equivalence. In reviewing a premarket notification, the FDA may request additional information, including clinical data, which may significantly prolong the review process and clearance is never assured. Clinical trials generally require the submission of an investigational device exemption ("IDE") to the FDA for a specified number of patients and study sites, unless the product is deemed a non-significant risk device eligible for more abbreviated IDE requirements. Clinical trials are subject to numerous requirements and institutional review board approval, oversight, and monitoring. Even if a trial is conducted, the results of clinical testing may not adequately demonstrate the safety and effectiveness of the device or be sufficient to obtain FDA clearance or approval for marketing.

After a device receives 510(k) clearance, any subsequent modification of the device that could significantly affect its safety or effectiveness, or that would constitute a major change in its intended use, requires a new 510(k) clearance or could require submission and approval of a de novo 510(k) or a PMA application in cases where new indications are sought for which there is no predicate. Non-significant changes are handled via internal documentation by the Company. Each manufacturer must judge the significance of modifications based on FDA 510(k) regulatory requirements and guidance documents. The FDA may review any such decision and may disagree with a manufacturer's determination. If the FDA disagrees with a manufacturer's determination, the FDA may require the manufacturer to cease marketing and distribution and/or recall the modified device until 510(k) clearance or PMA approval is obtained. In the future, we may make modifications to our products after they have received FDA clearance and, in appropriate circumstances, determine that new clearance is unnecessary. However, the FDA may disagree with our determination, and, if the FDA requires us to seek 510(k) clearance or submit new PMA applications for any modifications to a previously cleared product, we may be required to cease marketing or distributing or recall the modified device until we obtain the required clearance or approval. We may also market or acquire products that are marketed without a 510(k) clearance, appropriate labeling, or that otherwise are marketed in violation of FDA requirements, since medical devices can be marketed only for the indications for which they are cleared or approved. Under these circumstances, we may also be subject to warning letters, significant regulatory fines, or other penalties, and we may no longer be able to market particular products for which a 510(k) clearance is required.

Post-Marketing Requirements

Numerous FDA regulatory requirements apply to devices we manufacture and distribute, including: compliance with the QSR, which require manufacturers and their suppliers to follow the applicable design, testing, processes, control, documentation, labeling, and other quality assurance procedures during the manufacturing process; establishment registration, which requires establishments involved in the production and distribution of medical devices intended for commercial distribution in the United States to register with the FDA; medical device listing, which requires manufacturers to list the devices they have in commercial distribution with the FDA; labeling regulations, which prohibit "misbranded" devices from entering the market, as well as prohibit the promotion of products for unapproved or off-label uses and impose other restrictions on labeling; post-market surveillance, including medical device reporting requirements which requires manufacturers to report to the FDA if their device may have caused or contributed to a death or serious injury, or malfunctioned in a way that would likely cause or contribute to a death or serious injury if it were to recur; and corrections and removal reporting regulations, which require that manufacturers report to the FDA field corrections and product recalls or removals if undertaken to reduce a risk to health posed by the device or to remedy a violation of the Federal Food, Drug, and Cosmetic Act that may present a risk to health. The FDA and other governmental and regulatory authorities actively enforce the laws and regulations prohibiting the promotion of off-label uses, and a company that is found to have improperly promoted off-label uses may be subject to significant liability.

The FDA enforces these requirements by inspection and market surveillance. Domestic facility records and manufacturing processes are subject to periodic unscheduled inspections by the FDA. The FDA may also inspect foreign facilities that export products to the United States. Failure to comply with applicable regulatory requirements may result in enforcement action or other actions by the FDA, which may include one or more of the following sanctions: adverse press releases and safety communications; requests to stop shipments; untitled letters or warning letters; fines, injunctions, and civil penalties; mandatory recall or seizure of our products; customer notifications and repairs or replacements; administrative detention or banning of our products; consent decrees; operating restrictions, partial suspension or total shutdown of production; refusing our request for 510(k) clearances for new product versions or modifications to existing product versions; revocation of 510(k) clearances previously granted; refusal to grant export approval for our products; and criminal prosecution and penalties. If any of these events were to occur, they could have a material adverse effect on our business, financial condition, and results of operations.

International Regulation of Medical Devices

Sales of medical devices outside the United States are subject to foreign government regulations, which vary substantially from country to country. In order to market our products in other countries, we must comply with applicable regulatory requirements and authorizations and approvals and safety and quality regulations in each country in which the product is marketed. The time required to obtain authorization, approval, or certification by a foreign country may be longer or shorter than that required for FDA clearance, and the requirements may differ significantly.

EU Regulation of Medical Devices

In the European Union ("EU") until May 25, 2021, medical devices were regulated by the Council Directive 93/42/EEC, which has been repealed and replaced by the Medical Device Regulation ("EU MDR"). Unlike directives, regulations are directly applicable in all EU member states without the need for member states to implement into national law. The EU extended the EU MDR transitional periods for certain medical devices until December 31, 2027 or December 31, 2028, depending on a device's risk class and subject to certain conditions to ensure continued access to medical devices for patients and to allow medical devices already placed on the market in accordance with the current legal framework to remain on the market, provided that the requirements of the transitional provisions are fulfilled.

In the EU, there is currently no premarket government review of medical devices. However, all medical devices placed on the EU market must meet general safety and performance requirements, and compliance with the general safety and performance requirements is a prerequisite for European conformity marking without which medical devices cannot be marketed or sold in the EU. EU MDR requirements regarding the distribution, marketing, and sale, including quality systems and post-market surveillance, have to be observed by manufacturers, importers, and distributors as of the application date (i.e., since May 26, 2021), including registration of economic operators and of devices (once the relevant modules of Eudamed are functional), surveillance, and vigilance requirements. The aforementioned EU rules are generally applicable in the European Economic Area which consists of the 27 EU member states plus Norway, Liechtenstein, and Iceland.

The NDA Approval Process

For any new drug products regulated under the Federal Food, Drug, and Cosmetic Act such as our ReadyPrep CHG cloth, a sponsor must submit a New Drug Application ("NDA"), to the FDA for review and approval. The NDA review and approval process may take multiple years and involves steps including the following:

- completion of preclinical studies and analytical and stability testing in accordance with applicable regulations;
- submission to the FDA of an Investigational New Drug ("IND") application, which must become effective before clinical trials may begin and must be updated annually and amended when certain changes are made;
- approval by an institutional review board, or IRB, or independent ethics committee, or IEC, at each clinical trial site before each trial may be initiated;
- performance of adequate and well-controlled clinical trials in accordance with applicable IND regulations, good clinical practice, or GCP, requirements, including informed consent, financial disclosure by investigators, and other clinical trial-related regulations, to establish the safety and efficacy of the investigational product for each proposed indication and other condition of use;
- preparation and submission to the FDA of an NDA;

- satisfactory completion of one or more FDA pre-approval inspections of the manufacturing facility or facilities where the drug will be produced to assess compliance;
- satisfactory completion of FDA inspection of select clinical trial sites involved in conducting pivotal studies that generated the data in support of the NDA;
- payment of user fees for FDA review of the NDA; and
- FDA review and approval of the NDA, including of the proposed prescribing information and, where applicable, consideration of the views of any FDA advisory committee, prior to any commercial marketing or sale of the drug in the United States.

Any approvals that we may ultimately receive could be withdrawn if required post-marketing trials or analyses do not meet the FDA requirements, which could materially harm the commercial prospects for our products.

Even if a product candidate receives regulatory approval, the approval may be limited to specific disease states, patient populations and dosages, or might contain significant limitations on use in the form of warnings, precautions or contraindications, or in the form of onerous risk management plans, restrictions on distribution, or post-marketing study requirements. Further, even after regulatory approval is obtained, later discovery of previously unknown problems with a product may result in restrictions on the product or even complete withdrawal of the product from the market. Delay in obtaining, or failure to obtain, regulatory approval for our candidate products, or obtaining approval but for significantly limited use, would harm our business. In addition, we cannot predict what adverse governmental regulations may arise from future U.S. or foreign governmental action.

Trade Regulations

The movement of products, services, and investment across borders subjects us to extensive trade regulations. A variety of laws and regulations in the countries in which we transact business apply to the sale, shipment, and provision of goods, services, and technology across borders. These laws and regulations govern, among other things, our import, export, and other business activities. We are also subject to the risk that these laws and regulations could change in a way that would expose us to additional costs, penalties, or liabilities. Some governments also impose economic sanctions against certain countries, governments, persons, and entities, both for unlawful or malign conduct and to discourage or prevent entities from abiding by other countries' laws. In addition to our need to comply with such regulations in connection with our direct activities, we also sell and provide goods, technology, and services to agents, representatives, and distributors who may export such items to customers and end-users. If we, or the third parties through which we do business, are not in compliance with applicable import, export control, or economic sanctions laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability. Such actions may disrupt or delay sales of our products or services or result in restrictions on our distribution and sales of products or services that may materially impact our business.

Anti-Boycott Laws

Under U.S. laws and regulations, U.S. companies and their subsidiaries and affiliates are prohibited from participating or agreeing to participate in unsanctioned foreign boycotts in connection with certain business activities, including the sale, purchase, transfer, shipping, or financing of goods or services within the United States or between the United States and countries outside of the United States. If we, or certain third parties through which we sell or provide goods or services, violate U.S. anti-boycott laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability.

4MM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 01636	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: One Medline Place

City: Mundelein State: IL Zip: 60060

Mailing Address (if different from physical address): 3 Lakes Drive, Attn: Licensing 3D

City: Northfield State: IL Zip: 60093

Telephone: 847-643-4922 Website: medline.com

Name of Designated Representative (DR): George Britt

Licensing Company Email: ralicensing@medline.com DR Email: gbritt@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attached Corporate Discipline History

Original Signature (electronic, copies or stamps not accepted)

4/15/26
Date

Medline Industries, LP- Discipline *Confidential*

Date of Resolution	Facility	Description
08/03/2005	1401 N. Universal Ave Kansas City, MO 64120	**Case:** 2003031660 **Agency:** Missouri Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement, 5 years' probation **Summary:** Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. **Corrective Actions:** Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.
12/07/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**Case:** N/A **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Temporary Suspension Lifted **Summary:** Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR. **Corrective Actions:** Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.
02/08/2008	2708 NE Waldo Rd. Gainesville, FL 32609	**Case:** 2007-37412 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement **Summary:** Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case. **Corrective Actions:** Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
05/01/2008	149 New Camellia Blvd. Covington, LA 70433	**Case:** 2008006 **Agency:** Louisiana Board of Wholesale Drug Distributors **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Decree **Summary:** Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation. **Corrective Actions:** Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Medline Industries, LP- Discipline *Confidential*

07/08/2008	94-1420 Moaniani St. Waipahu, HI 96797	**Case #:** PHA 2008-71-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013. **Corrective Actions:** Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.
09/06/2008	10601 Southport Dr. Orlando, FL 32824 _____ 401 Commerce Blvd. Oldsmar, FL 34677 _____ 4750 118th Ave N Clearwater, FL 33762	**Case #:** 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215 **Agency:** Florida Department of Health **Entity:** Medline Industries, Inc.; Medline Manufacturing & Services, LLC **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008. **Corrective Actions** Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.
02/04/2009	5450 W. Stewart Ave. Wausau, WI 54401	**Case:** 08 PHM 037 **Agency:** Wisconsin Department of Regulation and Licensing **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation Order **Summary:** Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter. **Corrective Actions:** Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Medline Industries, LP- Discipline *Confidential*

05/19/2009	94-1420 Moaniani St. Waipahu, HI 96797	**Case:** PHA 2009-7-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037). **Corrective Actions:** See Corrective Actions for Case #: 08 PHM 037.
03/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**Case:** 2010-002994 **Agency:** Colorado State Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Stipulation **Summary:** Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. **Corrective Actions:** Medline successfully completed terms of probation in MO and CO.
07/18/2014	3301 Route 6 Middletown, NY 10940	**Case:** 27278 **Agency:** NY State Education Department- Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Consent Order **Summary:** Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037). **Corrective Actions:** See corrective actions for FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037.
01/06/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** A-2020-0054 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021. **Corrective Actions:** Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Medline Industries, LP- Discipline *Confidential*

06/28/2021	1501 Harris Rd Libertyville, IL 60048	**Case:** 21-L-0048 **Agency:** Alabama Board of Pharmacy **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Order **Summary:** Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054) **Corrective Actions:** See corrective action for OH A-2020-0054.
11/01/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**Case:** A-2022-0333 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.
2/19/2022	9670 NW 112th Ave Miami, FL 33178	**Case:** 2022-031132 **Agency:** FL Dept. Business and Professional Regulation, Div. of Drugs, Devices, and Cosmetics **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices. **Corrective Actions:** Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive Jeffersonville, IN 47130	**Case:** A-2022-0307; A-2022-0184 **Agency:** Ohio Board of Pharmacy **Entity:** Medline Industries, LP **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive. Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023. **Corrective Actions:** Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.
12/21/2023	2341 Lauwiliwili St. Kapolei, HI 96707	**Case:** PHA 2023-9-L **Agency:** Hawaii Department of Commerce and Consumer Affairs **Entity:** Medline Industries, Inc. **Type:** Administrative **Disposition:** Settlement Agreement **Summary:** Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132) **Corrective Actions:** See corrective actions for OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	08/03/2005	MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003031660		Missouri Board of Pharmacy		
Reason/Charge				
Failure to Renew on Time; Temperature Control Deficiency				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
MO Board of Pharmacy/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 (MO# DD2003031660) cited for failure to renew on time and deficient temperature control procedures. All issues resolved via Settlement Agreement effective 08/03/2005. License placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.

Corrective Actions:
Medline hired additional staff to monitor and ensure on-time license renewal. A temperature control room was constructed at the facility to ensure products are stored at the appropriate temperature and humidity.

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

Lora Simmons

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard
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Jefferson City, MO 65102-0625
573-751-0091 PHONE
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800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grunston
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

08/03/2010

Charlie Mills
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Mills,

This is official notification that you have completed your terms of Probation with the Missouri Board of Pharmacy as of August 2, 2010.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office. Thank you for complying.

Sincerely,

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

Matt Blunt, Governor
State of Missouri

Alison Craighead, Director
Division of Professional Registration

Gregory A. Steinhoff, Director
Department of Economic Development

BOARD OF PHARMACY
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800-735-2466 Voice Relay Missouri

Kevin E. Kinkade, R.Ph.
Executive Director

www.pr.mo.gov/pharmacists.asp
e-mail: pharmacy@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7160 3901 9848 6160 3154

August 4, 2005

Mr. Pete Furlong, Corporate Vice President
Quality Assurance/Regulatory Affairs
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060-4486

Dear Mr. Furlong:

Enclosed is an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.** A permanent drug distributor license, numbered 2003031660, has been issued to Medline Industries, Inc., 1401 N Universal Avenue, Kansas City, MO, and is being mailed to the facility with a copy of this letter. That license has been placed on probation August 3, 2005, through August 2, 2010.

A 2005-2007 Drug Distributor Renewal Application will be mailed to the facility within the next two weeks. This form must be completed and returned with the $400.00 fee before October 31, 2005.

You should review each term of this Agreement and comply with the requirements as set forth. Compliance is your responsibility; reminders will not be sent from this office. Licensee Report of Discipline Compliance forms are being included with the mailing to the facility and should be completed and submitted to the Board office within six months from the beginning of the probation period and every six months following that for the duration of the probation. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

If you have any questions, please feel free to contact this office at 573-751-9056.

Sincerely,

DON WALKER
Drug Distributor Coordinator

Enclosures
cc: Rob Angstead, Attorney
Scott C Barbour, Manager-in-Charge

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND MEDLINE INDUSTRIES, INC.

Come now Medline Industries, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's license as a drug distributor will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo (2000), the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo (2000), and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its license. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document, as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's license. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this

Settlement Agreement are true and stipulates with the Board that Respondent's temporary license as a drug distributor, License Number DD2003031660, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo 2000. The parties agree that this Settlement Agreement and any statements contained herein may not be used for or constitute an admission for any purposes other than to settle the disputes between the parties.

Joint Stipulation of Facts

1. Petitioner, the Missouri Board of Pharmacy ("the Board"), is an agency of the State of Missouri created and established by § 338.110, RSMo (2000), for the purpose of administering and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, Medline Industries, Inc., located at 4700 Deramus, Kansas City, Missouri, is licensed by the Board as a drug distributor under the laws of Missouri, License Number DD2003031660. The license is current and active.

3. On or about April 16, 1996, Wilson Winch, an inspector for the Board, conducted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri.

4. Inspector Winch noted on the Drug Distributor Inspection Observation Report that Respondent needed temperature/humidity recording equipment and that the results must be logged daily.

5. On or about August 8, 1997, Tom Glenski, an inspector for the Board, conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

6. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed a temperature and humidity daily log.

7. On or about September 3, 1997, the Board received a written response dated August 27, 1997, from Lara Simmons, Respondent's Director of Regulatory Affairs, explaining that a temperature and humidity monitoring device was being purchased and the temperature and humidity will be recorded daily during days of operation.

8. Ms. Simmons indicated that she anticipated the temperature and humidity monitoring device would be in place and the recordkeeping started by the first of September, 1997.

9. On or about July 31, 1998, Inspector Tom Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

10. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that Respondent needed to keep daily temperature and humidity recordings.

11. Respondent failed to purchase the temperature and humidity monitoring device as Ms. Simmons indicated would be purchased.

12. Respondent's failure to provide an appropriate temperature and humidity monitoring device is in violation of 21 CFR § 211.46(b) which states:

> (b) Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature shall be provided when appropriate for the manufacture, processing, packing, or holding of a drug product.

13. On September 9, 1998, the Board sent a Compliance Letter to Respondent for a number of non-compliance issues found on the July 31, 1998 inspection, one of which was "temperature/humidity daily log documentation".

14. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

15. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the warehouse temperature exceeded the manufacturer's recommended storage temperature of 86 degrees Fahrenheit.

16. On or about October 4, 2000, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

17. Inspector Glenski noted on the Drug Distributor Inspection Observation Report that the temperature exceeded 86 degrees on various days between July, 2000 and September, 2000.

18. On or about September 20, 2001, Frank Van Fleet, an inspector for the Board, conducted a change-of-location inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

19. Inspector Van Fleet noted on the Observation Report that the temperature exceeds 86 degrees on not less than 32 occasions between June 8, 2001 and September 5, 2001.

20. On or about May 21, 2003, Inspector Van Fleet conducted an inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

21. Inspector Van Fleet noted on the Observation Report that the temperature exceeded 86 degrees on not less than 41 occasions between June 3, 2002 and September 30, 2002.

22. On or about August 19, 2003, Inspector Van Fleet conducted a follow-up inspection at the facility located at 4700 Deramus, Kansas City, Missouri.

23. Inspector Van Fleet monitored storage temperatures with a digital thermometer at various locations where prescription product was stored.

24. Three additional occasions were identified between September 30, 2002 and August 19, 2003 where the temperature exceeded 86 degrees.

25. Inspector Van Fleet found that storage temperatures were much higher than the temperatures Respondent had recorded on its log.

26. Inspector Van Fleet's digital thermometer registered a range from 89.1 degrees in one area where Respondent stored bulk prescription hydrating/electrolyte solutions to as high as 94.5 degrees in Respondent's over the counter storage area, but Respondent's temperature log records a temperature of 89 degrees for this date.

27. Inspector Van Fleet presented at the 4700 Deramus facility on March 2, 2004 for tbe purpose of conducting a new facility inspection.

28. Inspector Van Fleet found 16 occasions between October 31, 2003 and February 27, 2004 where the temperature in the warehouse dropped below 59 degrees.

29. Respondent's warehouse is divided into three areas by breezeways.

30. Respondent has only one digital monitor for 120,000 square feet of warehouse.

31. The warehouse is not air-conditioned, and even though it is heated, logs show product was stored at less than 59 degrees.

32. Respondent has a history of noncompliance regarding the storage of prescription product.

33. Monitoring temperature and/or storing product at manufacturer's recommended/required humidity and storage temperature has been an issue on every inspection since 1996 involving three different locations and three different inspectors.

34. Respondent has been in at least three different warehouses in the last six years and

has failed each time to choose a warehouse that is temperature controlled.

35. Drugs must be stored in accordance with manufacturer or USP guidelines and must be free of contamination, deterioration and adulteration.

36. Drugs stored outside of manufacturer or USP guidelines can become contaminated, deteriorated and adulterated.

37. A drug shall be deemed adulterated pursuant to 21 USC 351(a)(2)(B) which states:

> A drug or device shall be deemed to be adulterated –
>
> (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to the safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess . . .

38. Respondent's failure to maintain a facility where temperature is controlled and humidity is maintained is in violation of 4 CSR 220-5.030(3)(B) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> (B) The temperature of the facility where drugs are stored must be maintained within temperature requirements as provided for by the manufacturer or the latest edition of the *United States Pharmacopeia* (USP). Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, logs, or all of these, shall be utilized to document proper storage of prescription drugs.

(C) Appropriate housekeeping, sanitation, lighting, ventilation and humidity of all areas where drugs are stored must be maintained.

39. On or about April 16, 1997, Inspector Winch attempted an inspection at the facility located at 1691 N. Topping, Kansas City, Missouri and observed that Respondent had changed locations without notifying the Board.

40. Respondent's failure to timely notify the Board of its change of location and continue its operation as a wholesale drug distributor is in violation of 4 CSR 220-5.020(6) which states:

(6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

41. On or about August 8, 1997, Inspector Glenski conducted an inspection at the facility.

42. The inspector noted on the Drug Distributor Inspection Observation Report that Respondent needed a complete policy and procedure manual.

43. On or about September 2, 1999, Inspector Glenski conducted an inspection at the facility located at 1250 N. Southern, Kansas City, Missouri.

44. Inspector Glenski noted on the Drug Distributor Inspection Observation Report

that Respondent's policy and procedure manual could not be located.

45. Respondent's failure to establish and maintain a completed policy and procedure manual is in violation of 4 CSR 220-5.030(3)(M) which states in pertinent parts:

> (3) Minimum standards of practice for drug distributors shall include the following:
>
> > (M) Wholesale drug and pharmacy distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories.

46. On October 31, 2003, Respondent's drug distributor license expired.

47. Respondent failed to renew its license by the renewal deadline of November 30, 2003.

48. Respondent's license became null and void on November 30, 2003.

49. The Board received a new application from Respondent on or about December 16, 2003.

50. The Board issued Respondent temporary license number 2003031660 on December 29, 2003.

51. From the time Respondent's license became null and void on November 30, 2003, until the Board's issuance of Respondent's temporary license on December 29, 2003, Respondent failed to display a valid license.

52. Respondent's failure to display a valid license is in violation of 4 CSR 220-5.020(8)(B) which states:

> (B) A license must be posted in a conspicuous place in the

facility to which it is issued.

53. Respondent's invoice number 1016623706 shows the distribution of several Irrigation Solutions to Heart of America Surgery Center in Kansas City, Kansas on December 4, 2003.

54. Respondent's invoice number 1016626229 shows the distribution of an Irrigation Solution and Lactated Ringers IV Solution to Physician's Surgery Center in Rolla, Missouri on December 4, 2003.

55. Respondent's invoice number 1016648194 shows the distribution of Dextrose in Normal Saline IV Solution to Logan Manor Nursing Home in Logan, Kansas on December 6, 2003.

56. Respondent failed to renew its distributor license on or before November 30, 2003 and it became null and void at that time.

57. Respondent continued to distribute prescription only product while its license was expired.

58. Respondent's failure to renew its license by the renewal deadline of November 30, 2003 and to continue to distribute prescription only product while its license was expired is in violation of Section 338.333.1, RSMo (2000) states in pertinent part:

> 1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. . . . No license shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor or pharmacy distributor.

59. Respondent's opening for business its operation as a wholesale drug distributor in a new location prior to inspection and approval of the Board is in violation of 4 CSR 220-5.020(6) which states:

> (6) If an individual or business entity operating a drug distributor facility changes the location of the facility either within the existing facility (structure) or to a new facility (structure), the facility shall not open for business at the new location until the board, its duly authorized agent or the Food and Drug Administration has inspected the premises of the new location and approved it and the facility has been in compliance with all state and federal drug laws pertaining to drug distribution. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a facility at the new location and the permit shall bear the same number as the previous license. However, the license remains valid if the facility address changes, but not the location, and an amended license will be issued without charge under these circumstances.

Joint Conclusions of Law

60. Cause exists for Petitioner to take disciplinary action against Respondent's license under § 338.353(1), RSMo (Supp. 2002) which provides:

> 1. The board of pharmacy is hereby authorized and empowered, when complaints, examinations or inspection of wholesale drug distributor or pharmacy distributor disclose to the board that a wholesale drug distributorship or pharmacy distributorship is not being operated or conducted according to such legal rules and regulations and the laws of Missouri or any other sate or the federal government with respect thereto, to cause a complaint to be filed before the administrative hearing commission pursuant to chapter 621, RSMo, charging the holder of a license to operate a drug distributorship or pharmacy wholesale operation constituting grounds for discipline in accordance with section 338.055.

61. Cause exists to discipline Respondent' license as a drug distributor pursuant to the

provisions of § 338.055, RSMo (Supp. 2002) which provides in pertinent part:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.
>
> * * *
>
> (12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder.
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of §621.045.3, RSMo (2000):

1. Respondent's drug distributor license shall be placed on PROBATION for five (5) years pursuant to the provisions of Chapters 338 and 620, RSMo. During the period of

probation, Respondent will be entitled to operate as a drug distributor pursuant to Chapter 338, RSMo provided Respondent adheres to the following terms of probation:

A. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months, beginning six (6) months after this Order/Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.

B. Respondent shall pay all required fees for licensing to the Board and shall renew its license prior to October 31 for each licensing year.

C. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

D. If, after disciplinary sanctions have been imposed, Respondent ceases to keep its Missouri license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. The parties to this Order/Agreement understand that the Board of Pharmacy will maintain this Order/Agreement as an open record of the Board as provided in Chapters 338, 610 and 620, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and

attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ REQUESTS

_____ DOES NOT REQUEST

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S LICENSE TO OPERATE AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for discipliming Respondent's license. Effective the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's license, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the

Settlement agreement goes into effect 15 days after the document is signed by the Board's Executive Director.

RESPONDENT

MEDLINE INDUSTRIES, INC.

By: _____

Pete Furlong
Corporate Vice President
Quality Assurance/Regulatory Affairs

Date: July 1, 2005

PETITIONER

MISSOURI BOARD OF PHARMACY

By: _____

Kevin Kinkade
Executive Director

Date: 7-19-05

HUSCH & EPPENBERGER, LLC

By: _____

Harvey M. Tettlebaum
235 East High Street
P.O. Box 1251
Jefferson City, MO 65102-1251
Telephone: 573/635-9118
Fax: 573/634-7854

Attorneys for Medline Industries, Inc.

NEWMAN, COMLEY & RUTH P.C.

By: _____

Robert K. Angstead #37795
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: 573/634-2266
Fax: 573/636-3306

Attorneys for Missouri Board of Pharmacy

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/07/2006	GA	Lithia Springs	Douglas
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
N/A		Florida Department of Health		
Reason/Charge				
Medline's Florida Certified Designated Representative unexpectedly resigned.				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Florida Department of Health/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries Inc. distribution center at 9101 Riverside Pkwy Lithia Springs, GA 30122 Non-Resident FL Permit (FL # 23:1470) suspended for operating without a FL Certified Designated Representative. The CDR resigned unexpectedly. Upon receipt of the notice of intent to suspend, Medline stopped all shipments into the state of FL. Permit was reinstated upon hiring of a new licensed Florida CDR.

Corrective Actions:
Qualified FL Certified Designated Representative hired for facility. Medline implemented a policy requiring all FL licensed distribution centers to maintain a backup Florida Certified Designated Representative on staff.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

Attachment 2a.

MEDLINE

Medline Industries, Inc. One Medline Place Mundelein, Illinois 60060.4486 1.800.950.0128 Fax 1.847.949.2643

Corporate Quality Assurance/Regulatory Affairs

December 11, 2006

Ms. Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices & Cosmetics Program
Florida Department of Health
4052 Bald Cypress Way
Tallahasee, FL 32399

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Ms. Poston,

We have received the communication regarding the suspension of Prescription Drug Wholesaler Permit N. 23:01470. Pursuant to our communication with Rebecca Burnett on November 28, we have blocked applicable shipments from this location into Florida and they are being supplied by a properly permitted facility.

We are in the process of qualifying a replacement designated representative for this location. We hope to have this completed within the next 60 days.

Please note that Mr. Andy Stolarski is retiring and should no longer be listed as a contact for this location. Please direct any questions regarding this facility to
Ms. Lara Simmons
Corporate Director, Regulatory Affairs
One Medline Place
Mundelein, IL 60060
Phone: 847.837.2759
Fax: 847.837.2787
Email: LSimmons@Medline.com.

Sincerely,

Lara N. Simmons
Corporate Director, Regulatory Affairs

Attachment 2b.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

December 7, 2006

Andrew Stolarski
Vice President of Operations
Medline Industries, Inc.
9101 Riverside Parkway
Lithia Springs, GA 30122

RE: Prescription Drug Wholesaler Permit No. 23:01470

Dear Mr. Stolarski:

This letter serves as notification that the department intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny, suspend, or revoke a permit if it finds that there has been substantial failure to comply with § 499.001-499.081, F.S., or Chapter 465, Chapter 501, or Chapter 893, the rules adopted under any of those sections or chapters, any final order of the department, or applicable federal laws or regulations or other state laws or rules governing drugs, devices, or cosmetics. The department may also suspend a permit if the applicant has not met the requirements for the permit.

Pursuant to s. 499.012(11)(a), F.S., each establishment that is issued an initial or renewal permit as a prescription drug wholesaler or an out-of-state prescription drug wholesaler must designate in writing to the department at least one natural person to serve as the designated representative of the wholesaler. Such person must have an active certification as a designated representative from the department and must also meet the requirements of Section 499.012 (11) (d) F.S.

Pursuant to s. 499.012(11)(f), F.S., a wholesale distributor may not operate under a prescription drug wholesaler permit or an out-of-state prescription drug wholesaler permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Mr. David L. Magruder, the designated representative identified for permit no. 23:01470 has resigned his position. We have not received a "Notification of Designated Representative" form identifying a certified individual to replace him. As a result Medline Industries, Inc. does not have a designated representative as required by s. 499.012(11), F.S.

Pursuant to s. 499.012(11)(b)4., F.S., to be certified as a designated representative, a person must receive a passing score of at least 75 percent on an examination given by the department regarding federal laws governing distribution of prescription drugs and ss. 499.001-499.081 and the rules adopted by the department governing the wholesale distribution of prescription drugs.

Accordingly, and pursuant to the above referenced facts and law, the department hereby intends to suspend permit no. 23:01470 issued to Medline Industries, Inc. as an Out of State Prescription Drug Wholesaler because you have not complied with s. 499.012(11)(f), F.S. and otherwise do not have a designated certified representative on file with the Department that meets the requirements of Section 499.012 (11) F.S. which is a substantial failure to comply with ss. 499.001 – 499.081, F.S. and is a failure to meet the requirements for the permit, for which the suspension is authorized pursuant to Sections 499.067 (1) (a); 499.067 (1) (b) 2. F.S.

Therefore, the department concludes that Medline Industries, Inc. no longer meets the requirements to continue to operate as an Out of State Prescription Drug Wholesaler in Florida and the permit will be suspended until you have designated in writing to the department a person with an active certification to serve as a designated representative who meets the requirements of Section 499.012 (11) F.S.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to suspend your permit. Such proceedings are governed by sections 120.569 and 120.57, F.S., and Rules 28-106 and 28-107, Florida Administrative Code. Request for a hearing, formal or informal, must comply with Rule 28-107.004, Florida Administrative Code.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this complaint. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this complaint will constitute a waiver of your right to an administrative hearing, under Florida Administrative Code Rule 28-106.111 and this complaint shall become a "final order".

Should this correspondence become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to s 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Sincerely,

Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices, & Cosmetics Program

RP/rb

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/08/2008	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-37412	Florida Department of Health

Reason/Charge
Inspection Deficiencies

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Florida Department of Health / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 2708 NE Waldo Rd., Gainesville, FL 32609 FL Permit (FL # 22:1022) suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. Medline Industries, Inc. entered into a settlement agreement on 02/08/2008 with the FL Department of Health to resolve all issues related to the case.

Corrective Actions:
Medline conducted a thorough review of its policies and procedures and implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Attachment 3.

Final Order No. DOH-08-0203-S-MQA
FILED DATE - 2-8-08
Department of Health
By: [signature]
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-37412

vs.

MEDLINE INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

In this matter, the Florida Department of Health is proceeding under the Florida Drug and Cosmetics Act, Chapter 499, Florida Statutes. The Parties request a final order adopting their settlement agreement.

Being fully advised, the Parties' request is granted. On or about February 8, 2008, the Parties fully executed their "Settlement Agreement for Final Order", which is incorporated by reference. The "Settlement Agreement for Final Order" is approved, and the parties are directed to comply with it.

DONE and **ORDERED** this 8th day of February 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
STATE SURGEON GENERAL

By: [signature]
PAUL METIS, C.P.A., M.H.A.
DEPUTY SECRETARY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. Mail, or fax delivery to: Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C , 1408 North Piedmont Way, Tallahassee, Florida 32308, 850.385.4240 (facsimile) and via interoffice mail to Lynne A. Quimby-Pennock, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265 this 8 day of February 2008.

Deputy Agency Clerk
Department of Health
4052 Bald Cypress Way, Bin C-01
Tallahassee, Fl. 32399-3251

DELEGATION OF AUTHORITY
to
Deputy Secretaries and Chief of Staff

A. In accordance with the authority created in Sections 20.05(1)(a) and (b) and 20.43, Florida Statutes and vested in me as State Surgeon General for the Department of Health, the following authority is delegated:

1. Take all actions required for the effective direction and administration of the Department of Health in accordance with applicable Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and department policies.

2. In the absence of the State Surgeon General, each deputy is delegated authority to sign as the agency head or represent the State Surgeon General at any meetings within their respective areas, unless there is a specific delegation of authority.

3. In the absence of a deputy, the other deputies are delegated the authority to take all actions required for the effective administration and operation of that respective area, unless there is a specific delegation of authority.

4. Act as a hearing officer in proceedings required by Section 120.54(3)(c), F.S., (Hearings) and to enter any order in connection therewith.

5. Enter final orders in proceedings under Section 120.57, F.S. (Additional Procedures Applicable to Hearings).

6. Authorize policies and procedures within your respective areas; however, all department-wide policy and procedure changes that affect or have an impact on other areas such as statewide computer systems, standard audit practices, and workload for the Division of Administration, shall be coordinated with the appropriate division director. **The State Surgeon General approves and signs all department policies.**

7. Approve contracts (revenue and expenditure) and purchase orders $1 million or more. This authority may not be redelegated. **Exception: Fixed Capital Outlay contracts, change orders and additional FCO services authorizations are delegated to the Director of Administration, who may only redelegate to the Chief of General Services or Administrator of Design and Construction.**

8. Approve all grant applications and carryover requests greater than $250,000. Bureau of Revenue Management approval required for Central Office grant applications prior to submission to the awarding agency.

9. Approve the hiring of Senior Management Service and Selected Exempt Service employees at a bureau chief level or higher pursuant to Chapter 60L-33, F.A.C., and department policy.

10. Grant Career Service employees salary additives in excess of 10% in accordance with Rule 60L-32.0011, F.A.C., and department policy.

11. Grant employees an increase to base rate of pay in excess of 10%in accordance with Rule 60L-32.0011, F.A.C., and department policy.

12. Approve appointments of employees previously dismissed from the department or other state agency. Approve appointments of employees who resigned from the department or other state agency while under investigation; or pursuant to a settlement agreement; or in lieu of dismissal.

13. Approve exemptions under Section 435.07, F.S., for persons disqualified from employment under Section 435.04, F.S.

14. Issue decisions on collective bargaining grievances at Step 2, in accordance with the Florida Statutes, department policy, and the applicable collective bargaining agreement.

15. Authorize and approve out-of-state travel.

16. Approve Emergency Suspension Orders and Emergency Restriction Orders during the absence of the State Surgeon General.

17. Approve core contracts under Chapter 154, F.S., with the local Board of County Commissioners.

B. Exceptions to this authority, which require the approval of the State Surgeon General are:

1. All changes to organization structure, functions, and programs involving the moving of positions or units between budget entities and divisions, or any action requiring the Department of Management Services and the Governor's Office of Policy and Budget approval.

2. Appointment or dismissal of county health department directors/administrators, children's medical services medical directors, division directors, or office directors.

C. This authority may be modified for specified periods of time as desired by the State Surgeon General.

D. These delegations may not be redelegated without the approval of the State Surgeon General.

8/6/07
Effective Date

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
Department of Health

STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH
Medline Industries, Inc.
Case #2007-37412

SETTLEMENT AGREEMENT FOR FINAL ORDER

IT IS AGREED and STIPULATED by and between the State of Florida, Department of Health and MEDLINE INDUSTRIES, INC., that:

1. The Department of Health, through its Division of Medical Quality Assurance, Drugs, Devices and Cosmetics Program, (referred to as "the Department", 4052 Bald Cypress Way, Bin C-04, Tallahassee, Florida 32399 is responsible for, among other duties, under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (the Act) and the rules adopted there under, Rule 64F12 Florida Administrative Code, the regulation and permitting of prescription drug manufacturing and wholesaling within and into Florida.

2. The Department has investigated MEDLINE INDUSTRIES, INC., (referred to as "Medline") which holds a prescription drug wholesale permit, permit number 22:1022, located at 2708 NE Waldo Road, Gainesville, Floirda32609-3323.

3. The Department investigated Medline during the week of November 26, 2007, and found Medline to be operating in violation of Chapter 499, Florida Statutes (F.S.). The specific violations alleged include:

a. s. 499.005(1), & (4) F.S., and 499.069(1), F.S. in violation of s. 499.0121(1) F.S., and Rule 64F-12.014(4) Florida Administrative Code (F.A.C.) - holding or offering for sale any drug, device or cosmetic that is adulterated or

misbranded or has otherwise been rendered unfit for human or animal use. Establishment to be maintained in a clean and orderly manner to prevent the product from becoming contaminated with filth or injurious to health. (The surplus warehouse was unclean with spiders, spider webs, dead insect bodies, bird feces/droppings and feathers therein.)

b. ss. 499.005(1) & (4), F.S., in accordance to s. 499.006(9), F.S., holding for sale adulterated medical devices on its inventory shelves through a failure to quarantine outdated medical devices.

c. ss. 499.005(4), 499.0121, F.S. & Rules 64F-12.013, & 64F-12.015(7)(a) F.A.C., - Improper Prescription drug storage, lack of climate control.

d. s. 499.0121(3), F.S. – Failure to notify the Department of all prescription drug sources.

e. s. 499.005(14), F.S. – Receiving prescription drugs from an unauthorized source.

f. ss. 499.005(18), 499.0121(6), F.S., and Rules 64F-12.012(5), 64F12.001(2), and 64F-12.012(3)(a), F.A.C., – failure to have pedigrees readily available for inspection.

g. s. 499.0121(7), F.S., inadequate SOP (standard operating procedures) or P&P (policy and procedures), or failing to follow them.

h. s. 499.005(24), F.S., distribution of legend devices to the ultimate user without a prescription or order from practitioner.

i. s. 499.005(4), F.S., in violation of s. 499.0121(2), F.S.,- unrestricted access to prescription drugs in that prescription drugs, devices and/or cosmetics are left on a loading dock for pick-up/delivery, but the area does not have restricted access.

4. On or about November 27 and/or 28, 2007, seizure orders were placed on numerous items in Medline's surplus warehouse and one pallet of product within the climate-controlled warehouse.

5. On January 22, 2008, an Order of Emergency Restriction of Permit was issued by State Surgeon General, Ana M. Viamonte Ros, M.D., M.P.H., restricting the specific use of the facility.

6. A Final Order in this case will incorporate the following agreed upon terms and conditions:

a. All items under the seizure order that contain prescription drug products shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility; all other seized items shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction of said items to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

b. All products remaining at Medline's facility that were received from J & L Medical, Inc., located at 784 Old Checker Ct.,

Buffalo Grove, Illinois, between June 2007 through November 27, 2007, shall be destroyed at Medline's expense at a Florida Chapter 499, F.S., permitted facility, or if the products do not contain prescription drugs shall be destroyed by Medline at Medline's expense. Within ten (10) days of the destruction, Medline shall submit documentation detailing the destruction to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

c. Medline shall pay a fine of FIFTY THOUSAND DOLLARS ($50,000.00) to the Florida Drug, Device and Cosmetic Trust Fund. Said payment shall be by certified check, cashier check or money, and shall accompany this executed Settlement Agreement. Said check shall be made payable to the Florida Drug, Device and Cosmetic Trust Fund.

d. The Order of Emergency Restriction, entered by the Department on January 22, 2008, shall be lifted upon the filing of the Final Order adopting and accepting the terms of this Settlement Agreement.

e. Medline shall undergo quarterly inspections by the Department at Medline's expense for one (1) year from the issuance of the Final Order, to ensure proper compliance with Chapter 499, Florida Statutes and the rules thereto. The Department shall provide an invoice for the inspection that shall be paid within thirty (30) days of receipt by Medline. Said payment shall be sent to the Compliance Officer of the

Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399. The Department retains the authority to enter the permitted facility/warehouse at any time to conduct inspections/investigations as authorized by Florida law.

f. Medline shall conduct a training program, within thirty (30) days of the execution of this Settlement Agreement For Final Order, for its facility employees educating the employees on the requirements of Chapter 499, Florida Statutes and the applicable rules. Within ten (10) days of the training, Medline shall submit documentation detailing the training to the Compliance Officer of the Florida Drug, Device and Cosmetic Program, at 4042 Bald Cypress Way, MQA/HSE, Tallahassee, Florida 32399.

g. Medline shall comply with all applicable Federal and state law and rules, including but not limited to Chapter 499 Florida Statutes, and its applicable rules. Medline shall comply with all pedigree and audit trail requirements for all prescription drugs purchased, held and /or distributed by Medline, including the authentication of any prescription drugs received. Medline shall ensure that any automated pedigree system employed, shall satisfy the requirements of Chapter 499, F.S. and the applicable rules thereto.

h. Medline shall maintain its facility in a clean, orderly and pest/bird free environment.

7. By execution of this Settlement Agreement For Final Order and by the filing of the subsequent Final Order in this cause, the Department and Medline intend to and do resolve all issues pertaining to the above referenced investigation.

8. Medline neither admits nor denies the violations allege in the inspection/investigation reports generated by the Department's investigators in this cause.

9. Upon entry of the Final Order adopting this Agreement, the Department will not seek further disciplinary action against Medline based on any of the alleged violations described in the above listed case number. However, if there are future violations of Chapter 499, F.S., or the rules adopted thereto, the above listed case will be considered aggravating circumstances and will be construed as previous violations for purposes of assessing the amount of the fine to be levied pursuant to section 499.066(3)(c), F.S.

10. Medline voluntarily enters into this Settlement Agreement for Final Order and waives the right to a hearing in this matter and all further proceedings to which it may be entitled by law or administrative rules. Medline hereby knowingly and voluntarily waives all right to challenge or to contest this Settlement Agreement or the Final Order issued by the Department in any forum now or in the future available to them, including the right to any administrative proceeding,

circuit or federal court action, or any appeal. Both parties agree not to appeal this Settlement Agreement or the Final Order to be issued in this matter.

11. The signatories hereto represent that they have read this Agreement and are authorized to execute it on behalf of their respective principals and as duly designated representatives, to fully bind such principals, as well as the Parties successors and assigns. The terms of this Agreement are effective on the date of the last signature below. The original will be filed with a Final Order with the Department Clerk. Each signer will receive a copy of this Agreement.

12. This document is a public record and contains information that is routinely published by the Department. Upon the filing of this Agreement and entry of a Final Order by the Department the existence of the above reference case number and all matters therein are no longer confidential and exempt from public disclosure. All documents or records created or submitted for compliance issues shall be a public record when filed with the Department.

13. Each party to this proceeding shall bear its own costs and attorney fees.

14. The absences of a prohibition specifically listed in this Agreement shall not be construed as permission to engage in any activity that otherwise is in violation of section 499.001-499.081, Florida Statutes, or the rules promulgated thereunder.

15. Upon the filing of this Settlement Agreement for Final Order, the parties, as well as any person who may claim by or through them, hereby waive,

release and discharge the other, and any of their employees, attorneys, agents or representatives from all claims arising out of any act or omission related to the investigation and settlement of this matter. This release applies to any and all claims of any kind, whether known or unknowns and whether direct, indirect or derivative.

16. Upon execution of this Agreement the State Surgeon General or her designee will issue a Final Order incorporating the terms hereof.

17. The parties agree that should any legal dispute arise concerning enforcing the terms of this Agreement, venue shall be in Leon County, Florida and this Agreement shall be interpreted in accordance with applicable Florida law.

WHEREFORE the Parties request a final order adopting this Agreement as final agency action.

For: Medline Industries, Inc.,

Lara N. Simmons February 7 2008
Lara N. Simmons
Corporate VP for QA and RA
Authorized Representative, Medline Industries, Inc.,

For the Department of Health - Drug, Device and Cosmetic Program
4052 Bald Cypress Way,
Tallahassee, Florida 32399, 850.245.4031 , 850.245.4682 Fax

Daisy Kung for February 8 2008
Rebecca Poston, R.PH
Executive Director
Florida Drug, Device & Cosmetic Program
Department of Health

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/01/2008	LA	Covington	St. Tammany Parish

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2008006	Louisiana Board of Wholesale Drug Distributors

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
LA Board of WDD/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 149 New Camellia Blvd. Covington, LA 70433 (LA #4318) cited for failure to properly maintain copies of current customer licenses on-site. Licenses were maintained by Medline's Regulatory team at corporate headquarters. Medline entered a consent decree effective 05/01/2008 to resolve the alleged violation.

Corrective Actions:
Medline implemented digital storage of customer licenses to allow for on-demand access by distribution centers.

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

LOUISIANA BOARD OF
WHOLESALE DRUG DISTRIBUTORS

MEDLINE INDUSTRIES, INC. Covington, LA LICENSE NO. 4318	CONSENT ORDER ADMINISTRATIVE CASE NO. 2008006

In review of evidence presented to the Louisiana Board of Wholesale Drug Distributors (the "Board") addressing specific violation(s) of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors by MEDLINE INDUSTRIES, INC., Covington LA facility (the "Respondent", "Licensee"), acting herein by its authorized agent, to-wit: "Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, licenses numbers, and license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.", La. R.S. Title 37, Chapter 54, Section 3467, and LAC, Title 46, Part XCI, Section 311.D and "violating provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors", La. R.S. Title 37, Chapter 54, Section 3474.1 and LAC Title 46, Part XCI, Section 101.

Upon consideration of the evidence presented to the Board, this Consent Order is voluntarily entered into by and between Respondent and the Board. Respondent acting through its authorized agent, hereby waives formal Notice of and its attendance at the Evidentiary Hearing for presentation of the Consent Order to the Board. However, as a condition precedent to submission of the proposed Consent Order to the Board, Respondent hereby acknowledges and understands that information may be presented to the Board with regards to the details of the case for the Board to understand the circumstances. It is further acknowledged and understood by Respondent that in the event the Board is not agreeable to enter into the proposed Consent Order and an Administrative Hearing is ultimately conducted, the Board which will be presiding over the case will possibly have heard information which may later be submitted at the scheduled hearing. If such hearing occurs, Respondent waives any right that it may have to recuse or remove any or all members of the Board for the purposes of an Administrative Hearing in the event the proposed Consent Order is not accepted by the Board, or if Respondent withdraws his consent to the proposed Consent Order prior to its final approval by the Board. Furthermore, Respondent has had the opportunity to, or has in fact consulted with, legal counsel with regards to the Consent Order and the waivers contained herein.

FINDINGS OF FACTS

1. Respondent possesses Louisiana License No. 4318 issued by the Board to wholesale distribute legend drugs and devices in the State of Louisiana. Such license was in effect on 3/5/2008 through the date of the evidentiary hearing in this matter.

2. Pursuant to LAC 46:XCI.311.D, a licensee is required to maintain copies of current licenses for customer who are authorized by law or regulation to procure or possess legend drugs or devices for all customers that are shipped or sold legend drugs or devices; if these license copies are maintained off site, a list of customers with customer names, addresses, license number, and license expiration dates shall be maintained on site for all customers shipped or sold legend drugs or devices.
3. On 3/5/2008, an inspection was conducted by the Board's representative which revealed that copies of customer licenses were not at the Covington LA facility. A verbal request to provide a customer listing which should be maintained at the Covington LA facility was made. The customer license list was not available.
4. Information was thereafter submitted by Respondent to the Board's inspector as per the inspector's request. In review of a customer listing ("Pedigree List") as provided by the Respondent, the inspector requested copies of customer licenses for 15 of the customers listed. Verbal explanation was given was that customer licenses are verified and the customer is entered electronically into the system as an authorized recipient but that no hard copy of the customer license is being maintained.
5. Respondent's conduct in failing to maintain customer license documents and/or a customer listing at the Covington LA site is in violation of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors, specifically LAC 46:XCI.311.D.
6. Disciplinary sanctions and/or fines are applicable against Respondent in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors.

CONCLUSIONS OF LAW

1. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to not maintain current customer license documents and/or a current customer listing on-site. LAC 46:XCI.311.D.
2. It is unlawful for Respondent, as a licensee to wholesale distribute legend drugs and devices, to violate any of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors. La. R.S. 37:3474.1 and LAC 46:XCI.101
3. Respondent's violations of the provisions of the Louisiana Revised Statutes and Louisiana Administrative Codes for Wholesale Drug Distributors constitute lawful grounds for the Louisiana Board of Wholesale Drug Distributors, upon due notice of hearing and proof of such violations, to assess a fine, revoke, suspend, or otherwise discipline Respondent's license as provided by law. La. R.S. 37:3474.1 and LAC 46:XCI.701 et seq.

DECISION

4. Respondent is hereby assessed a fine in the amount of $2,000 for its failure to properly maintain copies of current licenses for customers shipped or sold legend drugs or devices and/or a customer listing on site. Said fine to be paid on the effective date of

this Consent Order. No practice restrictions are placed on Respondent's license issued by the Board.

5. The existence and terms of this Consent Order will not be confidential or privileged information in accordance with the laws regarding public records.
6. Respondent hereby releases the Board, its representative, and attorney from any obligations or liability in their endeavors to administer this Consent Order.
7. The effective date of this Consent Order shall be such date it is accepted by the Board.
8. Respondent, through its authorized agent, declares that, before signing this Consent Order, it has carefully read this document, and it knows and understands the contents thereof, it signs it as an act of it own free will, it understands its meaning and effect, it has been given the opportunity to consult with an attorney, it voluntarily waives all rights to formal notice and a formal public hearing, as well as its appearance at the proceedings, and it consents to this Consent Order.

THUS DONE AND PASSED, on the 1 date of May, 2008, at the City of Mandeville, Parish/County of Lake, Louisiana/Illinois, in the presence of the two undersigned competent witnesses, who hereunto sign their names with Appearer and me, Notary, after due reading of the whole.

WITNESSES:

Brenda Klingsporn

Deborah K Woodfe

MEDLINE INDUSTRIES, INC.
Covington LA

Signature of Authorized Agent

Lana N Simmons

Print Name of Authorized Agent

Notary Public

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

ATTACHMENT 4B.

LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS
12046 Justice Avenue, Suite C
Baton Rouge, LA 70816
(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

April 28, 2008

Lara N. Simmons, VP-QA/RA
MEDLINE INDUSTRIES, INC.
One Medline Place
Mundelein, IL 60060

RE: Louisiana License No. 4318
Administrative Docket No. 2008006

CERTIFIED MAIL
No. 7007 3020 0000 1431 0031
Return Receipt Requested

Dear Lara Simmons:

As you may recall, the Board is mandated by law to license and regulate the wholesale distribution of legend drugs and devices in Louisiana in accordance with the Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors. This letter will acknowledge receipt of your response dated 4/3/2008. This letter is also intended to respond to any inquiries you may have regarding the deficiencies found during the inspection which occurred on 3/5/2008 at MEDLINE INDUSTRIES, INC.'s Covington LA distribution facility.

Pursuant to the Louisiana Revised Statutes and Louisiana Administrative Codes, specifically LAC 46:XCI.311.D, a licensee should maintain copies of current licenses which authorizes a customer to procure and possess legend drugs and devices. If these customer licenses are maintained off site, a list of customers including customer names, addresses, license number, and the license expiration dates shall be maintained for all customers that are shipped or sold drugs or devices.

On 3/5/2008, the Board's inspector discovered that copies of customer licenses which authorize the customer to procure and possess legend drugs/devices or a listing of customers' license information were not being maintained at the Covington LA facility.

A verbal request was made by the inspector of a customer list which should have been maintained at the Covington LA facility. After receiving and reviewing a copy of the customer list, as referred to by Medline as their "Pedigree List", the inspector requested copies of 30 customer licenses from the listing. Of the requested customer license copies, the inspector found that 70% of the licenses requested were either not acceptable licenses or were not available.

It is evident that MEDLINE INDUSTRIES, INC. was in violation of LAC 46:XCI.311.D at the time of the inspection on 3/5/2008. The Louisiana Revised Statutes and Louisiana Administrative Codes for wholesale drug distributors, more particularly LA RS 37:3474.1, provides that, after due notice and hearing, MEDLINE INDUSTRIES, INC.'s license may be sanctioned and/or it may be assessed a fine for its actions or omissions. Fines alone may include an assessment of $1,000 per violation

Bob Broadus, Chairman; William Crates, Vice-Chairman; Randall Brooks, Secretary/Treasurer; John Liggio, Executive Director/Inspector
Hershal Paul, Board Member; Andy Milligan, Board Member; Wayne Gremillion, Board Member; Eric Vidrine, Board Member; Kimberly B. Barper, Executive Assistant

per day. It is the Board's objective to regulate the industry by correcting behavior. Such is accomplished by imposing sanctions for wrongful conduct.

It is hoped that the above detailed violation(s) as corrected will not occur in the future. Therefore, in an effort to amicably resolve the issues regarding the violation(s) which did occur, I, as the Board's appointed investigating/compliance officer, extend an offer to you which would impose a total fine of $2,000. This proposed sanction does not impose any restrictions on MEDLINE INDUSTRIES, INC.'s license.

If MEDLINE INDUSTRIES, INC. is agreeable to these terms, I have enclosed a Consent Order for your review and execution. Please have an authorized representative for your company sign the Consent Order in front of a Notary and two witnesses. Return the original, executed Consent Order along with a check made to the Louisiana Board of Wholesale Drug Distributors in the amount of the $2,000 fine to the Board's office within fifteen (15) days of receipt of this letter. You and/or a company representative will not be required to attend the evidentiary hearing at which the executed Consent Order will be presented to the full Board for acceptance, however you and/or another representative are welcome to attend.

In the event MEDLINE INDUSTRIES, INC. is not agreeable to this amicable resolution and wishes to contest the investigative findings in a hearing before the full Board, it has the right to do so. If such occurs, the current offer being proposed in this letter will no longer be viable.

We would like to bring this matter to disposition either by this amicable resolution or the pursuit of a formal hearing against MEDLINE INDUSTRIES, INC. before the Board at the next scheduled Board meeting. To do so, either way, we will need to prepare the necessary paperwork with all resolution documents. Again, please respond to this offer either by returning the executed Consent Order and fine payment or by written request for an administrative hearing. If your response is not received at the Board office within fifteen (15) days of receipt of this letter, the Board will begin steps towards the formal hearing with the issuance of subpoenas for witnesses and records.

We wish to keep an open line of communication with you. Please contact the Board office in the event you have any questions. Thank you for your cooperation in this matter.

Respectfully,

Wayne Gremillion
Board Member/Compliance Officer

:kbb
Encl: Consent Order
File
Cc: J Gregg/ T Stoecker, Covington LA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/08/2008	HI	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2008-71-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Late Discipline Reporting				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
HI DCCA / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 94-1420 Moaniani St., Waipahu, HI 96797 (HI # PWD 115) entered a settlement agreement and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices but missed the 30-day deadline. The probationary period ended in August 2013.

Corrective Actions:
Medline implemented a policy and procedure to notify licensing boards of disciplinary actions within the required reporting timelines.

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Attachment 6a.

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

LAWRENCE M. REIFURTH
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
113A
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

July 8, 2008

Ms. Dianna J. Wolfe
Regulatory Affairs Specialist
Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060

Re: RICO Case No. PHA 2008-71-L

Dear Ms. Wolfe:

I received the signed Settlement Agreement. One correction had to be made, and I apologize that we did not notice this earlier. On page 3, paragraph 5, the citation to HRS section 436B-19(13) was changed to HRS section 436B-19(15) which is the correct citation. Enclosed is a copy of the corrected replacement page. I will now forward the document to the executive officer of the Board of Pharmacy, and we will be notified as to whether it gets approved or not by the Board.

Very truly yours,

Bobbi Lum-Mew

Bobbi W.Y. Lum-Mew
Staff Attorney

/BLM
Enclosure

Attachment 6b.

DARIA A. LOY-GOTO 6175
BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2008-17-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "5"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

2. Respondent's mailing address for purposes of this action is One Medline Place, Mundelein, Illinois 60060.

3. RICO received information that disciplinary action had been taken against Respondent's licenses by the States of Missouri and Florida. Specifically, RICO received information regarding the following:

a). Respondent entered into a Settlement Agreement with the Missouri State Board of Pharmacy. Pursuant to the terms of a Joint Agreed Disciplinary Order, Respondent's Missouri drug distributor's license was placed on probation and Respondent was ordered to comply with certain terms and conditions. A true and correct copy of the Settlement Agreement and Joint Agreed Disciplinary Order dated July 19, 2005 in Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc., is attached as Exhibit "1";

b). Respondent was issued a Letter of Warning and Notice of Serious Violations by the Missouri State Board of Pharmacy. A true and correct copy of the Letter of Warning and Notice of Serious Violations dated February 15, 2007 regarding Medline Industries, Inc., is attached as Exhibit "2";

c). Respondent was issued an Order of Emergency Suspension of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately suspended . A true and correct copy of the Order of Emergency Suspension of Permit by the State of Florida's Department of Health dated January 14, 2008 in In Re: Emergency Suspension of the Permit of Medline Industries, Inc., is attached as Exhibit "3";

d). Respondent was issued an Order of Emergency Restriction of Permit by the State of Florida's Department of Health. Pursuant to the terms of the Order, Respondent's Florida prescription drug wholesaler's permit was immediately restricted. A true and correct copy of the Order of Emergency Restriction of Permit by the State of Florida's Department of Health dated January 22, 2008 in In Re: Emergency Restriction of the Permit of Medline Industries, Inc., is attached as Exhibit "4";

e). Respondent entered into a Settlement Agreement with the State of Florida's Department of Health. Pursuant to the terms of a Final Order, Respondent was, among other things, ordered to undergo quarterly inspections and pay a $50,000.00 fine. A true and correct copy of the Settlement Agreement for Final Order dated February 8, 2008 in Settlement Agreement for Final Order regarding Medline Industries, Inc., is attached as Exhibit "5."

4. RICO alleges that although Respondent reported the actions on a December 5, 2007 renewal application, Respondent failed to report the disciplinary actions within thirty (30) days as required by Hawaii law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty days) and § 436B-19(17) (violating applicable laws or rules).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2008-17-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's wholesale prescription drug distributor's license is hereby placed on probation for a period of five (5) years. During the probationary period, Respondent agrees to comply with the following terms of the probation as set forth in paragraphs C.2, C.3, and C.4 below:

2. Comply with Terms of Missouri Probation. Respondent shall comply with the terms of its probation in the July 19, 2005 Settlement Agreement Between State Board of Pharmacy and Medline Industries, Inc.. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Missouri within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Missouri Settlement Agreement.

3. Comply with Terms of Florida Final Order. Respondent shall comply with the terms of the February 8, 2008 Settlement Agreement for Final Order. During the probationary period, Respondent shall report to the Hawaii Board of Pharmacy, in writing, any additional action by the State of Florida within ten (10) days of such action. During the probationary period, Respondent shall deliver to the Hawaii Board proof of Respondent's compliance with the Florida Settlement Agreement.

4. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

5. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1, C.2, C.3 and C.4 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

6. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.8, C.9, C.10 and C.11 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

8. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

9. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

10. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any

representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

11. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: _____, _____, _____.

MEDLINE INDUSTRIES INC.

By: _____
Its _____

DATED: Honolulu, Hawaii, JUL 08 2008.

Bobbi W.Y. Lum-Mew
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2008-17-L; EXHBITS "1" THROUGH "5"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 09/05/07

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 5 day of July, 2007, before me personally appeared Larry Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Medline Industries as Corporate VP of C&I, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name:
Notary Public, State of

My Commission expires: 7-16-2011

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	9/06/2008	FL	Multiple	Multiple

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Below	Florida Department of Health

Reason/Charge
Pedigree, Incorrect Permit, Distribution to Unauthorized Receipt, Storage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DOH / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.; Medline Manufacturing & Services, LLC

Provide explanation below:

Medline Industries Inc. and Medline Manufacturing & Services, LLC was cited for several violations related to distribution centers in Florida, including, failure to pass and maintain a Florida compliant pedigree, maintaining the wrong permit type for the activities performed (Florida required a repackager permit in addition to the existing manufacturer permit), distribution of saline to an unauthorized recipient, and storage of a prescription drug in an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. All issues were addressed and resolved to the satisfaction of the FL DOH. A settlement agreement was reached to resolve all matters and approved on 09/06/2008.

Corrective Actions
Medline instituted a Florida specific pedigree system to address the pedigree issues. The updated pedigree ensures that all applicable shipments to Florida have the required Florida documentation and comply with FL pedigree requirements (Note - these requirements have since been preempted by the federal Drug Supply Chain Security Act). Medline secured the repackaging permit to address the missing permit type. Medline instituted a new procedure for obtaining and maintaining customer licenses for all prescription drug purchases- this procedure generates an automatic block for any prescription drug order by an unlicensed customer. The prescription drug item unintentionally stored in the raw materials facility was properly disposed of and waste disposal procedures updated to prevent this from occurring in the future.

Locations:
10601 Southport Dr., Orlando, FL 32824
401 Commerce Blvd, Oldsmar, FL 34677
4750 118th Ave N, Clearwater, FL 33762

Case #: 2007-11783; 2007-36555; 2007-38894; 2007-38895; 2007-38896; 2007-39073; 2008-02011; 2008-11215

Original Signature (electronic, copies or stamps not accepted)

4/26/26
Date

Attachment 5.

Final Order No. DOH-08-2129-S-MOA
FILED DATE - 9-19-08
Department of Health
By: Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2007-11783; 2007-36555;
2007-38894; 2007-38895;
2007-38896; 2007-39073;
2008-02011; 2008-11215

vs.

MEDLINE, INDUSTRIES, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on May 14, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about September 19, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 26 day of September 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Edwin Bayo, Esq., Attorney for MEDLINE INDUSTRIES, INC., at Metzger, Grossman, Furlow & Bayo, L.L.C., 1408 North Piedmont Way, Tallahassee, Florida 32308**, this 24 day of September, 2008.

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Medline Industries, Inc., Case No.: 2007-11783, Permit No.: 22:596;
Case No.: 2007-36555, Permit No.: No valid permit since 12.21.2006;
Case No. 2007-38894, Permit No. 20:168; Case No. 2007-38895, Permit No.: 21:166;
Case No. 2007-38896, Permit No.: 07:545; Case No.: 2007-39073, Permit No.: None;
Case No. 2008-02011, Permit No.: None;
Case No. 2008-11215, Medline Manufacturing & Services, LLC Permit No.: None

Pursuant to Section 120.57(4), Florida Statutes (2007), the above named parties hereby enter into this global stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Medline Industries Inc., and Medline Manufacturing & Services, LLC, (hereinafter collectively known as "Medline") neither admit nor deny the alleged violations in the attached Notice of Violation.
2) During the time the alleged violations occurred, Medline held certain Florida permits including: Permit No.: 22:596, a prescription drug wholesaler; Permit No.:20:168, a prescription drug manufacturer; Permit No.: 21:166 an Over the Counter Manufacturer; and Permit No.: 07:545 a device manufacturer within the state of Florida; however Medline is alleged to have failed to have certain other permits in the Notice of Violation.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes (2007), and Chapter 499, Florida Statutes (2007).

EXHIBIT
tabbies
A

CONCLUSIONS OF LAW

4) Medline, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes (2007), and the jurisdiction of the Department.

5) Medline admits that the findings set forth in the Notice of Violation, if proven, would constitute violations of Chapter 499, Florida Statutes (2007).

6) Medline agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes (2007), and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Medline agrees to pay a fine of ONE HUNDRED FIFTY THOUSAND DOLLARS ($150,000.00), and acknowledges that payment, made payable to the Florida Drug, Device and Cosmetic Trust Fund, is enclosed with this agreement.

8.) Medline affirms the violations cited the Notice of Violation letter issued under these case numbers have been corrected or are being corrected immediately. Medline shall provide written documentation of the return of the seized products to a licensed reverse distributor within thirty (30) days of the execution of this agreement. The documentation shall be sent to the Florida Drug Device and Cosmetic Program Office, Department of Health, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3255. Upon receipt of documentation demonstrating the return of the seized products, the seizure order shall automatically be lifted.

9) Medline affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

11) Medline expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Medline waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: _____ 9/19/08
President (or authorized agent) Date

Attested by: _____ _____
Corporate Secretary Date

By: Rebecca R Poston 9/26/08
Authorized DOH Representative Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	02/04/2009	WI	Wausau	Marathon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08 PHM 037	Wisconsin Department of Regulation and Licensing

Reason/Charge
Failure to Separate Products, Failure to retrieve Policies and Procedure during Inspection

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WI DSPS/ Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries Inc. distribution center at 5450 W. Stewart Ave., Wausau, WI 54401 (WI # 1116-045) cited for missing policies and procedures and storage of drugs in a non-secure location following an inspection by the Wisconsin Department of Regulation & Licensing. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state. Medline entered a stipulation order effective 02/04/2009 to resolve the matter.

Corrective Actions:
Medline installed a locked fence to separate the hospital's owned products. Medline also completed a review of all facilities to ensure proper separation of products. On-site staff provided additional training on how to access current policies and procedures during an inspection.

Original Signature (electronic, copies or stamps not accepted)

4/14/26
Date

Attachment 7a.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

November 18, 2008

Jan Hornick
Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Re: 08 PHM 037

Dear Ms. Hornick:

As you know, an inspector for the Department of Regulation and Licensing inspected Medline Industries on May 9, 2008. He found that several policies were missing, and the facility was storing prescription drugs in a non-secure location. It has been determined that these violations are grounds for discipline. I am the prosecuting attorney assigned to the case.

I have enclosed a proposed stipulation and order, which would resolve this matter without a hearing. If you are willing to resolve this case by agreement, please sign and return the stipulation and order by **December 9, 2008**. I will then present it to the Pharmacy Examining Board at its next meeting. The stipulation and order is not binding unless and until it is accepted by the board.

If you do not return the signed stipulation and order by December 9, 2008, I will file a formal complaint and initiate the hearing process. Please be aware that it is the policy of the Department to assess costs against respondents whenever any discipline is imposed. Your costs are presently $100. If we have to take this matter through a hearing, they will escalate quickly and could reach several thousand dollars.

Please call if you have any questions.

Sincerely,

Jeanette Lytle
Attorney
Division of Enforcement
608-266-9840

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS# _____

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick 11-24-08

Jan Hornick, manager
8450 West Stewart Avenue
Wausau, WI 54401

Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # _____

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this __ day of _____, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC., RESPONDENT.	:	FINAL DECISION AND ORDER LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 1 day of February, 2008.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	05/19/2009	Hi	Waipahu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2009-7-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA/ Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (Wisconsin Case #: 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

Date: 4/16/26

BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

2009 MAY 22 A 9:20

2009 MAY 29 A 9:4

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor's License of	)	PHA 2009-7-L
MEDLINE INDUSTRIES INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
Respondent.	)	

241092407

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorneys, and Respondent MEDLINE INDUSTRIES INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a wholesale prescription drug distributor under License Number PWD 115. The license was issued on or about October 3, 2005. The license will expire on or about December 31, 2009.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

2. Respondent's mailing address for purposes of this action is Dianna Wolfe, Corporate Regulatory Affairs Specialist, Medline Industries, Inc., One Medline Place, Mundelein, Illinois 60060.

3. Respondent timely reported that disciplinary action had been taken against Respondent by the State of Wisconsin. Respondent had entered into a Stipulation with the State of Wisconsin's Pharmacy Examining Board. Pursuant to the terms of a Final Order, Respondent was reprimanded and ordered to pay a forfeiture in the amount of $2,000.00. This action was based on the results of an inspection which revealed that certain policies were missing and that Respondent was storing pre-packaged kits for surgeries (which included various types and quantities of prescription drugs) in a warehouse that was shared with another company. These kits were not secured and employees of the other company had access to the kits. A true and correct copy of the Stipulation and Final Decision and Order which was approved on February 4, 2009 is attached as Exhibit "1."

4. RICO alleges that Respondent was disciplined by another state for a reason provided by the licensing laws in Hawaii. Specifically, the Respondent was disciplined for professional misconduct.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 461-21(a)(2) (professional misconduct). Per Hawaii Administrative Rules §§ 16-95-30(c)(6) and (9), a licensee's facility must be secure from unauthorized entry and entry into areas where prescription drugs are held must be limited to authorized personnel.

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2009-7-L.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check, company check, or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi Lum-Mew, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due within thirty (30) days after this Settlement Agreement is approved by the Board.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of wholesale prescription drug distributors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Mundelein, IL, 5/11/09
(CITY) (STATE) (DATE)

MEDLINE INDUSTRIES INC.

By: [signature]
Its Pres. of GAIRA

DATED: Honolulu, Hawaii, MAY 19 2009

[signature]
DARIA A. LOY-GOTO
BOBBI W.Y. LUM-MEW
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR'S LICENSE OF MEDLINE INDUSTRIES INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; PHA 2009-7-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

June 18, 2009
DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

KENT KIKUCHI

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 05/20/08

STATE OF Illinois)
) SS.
COUNTY OF Lake)

On this 11 day of May, 2009, before me personally appeared Lacy V Simms, to me known to be the person described, and who executed the foregoing instrument on behalf of Meltec Industries as President, CEO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Name: Susan Miller
Notary Public, State of IL

My Commission expires: July 16, 2011

2009

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MEDLINE INDUSTRIES INC., RESPONDENT.	:	LS # 0902046PHM

Division of Enforcement Case # 08 PHM 037

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Medline Industries Inc.
5450 W. Stewart Ave.
Wausau, WI 54401

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Pharmacy Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Medline Industries Inc. is duly licensed as a wholesale distributor of prescription drugs in Wisconsin (license # 45-1116). This license was first granted on June 21, 1999.

EXHIBIT "1"

2. Respondent's most recent address on file with the Wisconsin Pharmacy Examining Board is 5450 W. Stewart Avenue, Wausau, Wisconsin 54401.

3. The Department of Regulation and Licensing conducted an unannounced inspection on May 9, 2008. The following violations were noted:

(a) The following policies were missing: Recall policy [Wis. Admin. Code § Phar 13.15(2)], Emergency plan [Wis. Admin. Code § Phar 13.15(3)], Outdated stock policy [Wis. Admin. Code § Phar 13.15(4).

(b) Respondent was storing Complete Delivery Systems (pre-packaged kits for surgeries, including various types and quantities of prescription drugs) in a warehouse it shared with another company. The CDS kits were not secured and employees of the other company had unhindered access to the kits, in violation of Wis. Admin. Code § Phar 13.10(3).

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §450.10, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 3 above constitutes a violation of Wisconsin Administrative Code § Phar 13.10(3), Phar 13.15(2), (3) and (4), and Wis. Stat. § 450.10(1)(a)2 and 6 and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

IT IS ORDERED:

1. Medline Industries Inc. is REPRIMANDED.

2. Respondent shall, within ninety (90) days from the date of this Order, pay a FORFEITURE in the amount of Two Thousand Dollars ($2,000.00).

3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of One Hundred Dollars ($ 100.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935

Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. In the event Respondent fails to pay the forfeiture as ordered, or in the event it fails to pay costs as ordered, Respondent's license (#45-1116) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Dated this 4 day of February, 2009.

PHARMACY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
MEDLINE INDUSTRIES INC. RESPONDENT.	:	STIPULATION LS#0902046PHM

Division of Enforcement Case # 08 PHM 037

Respondent Medline Industries Inc., by its manager Jan Hornick; and Jeanette Lytle, attorney for the Department of Regulation and Licensing, Division of Enforcement, stipulate:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement (case # 08 PHM 037). Jan Hornick represents, by her signature below, that she has authority to enter into this agreement on behalf of Respondent. Ms. Hornick, on behalf of Respondent, consents to the resolution of this investigation by stipulation.

2. Respondent's manager, Jan Hornick, understands that by signing this Stipulation she voluntarily and knowingly waives on behalf of Respondent its rights, including: the right to a hearing on the allegations against it, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine witnesses; the right to call witnesses and to compel their attendance by subpoena; the right to testify; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to it under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided an opportunity to obtain the advice of legal counsel prior to signing this stipulation.

4. Jan Hornick agrees, on behalf of Respondent, to the adoption of the attached Final Decision and Order by the Pharmacy Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Pharmacy Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or its attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Jan Hornick in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Medline Industries Inc.

By: Jan Hornick

11-24-08
Date

Jan Hornick, manager
5450 West Stewart Avenue
Wausau, WI 54401

12/10/08
Date

Jeanette Lytle
Attorney
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	03/19/2010	MO	Kansas City	Jackson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2010-002994	Colorado State Board of Pharmacy

Reason/Charge
Conditional License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
CO Board of Pharmacy / Medline Industries, Inc.	Administrative Action

Name of Business/Industry/Entity
Medline Industries, Inc.

Provide explanation below:

Medline Industries, Inc. distribution center at 1401 N. Universal Ave, Kansas City, MO 64120 applied for a Colorado Out-of-State Wholesaler license. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See Case 2003031660 above). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.

Corrective Actions:
Medline successfully completed terms of probation in MO and CO.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

August 25, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order (Stip/FAO), effective 3/19/10
Case #2010-2994

Dear Mr. Barbour:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the material concerning Medline Industries' request for release from the terms and conditions of the above listed Stip/FAO effective 3/19/10.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released Medline Industries, Inc., from the terms and conditions of the 3/19/10 Stip/FAO, and restored its out-of-state prescription drug wholesaler registration #7713 to unencumbered status, effective 8/25/10.

Your cooperation during the pendency of this matter is sincerely appreciated.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
File

Policy Number: 10-6

Title: Delegation of Authority to Program Director or Section Director

Date Issued: 11/16/2006

Dates Revised: 8/21/08, 10/16/08, 9/17/09, 1/21/10, 7/15/2010

PURPOSE: To clarify the authority which has been delegated to the Program Director, Section Director, or his/her designee

---

POLICY: The Board of Pharmacy has delegated to the Program Director, Section Director or his/her designee the authority to:

1. Sign Stipulations and Final Agency Orders ("Stipulations") and final orders issued subsequent to initial decisions entered after hearings held by administrative law judges ("Final Board Orders") on its behalf.

2. Issue Final Board Orders on its behalf when no exceptions are filed to the initial decision, the statutorily allowed time frame for the filing of exceptions has passed, the recommended sanction from the Administrative Law Judge is the same as that sought by the Board, and no further decisions are required by the Board.

3. Process reports of settlement of malpractice claims in the same manner as signed complaints are handled.

4. Accept, on the Board's behalf, practice and treatment monitoring reports and any other such reports submitted as required by the Stipulation or Final Board Order, provided such reports are in compliance with the terms of the Stipulation or Final Board Order.

5. Initiate complaints and issue 30-day letters to licensees or registrants currently under Stipulation or Final Board Order if, in the opinion of the Program Director or his/her designee, the licensee or registrant has failed to comply with any of the terms of his or her stipulation.

6. Sign Suspension Orders as required by the Child Support Enforcement Program.

7. Subpoena documents and gather information in order to assist the Board in carrying out its duties.

8. Approve practice monitors for licensees and registrants as required pursuant to Stipulations or Final Board Orders.

9. Sign suspension orders on its behalf.

10. Sign cease and desist orders on its behalf.

11. Perform the initial review of complaints relating to the practice of licensees or registrants under the Board's jurisdiction and to issue 30-day letters relating to the complaints.

12. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.

13. Determine non-substantive procedural matters relating to the rendering of initial decisions, including, but not limited to, granting extensions of time for the filing of exceptions, and granting requests for oral argument.

14. Perform additional delegated duties as set forth in Board policies.

15. Make referrals for assessment to the Pharmacy Peer Assistance Diversion Program.

16. Suspend the licenses of individuals under Stipulation or Final Board Order if licensee is required to participate in the Pharmacy Peer Assistance Diversion Program as a requirement of his/her Stipulation or Final Board Order and fails to comply with his/her contract with the Rehabilitation Evaluation Committee. The Program Director or his/her designee may lift the Board suspension on such licenses when the licensee has resumed compliance.

17. Release licensees and registrants from the terms of their Stipulations or Final Board Orders provided the licensee submits satisfactory evidence of completion of all terms of the Stipulation or Final Board Order. The Program Director or his/her designee, at his/her discretion, may refer any request for discharge to the Board for review.

18. Deny requests from licensees and registrants for discharge from the terms of Stipulations or Final Board Orders when the licensee or registrant has not completed the terms of the Stipulation or Final Board Order. Requests for early discharge from Stipulations and Final Board Orders shall be denied.

19. Suspend the licenses or registrations of facilities which have been ordered to pay a fine pursuant to a Stipulation or Final Board Order and fail to remit the required payment. In the event the licensee or registrant is to pay the fine in installments, the Program Director or his/her designee may suspend the license or registration if the licensee or registrant fails to remit a required payment. The Program Director or his/her designee may lift the Board suspension on such licenses or registrations when the licensee or registrant has come into compliance with fine requirements.

20. Enter, on its behalf, written agreements with public or private entities whereby the Board may provide information from the Electronic Prescription Drug Monitoring Program that does not identify a patient, prescriber, or dispenser of a prescription drug. Such agreements may only be entered into for the purposes of bona fide research or education pursuant to CRS 12-22-705(5).

21. Notice, on its behalf, proposed rules or proposed amendments or deletions to rules for a hearing before the board pursuant to CRS 24-4-103.

22. In the absence of additional exculpatory evidence or information not previously before the board, reject any counteroffer from respondents with cases at the Office of Expedited Settlement that is not within the board's settlement parameters.

23. Issue on its behalf, the "Board Procedural Order regarding Review of Initial Decision" upon receipt of an Initial Decision from an Administrative Law Judge at the Office of Administrative Courts.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 24, 2010

MedLine Industries, Inc.
Attn: Scott C. Barbour, Designated Representative
1401 N. Universal Ave.
Kansas City, MO 64120

RE: Stipulation and Final Agency Order
Case #2010-2994

IN THE MATTER OF DISCIPLINARY RPOCEEDINS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Dear Mr. Barbour:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) n the above mentioned matter, which became effective March 19, 2010.

Accordingly, and pursuant to Conditional Registration, item 9, of the Stip/FAO, MedLine Industries, Inc., at the above listed location, has been issued out-of-state prescription drug wholesaler registration #7713, with conditions, effective March 23, 2010.

Medline Industries, Inc., Colorado out-of-state wholesaler registration #7713 shall be probationary pending the Colorado State Board of Pharmacy's receipt of a request for discharge from Medline Industries, Inc., which must include documentation showing Medline Industries, Inc.'s release from the terms and conditions of the Missouri Settlement Agreement effective 8/3/05.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst
Enclosure
cc: Beth Thompson, Vice President, Regulatory Affairs, Medline Industries, Inc.
John Steele, Settlement Specialist, Office of Expedited Settlement
Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002994

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF MEDLINE INDUSTRIES, INC.,

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Medline Industries, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2010-002994 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. Wholesaler Applicant entered into a Settlement Agreement with the Missouri State Board of Pharmacy, which was effective on August 3, 2005 ("Missouri Settlement Agreement").

4. In the Missouri Settlement Agreement, Wholesaler Applicant was placed on probation for five (5) years for various violations of Missouri state and federal law involving recordkeeping, storage of prescription drugs, change of location without informing the Missouri Board of Pharmacy, lack of a policy and procedure manual, and distribution of prescription drugs under a lapsed registration.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions.

(1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

6. On January 14, 2010, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. On March 1, 2010, Wholesaler Applicant submitted a written request asking that the Board accept its application by granting a conditional license.

8. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration / Probation / Compliance / Terms

9. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

10. **Probation.** Wholesaler Applicant's registration shall be placed on probation for a period of time equal to the time of probation remaining under the Missouri Settlement Agreement. Credit toward satisfying the period of probation under this Final Agency Order shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order and the Missouri Settlement Agreement.

11. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

12. **Other Requirements.** Wholesaler Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Wholesaler Applicant shall:

    a. promptly pay all Wholesaler Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

13. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Wholesaler Applicant. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Wholesaler Applicant's sole responsibility to establish, through written and other documentation, that Wholesaler Applicant has met all terms and conditions of this Final Agency Order and, in addition, has been released from probation by the Missouri Board of Pharmacy under the Missouri Settlement Agreement. Wholesaler Applicant's probation under this Final Agency Order shall continue until formally discharged by the Board by way of Board order.

14. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant

understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

16. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Dana N. Simmons Dated: 3/12/10

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Dana N. Simmons, in his/her capacity as an authorized agent of Medline Industries, Inc., before me in the County of Lake, State of Illinois, this 12 day of March, 2010.

OFFICIAL SEAL
SUSAN MILLER
Notary Public - State of Illinois
My Commission Expires Jul 16, 2011

Susan Miller

Notary Public

My commission expires: 7-16-2011

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of March, 2010.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of March 2010, addressed as follows:

Medline Industries, Inc.
Attn: Scott C. Barbour, Designated
Representative
1401 N. Universal Ave.
Kansas City, MO 64120

Beth Thompson
Vice President, Regulatory Affairs
Medline Industries, Inc.
1 Medline Pl.
Mundelein, IL 60060

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	7/18/2014	NY	Middletown	Orange
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
27278		NY State Education Department- Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
NY Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. agreed to enter a Consent Order for discipline incurred in another jurisdiction (FL No. 2007-37412, LA No. 2008006, and WI No. 08 PHM 037).

Original Signature (electronic, copies or stamps not accepted)

4/16/20
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3872/3873

1411 BROADWAY - TENTH FLOOR
NEW YORK, NEW YORK 10018

July 18, 2014

Medline Industries Inc., Pharmacy Wholesaler
3301 Route 6
Middletown, NY 10940

Re: License No. 028250

Dear Sir or Madam:

Enclosed please find Order No. 27278. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

DONALD DAWSON
Director of Investigations
By: A. Miller
ARIANA MILLER
Supervisor

LJC/AM/nbm
Enclosure
CERTIFIED MAIL – RRR
cc: Judith A. Eisen, Esq.
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

C201406

VOTE AND ORDER

MEDLINE INDUSTRIES INC.

CALENDAR NO. 27278

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

which is currently registered to operate as a pharmacy wholesaler in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

LARA N. SIMMONS states:

That I am President, Quality Assurance and Regulatory Affairs of **MEDLINE INDUSTRIES INC.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 21, 2007 Respondent was registered to operate as a pharmacy wholesaler in the State of New York, having been issued Registration No. 028250 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy wholesaler in the State of New York from an address at: 3301 Route 6, Middletown, New York 10940.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A". Respondent admits

guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (findings of misconduct committed during the period 2008 to 2009 by three separate states which, if committed in New York, would constitute professional misconduct under the Education Law and Commissioner's Regulations).

Respondent hereby agrees to the penalty that it pay a fine in the amount of five thousand dollars ($5,000.00), said fine to be paid by certified or cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, 1411 Broadway, 10th Floor, New York, New York 10018-3496, within thirty (30) days after the effective date of the Order to be issued in this matter.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall

not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

LARA N. SIMMONS

EXHIBIT "A"

MEDLINE INDUSTRIES INC.

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, within the purview and meaning of New York Education Law section 6509(5)(b), in that:

(a) On or about September 26, 2008, the Department of Health of the State of Florida, a duly authorized disciplinary agency of said state, issued a Final Order against the Respondent (Case No. 2007-11783);

(b) The conduct upon which said Final Order was based was that (1) Respondent failed to provide in a timely manner documents that were requested and (2) Respondent sold or transferred a legend drug to a person who was not authorized under the law of the jurisdiction in which the person received the drug to purchase or possess legend drugs from the Respondent;

(c) Said conduct, if committed in New York, would constitute professional misconduct under Section 6509(13) of the Education Law and Part 63.6(c)(5)

of the Commissioner's Regulations;

(d) On or about May 1, 2008, the Louisiana Board of Wholesale Drug Distributors, a duly authorized disciplinary agency of Louisiana, issued a Consent Order against the Respondent (Administrative Case No. 2008006);

(e) The conduct upon which said Consent Order was based was that Respondent failed to maintain current customer license documents and/or a current customer listing on-site;

(f) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(5) of the Commissioner's Regulations;

(g) On or about February 4, 2009, the Wisconsin Pharmacy Examining Board, a duly authorized disciplinary agency of Wisconsin, issued a Final Decision and Order (Case #08-PHM 037);

(h) The conduct upon which said Decision and Order was based was that when Respondent was inspected by the Wisconsin Department of Regulation and Licensing, it was found that certain policies were missing and that it was storing prescription drugs in a warehouse it shared with another company;

(i) Said conduct, if committed in New York, would constitute professional misconduct under Part 63.6(c)(4) of the Commissioner's Regulations and

Title 21, Section 205.50, Code of Federal Regulations (CFR).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

IN THE MATTER

of the

Disciplinary Proceeding

against

MEDLINE INDUSTRIES INC.

APPLICATION FOR CONSENT ORDER

CAL. NO. 27278

which is currently registered to operate as a pharmacy wholesaler in the State of New York.

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

MEDLINE INDUSTRIES INC.

Dated: 2/14, 2014

Respondent

BY:

Lara N. Simmons, President, Quality Assurance and Regulatory Affairs

Dated: 2/18, 2014

Attorney for Respondent

Dated: 2/27, 2014

Member, State Board of Pharmacy

Dated: 3/6, 2014

Executive Secretary
State Board of Pharmacy

Dated: 4/23, 2014

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 5/7, 2014

Member, Board of Regents

:ds

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	01/06/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2020-0054		Ohio Board of Pharmacy		
Reason/Charge				
Customer License				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Ohio Board of Pharmacy / Medline Industries, Inc.			Administrative Action	
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (OH License #01-1985050) entered into a settlement agreement with the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file rather than the correct Terminal Distributor Dangerous Drugs license (TDDD). The facility's TDDD license expired at the time of the sale. Case resolved via Settlement Agreement effective 01/06/2021.

Corrective Actions:
Medline updated its customer license requirements for Ohio customers. Medline completed a review of all Ohio customers to verify the correct license type was on file and implemented increased verification checks of Ohio licenses.

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2020-0054
I-2019-0972-B

Medline Industries, Inc.
c/o Willis Ingalls
1501 Harris Road
Libertyville, IL 60048

License No. 01-1985050

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of a selling dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LLC, has an active WDDD license with the Board under license number 01-1985050, which lists Willis Ingalls as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, WDDD license number 01-1985050, related to the sale of dangerous drugs to an unlicensed entity.

2. On or about December 3, 2020, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated December 3, 2020, however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty the amount of $250.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Medline Industries agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

6. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

9. Medline Industries expressly waives its opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Willis A. Ingalls

Willis Ingalls, on behalf of,
Medline Industries, Respondent

1-5-21

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer McRudell, RPh

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

1-6-2021

Date of Signature

Henry Appel, Ohio Assistant Attorney General

1-6-2021

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	06/28/2021	IL	Libertyville	Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-L-0048		Alabama Board of Pharmacy		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Alabama Board of Pharmacy / Medline Industries, Inc.		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, Inc.				

Provide explanation below:

Medline Industries, Inc. distribution center at 1501 Harris Rd Libertyville, IL 60048 (AL Non-Resident Permit #193718) was fined for discipline incurred in another jurisdiction (OH A-2020-0054).

Original Signature (electronic, copies or stamps not accepted)

4/16/24
Date

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
MEDLINE INDUSTRIES, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 193718	)	CASE NO: 21-L-0048

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Medline Industries, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a wholesale distributor permitted by this Board under Permit No. 193718. (Board Exhibit One)

2. The Respondent was properly notified of the charges on March 9, 2021. The Respondent did not appear at the scheduled hearing before the Board and was not represented by counsel at such hearing. (Board Exhibit One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent violated Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 based upon Respondent's underlying conduct in its entry into a Settlement Agreement with the State of Ohio Board of Pharmacy dated January 6, 2021 (Attached) in which discipline was

DocuSign Envelope ID: 7F8AA924-F79F-4BC6-A7E1-B16F9D238852

imposed. In that Settlement Agreement, Respondent admitted that the State of Ohio Board of Pharmacy had evidence sufficient to sustain the allegations that Respondent made five (5) illegal sales of dangerous drugs to Columbus Podiatry & Surgery, Inc.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-,32 Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear and was not represented by counsel at the administrative hearing. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined $500.00 in that it is guilty of violating Board Rules 680-X-2.23, 680-X-2.23(3), 680-X-2.23(3)(k)(1), 680-X-2.23(3)(k)(2), and 680-X-2.23(3)(k)(3) and Code of Alabama (1975), § 34-23-32 in regard to its conduct involving illegal sales of dangerous drugs which resulted in discipline/Settlement Agreement dated January 6, 2021 with the State of Ohio Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

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1. The Respondent is guilty as charged in Count One as contained in the Statement of Charges and Notice of Hearing and is hereby fined a total of Five Hundred ($500.00) Dollars.

2. The disciplinary fine of Five Hundred ($500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Medline Industries, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	11/01/2022	OH	West Jefferson	Madison

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) entered a settlement agreement with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). The TDDD license was added in May 2022. During the period of July 2021 to March 2022, the customer's TDDD license lapsed, and Medline shipped the customer product under the valid practitioner license. Case resolved via Settlement Agreement effective 11/01/2022.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred while Medline was in the process of reviewing and updating all Ohio customer licenses. Medline licensing staff were also provided with additional training on Ohio license requirements.

Original Signature (electronic, copies or stamps not accepted)

9/16/26
Date

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0333
I-2022-0624

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about September 28, 2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated September 28, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $1,125.00. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of,
Medline Industries, LP, Respondent

10-25-2022
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn Wilt, RPh, President,
State of Ohio Board of Pharmacy

11.1.2022
Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/19/2022	FL	Miami	Miami-Dade

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0333	FL DBPR- Div. of Drugs, Devices, and Cosmetics

Reason/Charge
Customer Licenses, Record Keeping

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FL DBPR / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution center at 9670 NW 112th Ave, Miami, FL 33178 (FL WDD# #2220297) entered a settlement agreement for alleged violations of selling prescription drugs to an unauthorized recipient and failure to maintain proper records. Medline accepted a physician license for a customer which should have maintained a Healthcare Clinic Establishment Permit. The recordkeeping allegation related to missing NDC numbers on outbound packing slips and invoices.

Corrective Actions:
Medline updated customer licensing requirements for Florida customers and completed an extensive review of all FL customer licenses to verify the correct license type was on file. Medline determined the missing NDC number on the packing slip and invoice occurred due to an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A fix was implemented to correct the issue.

Original Signature (electronic, copies or stamps not accepted)

9/16/24
Date

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK: Brandon Nichols
Date: 12/21/2022
File #: 2022-09829

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2022-031132**

MEDLINE INDUSTRIES, LP,

Respondent,

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics ("the Department"), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Medline Industries, LP, and the Department, attached hereto and incorporated by reference.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department as indicated on this Final Order.

DONE and ORDERED this 19th day of December, 2022 in Tallahassee, Florida.

MELANIE S. GRIFFIN, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____
Walter S. Copeland, Director
Division of Drugs, Devices, and Cosmetics

Prepared by:

Anthony Coniglio
DDC Chief Attorney

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular US mail to: Corporation Service Company, Registered Agent for Medline Industries, LP, 1201 Hays Street, Tallahassee, Florida 32301 on this 21st day of December, 2022.

By: Brandon M. Nichols
Agency Clerk's Office

RECEIVED
0 9 2022
DRUGS, DEVICES AND COSMETICS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2022-031132**

v.

MEDLINE INDUSTRIES, LP,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2022-031132 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Medline Industries, LP (hereinafter, "Respondent") is permitted by the Department as a prescription drug wholesale distributor, having been issued permit number 22:20297.

2. Respondent's address of record is 9670 Northwest 112th Avenue, Miami, Florida 33178.

3. Respondent was issued a Notice of Violation on October 26, 2022, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted

pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2022-031132, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand dollars ($6,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Kimberley Johnson, Senior Legal Assistant**. Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2022-031132. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this

agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MEDLINE INDUSTRIES, LP,

By: _____

Name: Daniel Stevens

Title: Manager Regulatory Affairs

Date: 11/18/2022

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 12.19.2022

Prepared by:

Anthony Coniglio
DDC Legal Chief
Division of Drugs, Devices, and Cosmetics

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	07/25/2023	OH/IN	See Below	See Below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-2022-0307; A-2022-0184	Ohio Board of Pharmacy

Reason/Charge
Customer Licenses

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Ohio Board of Pharmacy / Medline Industries, LP	Administrative Action

Name of Business/Industry/Entity
Medline Industries, LP

Provide explanation below:

Medline Industries, LP distribution centers at 1040 Enterprise Parkway South, West Jefferson, OH 43162 (OH License #01-30000190) and 251 Hilton Drive, Jeffersonville, IN 47130 (OH License #01-30000158) entered settlement agreements with the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. The sales occurred between July 2021 and January 2022. Medline maintained valid practitioner licenses on file for each customer instead of the correct d sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file instead of the correct Terminal Distributor Dangerous Drugs license (TDDD). Cases resolved via Settlement Agreement effective 07/19/2023 and 07/25/2023.

Corrective Actions:
Medline updated customer licensing requirements for Ohio customers following OH Case # A-2020-0054. The shipments in this matter occurred between July 2021 and January 2022 while Medline was in the process of reviewing and updating all Ohio customer licenses.

Locations:
1040 Enterprise Parkway South, West Jefferson, OH 43162 (Madison County)
251 Hilton Drive, Jeffersonville, IN 47130 (Clark County)

Original Signature (electronic, copies or stamps not accepted)

7/16/24
Date

STATE OF OHIO
BOARD OF PHARMACY

July 19, 2023

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

Re: Settlement Agreement
License No. 01-30000190

Dear Mercy Primary Care Portage,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 19, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 19, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2233 7395 37

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2022-0307
I-2022-0168

Medline Industries, LP
c/o James Eveland
1040 Enterprise Parkway South
West Jefferson, OH 43162

License No. 01-30000190

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, LP, for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs to unlicensed entities. Together, the Board and Medline Industries, LP are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries, LP, is a licensed Distributor of Dangerous Drug, License No. 01-30000190, which lists James Eveland, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, LP, Distributor of Dangerous Drugs License No. 01-30000190, related to Medline Industries, LP's illegal sales of dangerous drugs to an unlicensed entity.

2. On or about 11/16/2022, the Board sent a Notice of Opportunity for Hearing to Medline Industries, LP, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries, LP neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated 11/16/2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries, LP agrees to pay to the Board a monetary penalty in the amount of $875.00.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries, LP 's WDDD license, number 01-30000190.

5. Medline Industries, LP agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries, LP agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries, LP of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries, LP by the Board and will NOT discharge Medline Industries, LP from any obligation under the terms of this Agreement.

7. Medline Industries, LP agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries, LP understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries, LP will operate.

10. Medline Industries, LP waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

James Eveland, on behalf of, Medline Industries, LP, Respondent	7-11-23 Date of Signature
Attorney for Respondent (if applicable)	Date of Signature
Trina Buettner, RPh, President, State of Ohio Board of Pharmacy	07.19.2023 Date of Signature

STATE OF OHIO
BOARD OF PHARMACY

July 25, 2023

Medline Industries
c/o Filomena Kropiweic
251 Hilton Dr.
Jeffersonville, IN 47130

Re: Settlement Agreement
License No. 0130000158

Dear Medline Industries,

Enclosed you will find your Settlement Agreement with the State of Ohio Board of Pharmacy. This document is signed and effective as of July 25, 2023. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Jennifer Nelson

Jennifer Nelson
Legal Administrative Assistant

Enclosure: July 25, 2023 Settlement Agreement with the State of Ohio Board of Pharmacy

CMRRR: 9414 7118 9956 2027 4018 31

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE No. A-2022-0184
I-2021-1908

Medline Industries
c/o Filomena Kropiweic
251 Hilton Drive
Jeffersonville, IN 47130

License No. 01-30000158

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Medline Industries, for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed entity. Together, the Board and Medline Industries are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Medline Industries is a licensed Distributor of Dangerous Drug, License No. 01-30000158, which lists Filomena Kropiweic as the Responsible Person.

FACTS

1. The Board initiated an investigation of Medline Industries, Distributor of Dangerous Drugs License No. 01-30000158, related to Medline Industries' illegal sales of dangerous drugs to an unlicensed entity.

2. On or about April 25, 2023, the Board sent a Notice of Opportunity for Hearing to Medline Industries, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Medline Industries neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 25, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Medline Industries agrees to pay to the Board a monetary penalty in the amount of $750.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Medline Industries' WDDD license, number 01-30000158.

5. Medline Industries agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Medline Industries agrees to comply with all federal and state requirements related to Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Medline Industries of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Medline Industries by the Board and will NOT discharge Medline Industries from any obligation under the terms of this Agreement.

7. Medline Industries agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Medline Industries understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Medline Industries will operate.

10. Medline Industries waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Filomena Kropiweic — Oct-29-2023

Filomena Kropiweic, on behalf of,
Medline Industries, Respondent

Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

07.25.2023

Trina Buettner, RPh, President,
State of Ohio Board of Pharmacy

Date of Signature

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	12/21/2023	HI	Kapolei	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA 2023-9-L		Hawaii Department of Commerce and Consumer Affairs		
Reason/Charge				
Discipline incurred in another jurisdiction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
HI DCCA / Medline Industries, LP		Administrative Action		
Name of Business/Industry/Entity				
Medline Industries, LP				

Provide explanation below:

Medline Industries, LP distribution center at 2341 Lauwiliwili St, Kapolei, HI 96707 (HI #) entered a Settlement Agreement for discipline incurred in another jurisdiction (OH A-2022-0333, OH A-2022-0307, OH A-2022-0184, and FL 2022-031132)

Original Signature (electronic, copies or stamps not accepted)

4/14/24
Date

IVY Y. E. KIM 9609
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660
E-mail: ikim@dcca.hawaii.gov

Attorney for Department of Commerce
and Consumer Affairs

2023 DEC 15 A 11:07
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2023 DEC 29 P 12:37
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Wholesale Prescription Drug Distributor License of MEDLINE INDUSTRIES, L.P., Respondent.	PHA 2023-9-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney and Respondent MEDLINE INDUSTRIES, L.P. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed as a wholesale prescription drug distributor by the Board of Pharmacy (hereinafter the "Board") under the license number PWD-193. The license was issued on or about May 16, 2022. The license will expire or forfeit on or about December 31, 2023, unless timely renewed.

2. Respondent's mailing address for purposes of this action is 2341 Lauwiliwili Street, Kapolei, Hawaii 96707.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. On or about December 19, 2022, the Florida Department of Business & Professional Regulation (hereinafter "Department") issued a Final Order adopting the Settlement Agreement entered into between Respondent and the Department in Case No. 2022-031132 (hereinafter the "Florida Final Order"). The Florida Final Order was based on Respondent's alleged selling of prescription drugs to an unauthorized recipient, failure to maintain records, and failure to provide required documentation to customers. The Florida Final Order is attached hereto as Exhibit "1".

4. On or about July 19, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0307, I-2022-0168, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "2".

5. On or about July 25, 2023, Respondent and State of Ohio Board of Pharmacy entered into a Settlement Agreement in Case No. A-2022-0184, I-2021-1908, related to Respondent's illegal sales of dangerous drugs to an unlicensed entity. The Settlement Agreement is attached hereto as Exhibit "3".

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a wholesale prescription drug distributor by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing. Respondent further understands that RICO enters into this Settlement Agreement and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

5. Respondent represents that Exhibits "1" – "3" are true and correct copies of the purported Florida Final Order and Settlement Agreements with the Ohio Board of Pharmacy.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-9-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

12. Respondent acknowledges that upon tis approval, this Settlement Agreement constitutes disciplinary action.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of TWO THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS ($2,250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA – Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Ivy Y. E. Kim, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board

may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., and C.7. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

[Remainder of this page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Northfield (City), IL (State), 09/07/2023 (Date).

MEDLINE INDUSTRIES, L.P.
Respondent

By: _____ (Signature)

Daniel Stevens (Print Name)

Its Manager Regulatory Affairs (Print Title)

DATED: Honolulu, Hawaii, 10/11/2023.

_____
IVY Y. E. KIM
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE WHOLESALE PRESCRIPTION DRUG DISTRIBUTOR LICENSE OF MEDLINE INDUSTRIES, L.P.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "3"; RICO CASE NO. PHA 2023-9-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE Chair	December 21, 2023 DATE
PATRICK ADAMS Vice Chair	MARK BROWN
CATALINA CROSS	Kent Kikuchi KENT KIKUCHI
BRANDON RABANG	SHERI TOKUMARU

PVL 11/09/22

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4217 Arlington Avenue, Sacramento, CA 95820 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This power of Attorney is valid until revoked in writing by the Company.

Dated: October 11, 2022

Medline Industries, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Assistant Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on October 11, 2022 by Alexander M. Liberman, as Assistant Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Bychowski
(Signature of Notary Public)

(Seal)

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer, Inc.
Address: 66 Hudson Blvd E City: New York State: NY Zip: 10001

Name: ICU Medical Inc.
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare Inc.
Address: One Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Avenue City: Bethlehem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Medline Inc.
Corporation Name: See Attached Ownership Information
Mailing Address: 3 Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: (847) 949-5500 Email: ralicensing@medline.com
Contact Person Name: Daniel Stevens [redacted]

Date of SEC Registration: 12/17/2025 | SEC Registration Number: 0002046386 | Stock Exchange Symbol: MDLN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Daniel Stevens

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/15/26

Date

PAID

Board Use Only	Date Received: 4/21/26	Amount: $100.00

POWER OF ATTORNEY

MEDLINE INDUSTRIES, LP, an Illinois limited partnership, having a principal place of business at 3 Lakes Dr, Northfield, Illinois, 60093 (the "Company"), herewith authorizes and entrusts a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager, Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, California 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing, distribution, licensing, and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: January 21, 2026

Medline Industries, LP
By: Mozart GP, LLC
Its: General Partner

By: ML
Name: Alexander M. Liberman
Title: Chief Legal Officer and Secretary

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on January 21, 2026 by Alexander M. Liberman, as Chief Legal Officer and Secretary of Mozart GP, LLC, as General Partner of Medline Industries, LP.

Barbara Theresa Bychowski
(Signature of Notary Public)

(Seal)

OFFICIAL SEAL
Barbara Theresa Bychowski
NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 1016211
My Commission Expires August 28 2029

POWER OF ATTORNEY

EXCELSIOR MEDICAL, LLC, an Illinois limited liability company, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Excelsior Medical, LLC

By: Medline Industries, LP
Its: Manager
By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Medline Industries, LP, as Manager of Excelsior Medical, LLC.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

POWER OF ATTORNEY

Centurion Medical Products, LP, an Delaware limited partnership, having a principal place of business at 3 Lakes Drive, Northfield, Illinois, 60093 (the "Company"), herewith authorize and entrust a Power of Attorney to DANIEL A. STEVENS, United States citizen, Manager Regulatory Affairs, with permanent residence at 4369 Vulcan Drive, Sacramento, CA 95864 with full signatory rights on behalf of the Company as follows:

To be our true and lawful Agent with as full as legally necessary powers to submit, execute and prosecute applications in the name of the Company, for permits, registrations and other governmental authorizations, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company, and to represent the Company and take all necessary actions in legal matters and all other matters towards all third parties and all public authorities, federal, state or municipal, and towards all other divisions, subdivisions, departments, units or all secretariats of the above, relating in any way to the quality assurance, quality control, regulatory, warehousing and sterilizing functions of the Company.

This Power of Attorney is valid until revoked in writing by the Company.

Dated: December 15, 2023

Centurion Medical Products, LP

By: Mozart GP, LLC
Its: General Partner

By: _____
Name: Alexander M. Liberman
Title: Secretary and Chief Legal Officer

ACKNOWLEDGEMENT

STATE OF ILLINOIS
COUNTY OF COOK

This instrument was acknowledged before me on December 15, 2023 by Alexander M. Liberman, as Secretary and Chief Legal Officer of Mozart GP, LLC, as General Partner of Centurion Medical Products, LP.

_____
(Signature of Notary Public)
My commission expires:
11/7/2027

Official Seal
NATALIE D PAULOV
Notary Public, State of Illinois
Commission No. 674045
My Commission Expires November 7, 2027

(Seal)

FDA

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Establishment Registration & Device Listing

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Establishment:
MEDLINE INDUSTRIES Mundelein
Business Trade Name:
MEDLINE INDUSTRIES - Dynacor

1200 Townline Road
One Medline Place
Mundelein, IL 60060
Registration Number: 3013429260
FEI Number*: 1000138386
Status: Active
Date Of Registration Status: 2026

Owner/Operator:

Medline Industries, LP[8]
Three Lakes Drive
Northfield, IL US 60093
Owner/Operator Number: 1417592[7]

Official Correspondent:
Stephanie Augsburg
Three Lakes Drive
Northfield, IL 60093
Phone: 1-847-3936552

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Medline Ownership Overview

Medline Industries, LP is a limited partnership with Medline Borrower, LP as a limited partner and Mozart GP, LLC as a general partner. Medline Borrower, LP maintains 100% ownership interest in Medline Industries, LP. Mozart GP, LLC retains 0% ownership interest and 100% control of Medline Industries, LP. Centurion Medical Products, LP and Excelsior Medical LLC are subsidiary entities which fall under the direct or indirect ownership and control of Medline Industries, LP.

The attached Pre-IPO Ownership Chart provides additional pre-IPO information as requested by Board staff following notification of the Medline Inc. IPO.

Post-IPO Structure

Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc.is a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP. As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all the business and affairs of Medline Holdings, LP and, through Medline Holdings, LP and its subsidiaries, conducts its business.

No change occurred to the immediate ownership or structure of Medline Industries, LP, Medline Borrower, LP, Centurion Medical Products, LP, and Excelsior Medical LLC. All licensed facilities will continue operating under the existing entity and same FEIN. The limited and general partners and/or members and managers of the licensed subsidiaries remain consistent and retain the same levels of direct ownership.

Top Four Shareholders of Medline Inc. as of 12/18/2025[1]

Name of Beneficial Owner	Combined Voting Power
Mozart HoldCo, Inc.[2]	17.8%
Blackstone[3]	16.4%
Carlyle[4]	16.4%
H&F[5]	16.4%

[1] Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders.

[2] Mozart HoldCo, Inc. is an entity that is owned directly and/or indirectly by members of the Mills Family and trusts for their benefit.

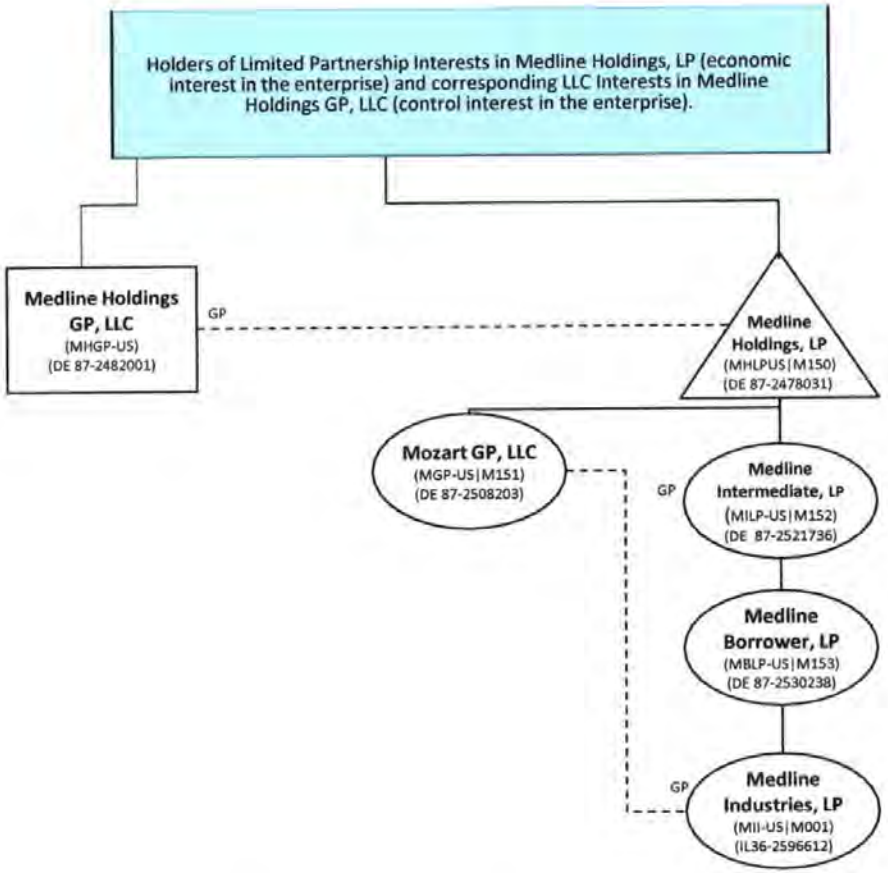
[3] "Blackstone" refers to certain entities and/or funds associated with Blackstone Inc.

[4] "Carlyle" refers to certain entities and/or funds associated with The Carlyle Group Inc.

[5] "H&F" refers to certain entities and/or funds associated with Hellman & Friedman LLC

Medline Industries, LP Ownership Structure
Pre- Medline Inc. IPO

(As of September 27, 2025)

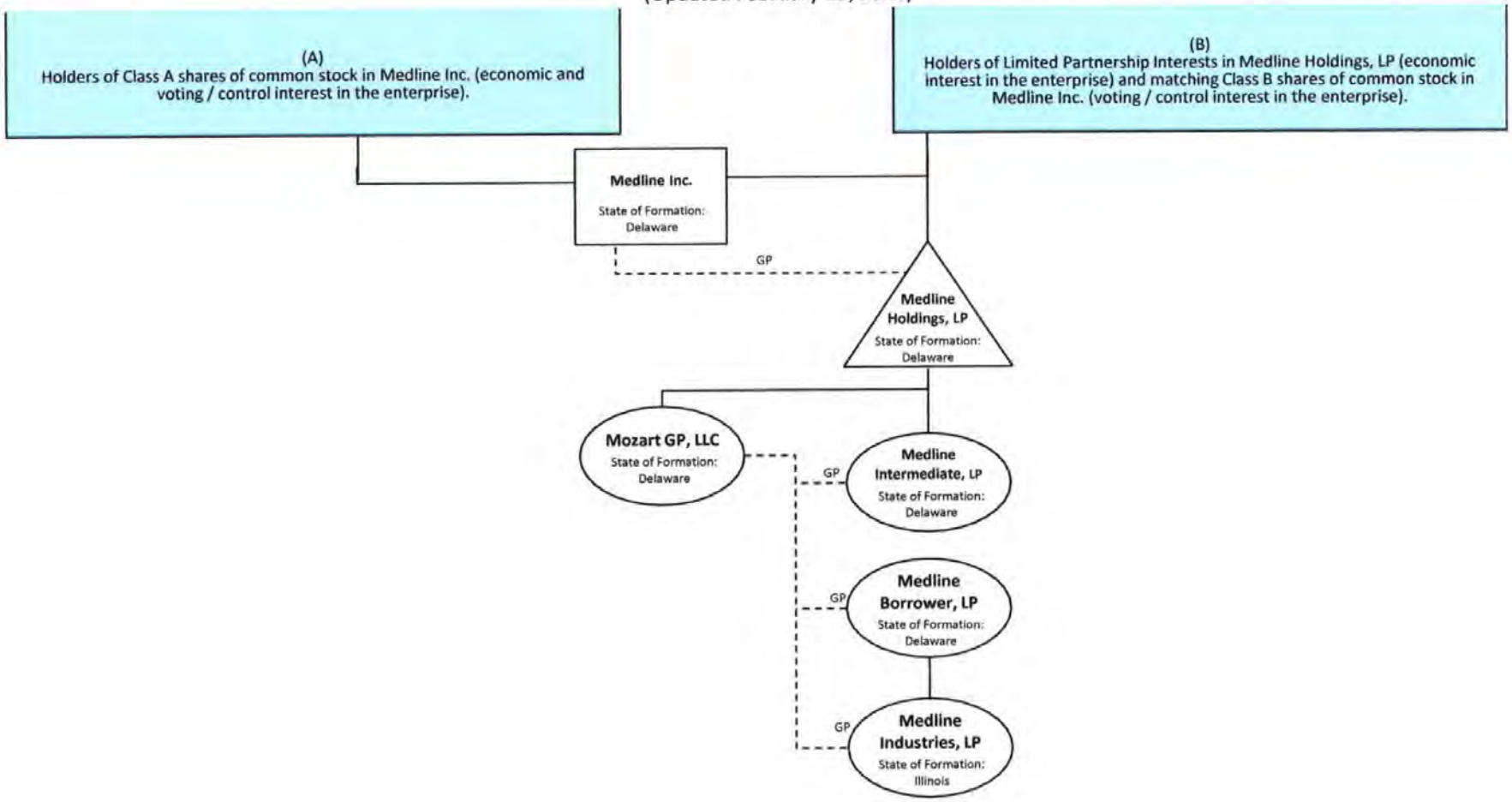


Notes:

- As the general partner of Medline Holdings, LP, Medline Holdings GP, LLC operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings, LP and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the enterprise organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%. Interests held in Medline Holdings, LP and Medline Holdings GP, LLC are in aggregate 100% held by multiple holders as described above.
- The ultimate owners of Medline Holdings GP, LLC and Medline Holdings, LP shown above (pre-IPO) are the same as those ultimate owners that hold Limited Partnership interests in Medline Holdings, LP and corresponding Class B common stock in Medline Inc. immediately post-IPO. These holders include members of the Mills Family (which founded the Company) and trusts for their benefit and certain entities and/or funds associated with Blackstone Inc.; The Carlyle Group Inc.; Hellman & Friedman LLC; GIC Private Limited (including its affiliate, Hux Investment Pte. Ltd.); and Abu Dhabi Investment Authority. Immediately post-IPO, these holders continued to own approximately 80% of the total enterprise. Additionally, pre-IPO and post-IPO, certain members of the Company's management held an aggregate of less than 5% interest in Medline Holdings, LP, which interests were granted to them as part of their compensation when the Company was privately held.

Medline Industries, LP Ownership Structure
Post- Medline Inc. IPO

(Updated February 19, 2026)



Notes:

- As the general partner of Medline Holdings, LP, Medline Inc. operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts the enterprise's business.
- This chart reflects only those entities with control or ownership interest in Medline Industries, LP. It omits subsidiaries in the Medline Inc. organizational structure that exist for other purposes and are not relevant to the ownership or control of Medline Industries, LP.
- Ownership interests are 100%, except for interests held in Medline Holdings, LP and Medline Inc., which are held by multiple holders as described above.
- Medline Inc. is a U.S. publicly traded company trading under the ticker symbol MDLN on Nasdaq. Medline Inc. publicly reports beneficial holders of 5% or more of its outstanding securities ("significant stockholders") in its filings with the U.S. Securities and Exchange Commission ("SEC"), which are available at www.sec.gov/edgar/browse/?CIK=2046386. Medline Inc. reports this information in accordance with SEC rules, including in reliance on public reporting of ownership by its significant stockholders

Medline Industries, LP

FEIN: 36-2596612
An Illinois Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Borrower, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	87-2530238
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Centurion Medical Products, LP

FEIN: 38-1659420
A Delaware Limited Partnership

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Partners:

Partner	General or Limited	Business Address	% of Ownership	FEIN
Medline Industries, LP	Limited	Three Lakes Drive, Northfield, IL 60093	100%	36-2596612
Mozart GP, LLC	General	Three Lakes Drive, Northfield, IL 60093	0%	87-2508203

Officers of General Partner - Mozart GP, LLC:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC

FEIN: 32-0473772
An Illinois Limited Liability Company

Contact Information:

Three Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Member and Manager of LLC:

Medline Industries, LP
FEIN: 36-2596612

Officers:

Name	Title
James M. Boyle	Chief Executive Officer
Stephen L. Miller	Chief Operating Officer
Michael B. Drazin	Chief Financial Officer
Alexander M. Liberman	General Counsel, Secretary

Excelsior Medical, LLC is a member managed LLC with the sole member and manager being Medline Industries, LP. Medline Industries, LP is a limited partnership and does not appoint corporate officers. Medline reports the officers for its general partner, Mozart GP, LLC, which retains 100% control of Medline Industries, LP.

Medline Inc.

FEIN: IL 33-185288

Contact Information:

3 Lakes Drive
Attn: RA Licensing – 3D
Northfield, IL 60093
Ralicensing@medline.com
847-949-5500

Directors and Executive Officers

Set forth below is a list of the names, ages (as of December 8, 2025) and positions of all directors, director nominees, and executive officers of Medline Inc. at the time of this offering.

Name	Age	Position
James M. Boyle	[redacted]	Chief Executive Officer and Director
James M. Pigott		President
Michael B. Drazin		Chief Financial Officer
Stephen L. Miller		Chief Operating Officer
Alex M. Liberman		Chief Legal Officer
Douglas P. Golwas		Chief Commercial Officer
Christopher P. Shryock		Chief Human Resources Officer
Amanda H. Laabs		Chief Product Officer
William J. Abrams		Executive Vice President, Supply Chain Solutions
Charles N. Mills		Chair of the Board of Directors
Joseph P. Baratta		Director
Jacob D. Best		Director
Todd M. Bluedorn		Director Nominee
Richard A. Galanti		Director
Patrick J. Healy		Director
Andrew J. Mills		Director
Robert R. Schmidt		Director
Anushka M. Sunder		Director
Thomas W. Sweet		Director
Stephen H. Wise		Director

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502528 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURION MEDICAL PRODUCTS, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTURION MEDICAL PRODUCTS, LP" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6213666 8300

SR# 20261791715

Authentication: 203646965

Date: 04-15-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

File Number 0543231-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

EXCELSIOR MEDICAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2610502534 verifiable until 04/15/2027
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDLINE INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5143163 8300

SR# 20261572157

Authentication: 203550646

Date: 04-03-26

You may verify this certificate online at corp.delaware.gov/authver.shtml



State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
004.005192

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
12/31/2026

LICENSED WHOLESALE DRUG DISTRIBUTOR

WHOLESALE DRUG

MEDLINE INDUSTRIES LP
ADOLFO ORTIZ-SEPULVEDA
1 MEDLINE PL
MUNDELEIN, IL 60060-4485

MARIO TRETO, JR.
SECRETARY

CAMILE LINDSAY
ACTING DIRECTOR

The official status of this license can be verified at IDFPR.illinois.gov

19830513

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4523788

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC. 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-25-26 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** N/A — N/A **INSURER C :** See Acord 101 for Carrier Participation **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010831218-28 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	2,000,000 2,000,000 10,000 2,000,000 4,000,000 SEE BELOW
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	2,000,000
	UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $	
A A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2025 07/01/2025	07/01/2026 07/01/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Locations: Excelsior Medical, LLC 317 Fairfield Road Freehold, NJ 07728 ; Excelsior Medical, LLC 1470 Shafto Rd. Tinton Falls, NJ 07712

Evidence of Insurance. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Excelsior Medical, LLC
1933 Heck Avenue
Neptune, NJ 07753

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC	Medline Industries LP Excelsior Medical, LLC Attn: Risk Management Three Lakes Drive Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:

57.86% of the layer is insured by Lloyds of London

17.14% of the layer is insured by AXA XL UK Ltd. (A+)

25% of the layer is insured by Harleysville Insurance Company of NY (A)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-008956355-44 **REVISION NUMBER:** 80

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$	10,000
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$	2,000,000
	OTHER:						GENERAL AGGREGATE	$	4,000,000
							PRODUCTS - COMP/OP AGG	$	SEE BELOW
								$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y	N/A		PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr. Uxbridge, MA 01569.
SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

LOCATION ADDRESS CITY STATE ZIP CODE
B01 1 Medline Pl. Mundelein Illinois 60060
B04 1160 S Northpoint Blvd S . Waukegan Illinois 60085
B04 1710 S Lakeside Dr. Waukegan Illinois 60085
B04 1170 S Northpoint Blvd S. Waukegan Illinois 60085
B06 1 Medline Dr. Wilmer Texas 75172
B11 21111 E 36th Dr. Aurora Colorado 80011
B18 1062 Fasken Blvd. Laredo Texas 78045
B22 9670 NW 112 Ave. Medley Florida 33178
B24 8001 SW 47th St. Oklahoma City Oklahoma 73179
B25 1401 N Universal Ave. Kansas City Missouri 64120
B27 92 SE 223rd Ave. Gresham Oregon 97030
B28 735 County Rd 4 E. Prattville Alabama 36067
B29 13115 Brockton Lane N. Rogers Minnesota 55374
B30 1900 Meadowville Technology Parkway. Chester Virginia 23836
B31 500 Sharkey Dr. Maumelle Arkansas 72113
B34 9051 King St. Anchorage Alaska 99518
B36 1989 Transit Way. Brockport New York 14420
B44 2325 W Louise Ave. Manteca California 95337
B45 1119 W Middlesex Ave Bldg 4. Port Reading New Jersey 07064
B48 36445 Van Born Road, Suite 200 Romulus Michigan 48174
B49 42500 Winchester Rd. Temecula California 92590
B56 190 Medline Drive, Suite 200. Richmond Hill Georgia 31324
B66 2700 E. Imperial Highway Lynwood California 90262
B80 2341 Lauwiliwili St. Suite 107 Kapolei Hawaii 96707
B82 9103 Riverside Parkway Lithia Springs Georgia 30122
C02 2200 Cornerstone Parkway. Grayslake Illinois 60030
C03 1500 Medline Pl. McDonough Georgia 30253
C05 1062 Old Dixie Highway. Auburndale Florida 33823
C09 1960 W Miro Way. Rialto California 92376
C32 29895 US Hwy 90 Bus. Katy Texas 77494
C37 5000 Premier Parkway. St. Peters Missouri 63376
C40 81 Campanelli Dr. Uxbridge Massachusetts 01569
C41 1040 Enterprise Parkway South. West Jefferson Ohio 43162
C42 3446 Highway 51 N. Southaven Mississippi 38672
C46 5701 Promontory Parkway, Suite 100 Tracy California 95377
C47 239 Belvidere Rd. Perryville Maryland 21903
C50 8787 W Buckeye Ave. Tolleson Arizona 85353
C54 494 State Route 416. Montgomery New York 12549
C57 5511 W Ten Rd. Mebane North Carolina 27302
C59 2100 Industrial Park Road Hammond Louisiana 70401
C71 264 S 5750 W. Salt Lake City Utah 84104
C75 3770 Hogum Bay Rd NE. Lacey Washington 98516
C89 251 Hilton Dr. Jeffersonville Indiana 47130

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RCH - Hartland, WI 700 W North Shore Dr. Hartland Wisconsin 53029
D46 - Lathrop, CA 18601 Christopher Way Ste 100. Lathrop California 95330
MXC - SPT 16415 Cosmos St. Moreno Valley California 92551
ANGIO 10 Glen Falls Technical Park. Glen Falls New York 12801
E22 600 Derby Ave West Haven Connecticut 06516
E23 3835 John Wall Dr Madison Wisconsin 53704
E26 1390 Sparrows Point Blvd. Ste700 Edgemere Maryland 21219
LRD 12001 General Milton Dr. Laredo Texas 78045

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TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **105625536**

Current Billing Term From **July 20, 2025** to **July 20, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **July 20, 2011**, in the amount of **One Hundred Thousand** (**$100,000.00**) on behalf of **MEDLINE INDUSTRIES, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **June 25, 2025**

Travelers Casualty and Surety Company of America

By: _____

Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 105625536 **Principal: MEDLINE INDUSTRIES, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25 day of June, 2025.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 25th day of June, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Oscar F. Rincon

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #105625536

Current Information as of 04/14/2026

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 5: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253

Location 6: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823

Location 7: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 8: (C32)
Medline Industries, LP
29895 US HWY 90 BUS
Katy, TX 77494

Location 9: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376

Location 10: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 11: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 12: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 13: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Location 14: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 15: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 16: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 17: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 18: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 19: (C71)
Medline Industries, LP
264 S 5750 W
Salt Lake City, UT 84104

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

Location 23: (ANG)
Medline Industries, LP
10 Glen Falls Techinical Park
Glen Falls, NY 12801

Location 24: : (EXC-TF)
Excelsior Medical, LLC
1470 Shafto Road
Tinton Falls, NJ 07712

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: **108030426**

Current Billing Term From **September 03, 2025** to **September 03, 2026**

THIS IS TO CERTIFY that the above referenced Bond,

issued by **Travelers Casualty and Surety Company of America**,

dated **September 03, 2024**, in the amount of **Twenty Five Thousand** (**$25,000.00**) on behalf of **CENTURION MEDICAL PRODUCTS, LP** (as Principal),

and in favor of **Nevada State Board of Pharmacy** (as Obligee), remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated **July 23, 2025**

Travelers Casualty and Surety Company of America

By: _____
Peter S Forker Attorney-in-Fact

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD CONN.

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108030426 **Principal: CENTURION MEDICAL PRODUCTS, LP**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

SEAL SEAL SEAL SEAL

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

NOTARY PUBLIC

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 23 day of July, 2025.

SEAL SEAL SEAL SEAL

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 23rd day of July, 2025, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
OSCAR F RINCON
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 513016
MY COMMISSION EXPIRES FEBRUARY 20, 2029

Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

List of Facilities for Nevada Surity Bond #108030426

Current Information as of 04/14/2026

Location 1: (B01)
Centurion Medical Products, LP
301 Catrell Drive
Howell, MI 48843

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Medline Industries, LP MDEG License # (if applicable) WH01636

Physical Address One Medline Pl

City Mundelein State IL Zip 60060

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-643-3801 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First George Middle Peter Last Britt

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Addr [redacted]

City Lindenhurst State IL Zi [redacted]

Telepho [redacted] Email gbritt@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Southern Illinois University		08/04 - 12/05	
Address	**City**	**State**	**Zip**
1263 Lincoln Dr.	Carbondale	IL	62901
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Libertyville High School		09/00 - 05/04	
Address	**City**	**State**	**Zip**
708 W. Park Ave.	Libertyville	IL	60048
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/18 - Present	[redacted]	Lindenhurst	IL	[redacted]
03/01 - 06/18		Libertyville	IL	
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			08/25 - Present	
Business Address		**City**	**State**	**Zip**
One Medline Pl		Mundelein	IL	60060
Phone	**Title**		**Number of Employed Hours**	
847-643-4922	Warehouse Manager		1,200	

Description of Duties
Oversee the facility to ensure proper receiving, distribution, storage, shipping and dispensing of prescreption drugs and medical devices. Manage multiple team members to ensure proper record keeping, inventory, storage and product security.

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			09/19 - 08/25	
Business Address		**City**	**State**	**Zip**
One Medline Pl		Mundelein	IL	60060
Phone	**Title**		**Number of Employed Hours**	
847-643-4922	Warehouse Supervisor		12,000	

Description of Duties
Oversee the facility to ensure proper receiving, distribution, storage, shipping and dispensing of prescreption drugs and medical devices. Manage multiple team members to ensure proper record keeping, inventory, storage and product security.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:** N/A

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

George Bennett
Original Signature (electronic, copies or stamps not accepted)

4/7/26
Date

I, George Britt, **certify that as the MDEG Administrator for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. GB Have a high school diploma or its equivalent;
2. GB Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. GB Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. GB Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

George Britt
Print Name (First, Last)

George Britt
Original Signature (electronic, copies or stamps not accepted)

4/7/26
Date

Board Use Only	Date Received: 04/7/2026

List of Employees
Medline Industries, LP
B01 - Mundelein, IL

Worker	Business Title
Abelardo Joves	Warehouse Ld Operations
Abraham George	Warehouse Operator Operations
Ajmal Zakkir Hussain	Inventory Coord Operations
Alberto Gonzalez (On Leave)	Warehouse Operator Operations
ALEJANDRO Brisal	Janitor Operations
Alexis Ferral vazquez	Warehouse Operator Operations
Alexon Triplett	Quality Control Inspector II
Alfredo Silva	Warehouse Operator Operations
Andres Martinez	Warehouse Operator Operations
Angel Cisneros	Warehouse Operator Operations
Angel Ochoa (On Leave)	Warehouse Operator Operations
Ansurio Perez Lopez	Warehouse Operator Operations
Anthony Kaczmarek	Warehouse Operator Operations
Anthony Martinez	Warehouse Operator Operations
Anthony Paul Castro	Warehouse Operator Operations
Antoine Larry	Warehouse Operator Operations
Armand De Chaves	Warehouse Operator Operations
Armando Gonzalez	Warehouse Operator Operations
Arturo martinez	Warehouse Operator Operations
Ashiq Zakkir Hussain	Trainer Branch
Billie Griggs	Sample Room Ld
Boris Vinokurov	Warehouse Operator Operations
Brandon Schneider	Warehouse Operator Operations
Brent Coleman	Warehouse Operator Operations
Brian Gatmaitan	Office Coord
Brian Gomez	Trainer Branch
Bryan Aguilar	Warehouse Operator Operations
Bryan Castanon	Warehouse Operator Operations
Carlos Razo Burgos	Warehouse Operator Operations
Cesar Morales-Villalba	Warehouse Operator Operations
Cheech Perez	Warehouse Operator Operations
CHIJIOKE OHAEGBU	Warehouse Operator Operations
CHRISTOPHER CHISM	Warehouse Operator Operations
Colin Pedersen	Warehouse Operator Operations
Dakota Coppy	Warehouse Operator Operations
Daniel Perez Perez	Warehouse Operator Operations
Dario Dorantes	Warehouse Operator Operations
David Hoekenga	Maintenance Tech I
Derek Doolittle	Janitor Operations
Deysi Rios	Inbound Coord
Donna Booker	Warehouse Operator Operations
Dylan Cox	Warehouse Operator Operations
Edgar Flores	Warehouse Operator Operations
Edwin Castaneda	Warehouse Operator Operations
Edwin De La Torre	Warehouse Operator Operations
Elder Arroyo	Warehouse Operator Operations
Elena Garza	Sample Coord
Eric Ayala	Trainer Branch
Eric Taylor	Warehouse Operator Operations
Erica Jackson	Quality Control Inspector I
Erick Vazquez	Warehouse Operator Operations
Esteban Cruz	Trainer Branch
Felipe Moreno	Warehouse Operator Operations
Fernando Silva Sánchez	Warehouse Operator Operations
Fidel Marcos Landa	Warehouse Operator Operations
Francisco Martin Del Campo	Warehouse Ld Operations
FRANK FIELDS	Warehouse Operator Operations
Gabe Murcia	Warehouse Operator Operations
Gabriel Rubira	Warehouse Operator Operations
George Britt	Mgr Warehouse
Gerard Wachowiak	Warehouse Operator Operations
Gerardo Ibarra-Rios	Warehouse Operator Operations
Gilberto Vazquez	Warehouse Operator Operations
Hayden Hanselmann	Warehouse Operator Operations
Hector Gutierrez Maya	Trainer Branch
Ian Rivera Lira	Warehouse Operator Operations
Javier Rios	Warehouse Operator Operations
Javier Trujillo	Warehouse Operator Operations
JEREMY SMITH	Warehouse Operator Operations
Jesus Flores	Warehouse Operator Operations
Jim Geissberger	Inventory Coord Operations
John Palacio	Supv Warehouse
JohnPaul Rauschenberger	Sample Coord
Jorge Lopez	Inbound Coord
Jose Diaz	Warehouse Operator Operations
Jose Garcia	Warehouse Operator Operations
Jose Trujillo	Warehouse Operator Operations
Julio Barrientos	Warehouse Operator Operations
Justin Odom	Supv Warehouse
Kemar Bone	Warehouse Operator Operations
Kevin Arevalo	Warehouse Operator Operations
Kevin Krohn	Supv Warehouse
Kurt Kruse	Warehouse Operator Operations
Kyle Bosshart	Warehouse Operator Operations
Lawrence Colvin	Supv Warehouse
Lijo Lonappan	Warehouse Operator Operations
Lillian Fessenden	Warehouse Operator Operations
Ludwig Pereira	Inventory Coord Operations
Luis Arzate	Warehouse Operator Operations
Lukasz Stepek	Warehouse Operator Operations
Manuel Pina	Warehouse Operator Operations
Marco Arreguin	Warehouse Operator Operations
Mary Arias	Warehouse Operator Operations
Matthew Padolina	Warehouse Operator Operations
Michael Betterman	Warehouse Operator Operations
Mingo Carlos	Inventory Coord Operations
Mitu Mathew	Warehouse Ld Operations
Nick Sarlo	Warehouse Operator Operations
Octavio Ocampo Estrada	Warehouse Operator Operations
Omar Diaz Teliz	Warehouse Operator Operations

Pedro Cazares	Warehouse Operator Operations
Raymon Gariepy	Warehouse Operator Operations
Rinas Ellias	Warehouse Operator Operations
Rithy Chea	Warehouse Operator Operations
Ruben Sarmiento Aguirre	Warehouse Operator Operations
salvador partida alvarez	Warehouse Operator Operations
Samuel Garcia	Warehouse Operator Operations
Samuel Nolasco	Warehouse Operator Operations
Sovann Tes	Warehouse Ld Operations
Sydney Zinsky	Mgr Warehouse
Tajay Balentine	Warehouse Operator Operations
Tanner Chandler	Warehouse Operator Operations
Timothy Bodecker	Maintenance Tech I
Timothy Knutson	Warehouse Operator Operations
Tommie Mitchell	Warehouse Operator Operations
Tristan Hughes	Warehouse Operator Operations
Tyler Mack	Supv Warehouse
Tyler Weiss	Trainer Branch
Ulises Lopez Magana	Warehouse Operator Operations
Virgil Snipstad	Warehouse Operator Operations
William Wegner	Warehouse Operator Operations
Xavier Garcia	Warehouse Clerk Operations

Copy of SEC 10K

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2025

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-43022

Medline Inc.

(Exact name of registrant as specified in its charter)

Delaware	**33-1845288**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
3 Lakes Drive Northfield, Illinois	**60093**
(Address of principal executive offices)	(Zip Code)

(847) 949 5500
Registrant's telephone number, including area code

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A common stock, par value $0.0001 per share	MDLN	Nasdaq Global Select Market

Securities registered pursuant to section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements.

☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b).

☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the Class A common stock held by non-affiliates of the registrant, based on the closing price of a share of Class A common stock on December 17, 2025, as reported by The Nasdaq Global Select Market on such date was approximately $13.0 billion. The registrant has elected to use December 17, 2025, which was the initial trading date of the registrant's Class A common stock on The Nasdaq Global Select Market, as the calculation date because on June 30, 2025 (the last business day of the registrant's most recently completed second fiscal quarter) the registrant was a privately held company. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose.

As of February 23, 2026, there were 811,647,534 shares of the registrant's Class A common stock and 502,045,878 shares of the registrant's Class B common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement related to its 2026 Annual Meeting of Stockholders to be filed with the U.S. Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2025 are incorporated by reference into Part III of this Annual Report on Form 10-K.

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Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K (this "Annual Report") contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Forward-looking statements include all statements that are not historical facts. Words such as "anticipate," "assume," "believe" "contemplate," "continue," "could," "estimate," "expect," "foreseeable," "intend," "may," "plan," "potentially," "predict," "project," "seek," "should," "will," or "would," or similar words or phrases that convey uncertainty of future events or outcomes, are intended to identify forward-looking statements in this Annual Report. These forward-looking statements relate to matters such as our industry, business strategy, costs, and costs savings, impacts of accounting standards and guidance, goals and expectations, market position, future operations, margins, profitability, capital expenditures, liquidity and capital resources, legal matters, trends, and other financial and operating information. The forward-looking statements are based on management's current expectations and are subject to various risks, uncertainty, and changes in circumstances, many of which are beyond our control, that could cause actual results to differ materially. Although we believe that the assumptions underlying the forward-looking statements are reasonable, we cannot guarantee future results, level of activity, performance, or achievements. Factors that may cause actual results to differ from expected results include those described in Part I, "Item 1A—Risk Factors" and Part II, "Item 7—Management's Discussion and Analysis of Financial Condition and Results of Operations". The forward-looking statements included in this Annual Report speak only as of the date of this Annual Report or as of the date they are made, as applicable. Except as otherwise required by law, we disclaim any intent or obligation to update any "forward-looking statement" made in this Annual Report to reflect changed assumptions, the occurrence of unanticipated events, or changes to future operating results over time.

INTRODUCTORY NOTE

Medline Inc. was incorporated as a Delaware corporation on November 6, 2024. Prior to the completion of its initial public offering (the "IPO") on December 18, 2025, Medline Inc. undertook certain reorganization transactions (the "Reorganization") such that Medline Inc. is now a holding company, and its sole material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, LP ("Medline Holdings"). Following the IPO, Medline Holdings is the predecessor of Medline Inc. for financial reporting purposes. As the general partner of Medline Holdings, Medline Inc. now operates and controls all of the business and affairs of Medline Holdings and, through Medline Holdings and its subsidiaries, conducts its business. The Reorganization lacks economic substance and therefore is accounted for in a manner consistent with a reorganization of entities under common control. As a result, the consolidated financial statements of Medline Inc. recognize the assets and liabilities received in the Reorganization at their historical carrying amounts, as reflected in the historical financial statements of Medline Holdings. Medline Inc. will consolidate Medline Holdings on its consolidated financial statements and record a non-controlling interest related to the Units (as defined herein) held by the Continuing Unitholders (as defined herein) on its consolidated balance sheets and statements of comprehensive income.

Medline Inc. had no significant business transactions or activities prior to the Reorganization, and, as a result, the historical financial information reflects that of Medline Holdings.

Basis of Presentation

The consolidated financial statements and accompanying notes included herein are prepared in accordance with United States generally accepted accounting principles ("GAAP"). The results of businesses acquired or disposed of are included in the consolidated financial statements from the date of the acquisition or up to the date of disposal, respectively. All adjustments, in the opinion of management, necessary to a fair statement of the results for the annual periods presented have been made.

Certain monetary amounts, percentages, and other figures included in this Annual Report have been subject to rounding adjustments. Percentage amounts included in this Annual Report have been calculated, in some cases, not on the basis of such rounded figures, but on the basis of such amounts prior to rounding. For this reason, percentage amounts in this Annual Report may vary from those obtained by performing the same calculations using the figures, on the face of our consolidated financial statements included elsewhere in this Annual Report. Certain other amounts that appear in this Annual Report may not sum due to rounding.

In December 2024, we changed the name of Medline Holdings from Mozart Holdings, LP to Medline Holdings, LP. We will not distinguish between the prior and current name of Medline Holdings and will refer to the current name of Medline Holdings throughout this Annual Report. References in this Annual Report to "Medline," the "Company," "we," "us," and "our" refer (1) prior to the consummation of the IPO, to Medline Holdings, LP and its consolidated subsidiaries and (2) after the IPO to Medline Inc. and its consolidated subsidiaries.

CERTAIN DEFINITIONS

As used in this Annual Report, unless otherwise noted or the context requires otherwise, the following terms have the following meanings:

- "Class A Units" refers to the interests in Medline Holdings called "Class A Units" that were outstanding prior to the Reclassification. In connection with the Reclassification, (i) Class A Units held by Common Unitholders were converted into Common Units and (ii) Class A Units held by Exchanging Class A Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Class B Units" refers to the interests in Medline Holdings called "Class B Units" that were outstanding prior to the Reclassification, and does not include CUPI Units. In connection with the Reclassification, (i) Class B Units held by Incentive Unitholders were converted into Incentive Units and (ii) Class B Units held by Exchanging Class B Unitholders were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units).

- "Common Units" refers to the new class of units of Medline Holdings created by the Reclassification and does not include Incentive Units.
- "Common Unitholders" refers to certain pre-IPO holders of Class A Units and/or CUPI Units who hold Common Units following the Reclassification.
- "Incentive Unitholders" refers to certain pre-IPO holders of Class B Units who will hold Incentive Units following the Reclassification, as described under "Organizational Structure."
- "Continuing Unitholders" refers collectively to Common Unitholders and Incentive Unitholders.
- "CUPI Units" refers to the interests in Medline Holdings that were designated as "Catch-Up Class B Units" and outstanding prior to the Reclassification. In connection with the Reclassification, (i) CUPI Units held by Common Unitholders were converted into Common Units and (ii) CUPI Units held by Exchanging CUPI Unitholders were directly or indirectly exchanged for shares of Class A common stock.
- "Designating Stockholder" refers to each of our Principal Stockholders with whom we entered into separate director nomination agreements.
- "Exchanging Class A Unitholder" refers to pre-IPO holders of Class A Units whose Class A Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Class B Unitholder" refers to pre-IPO holders of Class B Units whose Class B Units were directly or indirectly exchanged for shares of Class A common stock (in the case of vested Class B Units) and/or restricted shares of Class A common stock (in the case of unvested Class B Units) following the Reclassification.
- "Exchanging CUPI Unitholder" refers to pre-IPO holders of CUPI Units whose CUPI Units were directly or indirectly exchanged for shares of Class A common stock following the Reclassification.
- "Exchanging Unitholders" refers collectively to Exchanging Class A Unitholders, Exchanging CUPI Unitholders, and Exchanging Class B Unitholders.
- "Incentive Units" refers to the new class of units of Medline Holdings created by the reclassification of the Class B Units in the Reclassification. The Incentive Units are "profit interests" having economic characteristics similar to stock appreciation rights and having the right to share in any equity value of Medline Holdings above specified participation thresholds. Vested Incentive Units may be converted to Common Units and be subsequently exchanged for shares of Class A common stock.
- "Principal Stockholders" refers collectively to investment funds associated with Blackstone Inc., The Carlyle Group Inc. and Hellman & Friedman LLC, and members of the Mills family.
- "Reclassification" refers to the reclassification of the partnership interests of Medline Holdings prior to the IPO.
- "Sponsors" refers collectively to Blackstone Inc., The Carlyle Group Inc., and Hellman & Friedman LLC.
- "Units" refers collectively to Common Units and Incentive Units.

Summary of Risk Factors

The following is a summary of the principal factors that make an investment in our securities speculative or risky, all of which are more fully described below. This summary should be read together with the risk factors described under Part I, "Item 1A—Risk Factors" and should not be relied upon as an exhaustive summary of the material risks facing our business. In addition to the following summary, you should consider the information set forth below and the other information contained in this Annual Report before investing in our securities.

- Our global operations are subject to inherent risks that could materially adversely affect our business, results of operations, and financial condition.
- We may be unable to derive fully the anticipated benefits from our existing or future acquisitions, joint ventures, investments, dispositions, or other strategic transactions.
- Consolidation in the healthcare industry could have an adverse effect on our business, results of operations, and financial condition.
- We operate in a highly competitive industry, with accelerating pricing pressure and changes in technology.
- Changes to the U.S. and global healthcare environments may not be favorable to us.
- Increases in shipping costs or service issues with our third-party shippers could harm our business.

- Significant challenges or delays in our sourcing of new products and technologies could have an adverse impact on our long-term success.
- We have concentration in and dependence on certain healthcare provider customers and GPOs.
- Our business and operations depend on the proper functioning of our critical facilities and distribution networks and could be negatively impacted by events outside our control.
- Quality problems and product liability claims have in the past led, and could in the future lead, to recalls or safety alerts, reputational harm, adverse verdicts, or costly settlements, and could have a material adverse effect on our business, results of operations, and financial condition.
- Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline.
- If we experience increased pressure to maintain or decrease the price of our goods and services and we are unable to reduce our expenses, there may be a material adverse effect on our business, results of operations, and financial condition.
- Any failure by or loss of a third-party manufacturer or supplier or other manufacturing or supply-related impacts could result in delays and increased costs, which may adversely affect our business.
- We rely on the proper function, security, and availability of our information technology systems and data, as well as those of third parties throughout our global supply chain, to operate our business.
- We are subject to extensive and complex laws and governmental regulations and any adverse regulatory action may materially adversely affect our business, results of operations, and financial condition both inside and outside the United States.
- We are subject to complex and rapidly evolving data privacy, security, and data protection laws and regulations and the costs to comply with such laws and regulations or any ineffective compliance efforts with such laws and regulations may adversely impact our business.
- Our use or our third-party service providers' or business partners' use of AI, automated decision-making and machine learning technologies and the evolving regulatory framework in this area may subject us to risks or heightened costs that could adversely affect business, results of operation and financial condition.
- Our failure to comply with laws and regulations relating to reimbursement of healthcare goods and services may subject us to penalties and adversely impact our reputation, business, results of operations, financial condition, and cash flows.
- Uncertain global and domestic macro-economic and political conditions could materially adversely affect our business, results of operations, and financial condition.
- Our substantial indebtedness could adversely affect our financial condition, our ability to operate our business or react to changes in the economy or our industry, prevent us from fulfilling our obligations under our debts, and divert our cash flow from operations for debt payments.
- The credit agreement that governs the Senior Secured Credit Facilities and the indentures that govern the Senior Notes will each impose significant operating and financial restrictions on our subsidiaries, which may prevent us from capitalizing on business opportunities.
- Medline Inc. is a holding company and its only material assets are its equity interests held directly or indirectly through wholly owned subsidiaries in Medline Holdings, and it is accordingly dependent upon distributions from Medline Holdings to pay taxes, make payments under the tax receivable agreement, and pay any dividends.
- The Designating Stockholders hold a significant percentage of our stock, and their interests may conflict with ours or yours in the future.
- Our amended and restated certificate of incorporation does not limit the ability of our Sponsors, the Mills family, and certain other pre-IPO investors to compete with us, and they may have investments in businesses whose interests conflict with ours.

The market price of shares of our Class A common stock may be volatile or may decline regardless of our operating performance, which could cause the value of your investment to decline.

Market and Industry Data

Unless otherwise indicated, information contained in this Annual Report concerning our industry, competitive position, and the markets in which we operate is based on information from independent industry and research organizations, other third-party sources and management estimates. Although we believe that these third-party sources are reliable, we do not guarantee the accuracy or completeness of this information, and we have not independently verified this information. Management estimates are derived from information obtained from surveys, reports by market research firms, our customers, distributors, suppliers, trade and business organizations, and other contacts in the markets in which we operate and have not been verified by independent sources, and are based on assumptions made by us upon reviewing such data, and our experience in, and knowledge of, such industry and markets, which we believe to be reasonable. In addition, assumptions and estimates of our and our industry's future performance are subject to a high degree of uncertainty and risk due to a variety of factors, including those described in Part I, "Item 1A—Risk Factors" and "Cautionary Note Regarding Forward-Looking Statements." These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

Statements regarding our market position (including statements that we are the largest company in a particular market), unless otherwise noted, are based on our 2025 net sales in the relevant market relative to the publicly reported net sales of our competitors in such market, including with respect to our statement of being the largest provider of med-surg products and supply chain solutions serving all points of care, as that statement is based on our 2025 net sales relative to the publicly reported net sales of med-surg products by companies that are both med-surg manufacturers and distributors.

Trademarks

We own or have the right to use trademarks, trade names, and service marks used in connection with our business, including, but not limited to, Medline, Curad, Microtek, Hudson, and Proxima. All trademarks, trade names, and service marks referred to in this Annual Report are the property of their respective owners. We do not intend our use or display of other companies' trade names, trademarks, or service marks to imply a relationship with, or endorsement or sponsorship of us by, these other companies. Solely for convenience, our trademarks, trade names, and service marks referred to in this Annual Report may appear without the ®, ™ or SM symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks, trade names, and service marks.

PART I

Item 1. Business

General

Medline Inc. (together with its subsidiaries, "Medline", "the Company", "we", "ours" and "us") is the largest provider of medical-surgical ("med-surg") products and supply chain solutions serving all points of care, based on total net sales of med-surg products. Medline was founded in 1966 and today delivers mission-critical products used daily across the full range of care settings, from hospitals and surgery centers to physician offices and post-acute facilities. Our mission is to make healthcare run better by delivering improved clinical, financial, and operational outcomes.

We have two reportable segments, Medline Brand and Supply Chain Solutions, the combination of which addresses critical needs in the market through a comprehensive solution. They are both supported by our Prime Vendor model, differentiated distribution network, and robust commercial platform. Through our two segments, we offer approximately 335,000 med-surg products, including surgical and procedural kits, gloves and protective apparel, urological and incontinence care, wound care, and consumable lab and diagnostics products. We distribute these products through our expansive network of global distribution facilities and our owned fleet of MedTrans trucks.

Medline Brand

As of December 31, 2025, we offer our customers approximately 190,000 med-surg products through our Medline Brand segment and hold leading positions across many key product families for our Medline Brand products. Our Medline Brand products are organized into three product categories: Front Line Care, Surgical Solutions, and Laboratory and Diagnostics.

- *Front Line Care* offers mission-critical med-surg products for patient-facing needs, including wound care products, exam gloves, skin care and incontinence products, environment cleaning supplies, textiles, hand sanitizer, durable medical equipment, patient plastics, and decolonization and infection control products.
- *Surgical Solutions* offers operating room and perioperative environment product solutions, including surgical procedure trays, drapes and gowns, personal protective equipment, sterile wraps, surgical instruments, surgeon's gloves, procedure kits, and orthopedic implants.
- *Laboratory and Diagnostics* offers a full range of laboratory and diagnostic product solutions, including point of care testing, analyzers and instrumentation, lab and diagnostic consumables, diagnostic instruments, vital signs monitors, and anatomic pathology and phlebotomy products.

Our product development approach incorporates customer feedback and ongoing innovation. We are also committed to delivering products of the highest standard, which is reflected by our robust quality team embedded across our manufacturing and sourcing locations. The expertise of our research and development team and quality team helps ensure products bearing the Medline brand meet both our rigorous quality standards and our customers' expectations.

Supply Chain Solutions

As of December 31, 2025, we offer approximately 145,000 med-surg products from over 1,300 third-party suppliers, including nearly all leading national brands, through our Supply Chain Solutions segment. We also provide our customers with supply chain optimization services such as consulting engagements, outsourced warehouse and technology management, put-away-ready packaging, third-party logistics, inventory rationalization, and route planning. Our third-party suppliers are primarily responsible for costs related to import and inbound freight, whereas we are primarily responsible for costs related to outbound freight from our distribution centers. Our supply chain expertise allows us to provide additional service offerings to optimize our customers' supply chain and inventory workflows, helping these customers cost-effectively manage their supply chain while building strong relationships and enhancing retention.

Our Prime Vendor Model

A Prime Vendor relationship is a relationship for which there is a multi-year distribution agreement between Medline and a customer, whereby the customer agrees to use Medline for the vast majority of its med-surg product needs.

In our Prime Vendor relationships, we enter into long-term agreements, typically structured with five-year terms, to act as the primary consolidated logistics partner for these customers' med-surg product needs. These agreements have been and are expected to continue to be a key contributor to our growth. Our customers realize efficiencies by partnering with one supply chain partner to consolidate their med-surg purchase volume. Prior to the market adoption of the Prime Vendor model, customers sourced such products individually from a highly fragmented base of suppliers. The Prime Vendor model instead centralizes procurement and distribution, which in turn drives efficiency and higher service levels.

As Prime Vendor, we drive significant cost savings to our customers. Our scale allows us to deliver consistently lower prices and better service levels on Medline Brand products relative to third-party alternatives, while also lowering the distribution cost for delivery of the full range of med-surg products. This often motivates customers to purchase more Medline Brand products over time. The opportunity is even greater in certain non-acute settings, where we sell a more focused product portfolio. Our Prime Vendor model allows us to provide cost savings to Prime Vendor customers, which, over time, supports incremental purchasing of our Medline Brand products and greater scale across our operations. As our scale grows, we are able to realize further efficiencies by offering superior or similar quality to third-party products at a more cost-effective price. We believe that Medline Brand conversion is mutually beneficial for both our customers and us-the value we provide customers at the outset of a Prime Vendor agreement meaningfully increases over time, as they accrue savings by purchasing our lower cost Medline Brand products, while our profitability grows given the enhanced margin profile of Medline Brand products. This compelling value proposition and supply chain relationship with our customers supports our greater than 98% average Prime Vendor retention rate over the past five years.

A portion of Supply Chain Solutions products sold to existing Prime Vendor customers has like-for-like Medline Brand product equivalents, representing a potential gross profit uplift consistent with our historical margin differentials if such products were converted for Medline Brand products. While we historically have earned higher margins upon conversion from third-party national brand products to like-for-like Medline Brand products, because of the lower average prices for Medline Brand products, there is typically a negative impact on net sales upon the conversion of Supply Chain Solutions products to like-for-like Medline Brand products if volume is assumed to be constant. For additional information on potential risks relating to this conversion opportunity, please see Part I, "Item 1A—Risk Factors—Risks Related to Our Business, Industry and Operations—Our failure to establish and maintain Prime Vendor relationships may cause our revenue to decline."

Our Distribution Network

We have a differentiated distribution network of 70 global distribution centers, warehouses, cross-docks, and transship facilities, 45 of which are in the United States, strategically located to provide next-day delivery to 95% of our U.S. customer base. We utilize artificial intelligence ("AI") and robotics technology in over 26 million square feet of warehouse space in the United States to improve efficiency and capacity to optimize distribution logistics and maximize utilization. The products we distribute are packaged to meet each customer's individual needs and to be "put-away-ready," which streamlines the customer's unloading and shelving process. We also operate our own fleet of more than 2,100 MedTrans trucks that deliver our products across care settings within the United States. As of December 31, 2025, we had approximately 25% in incremental capacity across our platform to support our long-term growth.

Our Commercial Platform

Our deep connectivity to our customers is driven by the strength of our dedicated and tenured commercial team. We have a U.S. commercial team of approximately 4,000 people across all points of care, which includes account managers, product specialists, specialized clinical resources, customer service representatives, supply chain specialists, Prime Vendor analysts, and a robust leadership team dedicated to driving efficiencies for our customers through their teams. We have created an entrepreneurial environment that empowers our salesforce to work with our product managers to create innovative products that meet market demand. We have a team devoted to each channel in the United States and each region or country internationally, which allows our salesforce teams to develop market-specific knowledge.

Research and Development

We have a track record of successfully bringing new products to market, with more than 2,300 granted patents and more than 450 U.S. Food and Drug Administration ("FDA") 510(k) clearances. Over the last three years, we have successfully launched more than 250 new products.

Competition

Our value proposition is derived from our integrated business model, the breadth of our Medline Brand portfolio, our differentiated supply chain, and the overall quality and cost of our products. As a result of our integrated business model, our competitors include both other leading med-surg product manufacturers and distributors.

Similar to us, other leading med-surg product manufacturers produce a wide range of med-surg supplies. However, unlike us, many of these competitors are reliant upon third-party distributors to deliver their products to customers. By nature of being a distributor, Medline has direct access to and manages the end customer relationships. This enables us to offer a complete solution as a manufacturer and a distributor, offering our customers what we believe to be best-in-class supply chain logistics, and driving value through our brand.

Additionally, other distributors of med-surg products similarly connect the fragmented supplier and provider bases and aggregate inventory from suppliers to deliver products to customers, such as McKesson, Cardinal Health, Owens & Minor, and Henry Schein. These distribution companies compete with us for Prime Vendor agreements. However, we believe that many of these competitors do not benefit from the scale and scope of our vertical integration or commercial excellence, and thus are not able to provide the same magnitude of cost savings, value, and holistic solutions that we deliver for our customers.

Production and Raw Materials

We manufacture approximately one-third of our Medline Brand products, which are primarily Class I and II medical devices, through our 30 manufacturing facilities, of which 24 are in North America. We purchase many of the components and raw materials used in manufacturing our products from numerous suppliers. We focus our manufacturing capabilities on products where we can leverage technology and automation to drive higher quality and lower costs to better serve our customers. For the vast majority of the other two-thirds of our Medline Brand products, we work closely with our network of more than 600 global partners across approximately 40 countries, many of whom have decades-long exclusive relationships with us. The breadth of our global sourcing partnerships provides diversification and strengthens our resiliency, with no single sourcing partner accounting for more than 5% of total spend as of December 31, 2025.

We also have plans and measures in place to help ensure continuity of supply while maintaining high quality and reliability. Generally, we have been able to obtain adequate supplies of such raw materials and components. However, due to the FDA's manufacturing requirements and those of other regulatory authorities, we may not be able to quickly establish additional or replacement sources for certain components, materials or processes if we experience a sudden or unexpected reduction or interruption in supply or services and are unable to develop alternative sources.

Human Capital Resources

At Medline, our relentless focus on the customer drives our human capital strategy, which revolves around attracting, developing, and retaining employees to provide the best products and services for our customers. We have developed a strong foundation that drives our recruitment, retention and development efforts. We are committed to supporting the personal and professional development of our employees, as well as providing competitive benefits and a safe, inclusive workplace.

As of December 31, 2025, we employed over 45,000 employees worldwide, with over 26,000 located in the United States. Our largest non-U.S. employee populations are in Mexico, Dominican Republic, India, Canada, Slovakia, France, China, Japan, Germany, and Australia. None of our employees in the United States are unionized, though some of our employees in Mexico belong to unions. In Germany and the Netherlands, employees are represented through Works Councils; in France and Spain, employees are represented through both Works Councils and industry-wide collective bargaining agreements; and in Belgium and Italy, employees are also represented through industry-wide collective bargaining agreements. In Australia, certain employees are represented by an enterprise bargaining agreement; in Japan, employees are represented through a Work Council; and in Vietnam, employees are represented through a collective bargaining agreement. We believe that our positive employee relations and total employee experience drive the continual growth of our workforce.

Culture and Values

Our culture is grounded in a customer-focused, collaborative, and performance-driven approach, guided by core values emphasizing relentless customer focus, agility and flexibility, problem-solving, drive to succeed, purposeful candor, and the importance of relationships. Employees are encouraged to exercise judgment, work transparently with customers, and contribute meaningfully to our mission to make healthcare run better.

Talent Attraction and Development

We seek to attract employees whose skills, experience, and motivation align with our operational and technical needs. Through continual improvement of internal processes, an awareness of market and candidate driven trends, and in partnership with vendors and other outside organizations, our talent acquisition programs focus on efficient hiring processes, market awareness, and building a diverse pipeline of candidates. We support development through consistent performance management processes and early career opportunities to take on additional responsibilities to demonstrate their competencies and drive to succeed and on-the-job responsibility augmented by formal training and development to refine technical and leadership skills. New sales representatives participate in comprehensive training programs, and product managers have targeted development pathways through all stages of their careers, from mandatory onboarding offerings to advanced classes that provide the necessary skills with increasing levels of responsibility, to support progression over time.

Employee Engagement and Inclusion

We believe our employees' ability to communicate and cooperate effectively across functional and departmental teams positively impacts our performance. We engage in various listening strategies and foster engagement through survey feedback mechanisms, anonymous employee feedback platform, focus groups, increased attention to onboarding and offboarding feedback, pulse surveys on remote work needs, and other listening strategies. Insights from these efforts inform workplace improvements. We also support an inclusive environment through Employee Resource Groups and leadership training initiatives designed to reduce bias in talent decisions and strengthen representation across the company.

Health, Safety, and Well-Being

We are committed to maintaining a safe workplace and supporting the physical, emotional, and financial well-being of our employees. We provide competitive health and benefits programs, access to assistance resources where available, and opportunities for community involvement through charitable giving, including financial giving and in-kind giving such as product donations.

Intellectual Property

We rely upon patents, trademarks, copyrights, trade secrets and other intellectual property rights to maintain and improve our competitive position. We have a large portfolio of intellectual property, including more than 2,300 granted patents as well as trademark registrations protecting our notable brands, including Medline, Curad, Microtek, Hudson, and Proxima.

We consider the trademarks and know-how that we own to be material to our business. However, other than the Medline mark, we do not consider our business to be materially dependent upon any individual trademark registration or trade secret. In the aggregate, we consider our more than 2,300 granted patents to be material to our business. However, no single patent or group of related patents is material to our business as a whole or any segment of our business.

We believe that we have taken all necessary steps to protect our intellectual property rights, but no assurance can be given that we will be able to successfully enforce or protect our rights in the event that they are infringed upon or challenged by a third party. See Part I, "Item 1A —Risk Factors—Risks Related to Regulation and Legal Proceedings—Any failure to obtain, maintain, protect and enforce our intellectual property rights, or the failure of the strength or scope of our intellectual property rights, could harm our business, financial condition, and results of operations" and "—Risks Related to Regulation and Legal Proceedings—We may become subject to litigation brought by third parties claiming infringement, misappropriation, or other violation by us of their intellectual property rights."

Government Regulation

Our operations and products are subject to extensive regulation by numerous governmental regulatory authorities, including U.S. and other international regulatory authorities, and other government agencies inside and outside the United States. To varying degrees, each of these agencies requires us to comply with laws and regulations governing the development, design, materials, testing, safety, efficacy, quality, purity, manufacturing, methods, controls, testing, screening, recordkeeping, reporting, processing, storage, registration, authorization, licensing, permitting, labeling, advertising, marketing, distribution, offer for sale, sale, use, expiration, pricing, reimbursement, import, export, clinical trials, post-marketing surveillance of our products, the registration of our facilities, and the claims that we make about our products. The United States and other countries where we sell healthcare and other regulated products, including drugs, human cell and tissue products, dietary supplements, cosmetics, certain foods, and consumer products subject such products to their own clearance, authorization, approval, registration, listing, labeling, manufacturing, recordkeeping, reporting, and other regulatory requirements regarding the performance, safety, and quality of such products. We are also subject to healthcare and other regulations and enforcement by the federal government and the states and foreign governments and authorities in the locations in which we conduct our business. The U.S. governmental and regulatory authorities that enforce such laws and rules, and that issue guidance on compliance with such laws and rules include, without limitation, the FDA, the Centers for Medicare & Medicaid Services ("CMS"), other divisions of the U.S. Department of Health and Human Services ("HHS"), the HHS Office of Inspector General, U.S. Environmental Protection Agency ("EPA"), the Federal Trade Commission ("the FTC"), Consumer Product Safety Commission ("CPSC"), the U.S. Department of Justice ("DOJ") and individual U.S. Attorney offices within the DOJ, as well as state and local governments. Our business is also affected by patient and data privacy and security laws, government payer cost containment initiatives, government reimbursement laws and regulations, environmental, health, and safety laws and regulations, as well as laws and regulations with respect to the sale, transportation, storage, handling, and disposal of hazardous or potentially hazardous substances, and safe working conditions. Our business also maintains contracts with governmental agencies and such contracts are subject to various government procurement laws and regulations, required contract provisions, and other requirements relating to contract formation, administration and performance. Failure to comply with applicable laws and regulations or with contractual or other requirements may result in monetary damages and criminal or civil penalties as well as termination of our government contracts or our suspension or debarment from government contract work.

The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, including through the offering of new products and services or entering into new geographic areas, we may be subject to new and additional regulatory requirements. The foreign, federal, state, and local regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products, suspend, revoke, or terminate our product and facility licenses, permits, and authorizations, request the cessation of distribution and shipments of certain products due to regulatory, safety, or other issues, seize or order the recall of our products, issue safety, quality, or other communications to the public or healthcare providers, enforce laws related to marketing, including promotion of off-label uses of products, and impose injunctions and significant criminal, civil, and administrative sanctions for violations of laws and regulations. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, may impact our business practices and operations, including by limiting our ability to effectively market, ship, and sell our products, affecting the production and distribution of products by our manufacturing facilities, subjecting us to significant liability, and limiting our ability to obtain future authorizations. Although we are subject to international government regulations in the international end markets where we operate and/or provide our products, these regulations do not have a material impact on our products as no international market represents more than 3% of our net sales.

Government Regulation of Medical Devices

Our medical devices are subject to regulation by numerous government agencies, including the FDA and comparable state and foreign agencies. Regulations of the FDA and other regulatory agencies in and outside the United States impose extensive compliance and monitoring obligations on portions of our business. The FDA and other U.S. and foreign governmental agencies regulate, among other things, with respect to medical devices: design, development, and manufacturing; testing, registration, listing, labeling, content, and language of instructions for use and storage; clinical trials; product safety; marketing, sales, and distribution; licensing and permit requirements; premarket clearance, approval and authorization; record keeping procedures; advertising and promotion; recalls and field safety corrective actions; post-market surveillance, including reporting of deaths or serious injuries and malfunctions that, if they were to recur, could lead to death or serious injury; post-market approval studies; and product import and export. The regulations to which we are subject are complex and have tended to become more stringent over time. If our business expands in certain ways, we may be subject to new and additional regulatory requirements. The FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers; seize or order the recall of products; terminate, suspend, or revoke licenses and permits; and impose significant criminal, civil, and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers. In addition, the FDA and other governmental and regulatory authorities, both in and outside the United States (including the FTC, the HHS Office of the Inspector General, the DOJ, and various state Attorneys General), monitor the promotion and advertising of our products. Any adverse regulatory or other action, including any adverse press releases or other communications from regulators, depending on its magnitude, may limit our ability to effectively market, ship, and sell our products, limit our ability to obtain future premarket authorizations, or result in a substantial modification to our business practices and operations.

FDA Premarket Clearance and Approval Requirements

Each medical device we wish to distribute commercially in the United States requires marketing authorization from the FDA prior to distribution, unless the device is exempt from premarket notification requirements. The type of marketing authorization necessary is generally linked to the classification of the device. The FDA classifies medical devices into one of three classes-Class I, II, or III-based on the degree of risk associated with a device and the level of regulatory control deemed necessary to ensure its safety and effectiveness. Class I devices that pose the least risk are subject only to General Controls applicable to all devices, such as requirements for device labeling, premarket notification, and adherence to current good manufacturing practices for devices as set forth in the Quality System Regulation ("QSR"). Class II devices that pose a moderate risk are subject to General Controls and may also be subject to Special Controls, such as performance standards, product-specific guidance documents, special labeling requirements, patient registries, or post-market surveillance. Class III devices are those for which insufficient information exists to assure safety and effectiveness solely through General and Special Controls, including devices that support or sustain human life, are of substantial importance in preventing impairment of human health, or which present a potential unreasonable risk of illness or injury.

Most Class I devices and some Class II devices are exempted by regulation from the 510(k) clearance requirement and can be marketed without prior authorization from the FDA. Class I and II devices that are not exempted are eligible for marketing through the 510(k) clearance pathway. By contrast, devices placed in Class III generally require premarket approval ("PMA") or de novo clearance prior to commercial marketing. The PMA approval process is more stringent, time-consuming and expensive than the 510(k) clearance process; however, the 510(k) clearance process has also become increasingly stringent and expensive. None of our products are currently approved under a PMA, and we have no plans for any indication or system improvement or extension that we believe would require a PMA. If, in the future, we were to file a PMA, we may be subject to additional regulatory requirements.

510(k) Clearance Process

To obtain 510(k) clearance, we must submit a premarket notification to the FDA demonstrating the proposed device to be substantially equivalent to a predicate device. A device is substantially equivalent if, with respect to the predicate device, it has the same intended use and it has either the same technological characteristics, or it has different technological characteristics, but the information provided in the 510(k) submission demonstrates that the device does not raise new questions of safety or effectiveness. The standard review process for 510(k)s is between six to nine months, dependent upon the type of 510(k) filing submitted. Although many 510(k) premarket notifications are cleared without clinical data, in some cases, the FDA may require clinical data to support substantial equivalence. In reviewing a premarket notification, the FDA may request additional information, including clinical data, which may significantly prolong the review process and clearance is never assured. Clinical trials generally require the submission of an investigational device exemption ("IDE") to the FDA for a specified number of patients and study sites, unless the product is deemed a non-significant risk device eligible for more abbreviated IDE requirements. Clinical trials are subject to numerous requirements and institutional review board approval, oversight, and monitoring. Even if a trial is conducted, the results of clinical testing may not adequately demonstrate the safety and effectiveness of the device or be sufficient to obtain FDA clearance or approval for marketing.

After a device receives 510(k) clearance, any subsequent modification of the device that could significantly affect its safety or effectiveness, or that would constitute a major change in its intended use, requires a new 510(k) clearance or could require submission and approval of a de novo 510(k) or a PMA application in cases where new indications are sought for which there is no predicate. Non-significant changes are handled via internal documentation by the Company. Each manufacturer must judge the significance of modifications based on FDA 510(k) regulatory requirements and guidance documents. The FDA may review any such decision and may disagree with a manufacturer's determination. If the FDA disagrees with a manufacturer's determination, the FDA may require the manufacturer to cease marketing and distribution and/or recall the modified device until 510(k) clearance or PMA approval is obtained. In the future, we may make modifications to our products after they have received FDA clearance and, in appropriate circumstances, determine that new clearance is unnecessary. However, the FDA may disagree with our determination, and, if the FDA requires us to seek 510(k) clearance or submit new PMA applications for any modifications to a previously cleared product, we may be required to cease marketing or distributing or recall the modified device until we obtain the required clearance or approval. We may also market or acquire products that are marketed without a 510(k) clearance, appropriate labeling, or that otherwise are marketed in violation of FDA requirements, since medical devices can be marketed only for the indications for which they are cleared or approved. Under these circumstances, we may also be subject to warning letters, significant regulatory fines, or other penalties, and we may no longer be able to market particular products for which a 510(k) clearance is required.

Post-Marketing Requirements

Numerous FDA regulatory requirements apply to devices we manufacture and distribute, including: compliance with the QSR, which require manufacturers and their suppliers to follow the applicable design, testing, processes, control, documentation, labeling, and other quality assurance procedures during the manufacturing process; establishment registration, which requires establishments involved in the production and distribution of medical devices intended for commercial distribution in the United States to register with the FDA; medical device listing, which requires manufacturers to list the devices they have in commercial distribution with the FDA; labeling regulations, which prohibit "misbranded" devices from entering the market, as well as prohibit the promotion of products for unapproved or off-label uses and impose other restrictions on labeling; post-market surveillance, including medical device reporting requirements which requires manufacturers to report to the FDA if their device may have caused or contributed to a death or serious injury, or malfunctioned in a way that would likely cause or contribute to a death or serious injury if it were to recur; and corrections and removal reporting regulations, which require that manufacturers report to the FDA field corrections and product recalls or removals if undertaken to reduce a risk to health posed by the device or to remedy a violation of the Federal Food, Drug, and Cosmetic Act that may present a risk to health. The FDA and other governmental and regulatory authorities actively enforce the laws and regulations prohibiting the promotion of off-label uses, and a company that is found to have improperly promoted off-label uses may be subject to significant liability.

The FDA enforces these requirements by inspection and market surveillance. Domestic facility records and manufacturing processes are subject to periodic unscheduled inspections by the FDA. The FDA may also inspect foreign facilities that export products to the United States. Failure to comply with applicable regulatory requirements may result in enforcement action or other actions by the FDA, which may include one or more of the following sanctions: adverse press releases and safety communications; requests to stop shipments; untitled letters or warning letters; fines, injunctions, and civil penalties; mandatory recall or seizure of our products; customer notifications and repairs or replacements; administrative detention or banning of our products; consent decrees; operating restrictions, partial suspension or total shutdown of production; refusing our request for 510(k) clearances for new product versions or modifications to existing product versions; revocation of 510(k) clearances previously granted; refusal to grant export approval for our products; and criminal prosecution and penalties. If any of these events were to occur, they could have a material adverse effect on our business, financial condition, and results of operations.

International Regulation of Medical Devices

Sales of medical devices outside the United States are subject to foreign government regulations, which vary substantially from country to country. In order to market our products in other countries, we must comply with applicable regulatory requirements and authorizations and approvals and safety and quality regulations in each country in which the product is marketed. The time required to obtain authorization, approval, or certification by a foreign country may be longer or shorter than that required for FDA clearance, and the requirements may differ significantly.

EU Regulation of Medical Devices

In the European Union ("EU") until May 25, 2021, medical devices were regulated by the Council Directive 93/42/EEC, which has been repealed and replaced by the Medical Device Regulation ("EU MDR"). Unlike directives, regulations are directly applicable in all EU member states without the need for member states to implement into national law. The EU extended the EU MDR transitional periods for certain medical devices until December 31, 2027 or December 31, 2028, depending on a device's risk class and subject to certain conditions to ensure continued access to medical devices for patients and to allow medical devices already placed on the market in accordance with the current legal framework to remain on the market, provided that the requirements of the transitional provisions are fulfilled.

In the EU, there is currently no premarket government review of medical devices. However, all medical devices placed on the EU market must meet general safety and performance requirements, and compliance with the general safety and performance requirements is a prerequisite for European conformity marking without which medical devices cannot be marketed or sold in the EU. EU MDR requirements regarding the distribution, marketing, and sale, including quality systems and post-market surveillance, have to be observed by manufacturers, importers, and distributors as of the application date (i.e., since May 26, 2021), including registration of economic operators and of devices (once the relevant modules of Eudamed are functional), surveillance, and vigilance requirements. The aforementioned EU rules are generally applicable in the European Economic Area which consists of the 27 EU member states plus Norway, Liechtenstein, and Iceland.

The NDA Approval Process

For any new drug products regulated under the Federal Food, Drug, and Cosmetic Act such as our ReadyPrep CHG cloth, a sponsor must submit a New Drug Application ("NDA"), to the FDA for review and approval. The NDA review and approval process may take multiple years and involves steps including the following:

- completion of preclinical studies and analytical and stability testing in accordance with applicable regulations;
- submission to the FDA of an Investigational New Drug ("IND") application, which must become effective before clinical trials may begin and must be updated annually and amended when certain changes are made;
- approval by an institutional review board, or IRB, or independent ethics committee, or IEC, at each clinical trial site before each trial may be initiated;
- performance of adequate and well-controlled clinical trials in accordance with applicable IND regulations, good clinical practice, or GCP, requirements, including informed consent, financial disclosure by investigators, and other clinical trial-related regulations, to establish the safety and efficacy of the investigational product for each proposed indication and other condition of use;
- preparation and submission to the FDA of an NDA;

- satisfactory completion of one or more FDA pre-approval inspections of the manufacturing facility or facilities where the drug will be produced to assess compliance;
- satisfactory completion of FDA inspection of select clinical trial sites involved in conducting pivotal studies that generated the data in support of the NDA;
- payment of user fees for FDA review of the NDA; and
- FDA review and approval of the NDA, including of the proposed prescribing information and, where applicable, consideration of the views of any FDA advisory committee, prior to any commercial marketing or sale of the drug in the United States.

Any approvals that we may ultimately receive could be withdrawn if required post-marketing trials or analyses do not meet the FDA requirements, which could materially harm the commercial prospects for our products.

Even if a product candidate receives regulatory approval, the approval may be limited to specific disease states, patient populations and dosages, or might contain significant limitations on use in the form of warnings, precautions or contraindications, or in the form of onerous risk management plans, restrictions on distribution, or post-marketing study requirements. Further, even after regulatory approval is obtained, later discovery of previously unknown problems with a product may result in restrictions on the product or even complete withdrawal of the product from the market. Delay in obtaining, or failure to obtain, regulatory approval for our candidate products, or obtaining approval but for significantly limited use, would harm our business. In addition, we cannot predict what adverse governmental regulations may arise from future U.S. or foreign governmental action.

Trade Regulations

The movement of products, services, and investment across borders subjects us to extensive trade regulations. A variety of laws and regulations in the countries in which we transact business apply to the sale, shipment, and provision of goods, services, and technology across borders. These laws and regulations govern, among other things, our import, export, and other business activities. We are also subject to the risk that these laws and regulations could change in a way that would expose us to additional costs, penalties, or liabilities. Some governments also impose economic sanctions against certain countries, governments, persons, and entities, both for unlawful or malign conduct and to discourage or prevent entities from abiding by other countries' laws. In addition to our need to comply with such regulations in connection with our direct activities, we also sell and provide goods, technology, and services to agents, representatives, and distributors who may export such items to customers and end-users. If we, or the third parties through which we do business, are not in compliance with applicable import, export control, or economic sanctions laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability. Such actions may disrupt or delay sales of our products or services or result in restrictions on our distribution and sales of products or services that may materially impact our business.

Anti-Boycott Laws

Under U.S. laws and regulations, U.S. companies and their subsidiaries and affiliates are prohibited from participating or agreeing to participate in unsanctioned foreign boycotts in connection with certain business activities, including the sale, purchase, transfer, shipping, or financing of goods or services within the United States or between the United States and countries outside of the United States. If we, or certain third parties through which we sell or provide goods or services, violate U.S. anti-boycott laws and regulations, we may be subject to civil or criminal enforcement action and varying degrees of liability.

4NN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Milestone Pharmaceuticals, USA

Physical Address: 6210 Ardrey Kell Rd., Suite 650,

City: Charlotte State: NC Zip: 28277

Mailing Address (if different from physical address): 6210 Ardrey Kell Rd, Suite 650

City: Charlotte State: NC Zip: 28277

Telephone: 1-877-207-4764 Website: www.milestonepharma.com

Name of Designated Representative (DR): Lorenz Muller

Licensing Company Email: info@milestonepharma.com DR Email: lmuller@milestonepharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Pharmacies, Retail Pharmacies		☒ Others: Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed within the last year.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NC

Parent Company (if any): Milestone Pharmaceuticals, Inc.

Corporation/Organization Name: Milestone Pharmaceuticals USA, Inc.

Mailing Address: 6210 Ardrey Kell Rd, Suite 650

City: Charlotte State: NC Zip: 28277

Telephone: 1-514-336-0444 Email: info@milestonepharma.com

Contact Person Name: Lorenz Muller

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Oct 13, 2025
Date

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Milestone Pharmaceuticals, USA

Facility Name

Lorenz Muller

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Oct 13, 2025

Date

Board Use Only	Date Received: 11/27/26	Amount: $1000-ck 5571

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through January 08, 2026

You have searched Finished drug products

Search Results: *'83468'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date
Cardamyst	83468-070-03	70 mg/.2mL	SPRAY	NASAL	NDA218571	Milestone Pharmaceuticals USA, Inc.	83468-070	etripamil	ETRIPAMIL	HUMAN PRESCRIPTION DRUG	01/05/2026	N/A

Showing 1 to 1 of 1 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Description of Operations

Milestone Pharmaceuticals USA, Inc. is a Virtual Manufacturer. Milestone Pharmaceuticals USA, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Specialty Pharmacies, Wholesalers, Hospital Pharmacies and Retail Pharmaceuticals by their Third-Party Logistics Provider, Cardinal Health 105, LLC, who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:
We are using the following contract manufacturer to produce our product:

Catalent Pharma Solutions, LLC
160 S Pharma Drive
Morrisville NC 27560
FDA Establishment Number: 1000110912
Contact: (919) 465-8569
Product: Cardamyst

Sharp Packaging Services
23 Carland Road
Conshohocken, PA 19428
FDA Establishment Number: 2518332
Contact: (610) 366-8748
Product: Cardamyst

Catalent Pharma Solutions and Sharp Packaging Services manufacture Milestone Pharmaceuticals USA, Inc.'s product and packages finished product. At no time does Catalent Pharma Solutions and Sharp Packaging Services own the product, contract with Milestone Pharmaceuticals USA, Inc.'s customers, invoice, nor sell an Milestone Pharmaceuticals USA, Inc. product. Milestone Pharmaceuticals USA, Inc.'s products are not Controlled Substances.

Third Party Logistic information:
For distribution into the commercial supply channels, Cardinal Health 105, LLC acts as Milestone Pharmaceuticals USA, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Milestone Pharmaceuticals USA, Inc.'s product to Specialty Pharmacies, Wholesalers, Hospital Pharmacies and Retail Pharmaceuticals throughout the United States. Cardinal Health 105, LLC's address is:

Cardinal Health 105, LLC
501 Mason Rd.
LaVergne, TN 37086

Milestone Pharmaceuticals USA, Inc.'s hours of operation are 9:00am – 5:00pm Monday through Friday.

Ownership Information

Milestone Pharmaceuticals, Inc.is a Publicly Traded (NASDAQ : MIST is a n MA based company that plans to commercialize pharmaceutical drugs across the United States. Milestone Pharmaceuticals, Inc. owns 100% of Milestone Pharmaceuticals USA, Inc.

Company Information

Milestone Pharmaceuticals USA, Inc.
6210 Ardrey Kell Rd, Suite 650
Charlotte, NC 28277
(877) 207-4764
https://milestonepharma.com/
info@milestonepharma.com

State of Formation: NC
Date Incorporated: 1/1/2017

Officer List

Lorenz A. Muller, Chief Commercial Officer

Business Address: 6210 Ardrey Kell Road, Suite 650 Charlotte, NC 28277
Business Phone: (704) 621-4645
Email: lmuller@milestonepharma.com

Jeffrey Nelson, Chief Operating Officer

Business Address: 6210 Ardrey Kell Road, Suite 650 Charlotte, NC 28277
Business Phone 704-621-4669
Email: jnelson@milestonepharma.com

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MILESTONE PHARMACEUTICALS USA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MILESTONE PHARMACEUTICALS USA, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2017.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6271787 8300

SR# 20261434397

Authentication: 203495223

Date: 03-28-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

2026

NOT TRANSFERABLE
STATUTE GS 81.106.119

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
1927
Active – Conditional

LICENSE/CERTIFICATE TYPE: **Virtual Manufacturer**

Expiration Date **12/31/2026**

LICENSEE OR CERTIFICATOR
MILESTONE PHARMACEUTICALS, USA
6210 ARDREY KELL RD STE 650
CHARLOTTE NC 28277

LICENSED 2026 NORTH CAROLINA

Steven W. Troxler

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

STEVE TROXLER, COMMISSIONER

North Carolina Department of Agriculture & Consumer Services

Food and Drug - Prescription Drug

License Details for MILESTONE PHARMACEUTICALS, USA

Steve Troxler
Commissioner

Christina L. Waggett
Assistant Commissioner
for Consumer Protection

Anita MacMullan
Division Director

Licensee Details

Firm Name: MILESTONE PHARMACEUTICALS, USA	**License Type:** Virtual Manufacturer
Mailing Address:	**Physical Address:** 6210 ARDREY KELL RD STE 650, CHARLOTTE, NC 28277
License Status: Active – In good standing	**License Number:** 1927
Current Issue Date: 11/14/2025	**Discipline:** No
Original Issue Date: 3/25/2025	**License Expiration:** 12/31/2026

Search URL: https://apps.ncagr.gov/AgRSysPortalV2/licensesearch/fdpd/446670

NCDA&CS
4400 Reedy Creek Road Raleigh, NC 27607-6465
1070 Mail Service Center, Raleigh, North Carolina 27699-1070
Main (984) 236-4820 : Fax: (919) 831-1323

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Milestone Pharmaceuticals, USA

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 6210 Ardrey Kell Rd., Suite 650,

City Charlotte State NC Zip 28277

Mailing Address (if different from physical address) 6210 Ardrey Kell Rd, Suite 650

City Charlotte State NC Zip 28277

Telephone 1-877-207-4764 Website www.milestonepharma.com

Licensing Company Email info@milestonepharma.com

Section 2: Personal Information

First Lorenz Middle Andrew Last Muller

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 6210 Ardrey Kell Road, Suite 650

City Charlotte State NC Zip 28277

Telephone [redacted] Email lmuller@milestonepharma.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	Not Applicable	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Harvard University		1993 - 1995	
Address	**City**	**State**	**Zip**
Massachusetts Hall	Cambridge	MA	02138
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Massachusetts Institute of Technology		1983-1988	
Address	**City**	**State**	**Zip**
77 Massachusetts Ave	Cambridge	Massach	02139
Diploma/Degree obtained, if any			
MS, BS - Chemical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Cromer High School		1980–1982	
Address	**City**	**State**	**Zip**
	Dee Why	NSW	
Diploma/Degree obtained, if any			
Higher School Certificate (HSC)		Australia	

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/21 - Present	[redacted]	Charlotte	NC	[redacted]
From - To (MM/YY – MM/YY)		City	State	
08/16-07/21		Madison	WI	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Milestone Pharmaceuticals USA Inc.			10/17 - Present	
Business Address		**City**	**State**	**Zip**
6210 Ardrey Kell Rd., Suite 650		Charlotte	NC	28277
Phone	**Title**		**Number of Employed Hours**	
877-207-4764	Chief Commercial Officer		14,000	
Description of Duties				
See attached resume				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

LORENZ A. MULLER

[redacted]

CAREER SUMMARY

Pragmatic and resourceful biopharmaceutical leader with an outstanding track record of leading diverse global teams in regional markets for complex brands to achieve and surpass challenging commercial objectives in start-up, medium-sized, and large firms. Led multiple end-to-end product launches that achieved sustained revenue growth and improved profitability through comprehensive market understanding, targeted commercial investments, and recruitment of best-in-class talent.

PROFESSIONAL EXPERIENCE

MILESTONE PHARMACEUTICALS USA, Inc. (MIST), Charlotte, NC **Oct 2017-Present**

Patient-centric, clinical-stage, public biopharmaceutical company dedicated to bringing Cardamyst™ to patients living with paroxysmal supraventricular tachycardia (PSVT) and atrial fibrillation with rapid ventricular rate (AFib-RVR).

Chief Commercial Officer

Hired to contribute operational leadership to the executive team and board of directors to develop the value proposition and commercialization strategy for Cardamyst, Milestone's lead product created to address a significant unmet medical need for self-administered products to terminate episodes of PSVT and AFib-RVR in the outpatient setting. Foundational member of the corporate leadership team that raised more than US$400M in pre/post-IPO capital to support both clinical development and commercialization goals. Led the capital-efficient commercial build for all launch functions including Marketing, Market Access, Commercial Operations and Sales to enable Milestone's first product launch in 2025.

EXACT SCIENCES CORPORATION (EXAS), Madison, WI **June 2016-July 2017**

Molecular diagnostics company with $100M in sales and 1,000 employees focused on the early detection of colorectal cancer with an FDA-approved first-in-class multi-target stool DNA test.

Vice President, Marketing

Recruited to lead Cologuard®, EXAS's only commercial product, through a period of hypergrowth fueled by inclusion in key guidelines, quality measures, and commercial payer medical policies.

- Drove organization through the repositioning of Cologuard from a product to a service orientation while expanding brand positioning and messaging to enable access to the broader colorectal cancer screening market. Efforts contributed to 150 percent growth in Q1 2017 volume of completed tests compared with the same period of 2016.
- Expanded DTC TV advertising campaign to increase consumer engagement and drive new provider acquisition. Investment led to over 10,000 new providers ordering Cologuard for the first time in Q12017.
- Led a cross-functional initiative to increase organizational competencies in the rapidly evolving landscape of US healthcare reimbursement and financial incentives.

DAIICHI SANKYO, INC., (DSI), Parsippany, NJ **2008-December 2015**

US subsidiary of a multibillion dollar Japanese pharma company with $1.7B in sales and 2,500 employees.

Executive Director, Thrombosis

Recruited to launch and lead the P&L for the anti-thrombotic franchise in the US with oral anti-platelet and

anti-coagulant products. Built a marketing team of 12 professionals with two brand teams and Directors of thought leader engagement and alliance/advocacy management generating $600+M in revenue.

- Led launch of Effient® (prasugrel) in 2009 in conjunction with co-development and marketing partner Eli Lilly achieving sales in excess of $500M in 2015.
- Led launch of Savaysa® (edoxaban) in 2015, DSI's oral factor Xa inhibitor and the company's first ever major launch without a development/marketing partner.
- Built and co-chaired the Operations & Innovation Steering Committee accountable for the P&L for DSI's portfolio of products in the US, including a $150+M annual A&P/medical budget.
- Represented US commercial interests on multiple global anti-thrombotic committees, including integrated product teams responsible for label development/lifecycle planning and global brand steering committees charged with ensuring coordination and achievement of global launch goals.
- Led affiliate-wide initiative to improve thought leader engagement through sociometric mapping to identify key influencers and robust processes to ensure effective and compliant business practices.
- Led multiple organizational restructurings involving marketing and other commercial functions.

CV THERAPEUTICS, INC., (CVT), Palo Alto, CA **2001-2008**

Biopharma firm focused on development of novel small molecule therapeutics for cardiovascular disease. Recruited as one of the original commercial hires to this start-up to launch their first cardiovascular product.

Vice President, Healthcare Outcomes, 2008

Reorganized and led an 18-member field & headquarters-based managed market team responsible for outcomes research pharmacoeconomics, national/regional account management, and contracting/reimbursement operations.

- Charged with improving the reimbursement of Ranexa® (ranolazine) through development and communication of an evidence-based clinical & health economic value story to target PBMs and public private health plans.
- Led cross-functional launch team for Ranexa to ensure successful introduction of new product labeling based on the results of the MERLIN-TIMI 36 CV outcomes study.

Marketing: Vice President, 2007 to 2008, **Executive Director,** 2004-2006, **Sr. Director,** 2003, **Director,** 2002

Built and led Marketing function of 17 associates in the US to launch Ranexa and support the transformation of CV Therapeutics from an R&D to a commercial organization.

- Recruited/built capabilities to include brand, scientific & customer marketing & business analytics teams.
- Contributed to the establishment of commercial infrastructure for launch including distribution, sales operations, fulfillment, pricing and contracting, medical affairs, and field force deployment.
- Created platform for launch of Ranexa, the first novel anti-ischemic and anti-anginal agent in the US in almost 30 years, including detailed commercialization, marketing and operating plans.
- Led launch of Ranexa achieving $75+M in sales & 50% Tier II unrestricted reimbursement in first 18 mos.
- Developed & gained approval for annual commercial budgets of $50+M; with >$20M in marketing spend.
- Led development of an international faculty of opinion leaders and 1,000+ trained promotional speakers.
- Led development of lifecycle plan for Ranexa in support of partnership initiatives for future indications.

Associate Director, Marketing, 2001-2002

- Led the commercial planning for all of CVT's pipeline products except Ranexa.
- Developed business processes and drove portfolio planning decisions by creating rigorous forecasts, building/ensuring input from a strong base of key physician opinion leaders, designing and completing strategic market research and integrating commercial objectives with project team goals.
- Managed commercial interface with Astellas for CVT's adenosine A2A agonist, Lexiscan® (regadenoson).

MERCK & CO., INC., (MRK), US Human Health Division, West Point, PA **1995-2001**
Recruited to a fast-track management development program to lead & manage a variety of team projects with assignments in product management, field sales, pricing/contracting, and market research.

Marketing Manager, Hypertension & Heart Failure Business Group, 1999-2001
Co-managed Merck's ACE-Inhibitor and ARB franchise which contributed >$2B in revenue in 2000
- Led fast-track pediatric studies resulting in 6 months of incremental marketing exclusivity which delivered $350M in incremental sales.
- Developed strategies & tactics to optimize sales of Vasotec® (enalapril) at the time of patent expiration.
- Led counter-competitive activities and profit planning for Merck's ARB and ACE inhibitor businesses.
- Led advocate development initiatives and acted as liaison for half of Merck's office-based sales force.

Professional Sales Representative, Philadelphia Region, 1998
- Co-managed a sales territory that contributed $12.5M in revenues to Merck in 1998.
- Promoted all cardiovascular products & Pepcid® (famotidine) to primary care physicians & cardiologists.

Marketing Analyst, Market Research, 1997
- Led market research activities supporting a prevention-of-osteoporosis indication for Fosamax®(alendronate).
- Led development, analysis and communication of qualitative/quantitative product positioning, message testing, sales aid assessment and journal ad research.

Pricing Analyst, Economic Affairs, 1995-1996
- Facilitated approval of 12+ pricing initiatives in the hospital, VA, ophthalmics & antibiotics business areas.
- Developed pricing strategies for Cozaar® (losartan) based on application of game theory principles.
- Led development of pricing catalogs/supplements for three pricing actions.

GENENTECH, INC., (GENE), South San Francisco, CA **Summer 1994**
Intern, Strategic Marketing Planning
Interned during graduate school to coordinate a team project that developed a 10-year revenue forecast in seven European countries for recombinant human DNase to treat chronic obstructive pulmonary disease.

ARTHUR D. LITTLE, INC., (ADL), Cambridge, MA **1989-1993**
Consultant
Provided case leadership and day-to-day management of client assignments related to asset valuation, manufacturing cost estimation, process evaluation and improvement, and environmental liability determination for the pharmaceutical, fine chemical, food, and biotech industries.
- Performed over a dozen pre-acquisition and post-acquisition due diligence assessments and manufacturing asset valuations for large pharmaceutical, fine chemical, and food services operations in Europe, Africa, and the United States including Syntex, the Government of Zambia, and SmithKline.
- Sold and led assignments which provided clients with competitive intelligence on the current technology and manufacturing costs related to production of Vitamin C, Vitamin E, and synthetic caffeine.
- Provided several small biotech firms with assistance in process scale-up and manufacturing site selection.
- Led 15 environmental, health and safety audit teams in Europe, Central America and the US, conducting each foreign audit in the language of the host country.
- Left consulting to pursue MBA full-time.

CARLSON ASSOCIATES, Cochituate, MA **1988**
Biochemical Engineer
Participated in the design and supervised construction of Genzyme's pilot plant to harvest and purify Ceredase® (alglucerase injection) for the treatment of Type 1 Gaucher's disease, the first drug approved by the FDA as an enzyme replacement therapy.

HOFFMANN-LAROCHE AG, Basel, Switzerland **Summer 1986**
Intern, Technical Development Group
Participated in the scale-up of a manufacturing process for a new antibiotic product.

ROCHE INSTITUTE OF MOLECULAR BIOLOGY, Nutley, NJ **Summer 1985**
Intern, Basic Research
Contributed to research focusing on α-Interferon and Interleukin-1 site-specific mutagenesis.

EDUCATION AND ACTIVITIES

Harvard University, Graduate School of Business Administration, Boston, MA, 1993-1995
MBA, Master in Business Administration, general management curriculum with concentration in Finance

Massachusetts Institute of Technology, Cambridge, MA, 1983-1988
M.S., Master of Science, Chemical Engineering, David H. Koch School of Chemical Engineering Practice
B.S., Bachelor of Science in Chemical Engineering and B.S., Bachelor of Science in Life Sciences

Dual Citizenship, United States & Switzerland. Grew up in New Jersey, Puerto Rico, and Sydney, Australia. Enjoys travel, hiking, cycling, mountain biking, swimming, and gourmet cooking.

Fluent in German, conversant in Spanish.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____
Original Signature (electronic, copies or stamps not accepted)

March 9, 2026
Date

I, Lorenz Muller, **certify that as the designated representative for**

Milestone Pharmaceuticals, USA,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. LM I am at least 21 years of age;
3. LM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. LM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. LM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. LM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. LM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Lorenz Muller

Print Name (First, Last)

Lorenz Muller

Original Signature (electronic, copies or stamps not accepted)

March 9, 2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lorenz Muller

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

March 9, 2026

Date

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Mecklenburg

I, Lorenz Muller, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

March 9, 2026

Date

Subscribed and Sworn to before me this 9th day of March 2026

Notary Public Signature

Misty A Kieffer
Notary Public
Mecklenburg Co.
North Carolina
My Commission Expires Feb. 20, 2030

(Seal)

North Carolina Department of Agriculture
and Consumer Services
Food and Drug Protection Division

Inspection Report

Milestone Pharmaceuticals, USA (Virtual Manufacturer)
6210 Ardrey Kell Road, Suite 650
Charlotte, NC 28277
(877) 207-4764

Inspected 03/13/2025
By: Ed Lukeman
Drug Specialist

Steven W. Troxler
Commissioner

North Carolina Department of Agriculture and Consumer Services

Food and Drug Protection Division

Anita MacMullan
Director

Inspection Report

Milestone Pharmaceuticals, USA
6210 Ardrey Kell Road, Suite 650
Charlotte, NC 28277
(877) 207-4764

Inspected 03/13/2025
By: Ed Lukeman

History of Business

Milestone Pharmaceuticals was incorporated in the state of Delaware in January of 2019. In 2013, Milestone entered human studies with etripamil. The firm maintains Labeler Code, 83468 and was issued NCDA&CS drug license #092-1927 as a prescription drug virtual manufacturer. The Secretary of State ID number is 1792912. The Caramyst product has NDC number 83468-070-02

Corporate Office Address

Milestone Pharmaceuticals, Inc.
1111Dr. Frederik-Phillips Blvd. Suite 420
Montreal, Canada H4M 2X6
1-514-336-0444

Corporate Officers

Joe Oliveto	CEO
Lorenz Muller	Chief Commercial Officer
Nicole DeVirgiliis	VP, Head of Quality Assurance

Person(s) Interviewed and Individual Responsibility

Credentials were presented to and a Notice of Inspection issued to Ms. Nicole DeVirgiliis. VP Quality Assurance. She accompanied me throughout the inspection and provided procedures and other information requested.

Background

The past visit on 03/13/2025 was an initial inspection of this pharmaceutical office facility for maintaining a Prescription Drug Virtual Manufacturer license. The purpose of this inspection was to verify compliance with NCGS §106 Article 12A (Wholesale Prescription Drug Distributors).

There were no significant objectionable conditions noted during this inspection, and no observation sheet was issued.

Operations

Milestone Pharmaceuticals will use this facility for administrative matters and communication with the 3PL in Memphis, Tn (Eversana Life Science Service). So far, no products have been shipped to or stored at this facility. No controlled drugs are to be handled by this firm per management. Sales are expected to occur within all 50 states. A Third-Party Logistics Provider in Tennessee is expected to expedite all orders generated and shipped to specialty pharmacies, wholesalers, hospital and retail pharmacies. A contract manufacturer, Catalent Pharma Solutions in Morrisville, NC will provide the product. Operating hours at this time will be 9am-5pm, Monday through Friday.

The facility is located in a mixed-use commercial office complex and contains approximately 13,000 square feet of administrative and storage space. It is secured against unauthorized entry by means of a Enterprise Security System. The office (approx. 225 sq ft.) to be utilized for potential temporary drug storage has a locking door and locking storage and quarantine cabinets. Climate control is via HVAC systems and is thermostatically controlled.

Written procedures have been established that provide the requirements for the receipt, storage and distribution of prescription drugs. Storage conditions will be monitored and recorded electronically; this includes temperature as required on the product label.

To date, one Rx product has been reviewed by the FDA; that being Cardamyst containing 70mg of etripamil.

Observations

There were no significant objectionable conditions noted during this inspection, and the Prescription Drug Virtual Manufacturer license was approved for release.

Compliance

Future inspections of this facility by NCDA&CS will be conducted on a routine annual or as needed basis.

Attachments

Notice of Inspection



Employee List

Lorenz Muller (NC Designated Rep)

Joseph Oliveto

Jeff Moore

Cameron Szakacs

Rebecca Novak

Kim Sheehan

Rick Sherwood

Lois Cornwell

Tamara Parker

Makita Gordon

Heide Roland

Ronald Outling

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2022

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from to

Commission file number 001-38899

Milestone Pharmaceuticals Inc.

(Exact name of registrant as specified in its charter)

Québec	Not applicable
(State or Other Jurisdiction of Incorporation or Organization)	(I.R.S. Employer Identification No.)
1111 Dr. Frederik-Phillips Boulevard, Suite 420 Montréal, Québec CA	H4M 2X6
(Address of Principal Executive Offices)	(Zip Code)

Registrant's telephone number, including area code (514)-336-0444

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Shares	MIST	The Nasdaq Stock Market LLC

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically, if any, every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit and post such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer", "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☐	Accelerated filer ☐	Non-accelerated filer ☒	Smaller reporting company ☒	Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☒

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. Yes ☐ No ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value (approximate) of the registrant's common equity held by non-affiliates based on the closing price of a share of the registrant's common share for The Nasdaq Stock Market on June 30, 2022 (the last business day of the registrant's most recently completed second fiscal quarter) was $184.5 million.

As of March 29th, 2023, the total number of shares outstanding of the registrant's Common Shares was 33,287,226 shares, net of treasury shares.

DOCUMENTS INCORPORATED BY REFERENCE:

Portions of the registrant's definitive proxy statement for the registrant's 2023 annual meeting of stockholders, to be filed within 120 days after the close of the registrant's fiscal year, are incorporated by reference into Part III of this Annual Report.

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This Annual Report on Form 10-K contains references to United States dollars and Canadian dollars. All dollar amounts referenced, unless otherwise indicated, are expressed in United States dollars. References to "$" are to United States dollars and references to "C$" are to Canadian dollars.

SPECIAL NOTE REGARDING FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K contains forward-looking statements about us and our industry that involve substantial risks and uncertainties. All statements other than statements of historical facts contained in this Annual Report on Form 10-K, including statements regarding our strategy, future financial condition, future operations, projected costs, prospects, plans, objectives of management and expected market growth, are forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as "aim," "anticipate," "assume," "believe," "contemplate," "continue," "could," "design," "due," "estimate," "expect," "goal," "intend," "may," "objective," "plan," "predict," "positioned," "potential," "seek," "should," "target," "will," "would" and other similar expressions that are predictions of or indicate future events and future trends, or the negative of these terms or other comparable terminology.

We have based these forward-looking statements largely on our current expectations and projections about future events and financial trends that we believe may affect our financial condition, results of operations, business strategy and financial needs. These forward-looking statements are subject to a number of known and unknown risks, uncertainties and assumptions, including risks described in the section titled "Risk Factors" and elsewhere in this Annual Report on Form 10-K, regarding, among other things:

- the initiation, timing, progress and results of our current and future clinical trials of etripamil, including our Phase 3 clinical trials of etripamil for the treatment of paroxysmal supraventricular tachycardia, our Phase 2 clinical trial of etripamil for the treatment of atrial fibrillation and rapid ventricular rate, and of our research and development programs;
- uncertain impacts that public health crises may have on our business, strategy, clinical trial progress and research and development efforts;
- our ability to develop and, if approved by regulatory authorities, commercialize etripamil in China and Taiwan through our license agreement with Ji Xing Pharmaceuticals;
- our plans to develop and commercialize etripamil and any future product candidates;
- our estimates regarding expenses, future revenue, capital requirements and needs for additional financing;
- our ability to successfully acquire or in-license additional product candidates on reasonable terms;
- our ability to establish collaborations or obtain additional funding;
- our ability to obtain regulatory approval of our current and future product candidates;
- our expectations regarding the potential market size and the rate and degree of market acceptance of etripamil and any future product candidates;
- our ability to fund our working capital requirements and expectations regarding the sufficiency of our capital resources;

- the implementation of our business model and strategic plans for our business, etripamil and any future product candidates;
- our intellectual property position and the duration of our patent rights;
- developments or disputes concerning our intellectual property or other proprietary rights;
- our expectations regarding government and third-party payor coverage and reimbursement;
- our ability to compete in the markets we serve;
- the impact of government laws and regulations;
- developments relating to our competitors and our industry; and
- the factors that may impact our financial results.

The foregoing list of risks is not exhaustive. Other sections of this Annual Report on Form 10-K may include additional factors that could harm our business and financial performance. Moreover, we operate in a very competitive and rapidly changing environment. New risk factors emerge from time to time, and it is not possible for our management to predict all risk factors nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in, or implied by, any forward-looking statements.

In light of the significant uncertainties in these forward-looking statements, you should not rely upon forward-looking statements as predictions of future events. Although we believe that we have a reasonable basis for each forward-looking statement contained in this Annual Report on Form 10-K, we cannot guarantee that the future results, levels of activity, performance or events and circumstances reflected in the forward-looking statements will be achieved or occur at all. You should refer to the section titled "Risk Factors" for a discussion of important factors that may cause our actual results to differ materially from those expressed or implied by our forward-looking statements. Furthermore, if our forward-looking statements prove to be inaccurate, the inaccuracy may be material. Except as required by law, we undertake no obligation to publicly update any forward-looking statements, whether as a result of new information, future events or otherwise. The Private Securities Litigation Reform Act of 1995 and Section 27A of the Securities Act of 1933, as amended, or the Securities Act, do not protect any forward-looking statements that we make in connection with this Annual Report on Form 10-K.

SUMMARY OF RISK FACTORS

Our business is subject to numerous risks and uncertainties, including those described in Item 1A "*Risk Factors*". These risks include, but are not limited to the following:

- We have incurred significant operating losses since inception and anticipate that we will continue to incur substantial operating losses for the foreseeable future and may never achieve or maintain profitability.
- We will require substantial additional funding to finance our operations. If we are unable to raise capital when needed, we could be forced to delay, reduce or terminate our development of etripamil or other operations.
- Raising additional capital may cause dilution to our shareholders, restrict our operations or require us to relinquish rights to our product candidates.
- Economic uncertainty, including related to inflation, may adversely affect our results of operations.
- We have only one product candidate, etripamil, for which we are currently pursuing clinical development. Our future success is substantially dependent on the successful clinical development and regulatory approval of etripamil. If we are not able to obtain required regulatory approvals for etripamil or any future product candidates, we will not be able to commercialize etripamil or any future product candidates and our ability to generate revenue will be adversely affected.
- We may not be successful in our efforts to expand our pipeline of product candidates beyond etripamil for paroxysmal supraventricular tachycardia.
- The development of additional product candidates is risky and uncertain.
- Success in preclinical studies or earlier clinical trials may not be indicative of results in future clinical trials and we cannot assure you that any ongoing, planned or future clinical trials will lead to results sufficient for the necessary regulatory approvals.
- Our business, operations and clinical development timelines and plans have been adversely affected by the effects of health epidemics, and could be affected by future health epidemics.
- We may encounter substantial delays or difficulties in our clinical trials.
- Enrollment and retention of patients in clinical trials is an expensive and time-consuming process and could be delayed, made more difficult or rendered impossible by multiple factors outside our control.
- If we are unable to establish sales and marketing capabilities or enter into agreements with third parties to market and sell etripamil or any future product candidates, we may not be successful in commercializing etripamil or any future product candidates, if and when they are approved.
- Even if etripamil or any future product candidates receive marketing approval, they may fail to achieve market acceptance by physicians, patients, third-party payors or others in the medical community necessary for commercial success.
- Even if we successfully obtain approval for etripamil, its success will be dependent on its use in accordance with labeled instructions for use.
- If the market opportunities for etripamil and any future product candidates are smaller than we estimate, our business may suffer.
- Coverage and adequate reimbursement may not be available for etripamil or any future product candidates, which could make it difficult for us to gain market acceptance.
- Even if we obtain and maintain approval for etripamil or any future product candidates from the Food and Drug Administration, or FDA, we may never obtain approval of etripamil or any future product candidates outside of the United States, which would limit our market opportunities and could harm our business.
- Even if we obtain regulatory approval for etripamil or any future product candidates, they will remain subject to ongoing regulatory oversight.
- We will rely on third parties to produce clinical and commercial supplies of etripamil and any future product candidates.
- We rely on third parties to conduct, supervise and monitor our preclinical studies and clinical trials, and if those third parties perform in an unsatisfactory manner, it may harm our business.
- Etripamil is intended to be used with a nasal-spray device, which may result in additional regulatory and supply risks.

- If we are unable to obtain and maintain patent protection for etripamil or any future product candidates, or if the scope of the patent protection obtained is not sufficiently broad, our competitors could develop and commercialize drugs similar or identical to ours, and our ability to commercialize successfully our product candidates may be impaired.
- Our future success depends on our ability to retain key executives and to attract, retain and motivate qualified personnel.
- The market price of our common shares has been and may continue to be volatile and fluctuate substantially, and you could lose all or part of your investment.
- Our common shares are thinly traded and our shareholders may be unable to sell their shares quickly or at market price.
- Concentration of ownership of our common shares among our existing executive officers, directors and principal shareholders may prevent new investors from influencing significant corporate decisions.

PART I

ITEM 1. BUSINESS

Company Overview

We are a biopharmaceutical company focused on the development and commercialization of innovative cardiovascular medicines. Our lead product candidate etripamil is a novel and potent calcium channel blocker that we designed as a rapid-onset nasal spray to be self-administered by patients. We are developing etripamil for the treatment of specific arrhythmias with a lead indication to treat paroxysmal supraventricular tachycardia, or PSVT, and a subsequent indication to treat atrial fibrillation with rapid ventricular rate, or AFib-RVR.

PSVT is a highly symptomatic and impactful heart arrhythmia characterized by unpredictable attacks of a racing heart, often exceeding 150 beats per minute. Symptoms of PSVT often arise suddenly and include palpitations, sweating, chest pressure or pain, shortness of breath, sudden onset of fatigue, lightheadedness or dizziness, fainting, and anxiety, causing many patients to interrupt their daily activities at the time of symptom-onset. The impact and morbidity from an episode of PSVT can be especially detrimental in patients with underlying cardiovascular or medical conditions, such as heart failure, obstructive coronary disease, or dehydration. The uncertainty of when such an attack of PSVT will strike or how long it will persist is anxiety-provoking, reduces patients' quality of life and prevents participation in many desired activities. Drugs approved for the treatment of PSVT attacks include adenosine, verapamil, and diltiazem, with all being administered intravenously under medical supervision, usually in the emergency department. Other oral drugs are sometimes used to treat attacks in a concept called "pill in the pocket." However, those drugs have never been proven effective or safe and are not approved for this use. Doctors are frustrated by the lack of effective treatment options besides a prolonged, unpleasant, and costly trip to the emergency department or, for some patients, an invasive ablation procedure. PSVT is traumatic for patients, frustrating for healthcare providers, and costly for payers. With no pharmaceutical innovation in the treatment of PSVT for over 30 years and a movement in the healthcare system to enable patient centered care, there is an opportunity to help patients living with PSVT to take greater control over their PSVT attacks.

Atrial Fibrillation, or AFib, is a common form of arrhythmia with an irregular and often rapid heart rate that is often markedly symptomatic and, without proper treatment, can increase the risk of stroke, heart failure, and other cardiovascular complications. A common complication of AFib is a rapid ventricular rate, or AFib-RVR, which is frequently defined as a heart rate $\geq$ 110 beats per minute. The occurrence of a rapid ventricular rate in patients with atrial fibrillation increases the likelihood of symptoms including heart palpitations, shortness of breath and weakness. There are two commonly used pharmacological approaches to chronically manage AFib, rhythm control and rate control. Regardless of the chronic approach, when faced with an episode of AFib-RVR, acute rate control is called for most commonly in the form of oral AV-nodal targeted drugs such as a beta blocker or calcium channel blockers. However, these oral rate control drugs, when used acutely, do not adequately provide immediate ventricular rate control due to a 30- to 60-minute delayed onset of action, and, as a result, many patients seek faster and more certain rate reduction and symptom resolution by going to the emergency department for acute treatment utilizing intravenous rate control and/or electrical cardioversion of their atrial fibrillation. Similar to PSVT, patients feel a loss of control by needing to visit the emergency department for overcoming

their atrial fibrillation attack, doctors are frustrated by the lack of options for patients to self-manage these acute rate attacks and payer organizations would prefer to treat the AFib-RVR attacks in a more cost effective and time-efficient manner.

Our objective is to develop and commercialize etripamil as a fast-acting nasal spray to be prescribed by the doctor so that the patient can carry etripamil with them for use wherever and whenever an attack occurs. We have completed patient conduct (last patient last visit) in the Phase 3 clinical trials for the lead indication and we plan to submit a New Drug Application, or NDA, for marketing approval in the United States for etripamil for the treatment of PSVT mid-2023. If approved, we believe that etripamil will provide the patient with a portable treatment to stop an attack at-home and to reduce the reliance on the emergency department. We believe that this may help patients to live their lives with less concern over when their next PSVT attack will occur. For health care providers, etripamil could represent a new tool they can offer to their patients to better self-manage their PSVT attacks resulting in fewer calls to their office, a more efficient use of healthcare resources, and more empowered, satisfied patients.

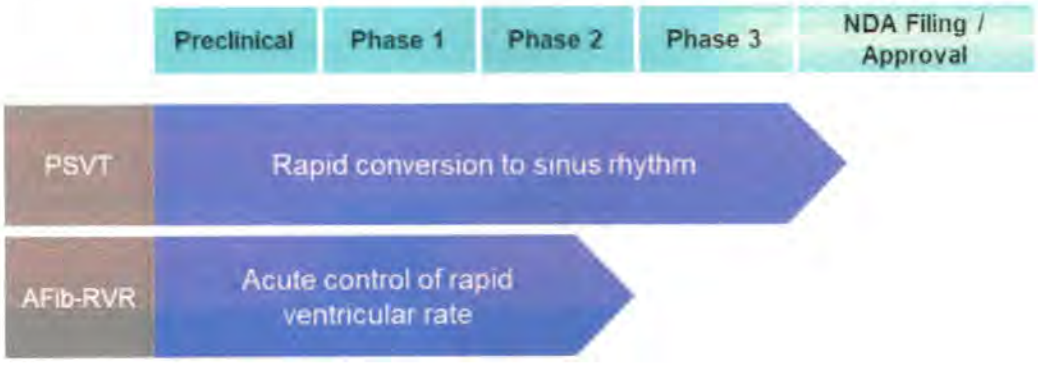
Etripamil is currently in Phase 2 clinical development for assessing its safety and effectiveness in AFib-RVR. Similar to our approach for PSVT, we believe that etripamil has the potential to help the patient experiencing a symptomatic episode of AFib-RVR to self-manage their condition by conveniently, reliably and quickly reducing their elevated heart rate wherever and whenever the episode occurs, thereby reducing the need for emergency department utilization that many patients currently seek.

We believe that PSVT is a large and under-recognized market that we estimate affects approximately two million Americans and results in over 150,000 emergency department visits and hospital admissions and up to 80,000 ablations per year. From this diagnosed population, we define the target addressable market for etripamil as the 40 to 60% of patients who experience frequent and longer, moderate to severe episodes each year. After being exposed to the data from the RAPID clinical study in market research, Cardiologists reported a willingness to prescribe etripamil to approximately 50% of the patients with PSVT in their care, which suggests 500,000 to 800,000 patients can potentially be treated with etripamil in the peak year. Additionally, we believe that these target patients will use etripamil to treat a median of five episodes per year based on the projected number of longer or more intense episodes (self-reported) experienced by the patient. This implies demand in the US for etripamil of 2.5 million to 4 million episodes treated in the peak year.

The American Heart Association estimates a prevalence for AFib of seven million by 2030, while the Centers for Disease Control (CDC) reports this prevalence as increasing to 12 million over the same time period. According to the Healthcare and Utilization Project, AFib resulted in 660,000 patient visits to the emergency department and 465,000 admissions to the hospital in 2016. From market research we estimate the target addressable market for etripamil in patients with AFib and rapid ventricular rate (RVR) as approximately 30 to 40% of the diagnosed prevalent population, defined as patients experiencing at least one symptomatic episode of AFib-RVR requiring treatment per year.

Our Pipeline

The figure below sets forth the status and focus of etripamil:



PSVT Phase 3 Program Highlights: The RAPID, NODE-301, NODE-302, and NODE-303 Trials

On October 17, 2022, we announced positive and statistically significant topline efficacy and safety data from the Phase 3 RAPID clinical trial of etripamil in patients with PSVT. These results were further presented shortly thereafter, on November 7, 2022, as a Late-Breaking Clinical Trial at the American Heart Association Scientific Meetings (Chicago, IL). RAPID, our multi-center, randomized, double-blind, placebo-controlled, event-driven Phase 3 trial, enrolled 706 patients across clinical sites in North America and Europe. Patients were randomized 1:1 to a regimen of self-administering a first dose etripamil nasal spray, with a repeat dose 10 minutes later if symptoms persisted, or a matching placebo regimen. Self-administration was prompted by a patient's customary symptoms and was performed in the at-home setting without medical supervision. The RAPID trial achieved its primary endpoint, with patients taking the etripamil regimen demonstrating a highly statistically significant and clinically meaningful difference in time to SVT conversion as compared to placebo. A Kaplan Meier analysis demonstrated a significantly greater proportion of patients who took etripamil converted within thirty minutes compared to placebo (64.3% vs. 31.2%; hazard ratio, or HR, 2.62; 95% CI 1.66, 4.15; $p<0.001$). By 90 minutes post-study drug administration, 80.6% of etripamil patients converted versus 60.7% of placebo patients (HR = 1.93; 95% CI 1.349, 2.752; $p<0.001$) and statistical significance was maintained throughout the 5-hour observation window. Statistically significant reductions in time to conversion in patients who took etripamil were evident early and persisted throughout the observation window of the study compared to placebo. The median time to conversion for patients in RAPID who self-administered etripamil was 17.2 minutes compared to 53.3 minutes for patients on placebo. The safety and tolerability data from the RAPID trial continue to support the potential self-administration use of etripamil, with findings consistent with those observed in prior trials. The most common randomized-treatment emergent adverse events, or RTEAEs, adverse events, or AEs, which occurred within 24 hours of etripamil administration, were related to the nasal local administration site. Overall, the majority of RTEAEs were reported as mild (68%) or moderate (31%). There were no serious AEs related to etripamil.

The use of additional medical interventions and emergency department utilization were important secondary measures of efficacy for both the RAPID and NODE-301 studies, although with the understanding that neither study was individually powered to expect statistical differences. In a pre-planned analysis across both studies, patients who self-administered etripamil sought additional medical interventions 43% less frequently (15% vs. 25%; $p=0.013$) and had 39% fewer emergency department visits (14% vs. 22%; $p=0.035$) than patients in the placebo arm.

NODE-303 is a Phase 3, multi-center, open-label safety trial, evaluating primarily the safety of etripamil when self-administered without medical supervision over multiple, separate SVT episodes. After consultation with the regulatory authorities, it was concluded that the test doses procedure was an unnecessary step for the self-administration of etripamil and it was removed from the requirements of the NODE-303 safety study. The NODE-303 trial was initiated with an etripamil 70 mg single-dose regimen and the 70 mg optional repeat-dose regimen was introduced into the trial starting in the second half of 2021 following FDA acceptance of the protocol amendment. The trial was sized in order to add to the safety data from the remainder of the development program, including those data already obtained from the RAPID, NODE-301 and NODE-302 trials, in order to fulfill the safety and exposure dataset needed for NDA filing. Following the results from the RAPID study, initially obtained in October 2022, and the assessment of the total exposures to etripamil in the development program to date, we believe we have the safety dataset needed for review of the NDA for PSVT and have moved to the closure stage of the NODE-303 study.

We are conducting patient access programs to provide further access to etripamil to patients who have participated in the clinical development registration trials to treat their future SVT episodes. These programs are tailored to meet the regulatory requirements in the territories in which the clinical sites are located.

The NODE-301 trial is a placebo-controlled Phase 3 safety and efficacy trial and the first trial ever conducted to treat attacks of PSVT in the at-home setting. NODE-301 enrolled 431 patients across 65 sites in the United States and Canada. Although the study did not meet its primary endpoint of time to conversion of SVT to sinus rhythm compared to placebo over the five-hour period following study drug administration in which patients wore a cardiac monitor, both prespecified and post hoc analyses at earlier time periods, namely at 30 minutes, showed significant treatment effects in favor of etripamil. For example, in a post hoc analysis of the NODE-301 data, 54% of etripamil patients vs. 35% of placebo patients converted within 30 minutes (HR 1.87, p=0.02). The safety and tolerability data from the NODE-301 trial support the potential self-administration use of etripamil, with the most common randomized treatment emergent adverse events, or RTEAEs, adverse events, or AEs, which occurred within 24 hours of etripamil administration, being related to the nasal local administration site. Overall, the majority of RTEAEs were reported as mild (85%) to moderate (15%). There were no serious AEs related to etripamil. After reviewing the data from NODE-301 with the FDA in July 2020, the Agency indicated that an analysis period shorter than 5 hours would be appropriate to measure the efficacy of etripamil. The FDA indicated that two trials, the RAPID and NODE-301 trials could potentially fulfill the efficacy requirement for our planned NDA for etripamil in patients with PSVT, both using time to conversion over the first 30 minutes with a target p-value of less than 0.05 as the primary endpoint.

NODE-302 is a Phase 3 multi-center, open-label safety extension of the NODE-301 trial. Patients who completed NODE-301 and enrolled in NODE-302 could administer open-label drug for up to an additional 11 episodes of PSVT. The study's objective is to evaluate the safety of etripamil nasal spray when self-administered by patients without medical supervision for spontaneous episodes of SVT in an outpatient setting over recurrent episodes. While the primary purpose of the trial is safety, efficacy assessments were also performed. We presented data from the NODE-302 study at a late-breaking session of the Heart Rhythm Society's Heart Rhythm 2022 Annual conference. Of 198 eligible NODE-301 patients, 169 (85%) enrolled in NODE-302 and 105 (62%) experienced a perceived episode of PSVT, self-administered etripamil and were included in the safety population. Overall, the rate of conversion of PSVT to normal sinus rhythm at 30 minutes following etripamil administration was 60.2% with a median time to conversion of 15.5 minutes (95% CI, 11.3-22.1 minutes), findings consistent with those from other studies, even those of a different design, indicating robustness of results. Among 40 patients who self-treated two separate episodes, 21 of 26 (81%) who converted on their first episode were also successfully converted on their second episode. Moreover, the need for an external medical intervention (e.g., an intravenous therapy administered in an emergency department) to terminate a PSVT episode was low (13% of patients and 8.5% of positively adjudicated PSVT episodes). Etripamil was generally well-tolerated, with adverse events consistent with those observed in previous trials; most adverse events related to treatment were localized to the nasal administration site and were mild and transient.

AFIB RVR Phase 2 Proof of Concept Trial: Reduction of Ventricular Rate in Patients with Atrial Fibrillation (ReVeRA)

The Phase 2, double-blind, placebo-controlled, proof-of-concept study, Reduction of Ventricular Rate in Patients with Atrial Fibrillation (ReVeRA), in patients with atrial fibrillation with rapid ventricular response (AFib/RVR), is being conducted in Canada and the Netherlands in collaboration with the Montreal Heart Institute, the WCN network, and other research centers. The ReVeRA study is expected to enroll approximately 50 patients randomized 1:1 to receive either 70 mg of etripamil nasal spray or placebo to patients presenting with symptomatic AFib/RVR. The primary endpoint will assess reduction in ventricular rate, with key secondary endpoints including the time to achieve the maximum reduction in rate and the duration of the effect. The trial is being conducted in the emergency department setting under medical supervision.

Our Strategy

Our goal is to identify, develop and commercialize innovative cardiovascular medicines, including etripamil for the treatment of PSVT, AFib-RVR and other cardiovascular indications, and additional clinical stage compounds for other cardiovascular conditions. The key elements of our business strategy to achieve this goal include the following:

- ***Successfully complete development and obtain regulatory approval of etripamil for the treatment of PSVT.*** We are focused on efficiently developing and obtaining approval for etripamil to treat patients with PSVT. We intend to first seek regulatory approval in the United States, followed by Europe and other major markets.

- ***Expand the scope of cardiovascular indications for etripamil beyond PSVT.*** We are investigating, in a Phase 2 proof of concept study, the use of etripamil for the treatment of patients with AFib-RVR. We believe that etripamil could benefit patients with AFib-RVR based on the approved use of intravenous, or IV, calcium channel blockers in this indication. We are also exploring the additional cardiovascular opportunities for the use of etripamil.

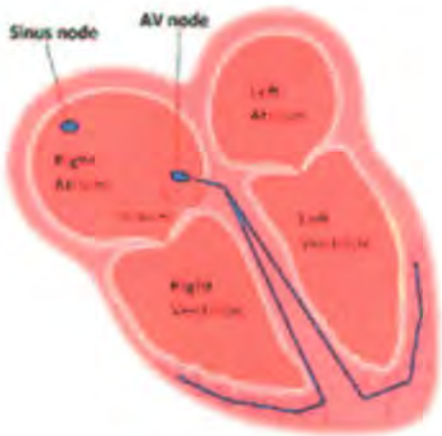
- ***Maximize the value of our programs by maintaining flexibility to commercialize our product candidates independently or through collaborative partnerships.*** We currently have exclusive development and commercialization rights for etripamil for our initial indications of PSVT and AFib-RVR. We are establishing commercialization and marketing capabilities with a focus to commercialize etripamil in the United States. Outside of the United States, we are considering commercialization strategies that may include collaborations with other companies.

- ***Leverage our expertise and experience to expand our pipeline of product candidates.*** We seek to maximize our commercial opportunities by acquiring or in-licensing product candidates for indications with significant unmet need with a focus on novel treatments for cardiovascular or other conditions. Our leadership team has extensive experience in developing and commercializing successful drugs. We intend to leverage the collective talent within our organization and our network to guide our development plans and pipeline expansion.

Cardiac and Pharmacologic Basis of Development Programs

Normal Conduction

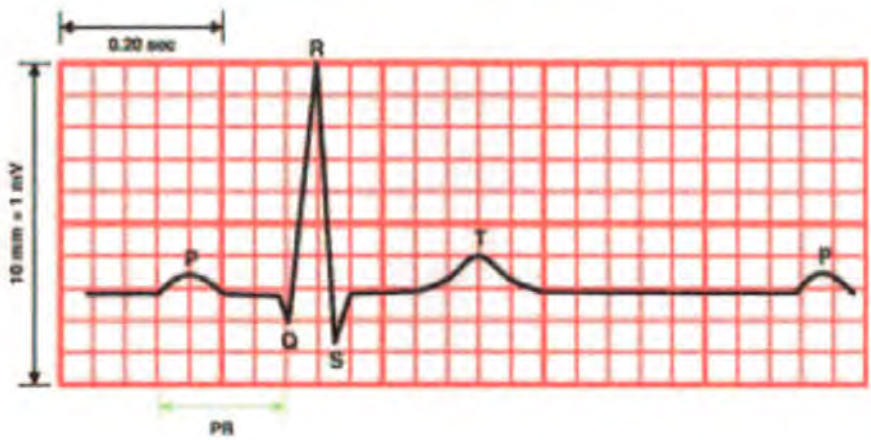
Within the right atrium, one of the heart's upper chambers, sits a specialized structure called the sinus node. The sinus node, serving as the heart's intrinsic pacemaker, generates an electrical signal which spreads throughout both atria and then is transmitted down to the lower chambers, the ventricles, via another specialized electrical tissue, the atrio-ventricular, or AV, node, which is shown in the figure below. Upon reaching the ventricles, the electrical signal them to contract, pumping blood out to the lungs and the rest of the body. Another heartbeat does not occur until a new signal is generated from the sinus node and the cycle repeats. Under normal conditions, passage from the sinus node over the AV node is the only way for the electrical impulse to travel from the atria down to the ventricles.



The electrical signal of each heartbeat can be detected by placing sensors known as electrodes over the skin, and recorded over time in a tracing known as an electrocardiogram, or ECG. The ECG measures signal voltage and duration. To the trained interpreter, an ECG conveys a large amount of information about the structure and function of the heart, including among other things, heart rate and rhythm. Under normal physiologic conditions, an ECG has a characteristic pattern of waves corresponding to the electrical activity, contraction and relaxation of each heart chamber. This normal functioning is referred to as sinus rhythm and occurs at a heart rate of between 60 and 100 beats per minute at regular intervals.

As seen in the figure below, the various waves of an ECG tracing corresponding to the events of a single heartbeat are named with the letters P, Q, R, S and T. The interval between the P wave and the R wave, known as the PR interval, is a measure of conduction over the AV node. A normal PR interval is 0.12-0.20 seconds.

ECG Tracing Graph – Event Single Heartbeat



Arrhythmias

A disruption in the heart's normal rhythm or conduction of electrical signals is called an arrhythmia. An arrhythmia can take the form of the heart beating too quickly, too slowly, or with an irregular pattern. A faster than normal heart rate is a tachycardia; a slower than normal heart rate is a bradycardia. Symptoms of an arrhythmia can include palpitations, lightheadedness or dizziness, chest pain, shortness of breath, or sweating; these symptoms can be markedly severe, and in

advanced cases of some arrhythmias, resultant signs can include worse morbidities and even mortality. PSVT and atrial fibrillation are two of the most commonly occurring arrhythmias. While PSVT is characterized by a faster than normal heart rate where the heart beats at regular intervals, with AFib-RVR the heart often beats faster than normal and with an irregularly irregular rhythm. Pharmacologic treatment of PSVT focuses on terminating the arrhythmia using an agent to prolong the refractoriness (the recovery time between consecutive activations) of the AV node or to prolong conduction over the AV node. With AFib-RVR, there are two approaches to treatment: rate control to reduce the heart rate and rhythm control to restore sinus rhythm and prevent AFib recurrences.

Etripamil

We designed the molecule of etripamil and is developing the drug, a novel, potent and rapid-onset calcium channel blocker, as a nasal spray to be administered by the patient to terminate episodes of transient cardiovascular conditions as they occur. Rapid pharmacological action is both appropriate and sufficient to resolve an episode of SVT. We have completed Phase 3 development for PSVT. We are also developing etripamil to provide acute ventricular rate control for patients with symptomatic episodes of atrial fibrillation with rapid ventricular rate and are exploring other therapeutic applications in which a patient-administered, rapid-onset, non-dihydropyridine calcium channel blocking agent could provide patient benefit.

In our work to develop potential therapies, we sought to create new chemical entities as analogs of known molecular classes with clinically validated mechanisms of action. Our goal was to preserve the beneficial pharmacology of existing molecules while altering their pharmacokinetic profile with focused medicinal chemistry to produce drugs that are fast acting. As a result, we created a series of novel non-dihydropyridine, L-type calcium channel blockers containing chemical ester moieties that preserved the desired pharmacology on the heart but that could be rapidly metabolized in the blood by serum esterases. Etripamil resulted from this effort as a new chemical entity with a fast pharmacodynamic effect in humans, relative to oral calcium channel blockers.

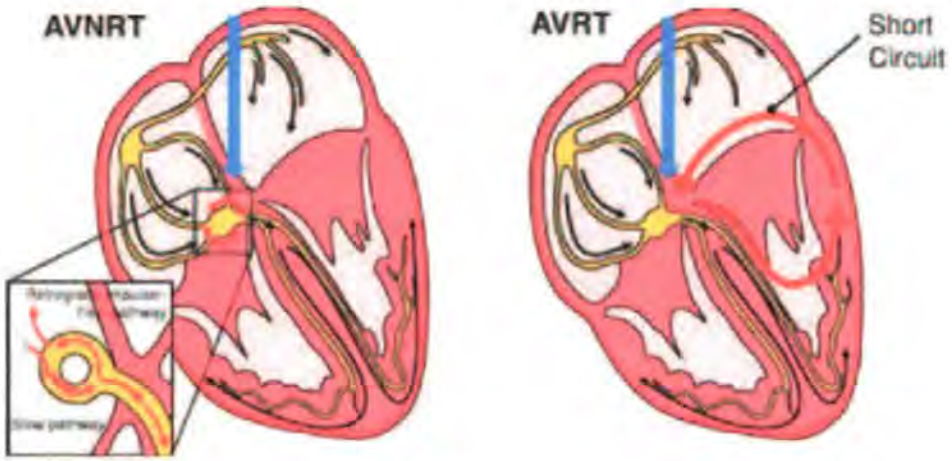
We believe that the following attributes of etripamil make it a better treatment candidate for certain episodic cardiovascular conditions than current standards of care:

- Action: Etripamil is designed to be rapidly metabolized by blood-borne esterases, with the goal of reducing long-term side effects that may occur with chronic drug therapy.
- Absorption: Etripamil is designed to be absorbed into the bloodstream in less than 10 minutes through the inner lining of the nose, yielding a rapid-onset pharmacologic pattern consistent with parenterally administered drugs.
- Administration: Etripamil is designed, and has been investigated, to empower patients to self-administer treatment outside of a medical setting and as prompted by a patient's symptoms.

PSVT

PSVT is a serious, markedly symptomatic, and recurring cardiac arrhythmia, which is caused by altered electrical conduction within the heart, involving the AV node and over an abnormal electrical circuit in the substantial majority of cases. In the most common form of PSVT, AV nodal reentrant tachycardia, or AVNRT, there is an abnormal limb of

electrical circuitry within the AV node which represents the substrate of the tachycardia. This abnormal circuitry is the basis for a reentrant arrhythmia which results in excessively rapid beating of both the atria and ventricles.



In the next most common form of PSVT, atrioventricular reciprocating tachycardia, or AVRT, there is an abnormal limb of electrical tissue, or bypass tract, that directly connects the atria and the ventricles. In AVRT, the bypass tract allows the signal to travel between the atria and ventricles as a "short circuit." AVRT involves the AV node, in addition to the bypass tract. Thus, for both AVNRT and AVRT – two PSVT types that require the AV node as a part of their abnormal circuit, or AV-nodal dependent PSVTs – a drug which targets the AV node can represent a potential treatment. Non-dihydropyridine calcium channel blockers are a class of drugs that target the AV node, reflecting why etripamil has been an excellent therapeutic candidate for AVNRT and AVRT termination.

Current Treatment Options for PSVT

Treatment for PSVT depends on the frequency, duration, and severity of the episodes as well as patient preference. Current options for patients with PSVT to terminate an episode of SVT include vagal maneuvers, IV medication or external shock delivered in the emergency department. Additionally, some practitioners prescribe oral medications, such as calcium channel blockers, beta blockers and antiarrhythmic drugs to be taken at the onset of an episode. However, these oral medications interventions are generally not acutely effective. Long-term strategies include chronic drug therapy to reduce the frequency of episodes and cardiac ablation to potentially cure the disease. Patients may also elect to not treat their symptoms and simply endure episodes of SVT when they occur.

Vagal maneuvers are commonly attempted to terminate an episode, with low to modest success rates. These are physiological maneuvers that stimulate the vagus nerve, which can terminate an SVT episode. These include gagging, massaging one carotid artery, holding one's breath and bearing down (Valsalva maneuver), immersing one's face in ice-cold water, or coughing.

Currently approved acute pharmacological therapy for the treatment of an acute episode of SVT includes IV administration of approved AV nodal-blocking agents in an acute care setting. The current standard of care for treatment of episodes of SVT is adenosine, but prior to its approval in 1990, episodes of SVT were treated with IV calcium channel blockers, such as verapamil or diltiazem. When given as a rapid IV bolus, adenosine blocks conduction over the AV node, thereby interrupting the arrhythmia circuit and restoring the heart back to sinus rhythm. Adenosine temporarily stops the heart and patients have reported experiencing chest tightness, flushing and a sense of impending death. Physicians report that patients tell them that they feel like they are going to die. Adenosine is eliminated from the body in less than one minute but cannot be self-administered as it requires IV access. In-hospital IV administrations are associated with higher healthcare costs and are also unsettling and inconvenient for the patient. IV calcium channel blockers also slow conduction over the AV node during the course of several minutes. However, they are associated with the risk of excessive slowing of the heart rate and

low blood pressure. According to treatment guidelines, patients in the acute care setting who fail pharmacologic treatment for PSVT could then receive direct current cardioversion, where an electric shock is applied to the heart to return it to sinus rhythm.

In an attempt to prophylactically control the frequency and duration of future SVT episodes, many patients will take chronic daily oral medications that modulate AV nodal conduction, such as beta blockers, L-type non-dihydropyridine calcium channel blockers, or antiarrhythmic drugs. Despite chronic daily oral medication, breakthrough SVT episodes that require visits to the emergency department may still occur, albeit for some patients at a reduced frequency. Chronic medication can lead to side effects such as sexual dysfunction or fatigue in the case of beta blockers and constipation in the case of verapamil. Some patients discontinue chronic oral medication due to intolerable side effects. Based on our market research, we estimate that approximately two thirds of patients with PSVT have been prescribed chronic medications such as beta blockers or calcium channel blockers to prevent SVT episodes or to treat other concomitant conditions such as hypertension.

The only potentially curative treatment available at the present time for PSVT is ablation, an invasive procedure, which works by directly cauterizing or freezing the short circuit that is the cause of the abnormal rhythm. This is achieved in an electrophysiology lab via catheters that are run through the patient's groin vessels and into the heart and uses burning or freezing techniques to destroy the heart's abnormal electrical tissue. Ablation single-procedure success rates for PSVT are reported to be 91% to 96%. However, we estimate that less than 10% of patients with PSVT per year choose this option, which we believe is due primarily to anxiety related to the procedure. Although ablations are generally considered to be safe by the treating community, as with any invasive procedure there are potential complications, which include bleeding, blood clots, pericardial tamponade, and transient or permanent heart block, with the latter requiring permanent pacemaker implantation.

Market Opportunity – Paroxysmal Supraventricular Tachycardia (PSVT)

We believe that PSVT is a large and under-recognized market that we estimate affects approximately two million Americans and results in over 600,000 healthcare claims in the United States alone per year, including more than 150,000 emergency department visits and hospital admissions and up to 80,000 ablations. Furthermore, we estimate that approximately 300,000 people are diagnosed with PSVT each year in the United States. We derive these estimates from the analysis of longitudinal claims data, which we believe is the most accurate method available to estimate the epidemiology of PSVT. A study in the Journal of Clinical Electrophysiology published in 2021 concluded that excluding patients with comorbid Atrial Fibrillation or Atrial Flutter, or AFib/AFL, leads to a conservative estimate of PSVT treated prevalence in the U.S. of approximately 1.3 million, while including those with comorbid AFib/AFL suggests a U.S. treated prevalence of approximately 2.1 million, with approximately 190,000 to 310,000 corresponding new cases each year.

Other published sources that attempt to quantify the epidemiology of PSVT, such as the MESA study published in the Journal of the American College of Cardiology in 1998, and the PREEMPT study published in the Journal of the American Heart Association in 2018, provide important demographic and clinical characteristic data on patients with PSVT. For example, in the MESA study, fewer than 40% of the adjudicated incident cases of PSVT would have been detected had the investigators limited their screening to those patients identified by the PSVT ICD9 Code (427.0). In addition, 21% of the incident patients with PSVT in the MESA study also had a diagnosis of atrial fibrillation (18%) or atrial flutter (6%). As an epidemiology tool, however, we believe these studies underestimate the incidence and prevalence of PSVT due to the episodic nature of the disease as well as the variability in the duration of the episodes, as the investigators in both studies relied only on data from patients presenting to healthcare settings acutely, with the episode confirmed on ECG during the encounter, to estimate the incidence and prevalence of PSVT.

Current treatment for PSVT also consumes significant healthcare resources. Research published in the American Journal of Cardiology in 2020 shows that costs for patients rose significantly in the pre-diagnosis year due to the difficulty of obtaining an accurate diagnosis. In the year following diagnosis, costs triple for those less than 65 years of age and double for those over 65 years of age, compared to matched controls. Total healthcare expenditures in the year following PSVT diagnosis ranged from $20,000 to $30,000 per patient, significantly higher than the expenditures observed for patients without PSVT (approximately $6,500 per patient). Significant increases for both age groups were noted for emergency department visits. For those less than 65, the average cost of hospitalizations doubled as their inpatient rates quadrupled. Of note, catheter ablations following diagnosis represent only 23% of this increased spend, meaning most costs are unrelated to ablations. In total, approximately $3 billion is spent annually in the U.S. on the management of PSVT.

Our Clinical Development Program for the Treatment of Paroxysmal Supraventricular Tachycardia

Current treatments do not address the medical need for a rapidly acting, effective, safe and patient-administered treatment that can be taken outside of a hospital or acute care setting at the onset of an SVT episode to restore the heart back to sinus rhythm. We believe that etripamil will fill this unmet need. We completed a Phase 1 clinical trial, which supported the selection of four doses of etripamil for Phase 2 development, followed by a Phase 2 clinical trial in adult patients to evaluate the effects of four doses in patients with PSVT. Both trials assessed nasally administered etripamil compared to placebo. Based on discussions with the FDA, we initiated a major Phase 3 clinical trial (NODE-301) in July, 2018 to assess the efficacy and safety of etripamil in the at-home setting and released topline data in March, 2020. We have completed a second pivotal Phase 3 trial (RAPID) which demonstrated highly statistically significant efficacy to convert PSVT and favorable safety/tolerability of the drug We have completed additional Phase 1 clinical trials, one that further characterized the PK and PD of intranasal etripamil in Japanese and non-Japanese healthy volunteers; a second that further characterized pharmacokinetics and safety of administering the drug in single- vs. repeated-dose approaches. We have also completed an open label Phase 3 safety trial (NODE-302), which provided further drug access to patients that had previously participated in the NODE-301 trial. The primary objective of the NODE-302 trial is to assess the safety of etripamil 70 mg in patients over multiple episodes. We completed a third Phase 1 clinical trial, assessing the impact of a repeat-dose regimen, in which patients take a second 70 mg dose of etripamil 10 minutes after a first dose of 70 mg, on the PK and safety of etripamil. We have completed NODE-303, which is an open label Phase 3 study that has the objective of collecting further safety data. The FDA has agreed that our Phase 3 clinical program could support an NDA filing in the United States.

Phase 1 Clinical Data

We completed a Phase 1 clinical trial (MSP-2017-1096), in healthy volunteers, which was designed to assess the safety, PK profile, and cardiac pharmacology of intranasally administered etripamil in a randomized, double-blind, placebo controlled, single ascending dose trial. The trial's primary objective was to determine the maximum tolerated dose or maximum feasible dose of two different formulations of etripamil administered via the nasal route in healthy, adult male subjects. All doses of etripamil were generally well tolerated, and there was no difference in the safety profile and PK between the two formulations of etripamil, referred to as MSP2017A and MSP2017B. The most commonly reported side effects were localized to the administration site, e.g., nasal irritation and nasal congestion. Potential concerns such as syncope, pre-syncope, lightheadedness, or decreases in systolic blood pressure below 90 mmHg or AV nodal blocks of second degree or worse were not observed. The study of formulation MSP2017A was stopped at 60 mg and MSP2017B was further studied at higher doses (105 mg and 140 mg). The Phase 1 results supported the selection of four doses of etripamil for Phase 2 development. We are using these Phase 1 data, and resultant Phase 2 data, to support further clinical development of etripamil in two indications: PSVT and AFib-RVR.

PK analyses have demonstrated rapid absorption and elimination following nasal administration of etripamil, as well as dose proportional systemic exposure, or area under the curve, and maximum plasma concentration for etripamil and its primary inactive metabolite. These findings were consistent across a range of seven doses of drug tested up to 140 mg. The 140 mg dose was the maximal feasible dose because neither the concentration (350 mg/mL) nor the volume (200 µL) of solution administered in each nostril could be increased. Due to these characteristics of formulation and delivery, a maximum tolerated dose of etripamil was not established. The figure below shows the rapid absorption via the nasal route and the rapid decrease in plasma concentration of etripamil.

400

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Summit Therapeutics, Inc.

Physical Address: 502 Carnegie Center, Suite 102

City: Princeton State: NJ Zip: 08540

Mailing Address (if different from physical address): 502 Carnegie Center, Suite 102

City: Princeton State: New Jersey Zip: 08540

Telephone: 6094521444 Website: https://www.smmttx.com/

Name of Designated Representative (DR): Thammiah Prasad

Licensing Company Email: StateLicensing@smmttx.com DR Email: Thammiah.Prasad@smmttx.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☒ Pharmacies	☒ Dangerous Drugs	☒ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed w/i last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): _____

Corporation Name: Summit Therapeutics Inc

Mailing Address: 502 Carnegie Center, Suite 102

City: Princeton State: New Jersey Zip: 08540

Telephone: (609) 452-1444 Email: StateLicensing@smmttx.com

Contact Person Name: Manmeet Soni

Date of SEC Registration: 04/21/2021 | SEC Registration Number: 333-249316 | Stock Exchange Symbol: SMMT

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Summit Therapeutics, Inc.
Facility Name

Manmeet Soni
Print Name of Authorized Person Submitting Application

M Soni
Original signature of Authorized Person (copies or stamps not accepted)

4.22.2026
Date

Board Use Only	Date Received: 5/19/26	Amount: $1000 CK 5620

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• *Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing *Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

Description of Operations

Summit Therapeutics, Inc is a Virtual Manufacturer. Summit Therapeutics, Inc's products are manufactured by a Contract Manufacturer and will be distributed to Specialty Distributors by their Third-Party Logistics Provider, Cardinal , who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:
We are using the following contract manufacturer to produce our product:

Akeso Pharma
158 Kangyao Road South
Huangpu Guangzhou Guangdong China 51055
FDA Establishment Number: 3027234459

PCI Pharma Services
4545 Assembly Drive
Rockford, IL 61109

Akeso Pharma manufactures Summit Therapeutics, Inc's product and PCI packages finished product. At no time does Akeso Pharma Or PCI own the product, contract with Summit Therapeutics, Inc's customers, invoice, nor sell a Summit Therapeutics, Inc product. Summit Therapeutics, Inc's products are not Controlled Substances.

Labeler Code:
87059

Third Party Logistic information:
For distribution into the commercial supply channels, Cardinal acts as Summit Therapeutics, Inc's Third Party Logistics (3PL) provider to manage the storage and distribution of Summit Therapeutics, Inc's product-throughout the United States. Cardinal's address is:

Cardinal Health 105, LLC
501 Mason Road, Suite 200, La Vergne, TN 37086
Jason Cook- [redacted]

Summit has 14 employees working on site during normal business hours.

Summit Therapeutics, Inc's hours of operation are 9:00 am – 5:00pm Monday through Friday.

Summit Therapeutics, Inc's records are stored at
Cardinal Health 105, LLC
501 Mason Road, Suite 200, La Vergne, TN 37086

Summit Therapeutics, Inc's facility square footage is 6350.

Company Information

Summit Therapeutics, Inc.
502 Carnegie Center, Suite 102
Princeton, NJ 08540
Phone: (609) 452-1444
Website: https://www.smmttx.com/
E-mail: StateLicensing@smmttx.com

FEIN: 37-1979717
State of Formation: Delaware
Date Incorporated:07/17/2020
File Number:203143615

Ownership Information

Summit Therapeutics, Inc. is a Publicly Traded company on the {NASDAQ stock exchange under the symbol SMMT.

Officers

Bob Duggan, Chief Executive Officer

Dr. Maky Zanganeh, Co-CEO & President

Manmeet Soni, COO/CFO

Product List

PDUFA DATE: Pending

Summit Therapeutics owns the Product

NDC Code	***Name***	***Dosage***	***CS Schedule***
Pending (labeler code 87059)	Ivonescimab	Intravenous	N/A

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUMMIT THERAPEUTICS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUMMIT THERAPEUTICS INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

3262870 8300

SR# 20260747822

Authentication: 203165399

Date: 02-23-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

Registration Number: 7202905 **Registered As:** Manufacturer

Information Recorded in the System as of 05/20/2026

Name: Summit Therapeutics, Inc.

New Jersey Department of Health

DBA:

Address: 502 Carnegie CTR STE 102 PRINCETON, NJ 08540

Original Issue Date: 04/10/2026 **Expiration Date:** 01/31/2027

Current Issue Date: 04/10/2026

Disciplines: No

Permit Status: Active

Name (Preferred First)	Legal First Name
Amy Waoti	Hemwanti
Anitha Kasala	Anitha
Belinda Owusu	Belinda
Borislav Froloshki	Borislav
Brian Mier	Brian
Brian Recchione	Brian
Bryce Tenbarge	Bryce
Dhwani Pandya	Dhwani
Fred Gooden	Fredrick
Frederick Zeleznik	Frederick
Gina Pichardo	Gina
Hao Chen	Hao
Harini Kothari	Harini
Hassan Kadhim	Hasan
Heena Jadhav	Heena
Heidi Smith	Heind
Jaclyn Mareno	Jaclyn
James Li	Jiangfan
Jenna Goeller	Jenna
Jesse Novak	Jesse
Jon Albert	Jonathan
Jyotsna Torne	Jyotsna
Kunjal Shah	Kunjal
Lerina Meheux	Lerina
Lora Gawargi	Lora
Lu Yang	Lu
Lynn Cao	Lianfang
Mark Mendonca	Mark
Meena Venugopal	Meenakshi
Mike Chiarella	Michael
Nick Umnov	Nikita
Nina Kanwal	Nina
Padma Sathyanarayana	Padma
Pallavi Jayashankar	Pallavi
Patrick Bedell	Patrick
Phoenix Harla	Phoenix
Prashant Patel	Prashant
Raaj Arumugam	Rajkumar
Rahul Shah	Rahul
Robert LaCaze	Robert
TaShara Austin	TaShara
Taylor Lichtenhahn	Taylor
Thammiah Prasad	Thammiah

Tony Di Vincenzo	Anthony
Tony Pattanayak	Tony
Tracy Jones	Tracy
Trina Jiao	Qun
Wendy Lasater	Wendy
Wendy Severs	Wendy
Yan Chen	Yan
Yih Tan	Yih Horng

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
For the fiscal year ended December 31, 2025
or

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
For the transition period from to
Commission file number: 001-36866

Summit Therapeutics Inc.
(Exact Name of Registrant as Specified in its Charter)

Delaware	37-1979717
(State or Other Jurisdiction of Incorporation or Organization)	**(I.R.S. Employer Identification No.)**
601 Brickell Key Drive, Suite 1000 **Miami FL**	
(Address of Principal Executive Offices)	**33131** **(Zip Code)**

(305) 203-2034
(Registrant's Telephone Number, Including Area Code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.01 per share	**SMMT**	**The Nasdaq Stock Market LLC**

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted posted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements.

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b).

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes No ☒

The aggregate market value of the voting common stock held by non-affiliates based on the closing stock price on June 30, 2025, was $2,483.8 million. For purposes of this computation only, all executive officers and directors have been deemed affiliates.

The number of outstanding shares of the registrant's common stock, par value $0.01 per share, as of February 17, 2026 was 775,372,700.

Documents Incorporated by Reference

Portions of the registrant's definitive proxy statement relating to the registrant's 2026 annual meeting of stockholders to be filed hereafter are incorporated by reference into Part III of this Annual Report on Form 10-K. The registrant's definitive proxy statement will be filed with the U.S. Securities and Exchange Commission within 120 days after the end of the fiscal year to which this report relates.

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CAUTIONARY NOTE REGARDING FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K contains "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995, Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), regarding the future financial performance, business prospects and growth of Summit Therapeutics Inc., that involve substantial risks and uncertainties. All statements contained in this Annual Report on Form 10-K, other than statements of historical fact, including statements regarding our strategy, future operations, future financial position, future revenues, projected costs, prospects, plans and objectives of management, are forward-looking statements. The words "anticipate," "believe," "estimate," "expect," "intend," "may," "plan," "predict," "project," "target," "potential," "will," "would," "could," "should," "continue," and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. The forward-looking statements in this Annual Report on Form 10-K include, among other things, statements about:

- the ability to develop a successful product candidate under the License Agreement (as defined in Part I, Item 1 Business, Company Overview),
- our ability to raise sufficient additional funds to make payments under the License Agreement, and fund ongoing operations and capital needs;
- the timing of and the ability to effectively execute clinical development of ivonescimab;
- the timing, costs, conduct and outcomes of clinical trials for any product candidates, including ivonescimab;
- our plans with respect to possible future collaborations and partnering arrangements;
- the potential benefits of possible future acquisitions or investments in other businesses, products or technologies;
- our plans to pursue research and development of other future product candidates;
- our estimates regarding the potential market opportunity and patient population for commercializing our product candidates, if approved for commercial use;
- our sales, marketing and distribution capabilities and strategy;
- our ability to establish and maintain arrangements with third parties, such as contract research organizations, contract manufacturing organizations, suppliers and distributors;
- the costs and timing of preparing, filing and prosecuting patent applications, maintaining and protecting our intellectual property rights and defending against any intellectual property-related claims;
- our estimates regarding expenses, future revenues, capital requirements and needs for additional financing;
- the impact of government laws and regulations in the United States and in foreign countries;
- the timing and likelihood of regulatory filings and approvals for our product candidates;
- whether regulatory authorities determine that additional trials or data are necessary in order to accept a new drug application for review and approval;
- our competitive position;
- our planned use of our existing cash, cash equivalents and marketable securities;
- our ability to attract and retain key scientific or management personnel;
- the impact of public health epidemics, such as the coronavirus pandemic ("COVID-19"), natural disasters or geopolitical instability, the response to such events and the potential effects of such events on our business, financial results, supply chain and market; and
- general economic conditions, including economic slowdowns or other adverse economic conditions, such as periods of increased or prolonged inflation.

We may not actually achieve the plans, intentions or expectations disclosed in our forward-looking statements, and you should not place undue reliance on our forward-looking statements. Actual results or events could differ materially from the plans, intentions and expectations disclosed in the forward-looking statements we make. We have included important factors in the cautionary statements included in this Annual Report on Form 10-K, particularly in the "Risk Factors" in Part 1, Item 1A of this Annual Report on Form 10-K, that we believe could cause actual results or events to differ materially from the forward-looking statements that we make. Our forward-looking statements do not reflect the potential impact of any future acquisitions, mergers, dispositions, joint ventures or investments we may make.

You should read this Annual Report on Form 10-K and the documents that we have filed as exhibits to this Annual Report on Form 10-K completely and with the understanding that our actual future results may be materially different from what we expect. We do not assume any obligation to update any forward-looking statements.

SUMMARY OF RISK FACTORS

Below is a summary of the principal factors that make an investment in Summit speculative or risky. The following summary does not contain all of the information that may be important to you, and you should read the below summary in conjunction with the more detailed discussion of risks set forth under the heading "Risk Factors" in Part I, Item 1A of this Annual Report on Form 10-K.

Risks Related to Our Financial Position and Need for Additional Capital

- We are a development-stage company and have incurred significant losses since our inception. We anticipate that we will continue to incur significant losses for at least the next several years and may never generate profits from operations or maintain profitability.
- We have not yet demonstrated an ability to successfully complete development of any product candidates, and a Biologics License Application ("BLA") that has been accepted for filing, such as the BLA relating to the HARMONi study, may not ultimately lead to regulatory approval and commercialization of ivonescimab.
- We will need substantial additional capital to fund our operations. Raising additional capital may cause dilution to our investors or restrict our operations.
- We depend heavily on the success of ivonescimab. If we are unable to successfully develop and commercialize ivonescimab, or experience significant delays in doing so, we may extend the period in which we will incur significant financial losses as an organization.
- Worldwide economic, social and geopolitical instability could adversely affect our business and ability to raise capital in the future.

Risks Related to the Development and Commercialization of our Product Candidates

- We can provide no assurance that our clinical product candidates, including our lead product candidate, ivonescimab, will obtain regulatory approval or that the results of clinical studies will be favorable.
- Clinical development involves a lengthy and expensive process with an uncertain outcome, and results of earlier studies and trials conducted by us or Akeso (as defined in Part I, Item 1 Business, Company Overview), as well as any interim results thereof, may not be predictive of future trial results and may negatively impact the size and scope of our ongoing or future Phase III clinical trials.
- Regulatory requirements and timelines may affect the scope and timeline of our trials and the potential market for our product candidates.
- If we experience unforeseen events, including unfavorable results, in connection with our clinical trials, potential marketing approval or commercialization of our product candidates could be delayed or prevented.
- Serious adverse events may limit our development of a product candidate.
- Even if a product candidate receives marketing approval, it may fail to achieve commercial success.
- We may expend our limited resources to pursue a particular product candidate and fail to capitalize on product candidates that may be more profitable or for which there is a greater likelihood of success.
- Others may discover, develop or commercialize products before us or more successfully than we do.

Risks Related to our Dependencies on Third Parties

- We depend on our relationship with, and the intellectual property licensed from Akeso.
- We may be reliant on Akeso for knowledge transfer relating to any improvements in manufacturing of ivonescimab.
- We depend on collaborations with third parties for the development and commercialization of some of our product candidates.
- We rely on the use of third parties, including Akeso, to manufacture our product candidate.
- We rely on third parties to conduct our clinical trials and those third parties may not perform satisfactorily.

Legal, Tax, Regulatory and Compliance Risks

- Any approved product candidate may become subject to unfavorable pricing regulations, third-party reimbursement practices or other healthcare reform initiatives.
- Our business is subject to the risks associated with doing business in China, including impacts from tariffs, data security laws and regulations, and restrictions on data transfer.
- Product liability lawsuits against us could materially harm our business.
- If we fail to comply with applicable laws and regulations, we could face material adverse consequences.
- Changes to tax laws or the interpretation thereof could increase our future tax liabilities and adversely affect our business.

- Our future tax liabilities may be greater than expected if our net operating loss carryforwards and other tax attributes are limited, we do not generate expected deductions, or tax authorities challenge our tax positions.
- If we are unsuccessful or delayed in obtaining required regulatory approvals, we may not be able to commercialize our product candidates, and our ability to generate revenue will be materially impaired.
- Our ability to obtain and maintain conditional marketing authorizations in the EU and other countries in our Licensed Territory (as defined in Part I, Item 1 Business, Akeso Collaboration and License Agreement) may be more limited in number as well as scope of the relevant authorizations and subject to several conditions and obligations that could prevent us from continuing to market our products.
- The terms of any received marketing approvals, including post-marketing requirements, and regulations may limit how we manufacture, market and price our products.

Risks Related to Our Intellectual Property, Cybersecurity and Data Privacy

- Insufficient patent protection could materially negatively impact our competitive position.
- Any litigation relating to our intellectual property may have a material adverse effect on our business.
- We may be subject to claims by third parties asserting misappropriation of their intellectual property.
- If we are unable to protect the confidentiality of our trade secrets, our business could be harmed.
- Any interruption, malfunction, or lapse related to information technology, including any cybersecurity incidents, could harm our business.
- Failure to comply with data privacy and security obligations could harm our business.

Risks Related to Operations

- We depend on our ability to retain our Co-Chief Executive Officers, Chief Operating Officer and other key executives and personnel.
- We or the third parties we rely on may be adversely affected by social unrest, terrorism or natural disasters.
- Widespread health concerns or pandemics or epidemics could harm our business.
- Any non-compliance with regulations or other misconduct by employees could harm our business.

Risks Related to Owning Our Common Stock

- Our principal stockholder and Co-Chief Executive Officer maintains the ability to control or significantly influence all matters submitted to stockholders for approval.
- We are a "controlled company" under the listing requirements of the Nasdaq Stock Market, which could adversely affect our stockholders.
- The price of our shares of common stock have been, and may continue to be, volatile.
- Substantial future sales of our shares of common stock in the public market, or the perception that these sales could occur, could cause the price of the shares to decline significantly, even if our business is doing well.
- Any failure to maintain an effective system of internal control over financial reporting could decrease confidence in our financial and other public reporting, which would harm our business.
- Our stockholders' ability to obtain a favorable judicial forum for disputes with us or our directors, officers and employees is limited by our Certificate of Incorporation.
- Because we do not anticipate paying any cash dividends on our shares of common stock in the foreseeable future, capital appreciation, if any, will be the sole source of gain for our stockholders.
- We are exposed to risks related to currency exchange rates.

PART I

Item 1. Business

Company Overview

Summit Therapeutics Inc. ("we", "Summit" or the "Company") is a biopharmaceutical company focused on the discovery, development, and commercialization of patient-, physician-, caregiver- and societal-friendly medicinal therapies intended to improve quality of life, increase potential duration of life, and resolve serious unmet medical needs. The Company's pipeline of product candidates is designed with the goal to become the patient-friendly, new-era standard-of-care medicines, in the therapeutic area of oncology.

The Company's current lead development candidate is ivonescimab, a novel, potential first-in-class bispecific antibody intending to combine the effects of immunotherapy via a blockade of PD-1 with the anti-angiogenesis effects of an anti-VEGF (as defined in Part I, Item 1 Business, Company Overview, Ivonescimab) compound into a single molecule. On December 5, 2022, the Company entered into the License Agreement with Akeso, Inc. and its affiliates (collectively, "Akeso") pursuant to which the Company has in-licensed intellectual property rights related to ivonescimab (as amended, the "License Agreement"). Through the License Agreement, the Company obtained the rights to develop and commercialize ivonescimab in the United States, Canada, Europe, and Japan. The License Agreement and transaction closed in January 2023 following customary waiting periods. On June 3, 2024, the Company entered into the Second Amendment with Akeso to expand its territories covered under the License Agreement to also include Latin America, including Mexico and all countries in Central America and South America, the Middle East and Africa. The Company's operations are focused on the development of ivonescimab and other future activities, as the Company determines.

The Company is developing ivonescimab in non-small cell lung cancer ("NSCLC") and colorectal cancer ("CRC"), specifically conducting Phase III clinical trials in the following proposed indications:

(a) ivonescimab combined with chemotherapy in patients with epidermal growth factor receptor ("EGFR")-mutated, locally advanced or metastatic non-squamous NSCLC who were previously treated with a third-generation EGFR tyrosine kinase inhibitor ("TKI") ("HARMONi");

(b) ivonescimab combined with chemotherapy in patients with first-line metastatic NSCLC (including separate statistical analyses planned for patients with squamous NSCLC and non-squamous NSCLC) ("HARMONi-3");

(c) ivonescimab monotherapy in patients with first-line metastatic NSCLC whose tumors have high PD-L1 expression ("HARMONi-7"); and

(d) ivonescimab combined with chemotherapy in patients with first-line unresectable metastatic CRC ("HARMONi-GI3").

In October 2024, the Company completed enrollment in its HARMONi clinical trial. In May 2025, we announced topline results from our multiregional, double-blinded, placebo-controlled, Phase III study HARMONi. At the prespecified primary data analysis, ivonescimab in combination with chemotherapy demonstrated a statistically significant improvement in progression free survival ("PFS"), the magnitude of which we believe to be clinically meaningful, with a hazard ratio of 0.52 (95% CI: 0.41 – 0.66; p<0.00001) compared to placebo in combination with chemotherapy, median PFS was 6.8 months for those patients receiving ivonescimab plus chemotherapy compared to 4.4 months for those receiving chemotherapy. PFS was assessed by blinded independent central radiology committee ("BICR").

We believe the PFS hazard ratio that was observed in both Asian and Western sub-populations to be clinically meaningful. The primary analysis demonstrated the consistency of the magnitude of the PFS benefit between patients randomized in Asian and Western territories, as well as the consistency in a single-region study (HARMONi-A) with this multiregional study.

In a longer-term follow-up of PFS, which included all Western patients and at least six months of follow-up time for all patients, ivonescimab plus chemotherapy demonstrated a consistent improvement in PFS with an observed HR of 0.57 (95% CI: 0.46 – 0.71). With the longer-term follow-up analysis, consistency of the magnitude of PFS benefit was demonstrated between patients randomized in Asia and Western patients when measured by hazard ratio. This longer-term follow-up analysis of PFS was performed at the time of the primary overall survival ("OS") analysis.

Ivonescimab in combination with chemotherapy showed a positive trend in OS in the primary analysis without achieving a statistically significant benefit with a hazard ratio of 0.79 (95% CI: 0.62 – 1.01; p=0.057). This trend provides further support for its use in 2L+ EGFRm NSCLC, a setting where high unmet need continues to exist with limited approved options in the United States and other western territories. Currently, there are no FDA-approved regimens that have demonstrated a statistically significant OS benefit in this patient setting. Both Asian and North American patients demonstrated a positive trend in OS. The results of the primary analysis in this multiregional study were consistent with that of the single-region randomized Phase III HARMONi-A study, which demonstrated a statistically significant OS benefit with a hazard ratio of 0.74 in the primary OS analysis in a similar patient population.

In September 2025, an additional ad hoc OS analysis was performed for the HARMONi study whereby the Western patients were followed for a longer period of time (Asian patients were locked at the time of the primary analysis). In this analysis that included longer-term follow-up of Western patients (median follow-up time of Western patients of 13.7 months), a hazard ratio consistent with the primary analysis was observed with an improved nominal p-value (HR=0.78; 95% CI: 0.62 – 0.98; nominal p=0.0332). Median OS for this analysis remained the same in both arms as was observed in the primary analysis. Median OS in Western patients receiving ivonescimab was 17.0 months compared to 14.0 months for those receiving placebo (HR=0.84); median OS in North American patients, specifically, had not yet been reached in the ivonescimab arm compared to 14.0 months in the placebo arm (HR=0.70). The hazard ratios for Western patients in totality, as well as patients from the North American and European regions individually, improved from the primary OS analysis to the analysis with longer-term follow-up of Western patients. Consistent benefit was observed across pre-defined subgroups.

The dual primary endpoints were allocated separate alpha levels and tested individually. The alpha was recycled from the PFS to the OS analysis upon the successful achievement of the PFS endpoint.

Based on the results of the HARMONi clinical trial, we submitted a BLA in the fourth quarter of 2025 to seek approval for ivonescimab plus chemotherapy for this proposed indication. The positive results of the multiregional Phase III study are detailed further under "Product Pipeline" below. As previously disclosed, the FDA noted that a statistically significant overall survival benefit is necessary to support marketing authorization in this setting. After careful consideration of the safety and efficacy profile of the current FDA-approved options for patients in this setting, the positive results of the Phase III multiregional study, including regional consistency, as well as discussions with key opinion leaders and those physicians who have administered ivonescimab to patients in a clinical study setting, we believe that the safety and efficacy data generated in the HARMONi study demonstrates that the ivonescimab regimen offers a potential treatment option for patients impacted by EGFR-mutant NSCLC in this setting with a favorable benefit-risk profile despite the lack of a statistically significant overall survival benefit. Summit announced in January 2026 that the FDA accepted for filing the BLA, seeking approval for ivonescimab in combination with chemotherapy for this proposed indication. The FDA noted it intends to perform a complete review of the accepted and filed BLA, including planned mid-cycle and wrap-up meetings, and, subject to major deficiencies not being identified during the FDA's review, proposed labeling, prior to the Prescription Drug User Fee Act goal action date of November 14, 2026.

Akeso Collaboration and License Agreement

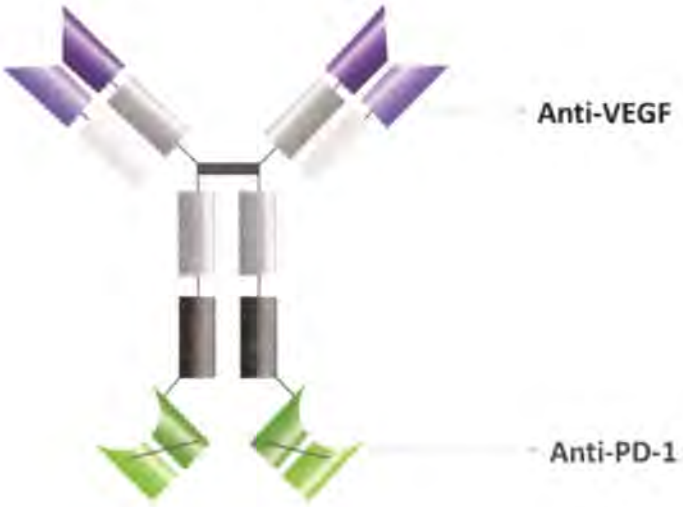
Pursuant to the License Agreement with Akeso, the Company received the rights to develop and commercialize ivonescimab in the United States, Canada, Europe, Japan, Latin America, Middle East and Africa regions (collectively, the "Licensed Territory"). Akeso retained development and commercialization rights for the rest of the world excluding the Licensed Territory. In exchange for these rights, Summit made an upfront payment during the first quarter of 2023 comprised of $474.9 million cash and the issuance of 10 million shares of Company common stock in lieu of $25.1 million cash pursuant to a share transfer agreement. Furthermore, on June 3, 2024, the Company entered into an amendment to the License Agreement with Akeso to expand its territories covered under the License Agreement to also include the Latin America, Middle East and Africa regions for which Summit paid an upfront payment of $15.0 million cash in the third quarter of 2024. In addition, the Company may also pay Akeso (a) milestone payments tied to achievement of regulatory approval of ivonescimab with various regulatory authorities in the Licensed Territory, (b) milestone payments tied to achievement of annual revenue from ivonescimab in the Licensed Territory and (c) royalty payments equal to low-double-digit percentage of annual revenues from ivonescimab in the Licensed Territory. In connection with the License Agreement, the Company agreed to purchase a certain portion of drug substance and/or drug product for clinical and commercial supply and to enter into a supply agreement with Akeso.

Pursuant to the terms of the License Agreement, Summit has final decision-making authority with respect to all of its commercialization activities including, but not limited to, commercial strategy, pricing and reimbursement in the Licensed Territory.

Summit has not assumed any liabilities (including contingent liabilities), nor acquired any physical assets or trade names, or hired or acquired any employees from Akeso in connection with the License Agreement.

Ivonescimab

Ivonescimab is a novel potential first-in-class PD-1 / VEGF-A bispecific antibody, believed to be the most advanced in clinical development in the Licensed Territory. Engineered with Akeso's unique Tetrabody technology, ivonescimab, as a single molecule, blocks programmed cell death protein 1 ("PD-1") from binding to PD-L1 and PD-L2, and blocks the protein vascular endothelial growth factor-A ("VEGF") from binding to VEGF receptors. Ivonescimab is designed to potentially allow cooperative binding of the intended targets, such that the binding of VEGF increases the binding affinity of PD-1. In view of the co-expression of VEGF and PD-1 in the tumor micro-environment ("TME"), ivonescimab may block these two pathways more effectively and enhance the antitumor activity, as compared to combination therapy through what is believed to be a unique cooperative binding mechanism.



This could differentiate ivonescimab as there is potentially higher expression (presence) of both PD-1 and VEGF in tumor tissue and the TME as compared to normal tissue in the body. As shown in Akeso's *in-vitro* studies, ivonescimab's tetravalent structure (four binding sites) enables higher avidity (accumulated strength of multiple binding interactions) in the TME with over 10-fold increased binding affinity to PD-1 in the presence of VEGF. This tetravalent structure, the intentional novel design of the molecule, and bringing these two targets into a single bispecific antibody with cooperative binding qualities has the potential to direct ivonescimab to the tumor tissue versus healthy tissue. The intent of this design is to improve upon previously established efficacy thresholds, in addition to side effects and safety profiles associated with these targets.

Ivonescimab is currently being developed by both Akeso and the Company in multiple Phase III clinical trials. Over 4,000 patients have been treated with ivonescimab in clinical studies globally, and over 60,000 patients when considering those treated in a commercial setting in China as noted by Akeso.

Product Pipeline

Summit Sponsored Ivonescimab Trials

Ivonescimab is currently being investigated in global Phase III clinical trials. Phase I and II trials were completed by or are ongoing with our partner Akeso. This pipeline reflects Phase III clinical trials that have been or are planned to be initiated by Summit in its Licensed Territory.

TUMOR TYPE	STUDY	LINE & INDICATION	REGIMEN
Lung	HARMONi	2L advanced EGFRm+ NSCLC	ivonescimab + chemo vs. placebo + chemo
	HARMONi-1	1L metastatic NSCLC	ivonescimab + chemo vs. pembrolizumab + chemo
	HARMONi-7	1L metastatic PD-L1 high (≥50%) NSCLC	ivonescimab vs. pembrolizumab
Gastrointestinal	HARMONi-21	1L metastatic CRC	ivonescimab + chemo vs. bevacizumab + chemo

HARMONi

HARMONi study (NCT05184712) is a Phase III, multi-regional, potentially registration-enabling clinical trial, which enrolled patients in North America, Europe, and China. Patients enrolled in China were also enrolled as a part of the HARMONi-A study. We completed enrollment of patients in North America and Europe in October 2024. The two primary endpoints for this study are PFS and OS, and the study compares ivonescimab plus platinum-based doublet chemotherapy versus placebo plus platinum-based doublet chemotherapy in patients with advanced or metastatic EGFR-mutated NSCLC whose tumors have progressed following treatment with a third generation EGFR-TKI.

In May 2025, we announced topline results from our multiregional, double-blinded, placebo-controlled, Phase III study HARMONi. At the prespecified primary data analysis, ivonescimab in combination with chemotherapy demonstrated a statistically significant improvement in PFS, the magnitude of which we believe to be clinically meaningful, with a hazard ratio of 0.52 (95% CI: 0.41 – 0.66; p<0.00001) compared to placebo in combination with chemotherapy, median PFS was 6.8 months for those patients receiving ivonescimab plus chemotherapy compared to 4.4 months for those receiving chemotherapy. PFS was assessed by BICR.

We believe the PFS hazard ratio that was observed in both Asian and Western sub-populations to be clinically meaningful. The primary analysis demonstrated the consistency of the magnitude of the PFS benefit between patients randomized in Asia and Western territories, as well as the consistency in a single-region study (HARMONi-A) with this multiregional study.

In a longer-term follow-up of PFS, which included all Western patients and at least six months of follow-up time for all patients, ivonescimab plus chemotherapy demonstrated a consistent improvement in PFS with an observed HR of 0.57 (95% CI: 0.46 – 0.71). With the longer-term follow-up analysis, consistency of the magnitude of PFS benefit was demonstrated between patients randomized in Asia and Western patients when measured by hazard ratio. This longer-term follow-up analysis of PFS was performed at the time of the primary OS analysis.

Ivonescimab in combination with chemotherapy showed a positive trend in OS in the primary analysis without achieving a statistically significant benefit with a hazard ratio of 0.79 (95% CI: 0.62 – 1.01; p=0.057). This trend provides further support for its use in 2L+ EGFRm NSCLC, a setting where high unmet need continues to exist with limited approved options in the United States and other western territories. Currently, there are no FDA-approved regimens that have demonstrated a statistically significant overall survival benefit in this patient setting. Both Asian and North American patients demonstrated a positive trend in overall survival. The results of the primary analysis in this multiregional study were consistent with that of the single-region randomized Phase III HARMONi-A study, which demonstrated a statistically significant OS benefit hazard ratio of 0.74 in the primary OS analysis in a similar patient population.

In September 2025, an additional ad hoc OS analysis was performed for the HARMONi study whereby the Western patients were followed for a longer period of time (Asian patients were locked at the time of the primary analysis). In this analysis that included longer-term follow-up of Western patients (median follow-up time of Western patients of 13.7 months), a hazard ratio consistent with the primary analysis was observed with an improved nominal p-value (HR=0.78; 95% CI: 0.62 – 0.98; nominal p=0.0332). Median OS for this analysis remained the same in both arms as was observed in the primary analysis. Median OS in Western patients receiving ivonescimab was 17.0 months compared to 14.0 months for those receiving placebo (HR=0.84); median OS in North American patients, specifically, had not yet been reached in the ivonescimab arm compared to 14.0 months

in the placebo arm (HR=0.70). The hazard ratios for Western patients in totality, as well as patients from the North American and European regions individually, improved from the primary OS analysis to the analysis with longer-term follow-up of Western patients. Consistent benefit was observed across pre-defined subgroups.

The dual primary endpoints were allocated separate alpha levels and tested individually. The alpha was recycled from the PFS to the OS analysis upon the successful achievement of the PFS endpoint.

The safety profile of ivonescimab in combination with chemotherapy was acceptable and manageable in the context of the observed clinical benefit with comparable rates of discontinuation and death between both arms. There were 16 patients (7.3%) who discontinued ivonescimab due to treatment-related adverse events ("TRAEs") compared to 11 patients (5.0%) who discontinued placebo due to TRAEs. There were four patients (1.8%) in the ivonescimab plus chemotherapy arm and five patients (2.3%) in the chemotherapy alone arm who died as a result of TRAEs. In the ivonescimab plus chemotherapy arm, 50.0% of patients experienced Grade 3 or higher TRAEs compared to 42.2% in the chemotherapy arm. Of note, 0.9% of patients in the ivonescimab plus chemotherapy arm experienced Grade 3 or higher treatment-related hemorrhagic (bleeding) events. Based on the results of the HARMONi clinical trial, Summit submitted a BLA in the fourth quarter of 2025 in order to seek approval for ivonescimab plus chemotherapy in this setting. Summit announced in January 2026 that the FDA accepted for filing the BLA, seeking approval for ivonescimab in combination with chemotherapy for this proposed indication. The FDA noted it intends to perform a complete review of the accepted and filed BLA, including planned mid-cycle and wrap-up meetings, and, subject to major deficiencies not being identified during the FDA's review, proposed labeling, prior to the Prescription Drug User Fee Act goal action date of November 14, 2026.

HARMONi-3

HARMONi-3 study (NCT05899608) is a Phase III, multi-regional, potentially registration-enabling clinical trial for which we initiated sites in North America, China and Europe. The two primary endpoints for this study are PFS and OS, and the study compares ivonescimab plus platinum-based doublet chemotherapy versus pembrolizumab plus platinum-based doublet chemotherapy in first-line patients with metastatic squamous NSCLC and non-squamous NSCLC. Enrollment is ongoing in all regions for patients with squamous and non-squamous tumors.

In October 2025, the Company announced a protocol amendment to separate the statistical analysis of the primary endpoints by histology. Therefore, there will be separate analyses conducted to evaluate ivonescimab plus chemotherapy compared to pembrolizumab plus chemotherapy in patients with squamous NSCLC and in patients with non-squamous NSCLC.

In order to sufficiently power for both primary endpoints (PFS and OS) in both cohorts of this study, Summit plans to enroll approximately 600 patients with squamous NSCLC and 1,000 patients with non-squamous NSCLC.

As a result of having two separate intention-to-treat analyses within the HARMONi-3 study, the analyses for squamous tumors and non-squamous tumors may be conducted at separate times, as each analysis will be conducted upon the prespecified numbers of events being reached in the separate cohorts.

Screening for patient enrollment has been completed for the planned patient count for the squamous cohort of HARMONi-3 in the first quarter of 2026. For the squamous cohort, we amended the study's statistical analysis plan and expect to conduct an interim analysis for PFS in the second quarter of 2026. We anticipate that OS will be immature at the time of the interim PFS analysis. The Company expects to reach the prespecified number of events for the final PFS analysis for this cohort, if required, in the second half of 2026. An interim analysis for OS may be conducted at a similar time.

Enrollment in the non-squamous cohort of HARMONi-3 is expected to complete in the second half of 2026. The Company expects to perform the final PFS analysis for this cohort in the first half of 2027. The Company will determine if an interim PFS analysis will be conducted for the study in the second half of 2026. Interim analyses for OS are planned to be conducted, based upon reaching prespecified numbers of events.

HARMONi-7

Based on the results of HARMONi-2, the Company is enrolling in the HARMONi-7 study (NCT06767514). HARMONi-7 is a multi-regional, potentially registration-enabling Phase III clinical trial that will compare ivonescimab monotherapy to pembrolizumab monotherapy in patients with metastatic squamous and non-squamous NSCLC whose tumors have high PD-L1 expression. The sample size for this study is currently planned to have an estimated 780 patients with two primary endpoints, PFS and OS.

HARMONi-GI3

In the fourth quarter of 2025, the Company activated trial sites and began enrolling patients in HARMONi-GI3, a Phase III, multi-regional, clinical trial evaluating ivonescimab plus chemotherapy compared to bevacizumab plus chemotherapy as first line therapy in patients with unresectable metastatic CRC. The primary endpoint for this study is PFS and Summit plans to enroll approximately 600 patients.

Non-Sponsored Phase III Clinical Studies (Summit's License Territories)

In the first quarter of 2026, the Company announced that GORTEC, a cooperative group dedicated to Head and Neck Oncology, will begin to activate clinical trial sites in the Phase III clinical study, ILLUMINE (NCT07264075), which will evaluate ivonescimab monotherapy and ivonescimab in combination with ligufalimab, Akeso's proprietary anti-CD47 monoclonal antibody, against monotherapy pembrolizumab in a three-arm study. The study is intended to be conducted in multiple countries in Europe and in China; Summit will consider the expansion of this study into the United States. The primary endpoint for the study is OS. The study, currently planned to enroll 780 patients with recurrent or metastatic PD-L1 positive head and neck squamous cell carcinoma (HNSCC), is expected to begin enrollment in the second quarter of 2026.
Data supporting this study was previously presented at ESMO 2024, whereby ivonescimab in combination with ligufalimab demonstrated an objective response rate of 60% in 20 patients with a median PFS of 7.1 months after a median follow-up time of 4.1 months; OS was not mature at the time of this analysis. At the time of data cut-off for this presentation, no patients receiving ivonescimab plus ligufalimab permanently discontinued drug treatment due to treatment-related adverse events.

Potential Future Clinical Development and Additional Current Activities

Summit is conducting its current clinical trials and plans to design and conduct additional clinical trial activities for ivonescimab within its Licensed Territory to support and submit relevant regulatory filings. We intend to explore further clinical development of ivonescimab in solid tumor settings outside of metastatic NSCLC and metastatic CRC, our current areas of focus in our Phase III clinical trials.

In the fourth quarter of 2023, we began collaborating with multiple institutions globally and opened our investigator- sponsored trials program across several disease areas. We continued to expand this program in 2024 and 2025 in order to discover additional opportunities for ivonescimab, including in several tumors outside of our current development plan.

We plan to review the data generated from these clinical trials as well as Akeso-sponsored clinical trials as a part of our consideration for advancing our clinical development pipeline for ivonescimab in the Licensed Territory.

Additional Ivonescimab Development: Akeso-Sponsored Trials

Akeso is currently developing ivonescimab in NSCLC and other solid tumor settings. Ivonescimab was approved by the National Medical Products Administration ("NMPA") in May 2024 in China in combination with chemotherapy for patients with EGFR-mutated NSCLC whose tumors have progressed following an EGFR-TKI based on the results of the HARMONi-A clinical trial. Subsequently, ivonescimab was approved by the NMPA in April 2025 as monotherapy based on the results of the HARMONi-2 study in first-line, PD-L1 positive NSCLC. Also in October 2025, Akeso announced the positive data for the HARMONi-6 study in first-line squamous NSCLC for ivonescimab in combination with chemotherapy. Further details related to these three trials, in addition to other Phase II clinical data, are described further below. Akeso is currently conducting Phase III clinical trials in combination with chemotherapy in first-line biliary tract cancer ("HARMONi-GI1"), in first-line advanced PD-L1 low or negative triple-negative breast cancer ("TNBC") ("HARMONi-BC1"), in first-line advanced microsatellite stable CRC ("HARMONi-GI6") and in NSCLC for patients whose tumors have progressed following PD-(L)1 inhibitor based therapy ("HARMONi-8A"), as well as in combination with ligufalimab, a proprietary Akeso-owned investigational CD-47 monoclonal antibody, in first-line recurrent / metastatic PD-L1 positive head-and-neck cancer ("HARMONi-HN1") and in combination with ligufalimab plus chemotherapy in first-line advanced pancreatic cancer ("HARMONi-GI2"). In addition, Akeso is conducting a Phase 3 study with ivonescimab after consolidation chemotherapy and radiotherapy in the limited stage small cell lung cancer ("SCLC") setting (HARMONi-9).

HARMONi-A

Based on data published by Akeso at the American Society of Clinical Oncology ("ASCO 2024") and in a publication in the *Journal of the American Medical Association (JAMA)* in the HARMONi-A study, in a single-region (China), randomized, double-blinded Phase III study in patients with NSCLC who have progressed following an EGFR-TKI, ivonescimab achieved its primary endpoint of PFS when combined with doublet chemotherapy (pemetrexed and carboplatin). Patients experienced a 54% reduction in disease progression or death as compared to placebo plus doublet-chemotherapy (HR: 0.46, 95% CI: 0.34 - 0.62; p<0.001). In a pre-specified subgroup analysis of patients who received a previous third-generation TKI, a hazard ratio of 0.48 was observed. At the primary OS analysis of HARMONi-A, ivonescimab achieved a hazard ratio of 0.74 (95% CI: 0.58,

0.95, p=0.019), demonstrating a statistically significant and clinically meaningful OS benefit, which was presented in November 2025 at the 2025 Annual Meeting for the Society for Immunotherapy for Cancer (SITC 2025). Ivonescimab demonstrated an acceptable and manageable safety profile, which was consistent with previous studies. There were nine patients (5.6%) who discontinued ivonescimab plus chemotherapy due to TRAEs compared to four patients (2.5%) who discontinued chemotherapy plus placebo due to TRAEs. No TRAEs resulted in the death of a patient in either arm in this Phase III study. Full results were published in JAMA (Fang et al. 2024).

HARMONi-2

After announcing positive qualitative results on May 30, 2024 for the HARMONi-2 trial, also referred to as AK112-303, a randomized, single-region (China) Phase III study sponsored by Akeso, quantitative data was presented on September 8, 2024 from the primary analysis as part of the Presidential Symposium at the International Association for the Study of Lung Cancer's ("IASLC") 2024 World Conference on Lung Cancer ("WCLC 2024"). The HARMONi-2 presentation evaluated monotherapy ivonescimab compared to monotherapy pembrolizumab in patients with locally advanced or metastatic NSCLC whose tumors have positive PD-L1 expression. HARMONi-2 is a single region, multi-center, double-blinded Phase III study conducted in China sponsored by Akeso, with all relevant data exclusively generated, managed, and analyzed by Akeso.

In the HARMONi-2 primary analysis, ivonescimab monotherapy demonstrated a statistically significant improvement in the trial's primary endpoint, PFS by Independent Radiologic Review Committee ("IRRC"), when compared to monotherapy pembrolizumab, achieving a hazard ratio of 0.51 (95% CI: 0.38, 0.69; p<0.0001). A clinically meaningful benefit was demonstrated across clinical subgroups, including patients with tumors with high PD-L1 expression. OS data was not yet mature at the time of the data cutoff of the primary PFS analysis.

Ivonescimab demonstrated an acceptable and manageable safety profile, which was consistent with previous studies. There were three patients (1.5%) who discontinued ivonescimab due to TRAEs compared to six patients (3.0%) who discontinued pembrolizumab due to TRAEs. There was one patient in the ivonescimab arm and two patients in the pembrolizumab arm who died as a result of TRAEs in this Phase III study. Full results were published in Lancet (Xiong et al. 2025).

On April 25, 2025, Akeso announced that ivonescimab was approved in China by the NMPA for a second indication based on the results of the HARMONi-2 trial. As a part of the review of the supplemental marketing application submitted by Akeso seeking a label expansion of ivonescimab in China, the NMPA requested that Akeso perform an interim analysis of OS. Akeso announced that the results of this interim OS analysis included a clinically meaningful hazard ratio of 0.777. The analysis was conducted at 39% data maturity, with a nominal alpha level of 0.0001 that had not reached statistical significance.

HARMONi-6

After announcing positive qualitative results for the HARMONi-6 trial, on April 23, 2025, detailed clinical trial results of the study were presented as part of the Presidential Symposium at the European Society for Medical Oncology's 2025 Congress ("ESMO 2025"). The HARMONi-6 study evaluated ivonescimab in combination with platinum-based chemotherapy compared to tislelizumab (a PD-1 inhibitor) in combination with platinum-based chemotherapy in patients with previously untreated advanced NSCLC irrespective of PD-L1 expression. HARMONi-6, also referred to as AK112-306, is a single region, multi-center, double-blinded Phase III study conducted in China sponsored by Akeso, with all relevant data exclusively generated, managed, and analyzed by Akeso.

In the HARMONi-6 planned PFS interim analysis, ivonescimab in combination with chemotherapy demonstrated a statistically significant improvement in the primary endpoint, PFS, by IRRC, when compared to tislelizumab in combination with chemotherapy, achieving a hazard ratio of 0.60 (95% CI: 0.46, 0.78; p<0.0001). A clinically meaningful benefit was demonstrated across clinical subgroups, including those with either PD-L1 negative or positive expression, as well as high-risk patients. OS data was not yet mature at the time of the data cutoff and is planned to be evaluated in the future.

Ivonescimab demonstrated an acceptable and manageable safety profile in the HARMONi-6 study, which was consistent with previous Phase III studies conducted studying ivonescimab. Nine patients (3.4%) discontinued ivonescimab plus chemotherapy due to TRAEs compared to 11 patients (4.2%) receiving tislelizumab plus chemotherapy due to TRAEs. There were eight patients in the ivonescimab plus chemotherapy arm and 10 patients in the tislelizumab plus chemotherapy arm who died as a result of TRAEs in this Phase III study. Results were published in Lancet (Chen et al. 2025)

Additional Phase II Data Sets

In addition to the HARMONi-2 data announced at WCLC 2024, Akeso also announced Phase II trial results from AK112-205, for patients with Stage II or III resectable NSCLC. Further, the Company announced data for ivonescimab was presented as a part of the 2024 European Society for Medical Oncology Annual Congress ("ESMO 2024") featuring updated Phase II ivonescimab data in advanced TNBC, for which subsequent updates to the data have been presented thereafter, recurrent /

metastatic head and neck squamous cell carcinoma, and metastatic microsatellite-stable CRC. At ASCO 2024, Akeso presented ivonescimab Phase II data in biliary-tract cancer. Earlier, at the 2024 European Lung Cancer Conference, Akeso announced updated data from AK112-201 (Cohort 1), a Phase II study for patients with first-line advanced NSCLC. Each trial from which the data was generated was a multi-center Phase II study conducted in China sponsored by Akeso, with data generated and analyzed by Akeso.

Competition

The markets for oncology pharmaceuticals, in which we compete, are characterized by significant scientific innovation, regulatory oversight and intense competition. The key competitive factors affecting the success of our product candidates are likely to be their efficacy, safety, convenience, price and availability of coverage and reimbursement from government and other third-party payors.

Many of our competitors may have significantly greater financial resources and expertise in research and development, manufacturing, preclinical testing, conducting clinical trials, obtaining regulatory approvals, and marketing approved products than we do. Smaller or early-stage companies may also prove to be significant competitors, particularly through collaborative arrangements with large and established companies. These competitors also compete with us in recruiting and retaining qualified scientific and management personnel and establishing clinical trial sites and patient registration for clinical trials, as well as in acquiring technologies complementary to, or necessary for, our programs.

Our commercial opportunity could be reduced or eliminated if our competitors develop and commercialize products that are safer, more effective, have fewer or less severe side effects, are more convenient, or are less expensive than any products that we may develop. Our competitors also may obtain marketing approvals for their products more rapidly than we obtain approval for ours giving them significant first movers advantage. Our commercial opportunity could also be reduced or eliminated if the results of our clinical trials, both safety and efficacy, combined with other factors, do not lead to significant adoption of our product.

Competition for ivonescimab

The Company is developing ivonescimab in NSCLC and CRC, specifically conducting Phase III clinical trials in the following proposed indications:

(a) ivonescimab combined with chemotherapy in patients with EGFR-mutated, locally advanced or metastatic non-squamous NSCLC who were previously treated with a third-generation EGFR-TKI ("HARMONi");

(b) ivonescimab combined with chemotherapy in patients with first-line metastatic NSCLC (including separate statistical analyses planned for patients with squamous NSCLC and non-squamous NSCLC) ("HARMONi-3");

(c) ivonescimab monotherapy in patients with first-line metastatic NSCLC whose tumors have high PD-L1 expression ("HARMONi-7"), and

(d) ivonescimab combined with chemotherapy in patients with first-line unresectable metastatic CRC ("HARMONi-GI3").

Ivonescimab is also being investigated in multiple Phase II and Phase III clinical trials in China. We plan to review the data generated from these clinical trials as well as other data generated in studies with ivonescimab as a part of our consideration for advancing our clinical development pipeline for ivonescimab in the Licensed Territory.

There are no known PD-1-based bispecific antibodies currently approved by the FDA, the European Medicines Agency ("EMA"), or Japan's Pharmaceuticals and Medical Devices Agency ("PMDA"). There are currently no known approved PD-1 / VEGF bispecific antibodies that are further advanced in clinical trial development or approved in the territories in which we have licensed ivonescimab. However, there are several PD-(L)1/VEGF(R2) bispecific antibodies in development around the world, including multiple that are currently in development or with planned development globally. These include, but are not limited to pumitamig (BNT327), which is owned by BioNTech SE and being developed in a collaboration with Bristol Myers Squibb Co. since June 2025, which has begun conducting Phase III clinical studies globally, PF-4404 (SSGJ-707 / PF-08634404), which was licensed globally, ex-China by Pfizer Inc. in July 2025, LM-299, which was licensed globally by Merck & Co., Inc. in November 2024, and RC148, which was licensed outside of Greater China by AbbVie Inc. in January 2026.

Our current clinical development plan in the Licensed Territory has focused primarily on NSCLC. Several pharmaceutical and biotechnology companies have established themselves in the market for the treatment of NSCLC, and several additional companies are developing products for the treatment of NSCLC. Currently, the most commonly used treatments for first-line NSCLC without genomic alterations are several immuno-oncology drugs and chemotherapies, administered either individually as monotherapy, in combination with each other, or in combination with other approved therapeutics. In addition to various chemotherapies, several immunotherapies have been approved by the FDA for these treatments, including, but not limited to pembrolizumab, atezolizumab, nivolumab, durvalumab, cemiplimab and ipilimumab. There are anti-angiogenic therapies which are approved for the treatment of certain lung cancers, including bevacizumab in front-line non-squamous NSCLC, as well as ramucirumab for patients who have progressed after platinum-based chemotherapy. The proposed indications for ivonescimab in the HARMONi-3 and HARMONi-7 clinical trial settings in first-line NSCLC may face competition from clinical candidates such as novel immunotherapy targets including various clinical candidates targeting T-cell immunoreceptors with Ig and ITIM domains (TIGIT) and lymphocyte activation gene 3 (LAG-3) each of which have various developers for different candidates as either monoclonal antibodies or multispecific antibodies, a bispecific antibody, volrustomig (AstraZeneca), rilvegostomig (AstraZeneca) and antibody drug conjugates (ADCs) with novel targets such as datopotamab deruxetecan (AstraZeneca and Daiichi Sankyo), sacituzumab tirumotecan (Merck), and sigvotatug vedotin (Pfizer), each having announced, are currently enrolling in, or having completed enrollment in Phase III clinical trials. Phase III clinical trials with pumitamig and PF'4404 are being conducted or intentions to conduct have been announced by their respective sponsors in first-line NSCLC in combination with chemotherapy, similar to the setting in which HARMONi-3 is currently being conducted.

For those patients with advanced NSCLC with EGFR mutations, there are several targeted therapies that have also been approved in the front-line setting, including, but not limited to, osimertinib (AstraZeneca) with or without chemotherapy and amivantamab and lazertinib (both from Johnson & Johnson). The proposed indication for ivonescimab in the HARMONi clinical trial setting, post third-generation EGFR-TKIs such as osimertinib or lazertinib, may face competition from amivantamab plus chemotherapy and datopotamab deruxetecan (AstraZeneca and Daiichi Sankyo), which are fully approved post TKI and have an accelerated approval post TKI and post chemotherapy, respectively. In addition, investigational agents such as sacituzumab tirumotecan (Merck), izalontamab brengitecan (BMS), telisotuzumab adizutecan (AbbVie) and savolitinib (AstraZeneca) are currently being investigated in the post-TKI setting in those patients with advanced EGFR mutation positive NSCLC.

Beyond NSCLC, we are currently conducting the Phase III study for patients with first line metastatic unresectable CRC, HARMONi-GI3. For those patients with metastatic unresectable CRC whose tumors are not designated as mismatch repair deficient or have a specific treatable driver mutation (e.g., BRAF) in the first-line setting, there are limited treatment options beyond the currently approved regimens of bevacizumab plus chemotherapy, as well as cetuximab plus chemotherapy for a subset of these patients. Intentions to conduct Phase III clinical trials with pumitamig and PF'4404 have been announced by their respective sponsors in first-line metastatic unresectable CRC, similar to the setting in which HARMONi-GI3 is currently being conducted. In addition, novel agents such as amivantamab plus chemotherapy are currently being investigated in a subset of this setting.

Should ivonescimab ultimately receive marketing authorization in certain jurisdictions within the Licensed Territory, the marketing authorization holder for some of the approved agents may lose exclusive rights to these agents, increasing competition from biosimilar agents or generic compounds.

As we intend to explore further clinical development of ivonescimab in solid tumor settings outside of metastatic NSCLC and metastatic CRC, our current area of focus in our Phase III clinical trials, we will encounter significant competition in the development of ivonescimab in each of these potential settings.

Manufacturing

We do not own or operate, and currently have no plans to own manufacturing facilities for the production of clinical or commercial quantities of ivonescimab. We currently rely, and expect to continue to rely, on third parties for the manufacture of our product candidates and any products that we may develop.

Ivonescimab

In connection with the License Agreement, we agreed to purchase a certain portion of drug substance and/or drug product for clinical and commercial use and to enter into a supply agreement with Akeso. Until such time that we are able to establish second source suppliers or are able to manufacture the drug substance independently, Akeso shall be solely responsible for the manufacture of the drug substance for use in the Licensed Territory. We continue to make progress in transferring relevant

4PP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☐ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: WESTERN WELLNESS SOLUTIONS LLC

Physical Address: 321 OUTERBELT ST

City: COLUMBUS State: OHIO Zip: 43213

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 614-604-7573 Website: WESTERNWELLNESS.US

Name of Designated Representative (DR): TRACIE D. TAYLOR

Licensing Company Email: _____ DR Email: TRACIE.TAYLOR@WESTERNEWELLNESS.US

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		■ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: SUN PHAMRAECEUTICAL INDUSTRIES LTD.
Address: 1 COMMERCE DRIVE City: CRANBURY State: NJ Zip: 08512

Name: HARROW, INC
Address: 1A BURTON HILLS BLVD, SUITE 200 City: NASHVILLE State: TN Zip: 37215

Name: OYSTER POINT PHARMA
Address: 202 CARNEGIE CENTER DRIVE City: PRINCETON State: NJ Zip: 08540

Name: AXSOME THERAPEUTICS, INC.
Address: 1 WORLD TRADE CENTER 29TH FLOOF City: NEW YORK State: NY Zip: 10007

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DELAWARE
Parent Company (if any): PHIL, INC.
Corporation/Organization Name:
Mailing Address: 14500 N. NORTHSIGHT BLVD SUITE 307
City: SCOTTSDALE State: AZ Zip: 85260
Telephone: 855-977-0975 Email: COMPLIANCE@USEPHIL.COM
Contact Person Name: RENE LOPEZ

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

W/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9/12/2025
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

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Name: AXSOME THERAPEUTICS, INC.
Address: 1 WORLD TRADE CENTER 29TH FLOOF City: NEW YORK State: NY Zip: 10007

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DELAWARE
Parent Company (if any): PHIL, INC.
Corporation/Organization Name:
Mailing Address: 14500 N. NORTHSIGHT BLVD SUITE 307
City: SCOTTSDALE State: AZ Zip: 85260
Telephone: 855-977-0975 Email: COMPLIANCE@USEPHIL.COM
Contact Person Name: RENE LOPEZ

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [3]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [3]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Western Wellness Solutions LLC

Facility Name

Tracie D. Taylor

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

3/20/26

Date

Board Use Only	Date Received: 3/26/26	Amount: $1000 CC

Drug Distributor

NABP
Accredited
Drug Distributor

ISSUED TO:

Western Wellness Solutions, LLC

Drug Distributor Accreditation is for facilities engaged in the act of wholesale drug distribution. Accreditation is achieved after successfully undergoing a thorough criteria compliance review. For additional information regarding the accreditation program or to identify accredited locations, please visit the Criteria link below.

ISSUED BY:

NABP National Association of Boards of Pharmacy (https://nabp.pharmacy/)

12 December 2025

EARNING CRITERIA

The recipient of this badge has successfully completed the required earning criteria.

https://nabp.pharmacy/programs/drug-distributor/ (https://nabp.pharmacy/programs/drug-distributor/)

√ verified
M.H 3/30/2

TAGS

Drug-Distributor

NABP ACCREDITED
DRUG DISTRIBUTOR

Western Wellness Solutions, LLC

located at

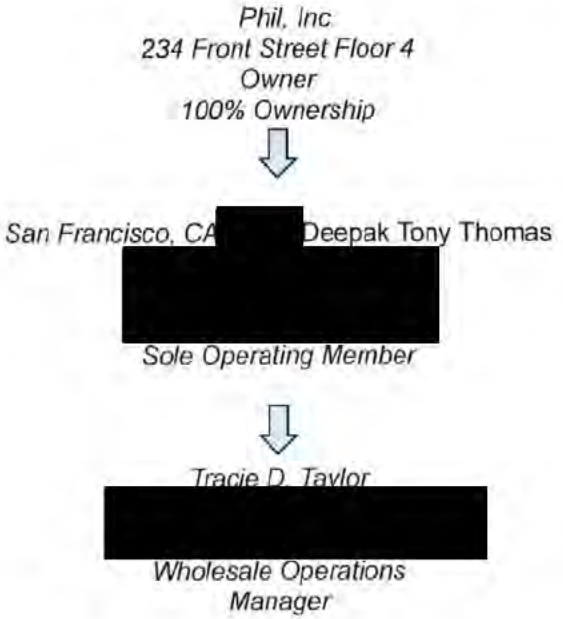
321 Outerbelt St, Columbus, OH 43213

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

6664

Western Wellness Solutions, LLC Organization Chart





western
wellness
solutions

321 Outerbelt Street
Columbus, Ohio 43213
(614) 604-7573

To Whom it May concern:

The ownership details for Western Wellness Solutions, LLC in Ohio are as follows:

Phil, Inc. – Parent Company (100% Ownership)
FEIN: 47-4554128
Business Address: 14500 N. NORTHSIGHT BLVD STE# 307 SCOTTSDALE, AZ 85260

Deepak Tony Thomas – C.E.O. and Sole Operating Member of Western Wellness Solutions
[redacted]

Tracie D. Taylor – Wholesale Operations Manager
[redacted]



western
wellness
solutions

321 Outerbelt Street
Columbus, Ohio 43213
(614) 604-7573

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The ownership details for Western Wellness Solutions, LLC in Ohio are as follows:

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FEIN: 47-4554128
Business Address: 14500 N. NORTHSIGHT BLVD STE# 307 SCOTTSDALE, AZ 85260

Deepak Tony Thomas – C.E.O. and Sole Operating Member of Western Wellness Solutions
[redacted]
Business Address: 234 Front Street, Floor 4 San Francisco, CA 94111

Tracie D. Taylor – Wholesale Operations Manager
[redacted]
Business Address: 321 Outerbelt St. Columbus, Ohio 43213

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WESTERN WELLNESS SOLUTIONS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JUNE, A.D. 2026.



C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6799363 8300

SR# 20263273740

Authentication: 204141691

Date: 06-04-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show WESTERN WELLNESS SOLUTIONS LLC, a Delaware Limited Liability Company, Registration Number 4148739, was registered in the State of Ohio on March 16, 2018, is currently authorized to transact business in this state.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 2nd day of April, A.D. 2026.

Ohio Secretary of State

Validation Number: 202609202768

Ohio Board of Pharmacy

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2027.

Western Wellness Solutions LLC

321 Outerbelt St

Columbus, OH 43213-1529

License Number: 0130000721

License Type: Wholesaler - Category 2

Sub-Category: FS – Full Service

Expiration Date: June 30, 2027

Responsible Person – Print, sign, and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
DR. TRACIE D. TAYLOR	Dr. Tracie D. Taylor

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request in eLicense Ohio - elicense.ohio.gov.

Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

DECREASE PENALTY RIDER

BOND AMOUNT $100,000.00 BOND NO. 0783429

To be attached and form a part of Bond No. 0783429 dated the 9th Day of October, 2020, executed by Harco National Insurance Company as surety, on behalf of Western Wellness Solutions, LLC as current principal of record, and in favor of Nevada State Board of Pharmacy, as Obligee for NV Pharmaceutical Wholesaler Bond, and in the amount of One Hundred Thousand Dollars and 00/100 ($100,000.00).

In consideration of the agreed premium charged for this bond, it is understood and agreed that Harco National Insurance Company hereby consents that effective from the 9th Day of October, 2022, said bond shall be amended as follows:

THE BOND PENALTY SHALL BE DECREASED:

FROM: One Hundred Thousand Dollars and 00/100 ($100,000.00)

TO: Twenty Five Thousand Dollars and 00/100 ($25,000.00)

The DECREASE of said bond penalty shall be effective as of the 9th Day of October, 2022, and does hereby agree that the continuity of protection under said bond subject to changes in penalty shall not be impaired hereby, provided that the aggregate liability of the above mentioned bond shall not exceed the amount of liability assumed by it at the time the act and/or acts of default were committed and in no event shall such liability be cumulative.

Signed, sealed and dated this 23rd Day of September, 2022

Western Wellness Solutions, LLC
PRINCIPAL

BY

_____

Harco National Insurance Company
SURETY

BY

_____
Erin Bautista, ATTORNEY-IN-FACT

_____

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Santa Clara)

On SEP 2 3 2022 before me, Jean L. Neu, Notary Public
(insert name and title of the officer)

personally appeared Erin Bautista,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

JEAN L. NEU
Notary Public - California
Santa Clara County
Commission # 2392720
My Comm. Expires Mar 1, 2026

POWER OF ATTORNEY

Bond # 0783429

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

JEAN L. NEU, ERIN BAUTISTA, KURT DEGROSZ, FRANCES LISIUS, ROD SOCKOLOV, MANDEE LONEY, BRYAN D. MARTIN

San Jose, CA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2018 , before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY NOTARY PUBLIC NEW JERSEY My Comm. Exp. 04-04-2023 No. 50079910

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, September 23, 2022

A01746

Irene Martins, Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0783429

Application/License No. _____

Western Wellness Solutions, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1555 Doolittle Drive, #170, San Leandro, CA 94577 (Address of Applicant/Principal), as PRINCIPAL, and Harco National Insurance Company (Surety Company), a corporation organized under the laws of the state of IL (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 702 Oberlin Road , Raleigh, NC 27605-0800 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 9, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 9th day of October, 2020.

APPLICANT/PRINCIPAL
Western Wellness Solutions, LLC

By: _____
Authorized Representative

SURETY COMPANY
Harco National Insurance Company

By: _____
Surety Company's Representative

Erin Bautista, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

Countersigned by:

Not Applicable
_____
Nevada Resident Agent

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Santa Clara)

On OCT - 9 2020 before me, Jean L. Neu, Notary Public
(insert name and title of the officer)

personally appeared Erin Bautista,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument and acknowledged to me that ~~he~~/she/~~they~~ executed the same in ~~his~~/her/~~their~~ authorized capacity(~~ies~~), and that by ~~his~~/her/~~their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

JEAN L. NEU
Notary Public – California
Santa Clara County
Commission # 2230024
My Comm. Expires Mar 1, 2022

POWER OF ATTORNEY

Bond # 0783429

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

JEAN L. NEU, ERIN BAUTISTA, KURT DEGROSZ, FRANCES LISIUS, ROD SOCKOLOV, MANDEE LONEY, BRYAN D. MARTIN

San Jose, CA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY My Comm. Exp. 04-04-2023 NOTARY PUBLIC No. 50079910 NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, October 09, 2020

A01746

Irene Martins, Assistant Secretary

GENERAL SURETY RIDER

To be attached and form a part of

Bond No.	0783429
For	NV Pharmaceutical Wholesaler Bond (License & Permit):SAAcode=900
Dated effective	10/09/2020 (MONTH, DAY, YEAR)
Executed by	Western Wellness Solutions, LLC, as Principal, (PRINCIPAL)
And by	Harco National Insurance Company, as Surety, (SURETY)
And in favor of	Nevada State Board of Pharmacy (OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

INFORMATION	FROM	
Bond Amount	$25,000.00	$100,000.00

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective **10/09/2025**
(MONTH, DAY, YEAR)

Signed and Sealed **09/12/2025**
(MONTH, DAY, YEAR)

Western Wellness Solutions, LLC
PRINCIPAL

BY _____ OPS MGR
TITLE

Harco National Insurance Company
SURETY

BY _____
Halle Bautista, ATTORNEY-IN-FACT

POWER OF ATTORNEY

Bond # 0783429

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

HALLE BAUTISTA, SUSAN M. EXLINE, ERIN BAUTISTA, ROD SOCKOLOV, BRYAN D. MARTIN

San Mateo, CA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2024

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Michael F. Zurcher
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2024, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

CATHY CRUZ NOTARY PUBLIC STATE OF NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Cathy Cruz a Notary Public of New Jersey
My Commission Expires April 16, 2029

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, September 12, 2025

A01746

Irene Martins, Assistant Secretary

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Alameda)

On SEP 12 2025 before me, Erin Bautista, Notary Public
(insert name and title of the officer)

personally appeared Halle Bautista,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument and acknowledged to me that ~~he~~/she/~~they~~ executed the same in ~~his~~/her/~~their~~ authorized capacity(~~ies~~), and that by ~~his~~/her/~~their~~ signature(~~s~~) on the instrument the person(~~s~~), or the entity upon behalf of which the person(~~s~~) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

ERIN BAUTISTA
Notary Public - California
Santa Clara County
Commission # 2400176
My Comm. Expires Apr 25, 2026

Signature _____ (Seal)

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Western Wellness Solutions, LLC
Pharmacy/Wholesaler License # (if applicable) _____
Physical Address 321 Outerbelt Street
City Columbus State Ohio Zip 43213
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone (614) 604-7573 Website westernwellnesssolutions.com
Licensing Company Email contact@westernwellness.com

Section 2: Personal Information

First Tracie Middle Dawn Last Taylor
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [redacted] Sex ☐ M ☑ F ☐ X
Mailing Addre[redacted]
City Pickerington State Ohio Zi[redacted]
Telephone [redacted] Email Tracie.Taylor@westernwellness.com
Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The Ohio State University College of Pharmacy		(9/01 - 8/2005	
Address	City	State	Zip
281 W Lane Ave (parks hall)	Columbus	OH	43210
Diploma/Degree obtained, if any			
Pharm. D			
School Name		From - To (MM/YY – MM/YY)	
The Ohio State University College of Pharmacy		(9/89 - 6/2001)	
Address	City	State	Zip
281 W Lane Ave (parks hall)	Columbus	OH	43210
Diploma/Degree obtained, if any			
B.S. Pharmacy			
School Name		From - To (MM/YY – MM/YY)	
Hampton University		(9/84 - 6/88)	
Address	City	State	Zip
100 E Queen Street	Hampton	VA	23669
Diploma/Degree obtained, if any			
B.A. Biology			
School Name		From - To (MM/YY – MM/YY)	
Oberlin Senior High		(9/80 - 6/84)	
Address	City	State	Zip
281 North Pleasant Street	Oberlin	OH	44074
Diploma/Degree obtained, if any			
Highschool Diploma			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
3/25 - present	[redacted]	Pickerington	OH	[redacted]
4/22 - 3/25		Canal Winchester	OH	
9/20 - 4/22		Gahanna	OH	
9/17 - 9/20		New Albany	OH	
9/15 - 9/17		Westerville	OH	
From - To (MM/YY – MM/YY)		City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Western Wellness Solutions, LLC				From - To (MM/YY – MM/YY): (5/24 - present)
Business Address: 321 Outerbelt Street		City: Columbus	State: OH	Zip: 43213
Phone: (614) 604-7573	Title: Wholesale Operations Manager			Number of Employed Hours: 2,620 hrs
Description of Duties: - ensure all staff are trained on federal & state laws, rules and regulations. - work to make sure we are compliant with each state we become licensed in.				
Business Name: Ohio Department of Mental Health and Addiction				From - To (MM/YY – MM/YY): (4/09 - 5/24)
Business Address: 2150 E. Broad Street		City: Columbus	State: OH	Zip: 43209
Phone: (614) 752-0158	Title: Director of pharmacy Warehouse Operations			Number of Employed Hours: 31,200 hours
Description of Duties: - Compliance officer and Director of Operations - ensure pharmacy warehouse was trained and in compliance with federal and state law				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Dr. Tracie D. Taylor, **certify that as the designated representative for** Western Wellness Solutions, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. TDT I am at least 21 years of age;
3. TDT I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. TDT I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. TDT I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. TDT I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. TDT I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Dr. Tracie D. Taylor
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/29/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dr. Tracie D. Taylor

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/29/2026

Date

Please have this section completed in the presence of a Notary Public.

State of OH, ss. County of Franklin

I, Tracie Taylor, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/29/2026

Date

Subscribed and Sworn to before me this 29 day of April, 2026

Notary Public Signature

BRENDA L FOX - NOTARY PUBLIC
STATE OF OHIO
COMM EXP. OCT 1, 2028

(Seal)

Western Wellness Solutions
321 Outerbelt street
Columbus, OH 43213

Ohio WWS List of Employees

NAME	JOB TITLE
Dr. Tracie Taylor	Wholesale Operations Manager
Jamie Fulton	Wholesale Pharmacy Warehouse Lead Coordinator
Douglas Murray	Wholesale Registered Pharmacy Lead Warehouse Technician
Timothy Murray	Wholesale Warehouse Associate
Daniel Flaningan	Wholesale Warehouse Associate
Aiyana Taylor	Office Administrator
Brittany Gilliam	Wholesale Certified Pharmacy Warehouse Technician

4QQ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☒ Ownership Change* Grandparent		☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH 02665	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: AdvaGen Pharma Ltd.

Physical Address: 50 Millstone Road, Building 200, 1st Floor, Suite 180

City: East Windsor State: NJ Zip: 08520

Mailing Address (if different from physical address): c/o State License Servicing, Inc., 225 Dolson Avenue, 4th Floor

City: Middletown State: NY Zip: 10940

Telephone: (845) 544-2482 Website: www.advagenpharma.com

Name of Designated Representative (DR): Narendra Narhar Borkar

Licensing Company Email: ADV@slsny.com DR Email: nnborkar@advagenpharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☒ Manufacturer- Virtual
☐ Practitioners	☒ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☒ Others: Drugs (Gabapentin) Drugs (Opioids)	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A - No discipline to disclose

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Kaiser Permanente- KFH Reno 3PL Warehouse
Address: 12055 Sage Point Court STE#101 City: RENO State: NV Zip: 89506
Name: Henry Schein INC
Address: 255 Vista Blvd #104 City: Sparks State: NV Zip: 89434
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

N/A

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE
Parent Company (if any): ADVAGEN HOLDINGS, INC. (100% Parent), Rubicon Research Limited (100% Grandparent)
Corporation/Organization Name: AdvaGen Pharma Ltd.
Mailing Address: c/o State License Servicing, Inc. 225 Dolson Avenue, 4th Floor
City: Middletown State: NY Zip: 10940
Telephone: (845) 544-2482 Email: ADV@slsny.com
Contact Person Name: Christine Cannon

N/A

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

N/A

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: Labeler Code:72888	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

AdvaGen Pharma Ltd.

Facility Name

Terrence David Fullem

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

5/14/26

Date

Board Use Only	Date Received: 6/11/26	Amount: $1000 check $1851

*PROOF OF labeler code

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through May 15, 2026

You have searched Finished drug products

Search Results: '72888'

Back to Search Page () | Search Again ()

CSV Excel

Display All records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
Acetazolamide	72888-047-01	125 mg/1	TABLET	ORAL	ANDA215101	Advagen Pharma Ltd	72888-047	Acetazolamide	ACETAZOLAMIDE	HUMAN PRESCRIPTION DRUG
Acetazolamide	72888-048-01	250 mg/1	TABLET	ORAL	ANDA215101	Advagen Pharma Ltd	72888-048	Acetazolamide	ACETAZOLAMIDE	HUMAN PRESCRIPTION DRUG
Acyclovir	72888-079-17	200 mg/5mL	SUSPENSION	ORAL	ANDA215724	Advagen Pharma Limited	72888-079	Acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG
Amantadine Hydrochloride	72888-033-01	100 mg/1	CAPSULE	ORAL	ANDA212044	Advagen Pharma Limited	72888-033	Amantadine Hydrochloride	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Amantadine Hydrochloride	72888-033-00	100 mg/1	CAPSULE	ORAL	ANDA212044	Advagen Pharma Limited	72888-033	Amantadine Hydrochloride	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Amantadine Hydrochloride	72888-033-30	100 mg/1	CAPSULE	ORAL	ANDA212044	Advagen Pharma Limited	72888-033	Amantadine Hydrochloride	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Amantadine Hydrochloride	72888-033-05	100 mg/1	CAPSULE	ORAL	ANDA212044	Advagen Pharma Limited	72888-033	Amantadine Hydrochloride	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Amiodarone Hydrochloride	72888-039-09	200 mg/1	TABLET	ORAL	ANDA078578	Advagen Pharma Limited	72888-039	Amiodarone Hydrochloride	AMIODARONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Amiodarone Hydrochloride	72888-039-05	200 mg/1	TABLET	ORAL	ANDA078578	Advagen Pharma Limited	72888-039	Amiodarone Hydrochloride	AMIODARONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Amiodarone Hydrochloride	72888-039-60	200 mg/1	TABLET	ORAL	ANDA078578	Advagen Pharma Limited	72888-039	Amiodarone Hydrochloride	AMIODARONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Amiodarone Hydrochloride	72888-060-30	100 mg/1	TABLET	ORAL	ANDA078578	Advagen Pharma Limited	72888-060	Amiodarone Hydrochloride	AMIODARONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Amiodarone Hydrochloride	72888-061-30	400 mg/1	TABLET	ORAL	ANDA078578	Advagen Pharma Limited	72888-061	Amiodarone Hydrochloride	AMIODARONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG

Showing 1 to 476 of 476 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

AdvaGen Pharma Ltd.

Corporate Address: 50 Millstone Road, Building 200, 1st Floor, Suite 180, East Windsor, NJ 08520 United States
FEIN: 82-1767291
www.advagenpharma.com

Drug Labeler Code: 72888
Incorporation State: DE
Incorporation Date: 5/30/2017

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
EWN	50 Millstone Road Building 200, 1st Floor, Suite 180 East Windsor, NJ 08520 County: Mercer	N/A	N/A - Uses 3PL DEA	051627256	No	(609) 269-8128	(609) 785-5293

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Narendra Narhar Borkar	50 Millstone Road Building 200, 1st Floor, Suite 180 East Windsor, NY 08520	President	No	[redacted]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
ADVAGEN HOLDINGS, INC.	50 Millstone Road Building 200, 1st Floor, Suite 180 East Windsor, NJ 08520	N/A	100%	N/A	87-1593998	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Narendra Narhar Borkar	50 Millstone Road Building 200, 1st Floor, Suite 180 East Windsor, NY 08520	President	No	[redacted]		
Eric Robert Schumacher	[redacted]	Executive Vice President	No			
Terrence David Fullem	[redacted]	Chief Executive Officer	No			

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
InCorp Services, Inc.			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Eversana Life Science Services, LLC	4580 Mendenhall Rd Memphis, TN 38141					

For licensing issues, please contact State License Servicing, LLC (845) 544-2482 ADV@slsny.com

6698

*Company particulars

Phoenix Assurance, LLC	4750 Pleasant Hill Rd Memphis, TN 38118
AIM Rx3PL, LLC	40F Cotters Lane Suite 100 East Brunswick, NJ 08816

Flash Notice

From: compliance@slsnysupport.com
Subject: AdvaGen Pharma Ltd. - Notice of Change of Grandparent Name and Addition of Officer
Date: May 14, 2026 at 8:44 AM
To: pharmacy@pharmacy.nv.gov

IMPORTANT NOTICE

Date: May 14, 2026
To: Nevada State Board of Pharmacy
Re: AdvaGen Pharma Ltd., 50 Millstone Road, Building 200, 1st Floor, Suite 180, East Windsor, NJ 08520, Permit #: WH02665

Dear Licensing Authority:

State License Servicing, Inc. represents *AdvaGen Pharma Ltd.* in the servicing of its state licenses. Please be advised that the Grandparent owner of *AdvaGen Pharma Ltd., Rubicon Research Private Ltd.*, has converted to a public entity and therefore has changed its name to *Rubicon Research Limited*, effective July 23, 2024. There will be no change of FEIN. The change of grandparent name went from:
. **Former Name:** Rubicon Research Private Ltd.
. **New Name:** Rubicon Research Limited

Addition of Officer Update for AdvaGen Pharma Ltd.

Effective February 3, 2026, Terrence Fullem has been added as an AdvaGen Pharma Ltd. officer with the title of Chief Executive Officer.

. **Name:** Terrence Fullem
. **Title:** Chief Executive Officer
. **Business Address:** 50 Millstone Road, Bldg 200, 1st Flr, Ste 180, East Windsor, NJ 08520
. **Ownership %:** 0%
. **Email:** Terrence.fullem@advagenpharma.com
. **Work #:** 609-785-5257

To confirm, the revised officer list for AdvaGen Pharma Ltd. will be:

. **Narendra N. Borkar** - President
. **Eric R. Schumacher** – Executive Vice President
. **Terrence Fullem** – Chief Executive Officer

Please be assured that if your state requires any additional forms, filings and associated fees to effectuate this change, these will be completed and will be filed appropriately. If you need any additional information, please feel free to email me at the address below.

Kind regards,

Christine Cannon
Chief Production Officer
State License Servicing, Inc.
ADV@slsny.com

Click Here to Respond to this Email

org Chart

AdvaGen Pharma Ltd.

ORGANIZATIONAL CHART



KGoodStanding

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVAGEN PHARMA LTD." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF OCTOBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVAGEN PHARMA LTD." WAS INCORPORATED ON THE THIRTIETH DAY OF MAY, A.D. 2017.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 205178663

Date: 10-30-25

6427333 8300

SR# 20254401839

You may verify this certificate online at corp.delaware.gov/authver.shtml

Home State Verification of License

Registration Number: 5005490 **Registered As:** Manufacturer,Distributor

Information Recorded in the System as of 05/18/2026

Name: ADVAGEN PHARMA LTD.

New Jersey Department of Health

DBA:

Address: 50 MILLSTONE RD STE 18 EAST WINDSOR, NJ 08520

Original Issue Date: 08/16/2018 **Expiration Date:** 01/31/2027

Current Issue Date: 10/14/2025

Disciplines: No

Permit Status: Active

Mackenzie Winne - All Ope... > 77477

Reply | Add note | Forward | Close | Merge | Delete

Overdue

RE: [EXTERNAL] Verification of Licensure

DOH-PHFPP reported via email

Add summary

DOH-PHFPP reported via email

18 days ago (Fri, 11 Sep 2020 at 4:44 PM)

To: "'SLSNYSupport.com'" <help@slsnysupport.com>

Thank you. Due to limited resources, the NJ Department of Health cannot complete license verification forms for other states. Please utilize the online verification system on our webpage: https://nj.gov/health/ceohs/food-drug-safety/medical-device-reg/

Jennifer Steffee | Public Health Representative
NJ Department of Health | Public Health & Food Protection
PO Box 369 | 135 E State St | Trenton, NJ 08625
609.913.5150 | http://nj.gov/health/ceohs

HS License Exp. Letter
No official VOL-Online only

Employee List

ADVAGEN

April 6, 2026

Kindly note the current employees as on Date at Advagen.

Employee Name

1. Narendra Borkar
2. Eric Schumacher
3. Nancy A. Pillsbury
4. Jinita Rathod
5. Dhanya Liz Mathew
6. Rosalin Mishra
7. Daliya Bharati
8. Sharon Foley Morrow
9. Jonathon Hurley
10. Vignesh Nagarajan
11. Ricardo Joseph Ortiz
12. Kathleen Huang
13. Disha Patil
14. Nidhi Ravi
15. Dharmil Patel
16. Shirish Valsangikar
17. Bharat Jampana
18. Jacques Gilles
19. Arjun Sivamohan
20. Rayna Alexander
21. Preethy Rego
22. Ananya Kulkarni
23. Terrence Fullem
24. Viren Bharati
25. Siva Sekhar Mdisetty
26. Adelfa Victoriano
27. John Mongelli
28. Tanay Makim
29. Monika Gunderia

AdvaGen Pharma Limited
50 Millstone Road, BLDG 200, 1st Floor, Suite 180,East Windsor, New Jersey, 08520
Tel: +1 (609) 785-5257 | Email: info@advagenpharma.com

Website: www.advagenpharma.com

* DEA

Registrant Verification For

EVERSANA LIFE SCIENCE SERVICES, LLC

DEA Number:	RD0205333
Expiration Date:	08/31/2026
Additional Company Info:	
Registered Address:	4580 S MENDENHALL RD
City:	MEMPHIS
State:	TN
Zip Code:	38141-6700
Business Activity:	DISTRIBUTOR
DEA Schedules:	2 2N 3 3N 4 5
Payment Indicator:	Paid
Registration Status:	ACTIVE
Date of Verification:	05/15/2026

This Primary Source Verification was obtained from the Drug Enforcement Administration's Controlled Substance Act Registrant Database.

Bond Rider

TRAVELERS

Travelers Casualty and Surety Company of America
Hartford, CT 06183

License No. _____

RIDER

To be attached to and form part of Bond No. **107226565**.

Issued on behalf of **ADVA GEN PHARMA LTD.** as Principal, and in favor of **Nevada State Board of Pharmacy** as Obligee.

It is agreed that:

1. The Surety hereby gives its consent to change the Name:
   from: _____
   to: _____
2. The Surety hereby gives its consent to change the Address:
   from: **666 PLAINSBORO ROAD STE 605, PLAINSBORO, NJ 08536-3006**
   to: **50 MILLSTONE RD, BLDG 200 1 FL, STE 180, PLAINSBORO, NJ 08536-3006**
3. The Surety hereby gives its consent to change the _____
   from: _____
   to: _____

This rider shall become effective as of **October 23, 2023**

PROVIDED, however, that the liability of the Surety under the attached bond as changed by this rider shall not be cumulative.

Signed, sealed and dated **October 24, 2023**.

Travelers Casualty and Surety Company of America

By: _____
Attorney-in-Fact

Accepted: **Nevada State Board of Pharmacy**
Obligee

By: _____

or **ADVA GEN PHARMA LTD.**
Principal

By: NARENDRA N. BORKAR

S-4111 (05/20)

*Bond Continuance

USI Insurance Services LLC

P.O. Box 62939 * Virginia Beach, VA 23466

---------- INVOICE ----------

Advagen Pharma LTD
50 Millstone Road, Building 200
Suite 180
East Windsor, NJ 08520

Named Insured: AdvaGen Pharma LTD

Invoice Date 08/18/25
Invoice No. 5651799
Bill-To Code ADVAGPHA1
Client Code ADVAGPHA1
Inv Order No. 777*8404755

Amount Remitted: $
Pay via Credit Card or EFT Draft: usi.com/paymybill

Make checks payable to: USI Insurance Services LLC

Effective Date	Policy Period	Coverage Description	Transaction Amount
09/02/25	09/02/25 to 09/02/26	Travelers Casualty & Surety Co. of Amer Policy No. 107226565 *Renewal - Miscellaneous Bond	250.00
		Nevada Board of Pharmacy, $25,000.	
		Invoice Number: 5651799 Amount Due:	250.00

***Premiums Due and Payable on Effective Date**

FRAUD PREVENTION NOTICE: USI will never provide unsolicited payment instructions. You should only change payment instructions if confirmed by calling your USI Account Manager or contacting your local USI office.

JXQC2 Page: 1 ORIGINAL INVOICE

6708

Bond w/Rider + Continuance

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107226565

Application/License No. _____

AdvaGen Pharma Ltd. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 666 Plainsboro Road, Suite 605, Plainsboro, NJ 08536 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square, Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 9/2/2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 2nd day of September, 2020.

SHILPI DAGA
Notary Public
State of New Jersey
My Commission Expires Sep. 22, 2024
I.D.# 2319555

APPLICANT/PRINCIPAL

AdvaGen Pharma Ltd. / Narendra Borkar

Authorized Representative

Shilpi Daga
9-22-2020

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

Travelers Casualty and Surety Company of America

Surety Company's Representative

Madelyn Lux, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Madelyn Lux** of **HASBROUCK HEIGHTS** **New Jersey**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **17th** day of **January**, **2019**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **17th** day of **January**, **2019**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, **2021**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **2nd** day of **September**, **2020**.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which this Power of Attorney is attached.

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

HARTFORD, CONNECTICUT 06183

FINANCIAL STATEMENT AS OF DECEMBER 31, 2019

CAPITAL STOCK $ 6,480,000

ASSETS		LIABILITIES & SURPLUS	
ASH AND INVESTED CASH	$ 90,238,215	UNEARNED PREMIUMS	$ 1,079,715,557
ONDS	3,590,884,327	LOSSES	772,047,572
TOCKS	297,933,044	LOSS ADJUSTMENT EXPENSES	174,714,866
VESTMENT INCOME DUE AND ACCRUED	37,250,410	COMMISSIONS	46,970,467
THER INVESTED ASSETS	3,986,514	TAXES, LICENSES AND FEES	14,728,588
REMIUM BALANCES	263,364,263	OTHER EXPENSES	43,134,646
ET DEFERRED TAX ASSET	52,134,926	CURRENT FEDERAL AND FOREIGN INCOME TAXES	12,674,197
EINSURANCE RECOVERABLE	31,203,529	REMITTANCES AND ITEMS NOT ALLOCATED	17,964,746
ECURITIES LENDING REINVESTED COLLATERAL ASSETS	3,732,602	AMOUNTS WITHHELD / RETAINED BY COMPANY FOR OTHERS	26,565,278
ECEIVABLES FROM PARENT, SUBSIDIARIES AND AFFILIATES	11,831,826	RETROACTIVE REINSURANCE RESERVE ASSUMED	826,255
SSUMED REINSURANCE RECEIVABLE AND PAYABLE	567,396	POLICYHOLDER DIVIDENDS	11,482,845
THER ASSETS	3,574,968	PROVISION FOR REINSURANCE	9,837,205
		ADVANCE PREMIUM	2,140,883
		PAYABLE FOR SECURITIES LENDING	3,732,602
		CEDED REINSURANCE NET PREMIUMS PAYABLE	46,059,812
		OTHER ACCRUED EXPENSES AND LIABILITIES	421,937
		TOTAL LIABILITIES	$ 2,263,017,456
		CAPITAL STOCK	$ 6,480,000
		PAID IN SURPLUS	433,803,760
		OTHER SURPLUS	1,683,400,804
		TOTAL SURPLUS TO POLICYHOLDERS	$ 2,123,684,564
OTAL ASSETS	$ 4,386,702,020	TOTAL LIABILITIES & SURPLUS	$ 4,386,702,020

TATE OF CONNECTICUT)

OUNTY OF HARTFORD) SS.

ITY OF HARTFORD)

ICHAEL J. DOODY, BEING DULY SWORN, SAYS THAT HE IS VICE PRESIDENT - FINANCE, OF TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, ND THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF THE FINANCIAL CONDITION OF SAID OMPANY AS OF THE 31ST DAY OF DECEMBER, 2019.

Michael J Doody

VICE PRESIDENT - FINANCE

JBSCRIBED AND SWORN TO BEFORE ME THIS
3TH DAY OF MARCH, 2020

NOTARY PUBLIC

SUSAN M. WEISSLEDER
Notary Public
My Commission Expires November 30, 2022

SUSAN M. WEISSLEDER NOTARY PUBLIC CONNECTICUT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler AdvaGen Pharma Ltd.

Pharmacy/Wholesaler License # (if applicable) WH02665

Physical Address 50 Millstone Road, Building 200, 1st Floor, Suite 180

City East Windsor State NJ Zip 08520

Mailing Address (if different from physical address) c/o State License Servicing, Inc. 225 Dolson Avenue, 4th Floor

City Middletown State NY Zip 10940

Telephone (845) 544-2482 Website www.advagenpharma.com

Licensing Company Email ADV@SLSNY.com

Section 2: Personal Information

First Narendra Middle Narhar Last Borkar

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]

City Monroe State NJ Zip [redacted]

Telephone [redacted] Email nnborkar@advagenpharma.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
AdvaGen Pharma Ltd.			07/2017 - Present	
Business Address		**City**	**State**	**Zip**
50 Millstone Road, Building 200, 1st Floor, Suite 180		East Windsor	NJ	08520
Phone	**Title**		**Number of Employed Hours**	
(609) 269-8128	President		~18,480 hours	
Description of Duties				
Over 45 years of experience in brand and generic pharmaceutical industry. Established sales, marketing and distribution of products in the USA. Extensive business management and operating experience.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Virginia (Darden Business School)		1991	
Address	City	State	Zip
100 Darden Blvd	Charlottesville	VA	22903
Diploma/Degree obtained, if any			
Executive Program (TEP)			

School Name		From - To (MM/YY – MM/YY)	
Rutgers, The State University of New Jersey		1969 - 1974	
Address	City	State	Zip
57 US Highway 1	New Brunswick	NJ	08901
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
University of Detroit		1964 - 1966	
Address	City	State	Zip
4001 W. McNichols Rd	Detroit	MI	48221
Diploma/Degree obtained, if any			
M.S., Chemical Engineering			

School Name		From - To (MM/YY – MM/YY)	
University of Bombay, India		1959 - 1963	
Address	City	State	Zip
Mahatma Gandhi Road, Mantralaya, Fort, Mumbai	Maharashtra, India, 400031		
Diploma/Degree obtained, if any			
B. Chem. Eng,. Chemical Enginerring, UDCT			

School Name		From - To (MM/YY – MM/YY	
Aryan E. S. High School		1955 - 1957	
Address	City	State	Zip
Shri Ram Nagar	Palghar, Maharashtra	India	401404
Diploma/Degree obtained, if any			
Secondary School Certificate (High School Diploma)			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2004 - Present	[redacted]	Monroe	NJ	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A - No discipline to disclose

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Narendra Narhar Borkar, **certify that as the designated representative for**

AdvaGen Pharma Ltd.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Narendra Narhar Borkar

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/19/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Narendra Narhar Borkar

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/19/2026

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Mercer

I, NARENDRA N. BORKAR, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature Narendra Narhar Borkar

05/19/2026

Date

Subscribed and Sworn to before me this 19th day of May 2026.

Notary Public Signature

IYPE ISAC
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 08/04/2026

(Seal)

ADVAGEN

January 29, 2026

Nevada Licence Number – WHO2665

Kindly note the current employees as on date at AdvaGen.

S/N	**Employee Name**
1	Narendra Borkar
2	Eric Schumacher
4	Nancy A. Pillsbury
5	Jinita Rathod
6	Dhanya Liz Mathew
7	Suzette Ross
8	Rosalin Mishra
9	Daliya Bharati
10	Sharon Foley Morrow
11	Jonathon Hurley
12	Vignesh Nagarajan
13	Ricardo Joseph Ortiz
14	Kathleen Huang
15	Disha Patil
16	Nidhi Ravi
17	Dharmil Patel
18	Shirish Valsangikar
19	Bharat Jampana
20	Jacques Gilles
21	Arjun Sivamohan
22	Rayna Alexander
23	Preethy Rego
24	Ananya Kulkarni
25	Terrence Fullem
26	Viren Bharati
27	Teresa Pugliese
28	Siva Sekhar Mdisetty

AdvaGen Pharma Limited
50 Millstone Road, BLDG 200, 1st Floor, Suite 180,East Windsor, New Jersey, 08520
Tel: +1 (609) 785-5257 | Email: info@advagenpharma.com
Website: www.advagenpharma.com

4RR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03533	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Almaject, Inc.

Physical Address: 44 Whippany Road, Suite 300

City: Morristown State: NV Zip: 07960

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 973-796-3400 Website: www.alvogen.com

Name of Designated Representative (DR): Mary Hutchason

Licensing Company Email: mary.hutchason@alvogen.com DR Email: mary.hutchason@alvogen.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	■ Manufacturer (Virtual)
☐ Practitioners	■ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Gland Pharma Ltd - Survey No. 143 - 148, 150 & 151, Near Gandimaisamma Cross Roads
Address: D. P. Pally, Dundigal Post City: Dundigal - Gandimaisamm State: India Zip:
Name: UPS Supply Chain Solutions, Inc. 1
Address: 1860 Outer Loop City: Louisville State: KY Zip: 40219
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Alvogen Pharma US, Inc.
Corporation/Organization Name: Almaject, Inc.
Mailing Address: 44 Whippany Road, Suite 300
City: Morristown State: NJ Zip: 07960
Telephone: 973-796-3400 Email: mary.hutchason@alvogen.com
Contact Person Name: Mary Hutchason

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration See attached Proof of FDA Labeler Code 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Almaject Inc.

Facility Name

Lumtunie Zaku

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

5/28/2026

Date

Board Use Only	Date Received: 6/1/26	Amount: $1000 ck 66701

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through April 02, 2026

You have searched Finished drug products

Search Results: *'almaject'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
+ Dexrazoxane	72611-716-72	500 mg/50mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA207321	Almaject, Inc.	72611-716	Dexrazoxane for Injection	DEXRAZOXANE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/01/2022
+ Dexrazoxane	72611-716-01	500 mg/50mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA207321	Almaject, Inc.	72611-716	Dexrazoxane for Injection	DEXRAZOXANE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/01/2020
+ Metoprolol Tartrate	72611-740-10	1 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA204205	Almaject, Inc.	72611-740	metoprolol tartrate	METOPROLOL TARTRATE	HUMAN PRESCRIPTION DRUG	03/31/2020
+ Regadenoson	72611-874-10	.08 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA207320	Almaject, Inc.	72611-874	Regadenoson	REGADENOSON	HUMAN PRESCRIPTION DRUG	07/03/2023
+ Temsirolimus	72611-785-02		KIT		ANDA207383	Almaject, Inc.	72611-785	Temsirolimus Injection		HUMAN PRESCRIPTION DRUG	05/08/2020

Showing 1 to 5 of 5 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Almaject, Inc.
44 Whippany Road, Suite 300
Morristown, NJ 07960

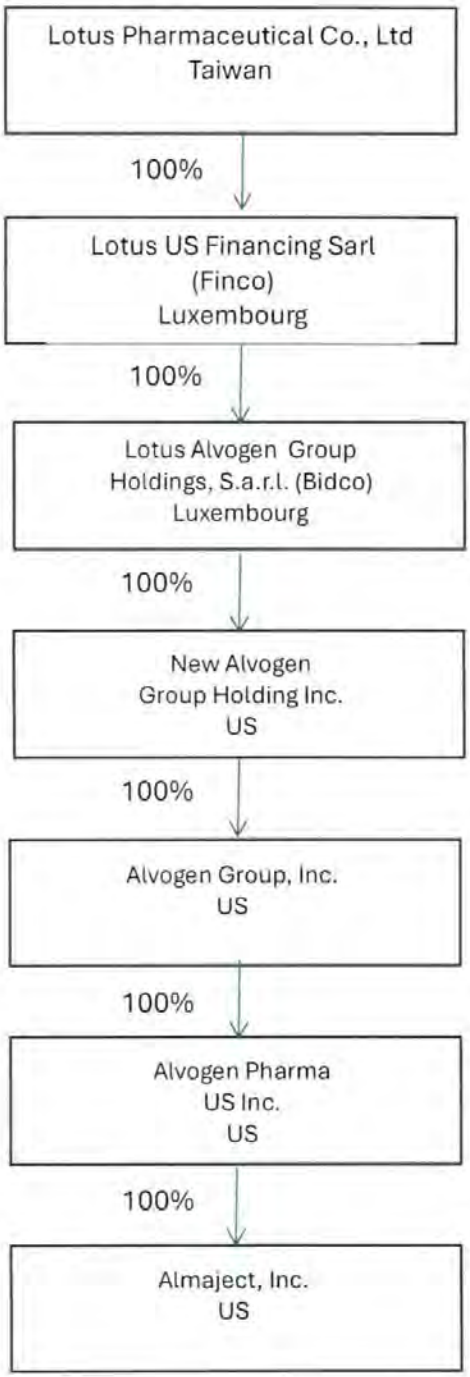
Corporate Officers:

Divya Patel – Chief Executive Officer

Tunie Zaku – Chief Financial Officer

Gina Gencarelli – Secretary

Almaject, Inc. Corporate Ownership as of February 2, 2026



Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALMAJECT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JANUARY, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. J. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6969743 8300

SR# 20260127913

Authentication: 202801299

Date: 01-13-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0022810

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written noticeprior to the change of the address of such new location and the name and address of the individual to be in charge thereof.A fee of $20.00 shall accompanying such notification."

Registered as: ☑ Manufacturer ☑ Distributor which conducts business at the following locations:

Reg. No.:
5005555

ALMAJECT, INC.
44 WHIPPANY RD STE 300
MORRISTOWN, NJ 07960

ISSUED PURSUANT TO:
N.J.S.A. 24:6B
EXPIRES: January 31, 2027

Establishment Copy

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	10-31-2026	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	MANUFACTURER	09-26-2025

NORWICH PHARMACEUTICALS INC
6826 STATE HIGHWAY 12
NORWICH, NY 138150000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	10-31-2026	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	MANUFACTURER	09-26-2025

NORWICH PHARMACEUTICALS INC
6826 STATE HIGHWAY 12
NORWICH, NY 138150000

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	10-31-2026	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	MANUFACTURER	09-26-2025

NORWICH PHARMACEUTICALS INC
6826 STATE HIGHWAY 12
NORWICH, NY 138150000

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Drug Codes
1100 9193 9143 9300 1724 9150 2100 1205

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond Number 20BSBIW6143 issued by

Hartford Fire Insurance Company, as Surety, dated the 8th

day of September, 2011, in the amount of

One Hundred Thousand & 00/100 ($ 100,000.00 Dollars), on behalf

of Alvogen, Inc., as Principal,

and in favor of Nevada State Board of Pharmacy, as Obligee,

covers a term which began on the 8th day of September, 2011,

for Pharmaceutical Wholesaler Surety Bond - added schedule of locations: Amatica Pharma, LLC; Amaject, Inc.; and County I

and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated this 14th day of April, 2026.

Hartford Fire Insurance Company

Surety

By: Cindy E. Johnson

Cindy E. Johnson, Attorney-In-Fact

POWER OF ATTORNEY

Direct Inquiries, Bond Authenticity and Claims to:
THE HARTFORD
BOND, T-14
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT: **Agency Name:** MARSH USA LLC

- ☒ **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- ☒ **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- ☒ **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- ☐ **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, ***up to the amount of*** Unlimited*:*

of
Knoxville, TN

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Phyllis A. Clark, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 1st day of March, 2024, before me personally came Joelle L. LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Mariluz Arce
My Commission HH 287363
Expires July 13, 2026

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of April 14, 2026.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

*** Effective 06/01/2022 this bond cancels and replaces The Hanover Insurance Company bond #1000977. ***

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 20BSBIW6143

Application/License No. _____

Alvogen, Inc. and entities on attached schedule (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 44 Whippany Road, Morristown, NJ 07960 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Hartford Plaza, Hartford, CT 06155 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 1, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

20BSBIW6143

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 1st day of June, 2022.

APPLICANT/PRINCIPAL

Alv[illegible], Inc.

Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Sandy McElhaney, Attorney in Fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Marie Lett

Witness Andrea Allman

Countersigned by:

N/A

Nevada Resident Agent

Alvogen, Inc.
Pharmaceutical Wholesaler Surety Bond
Schedule of Applicant/Principal Names for bond 20BSBIW6143
as of 06/01/2022

Application/License No.:	Applicant/Principal Name	Address of Applicant/Principal
	Almatica Pharma, LLC	44 Whippany Road, Morristown, NJ 07960
	Almaject, Inc.	44 Whippany Road, Morristown, NJ 07960
	County Line Pharmaceuticals	44 Whippany Road, Morristown, NJ 07960
	Norwich Pharmaceuticals, Inc.	6826 State Highway 12, Norwich, NY 13815

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call **888-266-3488** *or fax* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: [illegible]
Agency Code: [illegible]

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint
Sandy [illegible]

its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:
Bond No. [illegible]
Naming [illegible],
and Nev[illegible],
in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } **ss.** Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone
Jessica Ciccone
My Commission HH 122289
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of [illegible].

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President



SURETY BOND DIGITAL SEAL
The Hartford Financial Services Group, Inc.

To Our Valued Partners:

In efforts of continuing business during the pendency of the COVID-19 pandemic, The Hartford has authorized its Attorneys-in-Fact to affix the electronic corporate seal in a digital format, in lieu of its traditional raised seal to any bond document issued on its behalf by any such Attorney-in-Fact.

The Hartford agrees and affirms that the digital corporate seal affixed to any bond document is equivalent to its raised corporate seal had it been affixed to the bond document itself.

Effective this 30th day of March, 2020.

The Hartford

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

The Hartford Financial Services Group, Inc.
P.O. Box 958461
Lake Mary, FL 32795

P: 888-656-0817
F: 877-257-2166

www.thehartford.com/bond
www.thehartford.com
www.facebook.com/thehartford
www.twitter.com/thehartford

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Almaject, Inc.

Pharmacy/Wholesaler License # (if applicable) WH03533

Physical Address 44 Whippany Road, Suite 300

City Morristown State NJ Zip 07960

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 973-796-3400 Website www.alvogen.com

Licensing Company Email mary.hutchason@alvogen.com

Section 2: Personal Information

First Marylea Middle _____ Last Hutchason

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Addres [redacted]

City Clifton State NJ Zip [redacted]

Telephone 973-796-3403 Email mary.hutchason@alvogen.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Kaplan University - Online University		2010-2012	
Address	**City**	**State**	**Zip**
1801 E Kimberly Rd, Ste 1	Davenport	IA	52807
Diploma/Degree obtained, if any			
AS Paralegal Studies			

School Name		From - To (MM/YY – MM/YY)	
Nutley High School		1974-1978	
Address	**City**	**State**	**Zip**
300 Franklin Ave	Nutley	NJ	07110
Diploma/Degree obtained, if any			
H.S. Degree			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1998 to Present	[redacted]	Clifton	NJ	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Almaject Inc.			6/2014 to Present	
Business Address		**City**	**State**	**Zip**
44 Whippany Road, Suite 300		Morristown	NJ	07960
Phone	**Title**		**Number of Employed Hours**	
973-796-3412	Exec. Assistant to CEO, Office Manager24,703		24,703	
Description of Duties				
Exec. Assistant to CEO, Manage day to day operations at Office				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

5-5-16
Date

I, Marylea Hutchason, **certify that as the designated representative for**

Almaject Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MH I am at least 21 years of age;
3. MH I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MH I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Marylea Hutchason

Print Name (First, Last)

Marylea Hutchason

Original Signature (electronic, copies or stamps not accepted)

5-5-24

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Marylea Hutchason

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5-5-26

Date

Please have this section completed in the presence of a Notary Public.

State of NEW JERSEY, ss. County of PASSAIC

I, MARYLEA HUTCHASON, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5-5-26

Date

Subscribed and Sworn to before me this 05 day of MAY 2026

Notary Public Signature

ROBERTH A. SOSA
Notary Public, State of New Jersey
My Commission Expires 07/22/2030

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Almaject, Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): WH03533

Physical Address: 44 Whippany Road, Suite 300

City: Morristown State: NJ Zip: 07960

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 973-796-3400 Website: www.alvogen.com

Licensing Company Email: mary.hutchason@alvogen.com

Section 2: Personal Information

First: Tunie Middle: Last: Zaku

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Pine Brook State: NJ Zi[redacted]

Telephone: [redacted] Email: tunie.zaku@alvogen.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Seton Hall University			Aug 1995 to May 1999
Address	**City**	**State**	**Zip**
400 S Orange Ave	South Orange	NJ	07079
Diploma/Degree obtained, if any			
Bachelor's			

School Name			From - To (MM/YY – MM/YY)
Boonton High School			Sept 1991 to June 1995
Address	**City**	**State**	**Zip**
306 Lathrop Ave	Boonton	NJ	07005
Diploma/Degree obtained, if any			
H.S. Diploma			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/13 to Present	[redacted]	Pine Brook	NJ	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Almaject, Inc			02/18 to Present
Business Address	**City**	**State**	**Zip**
44 Whippany Road, Suite 300	Morristown	NJ	07960
Phone	**Title**		
973-487-3957	Chief Financial Officer, Americas Region		
Description of Duties	Managing cash flow, financial planning and analysis (FP&A), financial reporting, risk management, and strategic decision-making regarding growth, mergers, and acquisitions		

Business Name			From - To (MM/YY – MM/YY)
Par Pharmaceutical Inc			11/06 to 02/18
Business Address	**City**	**State**	**Zip**
1 Ram Ridge Road	Chestnut Ridge	NJ	10977
Phone	**Title**		
845-364-4780	Generics Controller		
Description of Duties	Managing cash flow, financial planning and analysis (FP&A), financial reporting, risk management, and strategic decision-making regarding growth, mergers, and acquisitions		

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attached information.

Original Signature (electronic, copies or stamps not accepted)

4.30.24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

TUNIE ZAKU

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4.30.14

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4.30.14

Date

Subscribed and Sworn to before me this 30th day of APRIL, 2014

Notary Public Signature

Marylea Hutchason
NOTARY PUBLIC
State of New Jersey
ID # 2376861
My Commission Expires August 13, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Almaject, Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) Alvogen, Inc.

Physical Address 44 Whippany Road, Suite 300

City Morristown State NJ Zip 07960

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 973-796-3400 Website www.alvogen.com

Licensing Company Email mary.hutchason@alvogen.com

Section 2: Personal Information

First Gina Middle _____ Last Gencarelli

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City Morristown State NJ Zip [redacted]

Telephone [redacted] Email gina.gencarelli@alvogen.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Seton Hall University School of Law		09/02-05/05	
Address	**City**	**State**	**Zip**
1109 Raymond Blvd	Newark	NJ	07102
Diploma/Degree obtained, if any			
Juris Doctor			

School Name		From- To (MM/YY – MM/YY)	
University of Wisconsin		08/00 - 05/02	
Address	**City**	**State**	**Zip**
500 Lincoln Dr	Madison	WI	53706
Diploma/Degree obtained, if any			
Master of Science in Organic Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Lehigh University		08/96 - 01/00	
Address	**City**	**State**	**Zip**
27 Memorial Dr W	Bethlehem	PA	18015
Diploma/Degree obtained, if any			
Bachelor of Science in Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Jefferson Township High School		09/92 - 06/96	
Address	**City**	**State**	**Zip**
1010 Weldon Rd	Oak Ridge	NJ	07438
Diploma/Degree obtained, if any			
H.S. Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2014 to Present	[redacted]	Morristown	NJ	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Almaject, Inc.			09/25 to Present
Business Address	**City**	**State**	**Zip**
44 Whippany Road, Suite 300	Morristown	NJ	07960
Phone	**Title**		
973-610-5175	Secretary		

Description of Duties

Head of Alvogen's legal department and Corporate Secretary. Responsible for managing all legal operations for the company, including intellectual property strategy, litigation, FDA counseling, commercial contracting, mergers and acquisitions, compliance, and records management. Provides support to cross-functional areas, including business development, R&D, supply chain, and sales and marketing.

Business Name			From - To (MM/YY – MM/YY)
Endo USA, Inc. (f/k/a Par Pharmaceutical)			05/14 to 09/25
Business Address	**City**	**State**	**Zip**
300 Tice Boulevard, Suite 230	Woodlcliff Lake	NJ	07677
Phone	**Title**		
314-654-2000	Executive Director, Intellectual Property		

Description of Duties

Responsible for managing all aspects of IP and related FDA counseling for the company's Generics and Sterile Injectables divisions. Includes IP litigation, patent and trademark prosecution, FDA work, diligence for transactions, contract drafting and negotiation, and selection of new products for development.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attached information.

Nina Lencarelli
Original Signature (electronic, copies or stamps not accepted)

4/14/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

GINA GENCARELLI

Print Name (First, Last)

Gina Gencarelli — 4/14/2026

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, Gina Gencarelli, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Gina Gencarelli — 4/14/2026

Original Signature — **Date**

Subscribed and Sworn to before me this 14th day of APRIL, 2026.

Maryles Hutchason

Notary Public Signature

Maryles Hutchason
NOTARY PUBLIC
State of New Jersey
ID # 2376861
My Commission Expires August 13, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Almaject, Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) WH03533

Physical Address 44 Whippany Road, Suite 300

City Morristown State NJ Zip 07960

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 973-796-3400 Website www.alvogen.com

Licensing Company Email mary.hutchason@alvogen.com

Section 2: Personal Information

First Divya Middle C. Last Patel

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Lincoln Park State NJ Zi[redacted]

Telephone 973-796-3400 Email divya.patel@alvogen.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Charlotte, NC		1/91 - 12/93	
Address	City	State	Zip
9201 University City Blvd	Charlotte	NC	28223
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
University of Rochester		9/84 - 05/88	
Address	City	State	Zip
186 Cumberland St	Rochester	NY	14605
Diploma/Degree obtained, if any			
BS Optical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Indian Hills High School		9/79 - 6/84	
Address	City	State	Zip
97 Yawpo Ave	Oakland	NJ	07436
Diploma/Degree obtained, if any			
H.S. Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1998 to Present	[redacted]	Lincoln Park	NJ	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Almajct, Inc.			02/26 - Present
Business Address	**City**	**State**	**Zip**
44 Whippany Road, Suite 300	Morristown	NJ	07960
Phone	**Title**		
973-796-3400	Chief Executive Officer		
Description of Duties			
Develop and implement high-level business strategies, responsible for all operations and resources, primary point of communication between shareholders and corporation			

Business Name			From - To (MM/YY – MM/YY)
Alvogen Inc.			06/12 - 02/26
Business Address	**City**	**State**	**Zip**
44 Whippany Road, Suite 300	Morristown	NJ	07960
Phone	**Title**		
973-796-3400	Executive Director		
Description of Duties			
Oversight of global generic pharmaceutical business, participation in key global initiatives, day-to-day activities include strategic sourcing and business development support			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attached information.

Original Signature (electronic, copies or stamps not accepted)

4/15/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

DIVYA PATEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/15/2026

Date

Please have this section completed in the presence of a Notary Public.

State of NEW JERSEY, ss. County of MORRIS

I, DIVYA C. PATEL, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/15/2026

Date

Subscribed and Sworn to before me this 15th day of APRIL, 2026

Notary Public Signature

Marylea Hutchason
NOTARY PUBLIC
State of New Jersey
ID # 2378881
My Commission Expires August 13, 2028

(Seal)

Employee List - 44 Whippany Road - Suite 300, Morristown, NJ 07960
NAME
Abisaleh, Hilda
Adams, Susie Jennifer
Amankwaa, Kwaku
Andre, Elvila
Baez, Johanna
Baker, Ivana
Beffert, Jordan
Bersey, Joshua A
Billemeyer, Carolyn
Bound, James E.
Buenviaje, Agustin Abarquez
Cestaro, Frank
Christian, Cory
Clendennen, Catherine
David, Andrew D
Deng, Li
Dinh, Daniel
Dixit, Karuna
Doria, Carlos
Dunne, Cathleen
Elvin, Lisa
Engdahl, Alex
Froes, Natalie
Garbarini, John
Gencarelli, Gina
Gonzales, Jan Michael
Gordon, Christine
Guerrero, Pilar
Guida, Emily
Haddad, Ali
Hamblin, Stacey Sun
Hou, Morgan C.
Hutchason, Marylea
Kake, Nitin
Kondepudi, Lakshmi Madhavi
Kushner, Phillip
Kusmick, Michael
Lad, Kishor N
Lartigue, Samuel
Lasser, Robert
Lau, Christopher
Lee, Alyssa
Lee, Evan
Lin, Howie
Ludwig, Matthew B
Luo, Min
Michalowski, Rafal
Miranda, Roberto

Mistry, Nima
Mokebo, Vincent A.
Mucha, Darek
Neely, Katherine
Oliveira, Damiana
Palmer, Joana
Panicaro, Michael
Patel, Amy J
Patel, Manish Ishverlal
Patel, Sehul
Patel, Sonal
Peele, Tonya
Perry, Charles
Puzanova, Svetlana
Ramirez, Myreen
Ramkishun, Nadina
Rashid, Zoya
Referente, Michael S
Rivas, Harry
Rodriguez, Isamar Jimena
Shah, Kaushik
Shah, Mihir
Shinn, Jeremy
Simeon, JC
Singh, Harvinder
Singh, Jasmit
Sinha, Neela
Spears, Twonna L.
Spinelli, Leonard
Spruill, Natasha
Suchy, William
Sumler, Heather L.
Tibbetts, Lynn N.
Titcombe, Anthony Olumide
Tricarico, Daniel
Uzelac, Djordje
Valiga, Richard Michael
Vieru, Oleg
Walton, Joshua
White, James P.
Zagmot, Robert J
Zaku, Lumtunie
Zamor, Wendy
Anderson, Allyson M.
Avery, Robert
DaCosta, Ramona A.
Damoci, Sherri
Deodhar, Archana
Fernandes Dias, Samantha
Kaur, Harpreet

Marshall, Robert J
Mitchell, Marissa J.
Pall, Jaspreet
Tarnofsky, Brian Harold
Bullock, Darlene D
Cerbone, Allison
Cineus, Moise
Ferreira, Samantha
Mathew, Tracey A
Ng, Ka Man
Sansevera, Jeff A
Smith, Emily
Nargashna, Riddhi
Seymore, Taneka
Demera, Luis

4SS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03213	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Alvogen, Inc.

Physical Address: 44 Whippany Road, Suite 300

City: Morristown State: NJ Zip: 07960

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 973-796-3400 Website: www.alvogen.com

Name of Designated Representative (DR): Katherine Neely

Licensing Company Email: mary.hutchason@alvogen.com DR Email: kate.neely@alvogen.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	■ Manufacturer (Virtual)
☐ Practitioners	■ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [3]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Norwich Pharmaceuticals, Inc.
Address: 6826 State Highway 12 City: Norwich State: NY Zip: 13815
Name: UPS Supply Chain Solutions, Inc. 1
Address: 1860 Outer Loop City: Louisville State: KY Zip: 40219
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Alvogen Pharma US, Inc.
Corporation/Organization Name: Alvogen, Inc.
Mailing Address: 44 Whippany Road, Suite 300
City: Morristown State: NJ Zip: 07960
Telephone: 973-796-3400 Email: mary.hutchason@alvogen.com
Contact Person Name: Mary Hutchason

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration See attached Proof of FDA Labeler Code 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Alvogen, Inc.

Facility Name

Lumtunie Zaku

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

5/28/2026

Date

Board Use Only	Date Received: 6/1/26	Amount: $10000 CK 6670009

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through April 01, 2026

You have searched Finished drug products

Search Results: *'alvogen'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	S M D
Bonsity	47781-852-89	250 ug/mL	INJECTION, SOLUTION	SUBCUTANEOUS	NDA211939	Alvogen Inc.	47781-852	teriparatide	TERIPARATIDE	HUMAN PRESCRIPTION DRUG	06/
Buprenorphine and Naloxone	47781-355-03	2 mg/1, .5 mg/1	FILM	BUCCAL; SUBLINGUAL	ANDA205954	Alvogen Inc.	47781-355	Buprenorphine and Naloxone	BUPRENORPHINE HYDROCHLORIDE; NALOXONE HYDROCHLORIDE DIHYDRATE	HUMAN PRESCRIPTION DRUG	02/
Buprenorphine and Naloxone	47781-356-03	4 mg/1, 1 mg/1	FILM	BUCCAL; SUBLINGUAL	ANDA205954	Alvogen Inc.	47781-356	Buprenorphine and Naloxone	BUPRENORPHINE HYDROCHLORIDE; NALOXONE HYDROCHLORIDE DIHYDRATE	HUMAN PRESCRIPTION DRUG	02/
Buprenorphine and Naloxone	47781-357-03	8 mg/1, 2 mg/1	FILM	BUCCAL; SUBLINGUAL	ANDA205954	Alvogen Inc.	47781-357	Buprenorphine and Naloxone	BUPRENORPHINE HYDROCHLORIDE; NALOXONE HYDROCHLORIDE DIHYDRATE	HUMAN PRESCRIPTION DRUG	02/
Buprenorphine and Naloxone	47781-358-03	12 mg/1, 3 mg/1	FILM	BUCCAL; SUBLINGUAL	ANDA205954	Alvogen Inc.	47781-358	Buprenorphine and Naloxone	BUPRENORPHINE HYDROCHLORIDE; NALOXONE HYDROCHLORIDE DIHYDRATE	HUMAN PRESCRIPTION DRUG	02/
buprenorphine transdermal system	47781-406-04	5 ug/h	PATCH, EXTENDED RELEASE	TRANSDERMAL	ANDA207490	Alvogen Inc.	47781-406	buprenorphine	BUPRENORPHINE	HUMAN PRESCRIPTION DRUG	08/
buprenorphine transdermal system	47781-407-04	10 ug/h	PATCH, EXTENDED RELEASE	TRANSDERMAL	ANDA207490	Alvogen Inc.	47781-407	buprenorphine	BUPRENORPHINE	HUMAN PRESCRIPTION DRUG	08/
buprenorphine transdermal system	47781-408-04	20 ug/h	PATCH, EXTENDED RELEASE	TRANSDERMAL	ANDA207490	Alvogen Inc.	47781-408	buprenorphine	BUPRENORPHINE	HUMAN PRESCRIPTION DRUG	08/
buprenorphine transdermal system	47781-419-04	15 ug/h	PATCH, EXTENDED RELEASE	TRANSDERMAL	ANDA207490	Alvogen Inc.	47781-419	buprenorphine	BUPRENORPHINE	HUMAN PRESCRIPTION DRUG	08/
Dexamethasone	47781-914-01	4 mg/1	TABLET	ORAL	ANDA088481	Alvogen Inc.	47781-914	dexamethasone	DEXAMETHASONE	HUMAN PRESCRIPTION DRUG	08/
Dexamethasone	47781-914-51	4 mg/1	TABLET	ORAL	ANDA088481	Alvogen Inc.	47781-914	dexamethasone	DEXAMETHASONE	HUMAN PRESCRIPTION DRUG	08/

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Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	S M D
Dexamethasone	47781-916-01	6 mg/1	TABLET	ORAL	ANDA088481	Alvogen Inc.	47781-916	dexamethasone	DEXAMETHASONE	HUMAN PRESCRIPTION DRUG	08/
Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate, Amphetamine Sulfate Tablets,CII	47781-174-01	1.25 mg/1, 1.25 mg/1, 1.25 mg/1, 1.25 mg/1	TABLET	ORAL	ANDA207388	Alvogen Inc.	47781-174	Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate, Amphetamine Sulfate Tablets, 5 mg,CII	AMPHETAMINE ASPARTATE MONOHYDRATE; AMPHETAMINE SULFATE; DEXTROAMPHETAMINE SACCHARATE; DEXTROAMPHETAMINE SULFATE	HUMAN PRESCRIPTION DRUG	07/
Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate, Amphetamine Sulfate Tablets,CII	47781-176-01	2.5 mg/1, 2.5 mg/1, 2.5 mg/1, 2.5 mg/1	TABLET	ORAL	ANDA207388	Alvogen Inc.	47781-176	Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate, Amphetamine Sulfate Tablets, 10 mg,CII	AMPHETAMINE ASPARTATE MONOHYDRATE; AMPHETAMINE SULFATE; DEXTROAMPHETAMINE SACCHARATE; DEXTROAMPHETAMINE SULFATE	HUMAN PRESCRIPTION DRUG	07/
Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate, Amphetamine Sulfate Tablets,CII	47781-178-01	3.75 mg/1, 3.75 mg/1, 3.75 mg/1, 3.75 mg/1	TABLET	ORAL	ANDA207388	Alvogen Inc.	47781-178	Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate, Amphetamine Sulfate Tablets, 15 mg,CII	AMPHETAMINE ASPARTATE MONOHYDRATE; AMPHETAMINE SULFATE; DEXTROAMPHETAMINE SACCHARATE; DEXTROAMPHETAMINE SULFATE	HUMAN PRESCRIPTION DRUG	07/
Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate, Amphetamine Sulfate Tablets,CII	47781-179-01	5 mg/1, 5 mg/1, 5 mg/1, 5 mg/1	TABLET	ORAL	ANDA207388	Alvogen Inc.	47781-179	Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate, Amphetamine Sulfate Tablets, 20 mg,CII	AMPHETAMINE ASPARTATE MONOHYDRATE; AMPHETAMINE SULFATE; DEXTROAMPHETAMINE SACCHARATE; DEXTROAMPHETAMINE SULFATE	HUMAN PRESCRIPTION DRUG	07/
Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate, Amphetamine Sulfate Tablets,CII	47781-180-01	7.5 mg/1, 7.5 mg/1, 7.5 mg/1, 7.5 mg/1	TABLET	ORAL	ANDA207388	Alvogen Inc.	47781-180	Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate, Amphetamine Sulfate Tablets, 30 mg,CII	AMPHETAMINE ASPARTATE MONOHYDRATE; AMPHETAMINE SULFATE; DEXTROAMPHETAMINE SACCHARATE; DEXTROAMPHETAMINE SULFATE	HUMAN PRESCRIPTION DRUG	07/
Disulfiram	47781-607-30	250 mg/1	TABLET	ORAL	ANDA091681	Alvogen Inc.	47781-607	Disulfiram	DISULFIRAM	HUMAN PRESCRIPTION DRUG	08/
Estradiol	47781-104-44	.1 mg/g	CREAM	VAGINAL	ANDA209767	Alvogen Inc.	47781-104	Estradiol	ESTRADIOL HEMIHYDRATE	HUMAN PRESCRIPTION DRUG	06/
Fentanyl system	47781-423-47	12.5 ug/1	PATCH	TRANSDERMAL	ANDA202097	ALVOGEN	47781-423	Fentanyl	FENTANYL	HUMAN PRESCRIPTION DRUG	11/
Fentanyl system	47781-424-47	25 ug/1	PATCH	TRANSDERMAL	ANDA202097	ALVOGEN	47781-424	Fentanyl	FENTANYL	HUMAN PRESCRIPTION DRUG	11/

Top (https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	S M D
Fentanyl system	47781-426-47	50 ug/1	PATCH	TRANSDERMAL	ANDA202097	ALVOGEN	47781-426	Fentanyl	FENTANYL	HUMAN PRESCRIPTION DRUG	11/
Fentanyl system	47781-427-47	75 ug/1	PATCH	TRANSDERMAL	ANDA202097	ALVOGEN	47781-427	Fentanyl	FENTANYL	HUMAN PRESCRIPTION DRUG	11/
Fentanyl system	47781-428-47	100 ug/1	PATCH	TRANSDERMAL	ANDA202097	ALVOGEN	47781-428	Fentanyl	FENTANYL	HUMAN PRESCRIPTION DRUG	11/
Hydrocodone Bitartrate	47781-392-60	20 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA208269	Alvogen Inc.	47781-392	Hydrocodone Bitartrate	HYDROCODONE BITARTRATE	HUMAN PRESCRIPTION DRUG	03/
Hydrocodone Bitartrate	47781-393-60	30 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA208269	Alvogen Inc.	47781-393	Hydrocodone Bitartrate	HYDROCODONE BITARTRATE	HUMAN PRESCRIPTION DRUG	03/
Hydrocodone Bitartrate	47781-394-60	40 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA208269	Alvogen Inc.	47781-394	Hydrocodone Bitartrate	HYDROCODONE BITARTRATE	HUMAN PRESCRIPTION DRUG	03/
Hydrocodone Bitartrate	47781-395-60	60 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA208269	Alvogen Inc.	47781-395	Hydrocodone Bitartrate	HYDROCODONE BITARTRATE	HUMAN PRESCRIPTION DRUG	03/
Hydrocodone Bitartrate	47781-396-60	80 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA208269	Alvogen Inc.	47781-396	Hydrocodone Bitartrate	HYDROCODONE BITARTRATE	HUMAN PRESCRIPTION DRUG	03/
Hydrocodone Bitartrate	47781-397-60	100 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA208269	Alvogen Inc.	47781-397	Hydrocodone Bitartrate	HYDROCODONE BITARTRATE	HUMAN PRESCRIPTION DRUG	03/
Hydrocodone Bitartrate	47781-398-60	120 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA208269	Alvogen Inc.	47781-398	Hydrocodone Bitartrate	HYDROCODONE BITARTRATE	HUMAN PRESCRIPTION DRUG	03/
Hydrocodone Bitartrate	47781-409-60	10 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	ANDA206986	Alvogen Inc.	47781-409	Hydrocodone Bitartrate	HYDROCODONE BITARTRATE	HUMAN PRESCRIPTION DRUG	01/
Hydrocodone Bitartrate	47781-410-60	15 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	ANDA206986	Alvogen Inc.	47781-410	Hydrocodone Bitartrate	HYDROCODONE BITARTRATE	HUMAN PRESCRIPTION DRUG	01/
Hydrocodone Bitartrate	47781-411-60	20 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	ANDA206986	Alvogen Inc.	47781-411	Hydrocodone Bitartrate	HYDROCODONE BITARTRATE	HUMAN PRESCRIPTION DRUG	01/
Hydrocodone Bitartrate	47781-412-60	30 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	ANDA206986	Alvogen Inc.	47781-412	Hydrocodone Bitartrate	HYDROCODONE BITARTRATE	HUMAN PRESCRIPTION DRUG	01/
Hydrocodone Bitartrate	47781-413-60	40 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	ANDA206986	Alvogen Inc.	47781-413	Hydrocodone Bitartrate	HYDROCODONE BITARTRATE	HUMAN PRESCRIPTION DRUG	01/
Hydrocodone Bitartrate	47781-414-60	50 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	ANDA206986	Alvogen Inc.	47781-414	Hydrocodone Bitartrate	HYDROCODONE BITARTRATE	HUMAN PRESCRIPTION DRUG	01/
LENALIDOMIDE	47781-483-28	2.5 mg/1	CAPSULE	ORAL	ANDA210480	Alvogen, Inc.	47781-483	Lenalidomide	LENALIDOMIDE	HUMAN PRESCRIPTION DRUG	03/
LENALIDOMIDE	47781-483-01	2.5 mg/1	CAPSULE	ORAL	ANDA210480	Alvogen, Inc.	47781-483	Lenalidomide	LENALIDOMIDE	HUMAN PRESCRIPTION DRUG	03/

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Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	S M D
LENALIDOMIDE	47781-484-28	5 mg/1	CAPSULE	ORAL	ANDA210480	Alvogen, Inc.	47781-484	Lenalidomide	LENALIDOMIDE	HUMAN PRESCRIPTION DRUG	09/
LENALIDOMIDE	47781-484-01	5 mg/1	CAPSULE	ORAL	ANDA210480	Alvogen, Inc.	47781-484	Lenalidomide	LENALIDOMIDE	HUMAN PRESCRIPTION DRUG	09/
LENALIDOMIDE	47781-485-28	10 mg/1	CAPSULE	ORAL	ANDA210480	Alvogen, Inc.	47781-485	Lenalidomide	LENALIDOMIDE	HUMAN PRESCRIPTION DRUG	09/
LENALIDOMIDE	47781-485-01	10 mg/1	CAPSULE	ORAL	ANDA210480	Alvogen, Inc.	47781-485	Lenalidomide	LENALIDOMIDE	HUMAN PRESCRIPTION DRUG	09/
LENALIDOMIDE	47781-486-77	15 mg/1	CAPSULE	ORAL	ANDA210480	Alvogen, Inc.	47781-486	Lenalidomide	LENALIDOMIDE	HUMAN PRESCRIPTION DRUG	09/
LENALIDOMIDE	47781-486-01	15 mg/1	CAPSULE	ORAL	ANDA210480	Alvogen, Inc.	47781-486	Lenalidomide	LENALIDOMIDE	HUMAN PRESCRIPTION DRUG	09/
LENALIDOMIDE	47781-487-77	20 mg/1	CAPSULE	ORAL	ANDA210480	Alvogen, Inc.	47781-487	Lenalidomide	LENALIDOMIDE	HUMAN PRESCRIPTION DRUG	03/
LENALIDOMIDE	47781-487-01	20 mg/1	CAPSULE	ORAL	ANDA210480	Alvogen, Inc.	47781-487	Lenalidomide	LENALIDOMIDE	HUMAN PRESCRIPTION DRUG	03/
LENALIDOMIDE	47781-488-01	25 mg/1	CAPSULE	ORAL	ANDA210480	Alvogen, Inc.	47781-488	Lenalidomide	LENALIDOMIDE	HUMAN PRESCRIPTION DRUG	09/
LENALIDOMIDE	47781-488-77	25 mg/1	CAPSULE	ORAL	ANDA210480	Alvogen, Inc.	47781-488	Lenalidomide	LENALIDOMIDE	HUMAN PRESCRIPTION DRUG	09/
levothyroxine sodium	47781-640-10	25 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-640	levothyroxine sodium	LEVOTHYROXINE SODIUM	HUMAN PRESCRIPTION DRUG	05/

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levothyroxine sodium	47781-640-90	25 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-640	levothyroxine sodium	LEVOTHYROXINE SODIUM	HUMAN PRESCRIPTION DRUG	05/
levothyroxine sodium	47781-643-90	50 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-643	levothyroxine sodium	LEVOTHYROXINE SODIUM	HUMAN PRESCRIPTION DRUG	05/
levothyroxine sodium	47781-643-10	50 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-643	levothyroxine sodium	LEVOTHYROXINE SODIUM	HUMAN PRESCRIPTION DRUG	05/
levothyroxine sodium	47781-646-90	75 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-646	levothyroxine sodium	LEVOTHYROXINE SODIUM	HUMAN PRESCRIPTION DRUG	05/
levothyroxine sodium	47781-646-10	75 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-646	levothyroxine sodium	LEVOTHYROXINE SODIUM	HUMAN PRESCRIPTION DRUG	05/
levothyroxine sodium	47781-649-90	88 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-649	levothyroxine sodium	LEVOTHYROXINE SODIUM	HUMAN PRESCRIPTION DRUG	05/
levothyroxine sodium	47781-649-10	88 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-649	levothyroxine sodium	LEVOTHYROXINE SODIUM	HUMAN PRESCRIPTION DRUG	05/
levothyroxine sodium	47781-651-90	100 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-651	levothyroxine sodium	LEVOTHYROXINE SODIUM	HUMAN PRESCRIPTION DRUG	05/
levothyroxine sodium	47781-651-10	100 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-651	levothyroxine sodium	LEVOTHYROXINE SODIUM	HUMAN PRESCRIPTION DRUG	05/
levothyroxine sodium	47781-654-10	112 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-654	levothyroxine sodium	LEVOTHYROXINE SODIUM	HUMAN PRESCRIPTION DRUG	05/
levothyroxine sodium	47781-654-90	112 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-654	levothyroxine sodium	LEVOTHYROXINE SODIUM	HUMAN PRESCRIPTION DRUG	05/
levothyroxine sodium	47781-657-10	125 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-657	levothyroxine sodium	LEVOTHYROXINE SODIUM	HUMAN PRESCRIPTION DRUG	05/
levothyroxine sodium	47781-657-90	125 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-657	levothyroxine sodium	LEVOTHYROXINE SODIUM	HUMAN PRESCRIPTION DRUG	05/

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Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	St Mi Da
levothyroxine sodium	47781-659-10	137 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-659	levothyroxine sodium	LEVOTHYROXINE SODIUM	HUMAN PRESCRIPTION DRUG	05/(
levothyroxine sodium	47781-659-90	137 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-659	levothyroxine sodium	LEVOTHYROXINE SODIUM	HUMAN PRESCRIPTION DRUG	05/(
levothyroxine sodium	47781-662-90	150 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-662	levothyroxine sodium	LEVOTHYROXINE SODIUM	HUMAN PRESCRIPTION DRUG	05/(
levothyroxine sodium	47781-662-10	150 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-662	levothyroxine sodium	LEVOTHYROXINE SODIUM	HUMAN PRESCRIPTION DRUG	05/(
levothyroxine sodium	47781-665-90	175 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-665	levothyroxine sodium	LEVOTHYROXINE SODIUM	HUMAN PRESCRIPTION DRUG	05/(
levothyroxine sodium	47781-665-10	175 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-665	levothyroxine sodium	LEVOTHYROXINE SODIUM	HUMAN PRESCRIPTION DRUG	05/(
levothyroxine sodium	47781-668-10	200 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-668	levothyroxine sodium	LEVOTHYROXINE SODIUM	HUMAN PRESCRIPTION DRUG	05/(
levothyroxine sodium	47781-668-90	200 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-668	levothyroxine sodium	LEVOTHYROXINE SODIUM	HUMAN PRESCRIPTION DRUG	05/(
levothyroxine sodium	47781-671-10	300 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-671	levothyroxine sodium	LEVOTHYROXINE SODIUM	HUMAN PRESCRIPTION DRUG	05/(
levothyroxine sodium	47781-671-90	300 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-671	levothyroxine sodium	LEVOTHYROXINE SODIUM	HUMAN PRESCRIPTION DRUG	05/(
lisdexamfetamine dimesylate	47781-562-01	10 mg/1	CAPSULE	ORAL	ANDA214547	Alvogen Inc.	47781-562	lisdexamfetamine dimesylate	LISDEXAMFETAMINE DIMESYLATE	HUMAN PRESCRIPTION DRUG	08/:
lisdexamfetamine dimesylate	47781-563-01	20 mg/1	CAPSULE	ORAL	ANDA214547	Alvogen Inc.	47781-563	lisdexamfetamine dimesylate	LISDEXAMFETAMINE DIMESYLATE	HUMAN PRESCRIPTION DRUG	08/:
lisdexamfetamine dimesylate	47781-564-01	30 mg/1	CAPSULE	ORAL	ANDA214547	Alvogen Inc.	47781-564	lisdexamfetamine dimesylate	LISDEXAMFETAMINE DIMESYLATE	HUMAN PRESCRIPTION DRUG	08/:
lisdexamfetamine dimesylate	47781-565-01	40 mg/1	CAPSULE	ORAL	ANDA214547	Alvogen Inc.	47781-565	lisdexamfetamine dimesylate	LISDEXAMFETAMINE DIMESYLATE	HUMAN PRESCRIPTION DRUG	08/:
lisdexamfetamine dimesylate	47781-566-01	50 mg/1	CAPSULE	ORAL	ANDA214547	Alvogen Inc.	47781-566	lisdexamfetamine dimesylate	LISDEXAMFETAMINE DIMESYLATE	HUMAN PRESCRIPTION DRUG	08/:
lisdexamfetamine dimesylate	47781-567-01	60 mg/1	CAPSULE	ORAL	ANDA214547	Alvogen Inc.	47781-567	lisdexamfetamine dimesylate	LISDEXAMFETAMINE DIMESYLATE	HUMAN PRESCRIPTION DRUG	08/:
lisdexamfetamine dimesylate	47781-568-01	70 mg/1	CAPSULE	ORAL	ANDA214547	Alvogen Inc.	47781-568	lisdexamfetamine dimesylate	LISDEXAMFETAMINE DIMESYLATE	HUMAN PRESCRIPTION DRUG	08/:
Methenamine Hippurate	47781-577-01	1 g/1	TABLET	ORAL	NDA016151	Alvogen Inc.	47781-577	Methenamine Hippurate	METHENAMINE HIPPURATE	HUMAN PRESCRIPTION DRUG	10/:

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Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	St M Da
Naproxen Sodium	47781-153-01	375 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	NDA020353	Alvogen Inc	47781-153	Naproxen Sodium	NAPROXEN SODIUM	HUMAN PRESCRIPTION DRUG	03/
Naproxen Sodium	47781-154-75	500 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	NDA020353	Alvogen Inc.	47781-154	Naproxen Sodium	NAPROXEN SODIUM	HUMAN PRESCRIPTION DRUG	03/
Naproxen Sodium	47781-155-30	750 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	NDA020353	Alvogen Inc.	47781-155	Naproxen Sodium	NAPROXEN SODIUM	HUMAN PRESCRIPTION DRUG	03/
nitrofurantoin macrocrystals	47781-306-01	25 mg/1	CAPSULE	ORAL	NDA016620	Alvogen Inc.	47781-306	nitrofurantoin macrocrystals	NITROFURANTOIN	HUMAN PRESCRIPTION DRUG	09/
nitrofurantoin macrocrystals	47781-307-01	50 mg/1	CAPSULE	ORAL	NDA016620	Alvogen Inc.	47781-307	nitrofurantoin macrocrystals	NITROFURANTOIN	HUMAN PRESCRIPTION DRUG	09/
nitrofurantoin macrocrystals	47781-308-01	100 mg/1	CAPSULE	ORAL	NDA016620	Alvogen Inc.	47781-308	nitrofurantoin macrocrystals	NITROFURANTOIN	HUMAN PRESCRIPTION DRUG	09/
Nitrofurantoin Monohydrate/ Macrocrystalline	47781-303-01	25 mg/1, 75 mg/1	CAPSULE	ORAL	NDA020064	Alvogen Inc.	47781-303	Nitrofurantoin Monohydrate/Macrocrystalline	NITROFURANTOIN; NITROFURANTOIN MONOHYDRATE	HUMAN PRESCRIPTION DRUG	05/
Oseltamivir Phosphate	47781-468-13	30 mg/1	CAPSULE	ORAL	ANDA202595	Alvogen Inc.	47781-468	Oseltamivir phosphate	OSELTAMIVIR PHOSPHATE	HUMAN PRESCRIPTION DRUG	12/
Oseltamivir Phosphate	47781-469-13	45 mg/1	CAPSULE	ORAL	ANDA202595	Alvogen Inc.	47781-469	Oseltamivir phosphate	OSELTAMIVIR PHOSPHATE	HUMAN PRESCRIPTION DRUG	12/
Oseltamivir Phosphate	47781-470-13	75 mg/1	CAPSULE	ORAL	ANDA202595	Alvogen Inc.	47781-470	Oseltamivir phosphate	OSELTAMIVIR PHOSPHATE	HUMAN PRESCRIPTION DRUG	12/
Oseltamivir Phosphate for Oral Suspension	47781-384-26	6 mg/mL	POWDER, FOR SUSPENSION	ORAL	ANDA208823	Alvogen Inc.	47781-384	Oseltamivir Phosphate	OSELTAMIVIR PHOSPHATE	HUMAN PRESCRIPTION DRUG	11/
Oxycodone and Acetaminophen	47781-196-01	325 mg/1, 5 mg/1	TABLET	ORAL	ANDA202677	Alvogen, Inc.	47781-196	Oxycodone and Acetaminophen	ACETAMINOPHEN; OXYCODONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	03/
Oxycodone and Acetaminophen	47781-196-05	325 mg/1, 5 mg/1	TABLET	ORAL	ANDA202677	Alvogen, Inc.	47781-196	Oxycodone and Acetaminophen	ACETAMINOPHEN; OXYCODONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	03/
Oxycodone and Acetaminophen	47781-229-01	325 mg/1, 7.5 mg/1	TABLET	ORAL	ANDA202677	Alvogen, Inc.	47781-229	Oxycodone and Acetaminophen	ACETAMINOPHEN; OXYCODONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/
Oxycodone and Acetaminophen	47781-229-05	325 mg/1, 7.5 mg/1	TABLET	ORAL	ANDA202677	Alvogen, Inc.	47781-229	Oxycodone and Acetaminophen	ACETAMINOPHEN; OXYCODONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/
Oxycodone and Acetaminophen	47781-230-01	325 mg/1, 10 mg/1	TABLET	ORAL	ANDA202677	Alvogen, Inc.	47781-230	Oxycodone and Acetaminophen	ACETAMINOPHEN; OXYCODONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/

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Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	St M Da
Oxycodone and Acetaminophen	47781-230-63	325 mg/1; 10 mg/1	TABLET	ORAL	ANDA202677	Alvogen, Inc.	47781-230	Oxycodone and Acetaminophen	ACETAMINOPHEN; OXYCODONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/
Oxycodone and Acetaminophen	47781-230-05	325 mg/1; 10 mg/1	TABLET	ORAL	ANDA202677	Alvogen, Inc.	47781-230	Oxycodone and Acetaminophen	ACETAMINOPHEN; OXYCODONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/
Oxycodone hydrochloride	47781-263-01	5 mg/1	TABLET	ORAL	ANDA202116	Alvogen, Inc.	47781-263	Oxycodone hydrochloride	OXYCODONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/

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Oxycodone hydrochloride	47781-263-05	5 mg/1	TABLET	ORAL	ANDA202116	Alvogen, Inc.	47781-263	Oxycodone hydrochloride	OXYCODONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/30/2011
Oxycodone hydrochloride	47781-264-01	15 mg/1	TABLET	ORAL	ANDA202116	Alvogen, Inc.	47781-264	Oxycodone hydrochloride	OXYCODONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/30/2011
Oxycodone hydrochloride	47781-264-05	15 mg/1	TABLET	ORAL	ANDA202116	Alvogen, Inc.	47781-264	Oxycodone hydrochloride	OXYCODONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/30/2011
Oxycodone hydrochloride	47781-265-05	30 mg/1	TABLET	ORAL	ANDA202116	Alvogen, Inc.	47781-265	Oxycodone hydrochloride	OXYCODONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/30/2011
Oxycodone hydrochloride	47781-265-01	30 mg/1	TABLET	ORAL	ANDA202116	Alvogen, Inc.	47781-265	Oxycodone hydrochloride	OXYCODONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/30/2011
Pyridostigmine Bromide	47781-335-30	180 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA204737	Alvogen, Inc.	47781-335	Pyridostigmine Bromide	PYRIDOSTIGMINE BROMIDE	HUMAN PRESCRIPTION DRUG	06/29/2015
Rasagiline	47781-683-30	.5 mg/1	TABLET	ORAL	ANDA201970	Alvogen, Inc.	47781-683	Rasagiline	RASAGILINE MESYLATE	HUMAN PRESCRIPTION DRUG	03/01/2019
Rasagiline	47781-690-30	1 mg/1	TABLET	ORAL	ANDA201970	Alvogen, Inc.	47781-690	Rasagiline	RASAGILINE MESYLATE	HUMAN PRESCRIPTION DRUG	03/01/2019
sertraline hydrochloride	47781-951-30	150 mg/1	CAPSULE	ORAL	NDA215133	Alvogen, Inc.	47781-951	sertraline hydrochloride	SERTRALINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/22/2025
sertraline hydrochloride	47781-962-30	200 mg/1	CAPSULE	ORAL	NDA215133	Alvogen, Inc.	47781-962	sertraline hydrochloride	SERTRALINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/22/2025
teriparatide	47781-652-89	250 ug/mL	INJECTION, SOLUTION	SUBCUTANEOUS	NDA211939	Alvogen, Inc.	47781-652	teriparatide	TERIPARATIDE	HUMAN PRESCRIPTION DRUG	11/14/2019
testosterone cypionate	47781-910-91	200 mg/mL	INJECTION, SOLUTION	INTRAMUSCULAR	ANDA207742	Alvogen Inc.	47781-910	testosterone cypionate	TESTOSTERONE CYPIONATE	HUMAN PRESCRIPTION DRUG	11/02/2022
testosterone cypionate	47781-911-93	200 mg/mL	INJECTION, SOLUTION	INTRAMUSCULAR	ANDA207742	Alvogen Inc.	47781-911	testosterone cypionate	TESTOSTERONE CYPIONATE	HUMAN PRESCRIPTION DRUG	11/02/2022

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44 Whippany Road, Suite 300
Morristown, NJ 07960
FEIN: 85-2290207

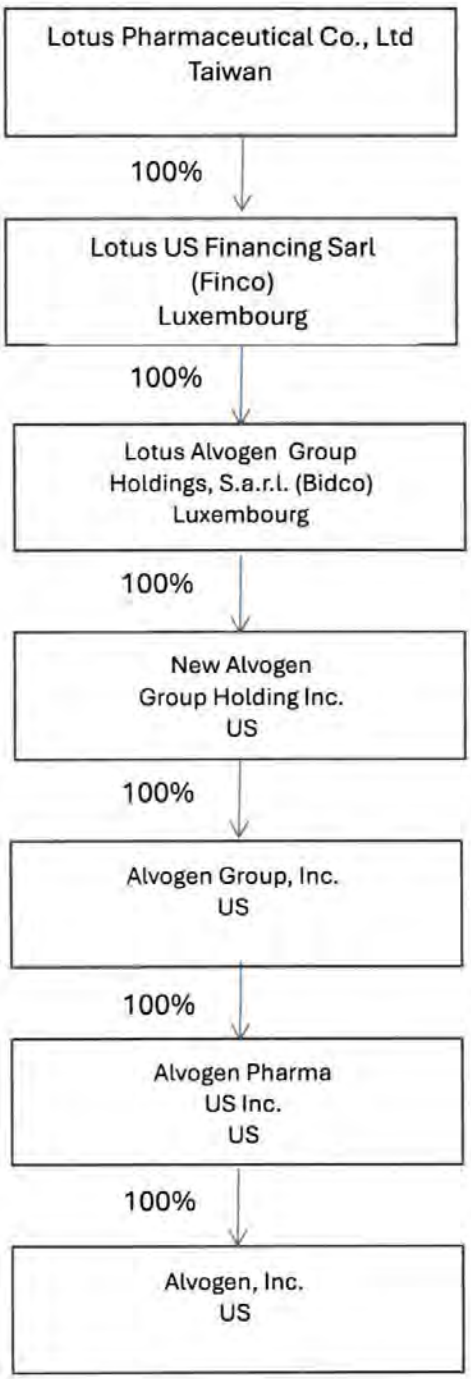
Corporate Officers:

Divya Patel – Chief Executive Officer

Lumtunie Zaku – Chief Financial Officer

Gina Gencarelli – Secretary

Alvogen, Inc. Corporate Ownership as of February 2, 2026



Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALVOGEN, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JANUARY, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

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NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0022809

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written noticeprior to the change of the address of such new location and the name and address of the individual to be in charge thereof.A fee of $20.00 shall accompanying such notification."

Registered as: ☑ Manufacturer ☑ Distributor which conducts business at the following locations:

Reg. No.:
5003865

ALVOGEN GROUP / ALVOGEN, INC.
ALMATICA PHARMA, LLC
44 WHIPPANY RD STE 300
MORRISTOWN, NJ 07960

ISSUED PURSUANT TO:
N.J.S.A. 24:6B
EXPIRES: January 31, 2027

Establishment Copy

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RN0362967	10-31-2026	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	MANUFACTURER	09-26-2025

NORWICH PHARMACEUTICALS INC
6826 STATE HIGHWAY 12
NORWICH, NY 138150000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RN0362967	10-31-2026	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	MANUFACTURER	09-26-2025

NORWICH PHARMACEUTICALS INC
6826 STATE HIGHWAY 12
NORWICH, NY 138150000

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RN0362967	10-31-2026	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	MANUFACTURER	09-26-2025

NORWICH PHARMACEUTICALS INC
6826 STATE HIGHWAY 12
NORWICH, NY 138150000

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Drug Codes
1100 9193 9143 9300 1724 9150 2100 1205

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond Number 20BSBIW6143 issued by Hartford Fire Insurance Company, as Surety, dated the 8th day of September, 2011, in the amount of One Hundred Thousand & 00/100 ($ 100,000.00 Dollars), on behalf of Alvogen, Inc., as Principal, and in favor of Nevada State Board of Pharmacy, as Obligee, covers a term which began on the 8th day of September, 2011, for Pharmaceutical Wholesaler Surety Bond - added schedule of locations: Amatica Pharma, LLC; Amaject, Inc.; and County I and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated this 14th day of April, 2026.

Hartford Fire Insurance Company
Surety

By: Cindy E Johnson
Cindy E. Johnson, Attorney-In-Fact

POWER OF ATTORNEY

Direct Inquiries, Bond Authenticity and Claims to:
THE HARTFORD
BOND, T-14
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT: **Agency Name:** MARSH USA LLC

- ☒ **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- ☒ **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- ☒ **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- ☐ **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, ***up to the amount of*** Unlimited;

of
Knoxville, TN

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Phyllis A. Clark

Phyllis A. Clark, Assistant Secretary

Joelle L. LaPierre

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } **ss.** Lake Mary

On this 1st day of March, 2024, before me personally came Joelle L. LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Marluz Arce

Marluz Arce
My Commission HH 287363
Expires July 13, 2026

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of April 14, 2026.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois

Keith D. Dozois, Assistant Vice President

*** Effective 06/01/2022 this bond cancels and replaces The Hanover Insurance Company bond #1000977. ***

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 20BSBIW6143

Application/License No. _____

Alvogen, Inc. and entities on attached schedule (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 44 Whippany Road, Morristown, NJ 07960 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Hartford Plaza, Hartford, CT 06155 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 1, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

20BSBIW6143

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 1st day of June, 2022.

APPLICANT/PRINCIPAL

Alv[illegible], 2022

Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Sandy McElhaney, Attorney in Fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Marie Lett

Witness Andrea Allman

Countersigned by:

N/A

Nevada Resident Agent

Alvogen, Inc.
Pharmaceutical Wholesaler Surety Bond
Schedule of Applicant/Principal Names for bond 20BSBIW6143
as of 06/01/2022

Application/License No.:	Applicant/Principal Name	Address of Applicant/Principal
	Almatica Pharma, LLC	44 Whippany Road, Morristown, NJ 07960
	Almaject, Inc.	44 Whippany Road, Morristown, NJ 07960
	County Line Pharmaceuticals	44 Whippany Road, Morristown, NJ 07960
	Norwich Pharmaceuticals, Inc.	6826 State Highway 12, Norwich, NY 13815

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: [illegible]
Agency Code: [illegible]

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint Sandy M[illegible]

its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:

Bond No. [illegible]

Naming [illegible],

and Nev[illegible],

in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } **ss.** Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of [illegible].

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

THE HARTFORD

SURETY BOND DIGITAL SEAL
The Hartford Financial Services Group, Inc.

To Our Valued Partners:

In efforts of continuing business during the pendency of the COVID-19 pandemic, The Hartford has authorized its Attorneys-in-Fact to affix the electronic corporate seal in a digital format, in lieu of its traditional raised seal to any bond document issued on its behalf by any such Attorney-in-Fact.

The Hartford agrees and affirms that the digital corporate seal affixed to any bond document is equivalent to its raised corporate seal had it been affixed to the bond document itself.

Effective this 30th day of March, 2020.

The Hartford

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

The Hartford Financial Services Group, Inc.
P.O. Box 958461
Lake Mary, FL 32795

P: 888-656-0817
F: 877-257-2166

www.thehartford.com/bond
www.thehartford.com
www.facebook.com/thehartford
www.twitter.com/thehartford

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Alvogen, Inc.

Pharmacy/Wholesaler License # (if applicable) WH03213

Physical Address 44 Whippany Road, Suite 300

City Morristown State NJ Zip 07960

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 973-796-3400 Website www.alvogen.com

Licensing Company Email mary.hutchason@alvogen.com

Section 2: Personal Information

First Katherine Middle M. Last Neely

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City Florham Park State NJ Zip [redacted]

Telephone [redacted] Email kate.neely@alvogen.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Illinois, Urbana-Champaign		08/96 - 01/00	
Address	**City**	**State**	**Zip**
601 E John Street	Champaign	IL	61820
Diploma/Degree obtained, if any			
BS, Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Massac County High School		08/1993 - 05/1997	
Address	**City**	**State**	**Zip**
2841 Old Marion Rd	Metropolis	IL	62960
Diploma/Degree obtained, if any			
H.S. Degree			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2022 to Present	[redacted]	Florham Park	NJ	[redacted]
2020 to 2022		Denver	CO	
2019 to 2020		Denver	CO	
2016 to 2019		Hoboken	NJ	
From - To (MM/YY – MM/YY)	Address	City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Alvogen, Inc.			2022 to Present	
Business Address		**City**	**State**	**Zip**
44 Whippany Road, Suite 300		Morristown	NJ	07960
Phone	**Title**		**Number of Employed Hours**	
908-229-7957	Vice President, Trade Relations & Customer Contracting		8,320 hours	
Description of Duties				
Responsible for managing compliance with contractual agreements, developing long-term trade strategies, working with pharmaceutical manufacturers & trade partners, &monitory program performance and alignment with strategic objectives.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

4-16-20
Date

I, Katherine M. Neely, **certify that as the designated representative for**

Alvogen, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. KN I am at least 21 years of age;
3. KN I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. KN I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. KN I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. KN I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. KN I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Katherine M. Neely
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-16-26
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Katherine M. Neely

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-16-26

Date

Please have this section completed in the presence of a Notary Public.

State of NEW JERSEY, ss. County of MORRIS

I, Katherine Neely, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4-16-26

Date

Subscribed and Sworn to before me this 16th day of APRIL, 2026.

Notary Public Signature

Maryiea Hutchason
NOTARY PUBLIC
State of New Jersey
ID # 2376861
My Commission Expires August 13, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Alvogen, Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): WH03213

Physical Address: 44 Whippany Road, Suite 300

City: Morristown State: NJ Zip: 07960

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 973-796-3400 Website: www.alvogen.com

Licensing Company Email: mary.hutchason@alvogen.com

Section 2: Personal Information

First: Divya Middle: C. Last: Patel

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Lincoln Park State: NJ Zip: [redacted]

Telephone: 973-796-3400 Email: divya.patel@alvogen.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Charlotte, NC		1/91 - 12/93	
Address	City	State	Zip
9201 University City Blvd	Charlotte	NC	28223
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
University of Rochester		9/84 - 05/88	
Address	City	State	Zip
186 Cumberland St	Rochester	NY	14605
Diploma/Degree obtained, if any			
BS Optical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Indian Hills High School		9/79- 6/84	
Address	City	State	Zip
97 Yawpo Ave	Oakland	NJ	07436
Diploma/Degree obtained, if any			
H.S. Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1998 to Present	[redacted]	Lincoln Park	NJ	[redacted]
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Alvogen Inc.			02/26 - Present
Business Address	**City**	**State**	**Zip**
44 Whippany Road, Suite 300	Morristown	NJ	07960
Phone	**Title**		
973-796-3400	Chief Executive Officer		

Description of Duties

Develop and implement high-level business strategies, responsible for all operations and resources, primary point of communication between shareholders and corporation

Business Name			From - To (MM/YY – MM/YY)
Alvogen Inc.			06/12 - 02/26
Business Address	**City**	**State**	**Zip**
44 Whippany Road, Suite 300	Morristown	NJ	07960
Phone	**Title**		
973-796-3400	Executive Director		

Description of Duties

Oversight of global generic pharmaceutical business, participation in key global initiatives, day-to-day activities include strategic sourcing and business development support

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See attached information.

Original Signature (electronic, copies or stamps not accepted)

4/15/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

DIVYA PATEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/15/2026

Date

Please have this section completed in the presence of a Notary Public.

State of NEW JERSEY, ss. County of MORRIS

I, DIVYA C. PATEL, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/15/2026

Date

Subscribed and Sworn to before me this 15th day of APRIL, 2026.

Notary Public Signature

Marylea Hutcheson
NOTARY PUBLIC
State of New Jersey
ID # 2376861
My Commission Expires August 13, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Alvogen, Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) Alvogen, Inc.

Physical Address 44 Whippany Road, Suite 300

City Morristown State NJ Zip 07960

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 973-796-3400 Website www.alvogen.com

Licensing Company Email mary.hutchason@alvogen.com

Section 2: Personal Information

First Gina Middle _____ Last Gencarelli

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City Morristown State NJ Zip [redacted]

Telephone [redacted] Email gina.gencarelli@alvogen.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Seton Hall University School of Law		09/02-05/05	
Address	City	State	Zip
1109 Raymond Blvd	Newark	NJ	07102
Diploma/Degree obtained, if any			
Juris Doctor			

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin		08/00 - 05/02	
Address	City	State	Zip
500 Lincoln Dr	Madison	WI	53706
Diploma/Degree obtained, if any			
Master of Science in Organic Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Lehigh University		08/96 - 01/00	
Address	City	State	Zip
27 Memorial Dr W	Bethlehem	PA	18015
Diploma/Degree obtained, if any			
Bachelor of Science in Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Jefferson Township High School		09/92 - 06/96	
Address	City	State	Zip
1010 Weldon Rd	Oak Ridge	NJ	07438
Diploma/Degree obtained, if any			
H.S. Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2014 to Present	[redacted]	Morristown	NJ	[redacted]
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Alvogen, Inc.			09/25 to Present
Business Address	**City**	**State**	**Zip**
44 Whippany Road, Suite 300	Morristown	NJ	07960
Phone	**Title**		
973-610-5175	Secretary		

Description of Duties

Head of Alvogen's legal department and Corporate Secretary. Responsible for managing all legal operations for the company, including intellectual property strategy, litigation, FDA counseling, commercial contracting, mergers and acquisitions, compliance, and records management. Provides support to cross-functional areas, including business development, R&D, supply chain, and sales and marketing.

Business Name			From - To (MM/YY – MM/YY)
Endo USA, Inc. (f/k/a Par Pharmaceutical)			05/14 to 09/25
Business Address	**City**	**State**	**Zip**
300 Tice Boulevard, Suite 230	Woodlcliff Lake	NJ	07677
Phone	**Title**		
314-654-2000	Executive Director, Intellectual Property		

Description of Duties

Responsible for managing all aspects of IP and related FDA counseling for the company's Generics and Sterile Injectables divisions. Includes IP litigation, patent and trademark prosecution, FDA work, diligence for transactions, contract drafting and negotiation, and selection of new products for development.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attached information.

Original Signature (electronic, copies or stamps not accepted)

4/14/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

GINA GENCARELLI

Print Name (First, Last)

Gina Gencarelli — 4/14/2026

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of NEW JERSEY, ss. County of MORRIS

I, Gina Gencarelli, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Gina Gencarelli — 4/14/2026

Original Signature — **Date**

Subscribed and Sworn to before me this 14th day of APRIL, 2026

Marylea Hutchason

Notary Public Signature

Marylea Hutchason
NOTARY PUBLIC
State of New Jersey
ID # 2376861
My Commission Expires August 13, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Alvogen, Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) WH03213

Physical Address 44 Whippany Road, Suite 300

City Morristown State NJ Zip 07960

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 973-796-3400 Website www.alvogen.com

Licensing Company Email mary.hutchason@alvogen.com

Section 2: Personal Information

First Tunie Middle _____ Last Zaku

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITI[redacted] Sex ☐ M ☑ F ☐ X

Mailing Addres[redacted]

City Pine Brook State NJ Zi[redacted]

Telephon[redacted] Email tunie.zaku@alvogen.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Seton Hall University		Aug 1995 to May 1999	
Address	**City**	**State**	**Zip**
400 S Orange Ave	South Orange	NJ	07079
Diploma/Degree obtained, if any			
Bachelor's			

School Name		From - To (MM/YY – MM/YY)	
Boonton High School		Sept 1991 to June 1995	
Address	**City**	**State**	**Zip**
306 Lathrop Ave	Boonton	NJ	07005
Diploma/Degree obtained, if any			
H.S. Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/13 to Present	[redacted]	Pine Brook	NJ	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Alvogen, Inc			02/18 to Present
Business Address	**City**	**State**	**Zip**
44 Whippany Road, Suite 300	Morristown	NJ	07960
Phone	**Title**		
973-487-3957	Chief Financial Officer, Americas Region		
Description of Duties	Managing cash flow, financial planning and analysis (FP&A), financial reporting, risk management, and strategic decision-making regarding growth, mergers, and acquisitions		

Business Name			From - To (MM/YY – MM/YY)
Par Pharmaceutical Inc			11/06 to 02/18
Business Address	**City**	**State**	**Zip**
1 Ram Ridge Road	Chestnut Ridge	NJ	10977
Phone	**Title**		
845-364-4780	Generics Controller		
Description of Duties	Managing cash flow, financial planning and analysis (FP&A), financial reporting, risk management, and strategic decision-making regarding growth, mergers, and acquisitions		

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attached information

Original Signature (electronic, copies or stamps not accepted)

4.30.24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

TUNIE ZAKU

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4.30.24

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4-30-24

Date

Subscribed and Sworn to before me this 30th day of APRIL, 2024

Notary Public Signature

Marylea Hutchason
NOTARY PUBLIC
State of New Jersey
ID # 2376861
My Commission Expires August 13, 2028

(Seal)

Response to Disciplinary Question #6 :

Alvogen, Inc. answered "yes" because its affiliated company, Almatica Pharma, LLC, was under investigation by the State of Alaska Board of Pharmacy ("Alaska Board") with Case No. 2023-000527 and by Oregon Board of Pharmacy ("Oregon Board") with Case No. 2024-0071, due to Almatica' s alleged failure to disclose to both the Alaska Board and Oregon Board previous disciplinary actions imposed by the Alabama Board of Pharmacy. On November 16, 2023, the Alaska Board of Pharmacy ordered an Imposition of Civil Fine on Almatica which resolved the case. On May 8, 2024, The Oregon Board entered a Consent Order with Almatica resolving that case. Copies of those orders are attached hereto.

Employee List - 44 Whippany Road - Suite 300, Morristown, NJ 07960
NAME
Abisaleh, Hilda
Adams, Susie Jennifer
Amankwaa, Kwaku
Andre, Elvila
Baez, Johanna
Baker, Ivana
Beffert, Jordan
Bersey, Joshua A
Billemeyer, Carolyn
Bound, James E.
Buenviaje, Agustin Abarquez
Cestaro, Frank
Christian, Cory
Clendennen, Catherine
David, Andrew D
Deng, Li
Dinh, Daniel
Dixit, Karuna
Doria, Carlos
Dunne, Cathleen
Elvin, Lisa
Engdahl, Alex
Froes, Natalie
Garbarini, John
Gencarelli, Gina
Gonzales, Jan Michael
Gordon, Christine
Guerrero, Pilar
Guida, Emily
Haddad, Ali
Hamblin, Stacey Sun
Hou, Morgan C.
Hutchason, Marylea
Kake, Nitin
Kondepudi, Lakshmi Madhavi
Kushner, Phillip
Kusmick, Michael
Lad, Kishor N
Lartigue, Samuel
Lasser, Robert
Lau, Christopher
Lee, Alyssa
Lee, Evan
Lin, Howie
Ludwig, Matthew B
Luo, Min
Michalowski, Rafal
Miranda, Roberto

Mistry, Nima
Mokebo, Vincent A.
Mucha, Darek
Neely, Katherine
Oliveira, Damiana
Palmer, Joana
Panicaro, Michael
Patel, Amy J
Patel, Manish Ishverlal
Patel, Sehul
Patel, Sonal
Peele, Tonya
Perry, Charles
Puzanova, Svetlana
Ramirez, Myreen
Ramkishun, Nadina
Rashid, Zoya
Referente, Michael S
Rivas, Harry
Rodriguez, Isamar Jimena
Shah, Kaushik
Shah, Mihir
Shinn, Jeremy
Simeon, JC
Singh, Harvinder
Singh, Jasmit
Sinha, Neela
Spears, Twonna L.
Spinelli, Leonard
Spruill, Natasha
Suchy, William
Sumler, Heather L.
Tibbetts, Lynn N.
Titcombe, Anthony Olumide
Tricarico, Daniel
Uzelac, Djordje
Valiga, Richard Michael
Vieru, Oleg
Walton, Joshua
White, James P.
Zagmot, Robert J
Zaku, Lumtunie
Zamor, Wendy
Anderson, Allyson M.
Avery, Robert
DaCosta, Ramona A.
Damoci, Sherri
Deodhar, Archana
Fernandes Dias, Samantha
Kaur, Harpreet

Marshall, Robert J
Mitchell, Marissa J.
Pall, Jaspreet
Tarnofsky, Brian Harold
Bullock, Darlene D
Cerbone, Allison
Cineus, Moise
Ferreira, Samantha
Mathew, Tracey A
Ng, Ka Man
Sansevera, Jeff A
Smith, Emily
Nargashna, Riddhi
Seymore, Taneka
Demera, Luis

4TT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH03031	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Amicus Therapeutics US, LLC

Physical Address: 3675 Market Street

City: Philadelphia State: PA Zip: 19104

Mailing Address (if different from physical address): 3675 Market Street

City: Philadelphia State: Pennsylvania Zip: 19104

Telephone: 215-921-7600 Website: https://amicusrx.com/

Name of Designated Representative (DR): Jerry Sosin

Licensing Company Email: GCoffice@amicusrx.com DR Email: jsosin@amicusrx.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☒ Dangerous Drugs	☒ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Pharmacies, Hospital Pharmacies		☒ Others: Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

05/04/2026
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See attached DOO list

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Amicus Therapeutics, Inc.

Corporation/Organization Name: Amicus Therapeutics US, LLC

Mailing Address: 3675 Market Street

City: Philadelphia State: Pennsylvania Zip: 19104

ne: 215-921-7600 Email: GCoffice@amicusrx.com

Contact Person Name: George Eric Davis

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Amicus Therapeutics US, LLC
Facility Name

George Eric Davis
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

05/04/2026
Date

Board Use Only	Date Received: 5/22/26	Amount: CK 1000 5653

/ NDC (index.cfm)

National Drug Code Directory

Current through May 08, 2026

You have searched Finished drug products

Search Results: *'71904'*

Back to Search Page () | Search Again ()

CSV | Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
+ Galafold	71904-100-01	123 mg/1	CAPSULE	ORAL	NDA208623	Amicus Therapeutics US, LLC	71904-100	migalastat hydrochloride	MIGALASTAT HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	08/10/2018	N/A	NDA	14 BLISTER P/ CARTON (719 01) / 1 CAPSL BLISTER PACI
+ OPFOLDA	71904-300-01	65 mg/1	CAPSULE	ORAL	NDA215211	AMICUS THERAPEUTICS US, LLC	71904-300	miglustat	MIGLUSTAT	HUMAN PRESCRIPTION DRUG	10/11/2023	N/A	NDA	4 BOTTLE, PL. 1 BOTTLE, PL. (71904-300-0 CAPSULE in 1 PLASTIC
+ OPFOLDA	71904-300-02	65 mg/1	CAPSULE	ORAL	NDA215211	AMICUS THERAPEUTICS US, LLC	71904-300	miglustat	MIGLUSTAT	HUMAN PRESCRIPTION DRUG	10/11/2023	N/A	NDA	24 BOTTLE, P in 1 BOTTLE, I (71904-300-0 CAPSULE in 1 PLASTIC
+ OPFOLDA	71904-300-03	65 mg/1	CAPSULE	ORAL	NDA215211	AMICUS THERAPEUTICS US, LLC	71904-300	miglustat	MIGLUSTAT	HUMAN PRESCRIPTION DRUG	10/11/2023	N/A	NDA	100 BOTTLE, I in 1 BOTTLE, I (71904-300-0 CAPSULE in 1 PLASTIC

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
+ POMBILITI	71904-200-01	105 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	BLA761204	AMICUS THERAPEUTICS US, LLC	71904-200	cipaglucosidase alfa-atga	CIPAGLUCOSIDASE ALFA	HUMAN PRESCRIPTION DRUG	10/11/2023	N/A	BLA	1 VIAL, GLAS CARTON (719 01) / 105 INJ POWDER, LYOPHILIZED, SOLUTION in GLASS
+ POMBILITI	71904-200-02	105 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	BLA761204	AMICUS THERAPEUTICS US, LLC	71904-200	cipaglucosidase alfa-atga	CIPAGLUCOSIDASE ALFA	HUMAN PRESCRIPTION DRUG	10/11/2023	N/A	BLA	10 VIAL, GLAS CARTON (719 02) / 105 INJ POWDER, LYOPHILIZED, SOLUTION in GLASS
+ POMBILITI	71904-200-03	105 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	BLA761204	AMICUS THERAPEUTICS US, LLC	71904-200	cipaglucosidase alfa-atga	CIPAGLUCOSIDASE ALFA	HUMAN PRESCRIPTION DRUG	10/11/2023	N/A	BLA	25 VIAL, GLAS CARTON (719 03) / 105 INJ POWDER, LYOPHILIZED, SOLUTION in GLASS

Showing 1 to 7 of 7 entries

Previous 1

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services



Ownership

Amicus Therapeutics US, LLC., a Delaware filed corporation, is the wholly owned subsidiary of Amicus Therapeutics, Inc., a privately held Pennsylvania based pharmaceutical company.

Amicus Therapeutics US, LLC
3675 Market Street
Philadelphia, PA 19104
Phone: 215.921.7600

Amicus Therapeutics, Inc.
3675 Market Street
Philadelphia, PA 19104
215.921.7600

Corporate Officers

George Eric Davis, President and Secretary
105 Digital Drive
Novato, CA 94949

Brian Mueller, Treasurer
105 Digital Drive
Novato, CA 94949



Description of Operations

Amicus Therapeutics US, LLC. ("Amicus") is a Virtual Manufacturer of prescription drugs. Amicus' products are manufactured by a Contract Manufacturer and will be distributed by their Third-Party Logistics Provider, ICS, who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:
We are using the following contract manufacturer to produce our product:

Almac Pharma Services
22 Seagoe Industrial Estate
Craigavon | BT63 5QD | United Kingdom
FDA Establishment Number: 3004444888

Third Party Logistic information:
For distribution into the commercial supply channels, ICS acts as Amicus' Third Party Logistics (3PL) provider to manage the storage and distribution of Amicus' product–throughout the United States. ICS' address is:

ICS / Amerisource Bergen
420 International Blvd, Suite 500
Brooks, KY 40109
FDA Establishment Number: 3002478693
DUNS: 832820588

Amicus' hours of operation are 9:00am-5:00pm Eastern Standard Time.

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMICUS THERAPEUTICS US, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF DECEMBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMICUS THERAPEUTICS US, LLC" WAS FORMED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. F. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6575746 8300

SR# 20254747224

Authentication: 205493920

Date: 12-03-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

Pennsylvania
Department of Health

Pennsylvania Department of Health

Drug, Device and Cosmetic Program

Version 4.0.0

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

Description of Certificate Categories

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

Amicus Therapeutics US, LLC 3675 Market Street; Philadelphia, PA 19104
Certificate(s): **9000000329** issued: 06/16/2025 expires: 7/31/2027

The entity noted above holds an active registration and/or license with the Pennsylvania Department of Health Drug, Device, and Cosmetic (DDC) program.

No formal probation, suspension, revocation, or formal disciplinary action has been issued directly by the Pennsylvania Department of Health Drug, Device, and Cosmetic (DDC) program against the aforementioned specific registration and/or license. Contact the DDC program with any further questions at (717) 787-4779 or email: ra-ddc@pa.gov

Back to DD&C Home

Home : Press Releases : Office of the Secretary
Bureau of Community Program Licensure and Certification : Drug, Device and Cosmetic Program : Quality Assurance

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Assembly Version 4.0.0.0

Database Version Could not retrieve database version. Check that the database is registered as a Data-tier Application.

Certificate of Licensure

Certificate No. 9000000329

Drug & Device Registration

2525 N. 7th Street Suite 210D
Harrisburg, PA 17110
(717) 787-4779

Category:

Virtual Manufacturer (License)
(No Commercially available product onsite. Office or Headquarters only.)

AMICUS THERAPEUTICS US, LLC
3675 MARKET STREET
PHILADELPHIA, PA 19104

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: June 16, 2025
Expiration Date: The Last Day of July, 2026

Jeanne Parisi
Deputy Secretary for Quality Assurance

Pennsylvania
Department of Health

Debra L. Bogen, MD, FAAP
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 108489033

Application/License No. WH03031

Amicus Therapeutics US, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 3675 Market Street, Philadelphia, PA 19104 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square, Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on May 10, 2026 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 4th day of May, 20 26.

Amicus Therapeutics US, LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

RAQUEL DA SILVA
Notary Public - California
Marin County
Commission # 2421819
My Comm. Expires Oct 16, 2026

Travelers Casualty and Surety Company of America

Timothy Bowen
Surety Company's Representative

Timothy Bowen, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

William Sundwall
Witness

OFFICIAL SEAL
WILLIAM S SUNDWALL
Notary Public, State of Illinois
Commission No. 1012302
My Commission Expires June 18, 2029

Countersigned by:
Timothy Bowen
Nevada Resident Agent
Timothy Bowen, NV License# 4021613

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Timothy Bowen** of **CHICAGO, IL** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108489033 **Principal: Amicus Therapeutics US, LLC**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

SEAL SEAL SEAL SEAL

State of Connecticut

By: _____
Bryce Grissom, Senior Vice President

City of Hartford ss.

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 04 day of May, 2026.

SEAL SEAL SEAL SEAL

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

CALIFORNIA ACKNOWLEDGMENT CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Marin }

On May 13 2026 before me, Raquel da Silva, notary public
Date *Here Insert Name and Title of the Officer*

personally appeared G Eric Davis
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

RAQUEL DA SILVA
Notary Public - California
Marin County
Commission # 2421815
My Comm. Expires Oct 16, 2026

Place Notary Seal and/or Stamp Above

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Raquel da Silva
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Corporate Officer – Title(s): _____	☐ Corporate Officer – Title(s): _____
☐ Partner – ☐ Limited ☐ General	☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other: _____	☐ Other: _____
Signer is Representing: _____	Signer is Representing: _____

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Amicus Therapeutics

6/15/2026

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV, 89521

Re: License #WH03031

To Whom It May Concern:

I, Jerry Sosin have the ability to commute to the Amicus Therapeutics facility at 3675 Market Street, Philadelphia, PA 19104 to fulfil all the responsibilities of the Designated Representative.

Jerry Sosin, Executive Director, Market Access

Amicus Therapeutics US, LLC
3675 Market Street, Philadelphia, PA 19104
Phone: 215.921.7600 | Fax: 215.921.7900 | www.amicusrx.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Amicus Therapeutics US, LLC

Pharmacy/Wholesaler License # (if applicable) WH03031

Physical Address 3675 Market Street

City Philadelphia State PA Zip 19104

Mailing Address (if different from physical address) 3675 Market Street

City Philadelphia State Pennsylvania Zip 19104

Telephone 215-921-7600 Website https://amicusrx.com/

Licensing Company Email GCoffice@amicusrx.com

Section 2: Personal Information

First Jerry Middle _____ Last Sosin

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 3675 Market Street

City Philadelphia State Pennsylv Zip 19104

Telephone 215-921-7600 Email jsosin@amicusrx.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Wayne State University School of Medicine			09/92-12/97
Address	**City**	**State**	**Zip**
540 E Canfield Ave.	Detroit	MI	48201
Diploma/Degree obtained, if any			
Master of Science, Community Medicine			

School Name			From - To (MM/YY – MM/YY)
Michigan State University			09/87-12/91
Address	**City**	**State**	**Zip**
426 Auditorium Rd	East Lansing	MI	48824
Diploma/Degree obtained, if any			
Bachelor of Science, Physiology			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)		City	State	Zip
10/02 - Present	[redacted]	Potomac	MD	[redacted]
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Amicus Therapeutics US, LLC			07/19 - Present	
Business Address		City	State	Zip
3675 Market Street		Philadelphia	PA	19104
Phone	Title		Number of Employed Hours	
215-921-7600	Senior Director, Market Access		13,440	
Description of Duties				
See attached resume				

Business Name			From - To (MM/YY – MM/YY)	
Kedrion Biopharma			12/13-06/19	
Business Address		City	State	Zip
400 Kelby St		Fort Lee	NJ	07024
Phone	Title		Number of Employed Hours	
201-242-8900	Sr. Director, National Accounts and Managed Markets		10,960	
Description of Duties				
See attached resume				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Jerry Seoin
[redacted]

MARKET ACCESS / SALES / MARKETING / BUSINESS DEVELOPMENT

Decisive Leadership • Reliable Results Delivery

Proven experience developing market access and growing revenue for biopharmaceuticals and vaccines from launch to maturity. Respected relationships with key decision makers within managed care organizations, specialty pharmaceutical distributors/wholesalers, healthcare providers and industry stakeholders.

Expertise and Success in:

- Market Access, Pricing and Reimbursement Strategy
- Rare/Orphan Disease Patient Access
- Strategic Market Planning, Product Launch and Analytics
- Payer, Trade, Health System and Government Agency Contracting and Compliance
- Sales, Marketing and Account Plan Development and Portfolio and Contract Performance

CAREER PROFILE

Amicus Therapeutics, Philadelphia, PA — 7/2019 – Present
Head, US Market Access, Managed Markets and Trade

Responsible for leading US Market Access and Distribution for Galafold™ for Fabry disease and developing access, pricing and reimbursement strategies for pipeline therapies. Rebuilt and lead high-performing team implementing strategies to support maximizing patient access, revenue and profitability.

- Achieved >90% favorable Payer coverage
- US Leadership Team and Pricing Committee member
- Gene Therapy target product profile development Global team member

Kedrion Biopharma, Fort Lee, NJ — 12/2013 – 6/2019
Sr. Director, National Accounts and Managed Markets

Recruited to lead the organization's commercial contracting and operations function. Serve as a senior member on the Commercial Leadership Team and Contracting and Pricing Committee. Manage US Portfolio for P&L and net revenue attainment and all trade logistics and government financial reporting compliance. Led a highly performing field account team focused on Specialty Distributors, GPOs, Specialty Pharmacies, IDNs and Payers. Responsible for payer approval, reimbursement, pricing, channel and pull-through strategy. Led collaboration and business strategy across the commercial organization: Sales, Marketing, Finance, Legal, Quality, Supply Chain, Medical and Compliance.

- Consistently exceeded sales forecasts for entire portfolio of plasma-based therapies and new product launch
- Attained EBITDA target year over year through efficient management of all commercial agreements
- Created end-user value based contracting instruments and created pull-through programs
- Advised Executive Management Team on healthcare market trends, policy, and payer landscape

CSL Behring, King of Prussia, PA — 11/2009 – 11/2013
Director, Managed Care / Strategic Accounts / Managed Markets

Led the organizational evolution from transactional to Payer facing strategic account management. Hired, trained, developed and led a corporate account management team focused on exceeding sales forecasts through Channel, Specialty Pharmacy, PBM and MCO engagement. Developed and executed an outcomes based strategy that improves patient compliance and persistence to CSL's therapies and removes payer access barriers. Lead a team of account directors responsible for building relationships and growing market share through commercial and public payers, affiliated specialty pharmacies, PBMs, and specialty distributors.

Seqirus (formerly bioCSL/CSL Biotherapies), King of Prussia, PA — 1/2007 – 11/2009
Director, Sales and Corporate Accounts, Vaccines

Developed sales and distribution strategies and tactics to support commercialization of CSL's influenza vaccine portfolio in the US market. Oversaw development and achievement of sales goals; achieved penetration at launch and grew market share in a billion dollar market to double digits within two years of launch. Provided direction, leadership and management of corporate accounts, sales coordination and demand planning.

- Growth objectives culminated in a strategic alliance with Merck Vaccines for exclusive sales, marketing and distribution rights, leveraging established contracts with Federal and State Government agencies, specialty distributors, retail pharmacy chains and vaccination service providers.

CSL Behring, King of Prussia, PA 6/2005 – 12/2006
National Accounts Manager – US Commercial Operations

Developed, administered, and managed National Account product supply contracts for US division of CSL Ltd (AUS: CSL); contributing 65% of the corporation's $1.9B annual revenue. Maintained & grew strategic distribution relationships: maximized sales and revenue opportunities. Developed GPO/IDN strategy to realize optimal contracting balance. Developed strategy for establishing relationships with Managed Care Organizations for the entire portfolio of biotherapies. Coordinated account management and marketing activities to ensure sales revenue and market share growth.

- Designed and developed a limited distribution network of Specialty Pharmacies for the first and only FDA licensed subcutaneous immune globulin. Developed RFP and led committee to select network of SP providers and Triage Agent to manage referral intake, data transmission, and monitor patient compliance and persistence.
- Managed a performing network of SP providers and Triage referral HUB to ensure speed to start and retention on therapy.

American Red Cross Biomedical Services, Washington, DC 6/2002 – 5/2005
National Corporate Accounts Manager – Plasma Services

Managed annual sales of $150M to GPOs, specialty distributors, home healthcare companies, health systems and government agencies. Provided direction to Oncology and Critical Care, Hematology/Coagulation, and Biosurgical products sales organizations. Involved in hiring candidates, territory planning, performance evaluation and coaching, sales forecasting, trending, and analysis. Managed top-level decision maker relationships with multiple professional associations and patient support foundations. Advised sales and marketing teams on impact of new federal and state regulations and reimbursement changes and managed reporting compliance.

- Successfully negotiated new multi-year hospital and alternate site national group purchasing organization contracts valued at $80M annually; won four new national contracts for a launched surgical product valued at $4M annually.
- Developed and executed alternate site sales and marketing strategy. Grew sales from start up to $14M annually, exceeding initial targets by 75%.
- Instituted a quality in reporting effort, reducing reporting burden and fee overpayment.
- Managed a six-person contracted telemarketing sales team responsible for market research, messaging, lead generation, fulfillment, and sales pull through, shortening the sale cycle and increased field-based sales productivity.

Senior Territory Manager - Plasma Services (MI and IN) 11/1996 – 6/2002

Consistently exceeded sales quotas for multiple plasma product lines, targeting cancer centers, hospitals, blood centers, and home care companies. Established relationships with key hospital, clinic, pharmacy, surgery, laboratory, oncology, infusion, and hemophilia treatment centers decision makers. Involved with territory strategy development, hiring, training, and mentoring new territory managers.

- Product Representative of The Year for developing and successfully implementing marketing and sales plan for a new technology blood component. Achieved and maintained a 15% market share within one year after launch - (largest share in nation).
- Pioneered a statewide medical education "Blood Club" for hematologists/oncologists.
- Achievement Award recognition for implementation of a national customer relationship management software system as lead of the Sales Automation Advisory Committee.

Supervisor and Client Services Coordinator National Testing Laboratory, Detroit, MI 11/1994 – 11/1996
Research Technologist - American Red Cross Southeast Michigan Region, Detroit, MI 10/1992 – 11/1994

EDUCATION

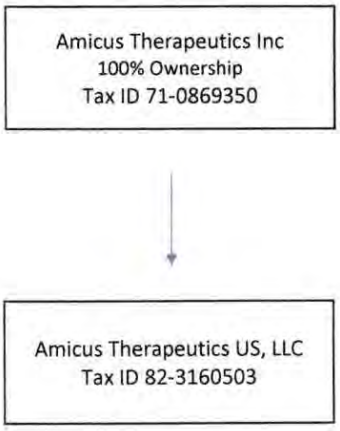
Master of Science, Community Medicine - Wayne State University School of Medicine, Detroit, MI
Bachelor of Science, Physiology - Michigan State University, East Lansing, MI

PROFESSIONAL DEVELOPMENT

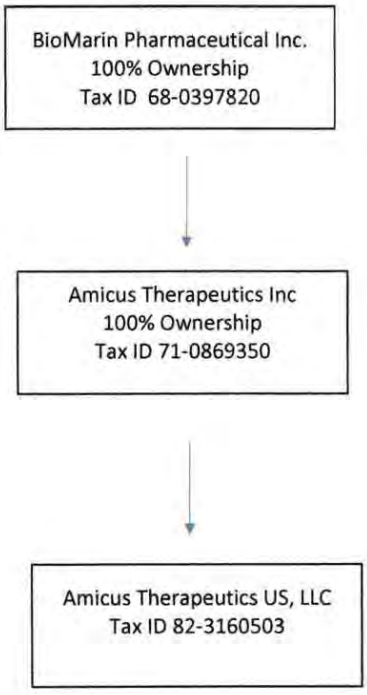
Market Access Committee – Alliance for Regenerative Medicine
Federal and State Patient Access Committee - Rare Access Action Project
Executive Marketing Enrichment Program – Tuck Executive Education at Dartmouth, Hanover, NH
Master's Certificate, Project Management - George Washington University, Washington, DC
Federal Affairs Steering Committee – Plasma Protein Therapeutics Association
CSL Behring ePAC Board Member; Diversity Leadership Council

Fluent in Russian

PRE Change Ownership Organizational Chart



POST Change Ownership Organizational Chart



Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		x
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

ATG (5/5/26)

ANITHA AMALRAJ
NOTARY PUBLIC
MONTGOMERY COUNTY
MARYLAND
My Commission Expires 05-23-2028

Original Signature (electronic, copies or stamps not accepted)

5/5/2026
Date

I, Jerry Sosin, **certify that as the designated representative for**

Amicus Therapeutics US, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JS I am at least 21 years of age;
3. JS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

5/5/26

ANITHA AMALRAJ
NOTARY PUBLIC
MONTGOMERY COUNTY
MARYLAND
My Commission Expires 05-23-2028

Jerry Sosin
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/5/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jerry Sosin
Print Name (First, last)

Original Signature (electronic, copies or stamps not accepted)

5/5/2026
Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5/5/2026
Date

Subscribed and Sworn to before me this 5 day of May 2026

Notary Public Signature

ANITHA AMALRAJ
NOTARY PUBLIC
MONTGOMERY COUNTY
MARYLAND
My Commission Expires 05-23-2028
(Seal)

Legal Last Name	Legal First Name	Location Description
Ranes	Brian	Philadelphia
Feng	Xuejie	Philadelphia
Brignol	Nastry	Philadelphia
Sullivan	Sean	Philadelphia
Hung	Finn	Philadelphia
Koziol	Paige	Philadelphia
Mehta	Nickita	Philadelphia
Sheikh	Mohammed	Philadelphia
Weimer	Jill	Philadelphia
Cosmanescu	Filip	Philadelphia
Martin	Lukas	Philadelphia
Willer	Tobias	Philadelphia
Blaine	Aaron	Philadelphia
Chao	Madison	Philadelphia

4UU

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located? Maryland	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH n/a	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Amivas (US), LLC

Physical Address: 100 Tuscanney Drive Suite B2

City: Frederick State: MD Zip: 21702

Mailing Address (if different from physical address): P.O. Box 590

City: Nassau State: DE Zip: 19969

Telephone: 240-457-0987 Website: amivas.com

Name of Designated Representative (DR): David Bradshaw, COO and Designated Representative

Licensing Company Email: amivas@uniterx.com DR Email: david.bradshaw@amivas.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☑ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☑ Others: Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
n/a				
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/19/2026
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: CARDINAL HEALTH, THIRD PARTY LOGISTICS SERVICES, SPECIALTY SOLUTIONS

Address: 501 MASON RD, SUITE 200 City: LAVERGNE State: TN Zip: 37086

Name: DALTON PHARMA SERVICES

Address: 349 WILDCAT ROAD City: TORONTO, ON CANADA State: Zip: M3J 2S3

Name: CARDINAL HEALTH PACKAGING SOLUTIONS (CHPS)

Address: 339 MASON ROAD City: LAVERGNE State: TN Zip: 37086

Name: ALCAMI CORP

Address: 4221 FABER PLACE DRIVE City: NORTH CHARLESTON State: SC Zip: 29405

Section 4: Publicly Traded Corporation

State of Incorporation: n/a

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration: n/a	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Amivas, Inc.

Corporation/Organization Name: Amivas (US), LLC

Mailing Address: P.O. Box 590

City: Nassau State: DE Zip: 19969

Telephone: 240-457-0987 Email: david.bradshaw@amivas.com

Contact Person Name: David Bradshaw

Section 6: Partnership

Partnership Name: n/a

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 7: Sole Owner

Owner's Name: n/a

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.	No, our company is not accredited by the NABP. Yes, our distributor, Cardinal Health, is accredited by NABP.	
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Amivas (US), LLC

Facility Name

David Bradshaw

Name of Authorized Person Submitting Application

Print

Original signature of Authorized Person (copies or stamps not accepted)

2/19/2026

Date

Board Use Only	Date Received: 5/26/26	Amount: $1000 CK3178

U.S. FOOD & DRUG ADMINISTRATION

NDA 213036

NDA APPROVAL

Amivas, LLC
c/o Fast Track Drugs and Biologics LLC
Attention: Janet H. Ransom, PhD
President
5 Paramus Court
North Potomac, MD 20878

Dear Dr. Ransom:

Please refer to your new drug application (NDA) dated September 26, 2019, received September 26, 2019, and your amendments, submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Artesunate for Injection, 110 mg/vial.

This new drug application provides for the use of Artesunate for Injection for the initial treatment of severe malaria in adult and pediatric patients.

APPROVAL & LABELING

We have completed our review of this application, as amended. It is approved, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at FDA.gov.[1] Content of labeling must be identical to the enclosed labeling (text for the Prescribing Information) as well as annual reportable changes not included in the enclosed labeling. Information on submitting SPL files using eLIST may be found in the guidance for industry *SPL Standard for Content of Labeling Technical Qs and As.*[2]

The SPL will be accessible via publicly available labeling repositories.

[1] http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm
[2] We update guidances periodically. For the most recent version of a guidance, check the FDA Guidance Documents Database https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.

CARTON AND CONTAINER LABELING

Submit final printed carton and container labeling that are identical to the enclosed carton and container labeling, as soon as they are available, but no more than 30 days after they are printed. Please submit these labeling electronically according to the guidance for industry *Providing Regulatory Submissions in Electronic Format — Certain Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications*. For administrative purposes, designate this submission "**Final Printed Carton and Container Labeling for approved NDA 213036**." Approval of this submission by FDA is not required before the labeling is used.

MARKET PACKAGE

Please submit one market package of the drug product when it is available to the following address:

Gregory DiBernardo
Food and Drug Administration
Center for Drug Evaluation and Research
White Oak Building 22, Room: 6223
10903 New Hampshire Avenue
Silver Spring, Maryland
Use zip code **20903** *if shipping via United States Postal Service (USPS).*
Use zip code **20993** *if sending via any carrier other than USPS (e.g., UPS, DHL, FedEx).*

ADVISORY COMMITTEE

Your application for Artesunate for Injection was not referred to an FDA advisory committee because outside expertise was not necessary; there were no issues that would benefit from advisory committee discussion.

PROPRIETARY NAME

If you intend to have a proprietary name for this product, the name and its use in the labeling must conform to the specifications under 21 CFR 201.10 and 201.15. We recommend that you submit a request for a proposed proprietary name review. (See the guidance for industry *Contents of a Complete Submission for the Evaluation of Proprietary Names*. and *PDUFA Reauthorization Performance Goals and Procedures Fiscal Years 2018 through 2022*.)

REQUIRED PEDIATRIC ASSESSMENTS

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients (which includes new salts and new fixed combinations), new

indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication in pediatric patients unless this requirement is waived, deferred, or inapplicable.

Because this drug product for this indication has an orphan drug designation, you are exempt from this requirement.

POSTMARKETING REQUIREMENTS UNDER 505(o)

Section 505(o)(3) of the Federal Food, Drug, and Cosmetic Act (FDCA) authorizes FDA to require holders of approved drug and biological product applications to conduct postmarketing studies and clinical trials for certain purposes, if FDA makes certain findings required by the statute.

We have determined that an analysis of spontaneous postmarketing adverse events reported under subsection 505(k)(1) of the FDCA will not be sufficient to assess the nonclinical signal of serious risk of pregnancy and maternal complications as well as adverse effects on the fetus, neonate, and infant following exposure to Artesunate for Injection in pregnant women. We have also determined that an analysis of spontaneous postmarketing adverse events reported under subsection 505(k)(1) of the FDCA will not be sufficient to assess the signals of serious risk of development of resistance to artesunate and dihydroartemisinin (DHA), adverse effects on female fertility, and in vivo genotoxicity.

Furthermore, the active postmarket risk identification and analysis system as available under section 505(k)(3) of the FDCA will not be sufficient to assess these serious risks.

Therefore, based on appropriate scientific data, FDA has determined that you are required to conduct the following studies:

3851-1 Conduct a single-arm descriptive international study collecting data in women exposed to IV artesunate during pregnancy to assess risk of pregnancy and maternal complications and adverse effects on the fetus, neonate, and infant. Infant outcomes will be assessed through at least the first year of life. The study will collect information for a minimum of 7 years.

The timetable you submitted on May 22, 2020, states that you will conduct this study according to the following schedule:

Draft protocol submission:	11/ 2020
Final protocol submission:	04/ 2021
Interim study report:	04/ 2022
Interim study report:	04/ 2023

Interim study report:	04/ 2024
Interim study report:	04/ 2025
Interim study report:	04/ 2026
Interim study report:	04/ 2027
Study completion:	05/ 2028
Final study report submission:	11/ 2028

3851-2 Conduct a 5-year surveillance study to evaluate the potential development of resistance to artesunate and DHA as obtained from ongoing resistance monitoring programs on antimalarials.

The timetable you submitted on May 22, 2020, states that you will conduct this study according to the following schedule:

Draft protocol submission:	05/ 2021
Final protocol submission:	11/ 2021
Interim study report:	11/ 2022
Interim study report:	11/ 2023
Interim study report:	11/ 2024
Interim study report:	11/ 2025
Interim study report:	11/ 2026
Study completion:	11/ 2026
Final study report submission:	05/ 2027

3851-3 Conduct a female fertility study in rats that tests the adverse effects of intravenous artesunate when administered prior to mating and continued through mating and implantation in accordance with ICH S5(A) and 21 CFR 58 Good Laboratory Practice for Nonclinical Laboratory Studies.

The timetable you submitted on May 22, 2020, states that you will conduct this study according to the following schedule:

Draft protocol submission:	07/ 2020
Final protocol submission:	10/ 2020
Study completion:	07/ 2021
Final study report submission:	10/ 2021

3851-4 Conduct an In Vivo Micronucleus Assay that evaluates intravenous artesunate at doses demonstrated to achieve exposure at the target tissue site(s) and in accordance with the OECD Guideline for the Testing of Chemicals #474 and 21 CFR Part 58 Good Laboratory Practice for Nonclinical Laboratory Studies.

The timetable you submitted on May 22, 2020, states that you will conduct this study according to the following schedule:

Final protocol submission:	06/ 2020
Study completion:	06/ 2020
Final study report submission:	08/ 2020

FDA considers the term *final* to mean that the applicant has submitted a protocol, the FDA review team has sent comments to the applicant, and the protocol has been revised as needed to meet the goal of the study or clinical trial.[3]

Submit clinical protocol(s) to your IND with a cross-reference letter to this NDA. Submit nonclinical and chemistry, manufacturing, and controls protocols and all final report(s) to your NDA. Prominently identify the submission with the following wording in bold capital letters at the top of the first page of the submission, as appropriate: **Required Postmarketing Protocol Under 505(o), Required Postmarketing Final Report Under 505(o), Required Postmarketing Correspondence Under 505(o).**

Submitting the protocols for the required postmarketing observational studies to your IND is for purposes of administrative tracking only. These studies do not constitute clinical investigations pursuant to 21 CFR 312.3(b) and therefore are not subject to the IND requirements under 21 CFR part 312 or FDA's regulations under 21 CFR parts 50 (Protection of Human Subjects) and 56 (Institutional Review Boards).

Section 505(o)(3)(E)(ii) of the FDCA requires you to report periodically on the status of any study or clinical trial required under this section. This section also requires you to periodically report to FDA on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Section 506B of the FDCA, as well as 21 CFR 314.81(b)(2)(vii)] requires you to report annually on the status of any postmarketing commitments or required studies or clinical trials.

FDA will consider the submission of your annual report under section 506B and 21 CFR 314.81(b)(2)(vii) to satisfy the periodic reporting requirement under section 505(o)(3)(E)(ii) provided that you include the elements listed in 505(o) and 21 CFR 314.81(b)(2)(vii). We remind you that to comply with 505(o), your annual report must also include a report on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Failure to submit an annual report for studies or clinical trials required under 505(o) on the date required will be considered a violation of FDCA section 505(o)(3)(E)(ii) and could result in enforcement action.

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[3] See the guidance for Industry *Postmarketing Studies and Clinical Trials—Implementation of Section 505(o)(3) of the Federal Food, Drug, and Cosmetic Act (October 2019).* https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.

POSTMARKETING COMMITMENTS SUBJECT TO REPORTING REQUIREMENTS UNDER SECTION 506B

We remind you of your postmarketing commitments:

3851-5 Conduct a descriptive 5-year study on the use of Artesunate for Injection in the U.S.

The timetable you submitted on May 22, 2020, states that you will conduct this study according to the following schedule:

Draft protocol submission:	11/ 2020
Final protocol submission:	04/ 2021
Interim study report:	04/ 2022
Interim study report:	04/ 2023
Interim study report:	04/ 2024
Interim study report:	04/ 2025
Study completion:	04/ 2026
Final study report submission:	10/ 2026

3851-6 Conduct a multiple-dose safety, tolerability, pharmacokinetics (PK) study in pediatric patients with severe malaria from 0 to 12 months of age receiving 2.4 mg/kg Artesunate for Injection. The majority of pediatric patients in this age group is to be 6 months of age and younger.

The timetable you submitted on May 22, 2020, states that you will conduct this study according to the following schedule:

Draft protocol submission:	11/ 2020
Final protocol submission:	11/ 2021
Interim study report:	11/ 2022
Interim study report:	11/ 2023
Interim study report:	11/ 2024
Interim study report:	11/ 2025
Study completion:	11/ 2026
Final study report submission:	05/ 2027

A final submitted protocol is one that the FDA has reviewed and commented upon, and you have revised as needed to meet the goal of the study or clinical trial.

Submit clinical protocols to your IND for this product. Submit nonclinical and chemistry, manufacturing, and controls protocols and all postmarketing final reports to this NDA. In addition, under 21 CFR 314.81(b)(2)(vii) and 314.81(b)(2)(viii) you should include a status summary of each commitment in your annual report to this NDA. The status summary should include expected summary completion and final report submission

dates, any changes in plans since the last annual report, and, for clinical studies/trials, number of patients entered into each study/trial. All submissions, including supplements, relating to these postmarketing commitments should be prominently labeled "**Postmarketing Commitment Protocol**," "**Postmarketing Commitment Final Report**," **or** "**Postmarketing Commitment Correspondence**."

PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling. For information about submitting promotional materials, see the final guidance for industry *Providing Regulatory Submissions in Electronic and Non-Electronic Format—Promotional Labeling and Advertising Materials for Human Prescription Drugs.*[4]

As required under 21 CFR 314.81(b)(3)(i), you must submit final promotional materials, and the Prescribing Information, at the time of initial dissemination or publication, accompanied by a Form FDA 2253. Form FDA 2253 is available at FDA.gov.[5] Information and Instructions for completing the form can be found at FDA.gov.[6]

REPORTING REQUIREMENTS

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

MEDWATCH-TO-MANUFACTURER PROGRAM

The MedWatch-to-Manufacturer Program provides manufacturers with copies of serious adverse event reports that are received directly by the FDA. New molecular entities and important new biologics qualify for inclusion for three years after approval. Your firm is eligible to receive copies of reports for this product. To participate in the program, please see the enrollment instructions and program description details at FDA.gov.[7]

POST APPROVAL FEEDBACK MEETING

New molecular entities and new biological products qualify for a post approval feedback meeting. Such meetings are used to discuss the quality of the application and to evaluate the communication process during drug development and marketing application review. The purpose is to learn from successful aspects of the review process and to identify areas that could benefit from improvement. If you would like to have such a meeting with us, call the Regulatory Project Manager for this application.

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[4] For the most recent version of a guidance, check the FDA guidance web page at https://www.fda.gov/media/128163/download.
[5] http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf
[6] http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf
[7] http://www.fda.gov/Safety/MedWatch/HowToReport/ucm166910.htm

If you have any questions, call Mr. Gregory DiBernardo, Regulatory Project Manager, at [redacted]

Sincerely,

{See appended electronic signature page}

John J. Farley, MD, MPH
Acting Director
Office of Infectious Diseases
Center for Drug Evaluation and Research

ENCLOSURES:

- Content of Labeling
  - Prescribing Information
- Carton and Container Labeling

February 19, 2026

Officers & Directors – Amivas (US), LLC

David Bradshaw – CEO/COO

Bryan Smith – Chief Medical Officer

Lisa Thomas Read PhD, DVM, PMP – Chief Science Officer

Trent Todd - CFO

Beneficial Owners of Amivas Inc./Amivas (US), LLC.

Principal Place of Business/Physical Address	Mailing Address/PO Box:
Amivas (US), LLC 100 Tuscanney Drive, Suite B2 Frederick, Maryland 21702	PO Box 590 Nassau, DE 19969 USA

Registered Business Office:
C/O Corporation Trust Company
1209 Orange St
Wilmington DE 19801 USA

	Contact Information	Additional information
Company:	Phebra Pty Ltd	
Address:	[redacted]	
Contact Name:	Andre Vlok -	
Date of Birth:	[redacted]	
Country of Residence:		
Percentage Shareholding:		
U.S. Citizen:		
U.S. Resident for Tax Purposes:		
Company TIN (USA):		
Company number (other):		

	Contact Information	Additional information
Company:	2080084 Ontario Inc	
Address:	70 Stockdale Crescent Richmond Hill, ON L4C 3S9 CA	
Contact Name:	Peter Pekos	CA Passport #GK456767
Date of Birth:	01 Nov 1955	
Country of Residence:	Canada	
Percentage Shareholding:	35.64%	
U.S. Citizen:	No	Corporate Owner
U.S. Resident for Tax Purposes:	No	
Company TIN (USA):	N/A	Canadian Company
Company number (other):	2080084	Canadian Business Number

	Contact Information	Additional information
Name:	Valley Ventures Group, LLC	
Address:	[redacted]	[redacted]
Contact name:	David Bradshaw	
Date of Birth:	[redacted]	CEO of Amivas (US), LLC Corporate Owner
Country of Residence:		
Percentage Shareholding:		
U.S. Citizen:		Corporate Owner
U.S. Resident for Tax Purposes:		
Company TIN (USA):		US Company
Company Number (other):		

	Contact Information	Additional information
Name:	Saudade LLC	
Address:	[redacted]	
Contact Name:	Bryan Smith, M.D.	
Date of Birth:	[redacted]	Chief Medical Officer Corporate Owner
Country of Residence:		
Percentage Shareholding:		
U.S. Citizen:		Corporate Owner
U.S. Resident for Tax Purposes:		
Company TIN (USA):		US Company
Company Number (other):		

	Contact Information	Additional information
Name:	Graythan Pty Ltd	Trustee for the Graythan Trust
Address:	[redacted]	PO Box 6078 Mitchelton QLD 4053 Australia
Contact name:	Mark Reid	
Date of Birth:	[redacted]	CEO of Amivas, Inc, Corporate Owner
Country of Residence:		
Percentage Shareholding:		
U.S. Citizen:		Corporate Owner
U.S. Resident for Tax Purposes:		
Company TIN (USA):		Australian Company
Company Number (other):		Australian Business Number

Review and approved by:

David Bradshaw, CEO of Amivas, Inc., Amivas (US), LLC.

Date: February 16, 2026

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMIVAS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF MARCH, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMIVAS, INC." WAS INCORPORATED ON THE FIRST DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203283108

Date: 03-06-26

6269092 8300

SR# 20261046432

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF MARYLAND
Department of Assessments and Taxation

I, BOB YEAGER OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES , OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT AMIVAS (US) LLC (Z21617097) , REGISTERED APRIL 08, 2021, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF DELAWARE, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS APRIL 29, 2026.

Bob Yeager
Director

700 East Pratt Street, 2nd Flr, Ste 2700, Baltimore, Maryland 21202
Telephone Baltimore Metro (410) 767-1344 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: BVO-I6_7XkqJ6YLX_MJUDQ
To verify the Authentication Code, visit http://dat.maryland.gov/verify

185418

State of Maryland

185418

DEPARTMENT OF HEALTH

THE MARYLAND STATE BOARD OF PHARMACY
CERTIFIES THAT Amivas (Us), LLC
IS A REGISTERED **Active**
Distributor (exp.: 05/31/2027)

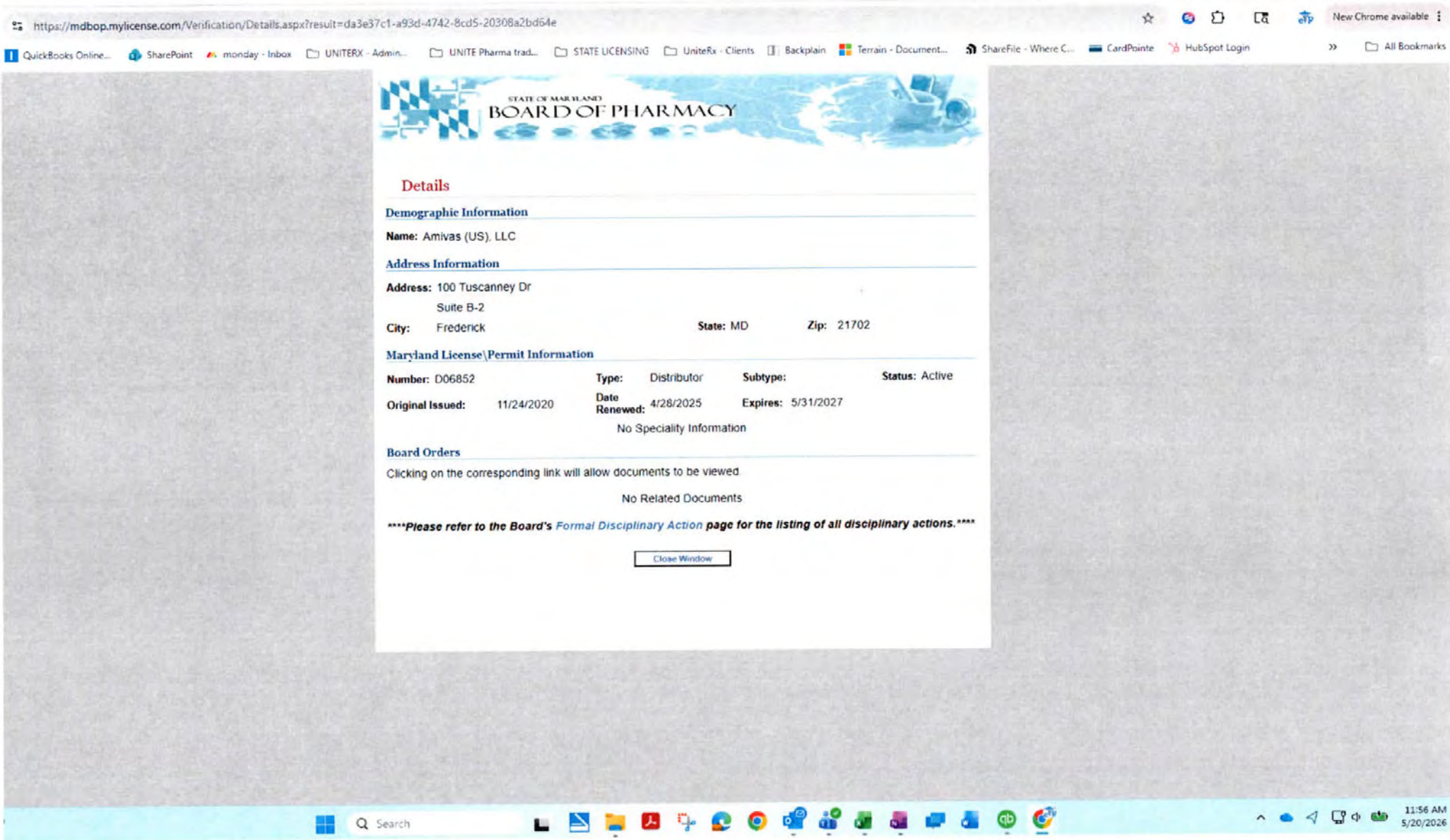
SIGNATURE OF BEARER

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. REG. PERM. NO.	EXPIRATION DATE
D06852	05/31/2027

SECRETARY MDH

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES


https://mdbop.mylicense.com/Verification/Details.aspx?result=da3e37c1-a93d-4742-8cd5-20308a2bd64e
New Chrome available
QuickBooks Online...
SharePoint
monday - Inbox
UNITERX - Admin...
UNITE Pharma trad...
STATE LICENSING
UniteRx - Clients
Backplain
Terrain - Document...
ShareFile - Where C...
CardPointe
HubSpot Login
All Bookmarks
STATE OF MARYLAND
BOARD OF PHARMACY
Details
Demographic Information
Name: Amivas (US), LLC
Address Information
Address: 100 Tuscanney Dr
Suite B-2
City: Frederick
State: MD
Zip: 21702
Maryland License\Permit Information
Number: D06852
Type: Distributor
Subtype:
Status: Active
Original Issued: 11/24/2020
Date Renewed: 4/28/2025
Expires: 5/31/2027
No Speciality Information
Board Orders
Clicking on the corresponding link will allow documents to be viewed
No Related Documents
****Please refer to the Board's Formal Disciplinary Action page for the listing of all disciplinary actions.****
Close Window
Search
11:56 AM
5/20/2026

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. S-980383

Application/License No. Not available yet

Amivas (US), LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 100 Tuscanney Dr Frederick, MD 21702 (Address of Applicant/Principal), as PRINCIPAL, and NGM Insurance Company (Surety Company), a corporation organized under the laws of the state of Florida (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 55 West Street Keene NH 03431-7000 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 5/22/2025 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 27th day of May, 2025.

APPLICANT/PRINCIPAL
Amivas (US), LLC

Authorized Representative

SURETY COMPANY
NGM Insurance Company

Surety Company's Representative

Matthew G. Mayer, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

MAIN STREET AMERICA INSURANCE | Trusted Choice

POWER OF ATTORNEY

S-980383

KNOW ALL PARTIES BY THESE PRESENTS: That NGM Insurance Company, a Florida corporation having its principal office in the City of Jacksonville, State of Florida, pursuant to Article IV, Section 2 of the By-Laws of said Company, to wit:

"SECTION 2. The board of directors, the president, any vice president, secretary, or the treasurer shall have the power and authority to appoint attorneys-in-fact and to authorize them to execute on behalf of the company and affix the seal of the company thereto, bonds, recognizances, contracts of indemnity or writings obligatory in the nature of a bond, recognizance or conditional undertaking and to remove any such attorneys-in-fact at any time and revoke the power and authority given to them."

does hereby make, constitute and appoint Matthew G. Mayer its true and lawful Attorney-in-fact, to make, execute, seal and deliver for and on its behalf, and as its act and deed bond number S-980383 dated May 22, 2025, on behalf of **** Amivas (US), LLC **** in favor of Nevada State Board of Pharmacy for Twenty Five Thousand and 00/100 Dollars ($ 25,000) and to bind NGM Insurance Company thereby as fully and to the same extent as if such instrument was signed by the duly authorized officers of NGM Insurance Company; this act of said Attorney is hereby ratified and confirmed.

This power of attorney is signed and sealed by facsimile under and by the authority of the following resolution adopted by the Directors of NGM Insurance Company at a meeting duly called and held on the 2nd day of December 1977.

Voted: That the signature of any officer authorized by the By-Laws and the company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance or other written obligation in the nature thereof; such signature and seal, when so used being hereby adopted by the company as the original signature of such officer and the original seal of the company, to be valid and binding upon the company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, NGM Insurance Company has caused these presents to be signed by its Secretary and its corporate seal to be hereto affixed this 9th day of October, 2024.

NGM INSURANCE COMPANY By: L. K. P.

Lauren K. Powell
Vice President, Corporate Secretary

NGM INSURANCE COMPANY FOUNDED 1923 FLORIDA

State of Wisconsin,
County of Dane

On this 9th day of October, 2024, before the subscriber a Notary Public of State of Wisconsin and for the County of Dane duly commissioned and qualified, came Lauren K. Powell of NGM Insurance Company, to me personally known to be the officer described herein, and who executed the preceding instrument, and she acknowledged the execution of same, and being by me fully sworn, deposed and said that she is an officer of said Company, aforesaid: that the seal affixed to the preceding instrument is the corporate seal of said Company, and the said corporate seal and her signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Company; that Article IV, Section 2 of the By-Laws of said Company is now in force.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed by official seal at Madison, Wisconsin this 9th day of October, 2024.

Mary J. Ripp

My Commission Expires February 8, 2027

MARY J. RIPP NOTARY PUBLIC STATE OF WISCONSIN

I, Nathan Hoyt, Assistant Vice President of NGM Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by said Company which is still in force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Company at Madison, Wisconsin this 27th day of May, 2025.

Nathan Hoyt, Assistant Vice President

NGM INSURANCE COMPANY FOUNDED 1923 FLORIDA

WARNING: Any unauthorized reproduction or alteration of this document is prohibited.

TO CONFIRM VALIDITY of the attached bond please call 1-603-354-5281.

TO SUBMIT A CLAIM: Send all correspondence to 55 West Street, Keene, NH 03431 Attn: Bond Claim Department or call our Bond Claim Department at 1-603-358-1437.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Amivas (US), LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 100 Tuscanney Drive, Suite B2

City Frederick State MD Zip 21702

Mailing Address (if different from physical address) PO Box 590

City Nassau State DE Zip 19969

Telephone 240-457-0987 Website Amivas.com

Licensing Company Email Amivas@UniteRx.com

Section 2: Personal Information

First Paul Middle Andrew Last Sachtleben

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Frederick State MD Zip [redacted]

Telephone [redacted] Email paul.sachtleben@amivas.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Johns Hopkins University		05/99- 05/04	
Address	**City**	**State**	**Zip**
9601 Medical Center Dr.	Rockville	MD	20850
Diploma/Degree obtained, if any			
M.S. Biotechnology			

School Name		From - To (MM/YY – MM/YY)	
Virginia Tech		12/1997	
Address	**City**	**State**	**Zip**
900 North Main St.	Blacksburg	VA	24061
Diploma/Degree obtained, if any			
B.S. Biology			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/13 - present	[redacted]	Frederick	MD	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Amivas, Inc.			01/22-present	
Business Address		**City**	**State**	**Zip**
100 Tuscanney Dr, Ste 102		Frederick	MD	21702
Phone	**Title**		**Number of Employed Hours**	
240-457-0987	Director, Quality Assurance		~9,000	
Description of Duties				
Remediate/Develop/Maintain Internal Quality System (QS) Manager team providing quality oversight to all external manufacturing, contract testing and distribution service providers. Manager Supplier Quality Management function (Approved supplier list, Supplier qualification, Quality Agreements)				

Business Name			From - To (MM/YY – MM/YY)	
USAMMDA, WPAC-PMO (contracted through General Dynamics IT)			10/18-1/21	
Business Address		**City**	**State**	**Zip**
		Ft. Detrick	MD	21702
Phone	**Title**		**Number of Employed Hours**	
1-833-663-4348	Reg. Compliance SME-Manufacturing		~5000	
Description of Duties				
Assist Product Manager with oversight of contract manufacturing organizations and guidance to development parters. Maintain the integrated master schedule with respect to manufacturing activities. Provide requirements and recommendations to Integrated product teams as related to product manufacturing, product				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

22 Jun 2026
Date

I, Paul Sachtleben, **certify that as the designated representative for**

Amivas (US) LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. PS I am at least 21 years of age;
3. PS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. PS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. PS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. PS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. PS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Paul Sachtleben

Print Name (First, Last)

Paul Sachtleben

Original Signature (electronic, copies or stamps not accepted)

22 Jun 2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Paul Sachtleben

Print Name (First, Last)

Paul Sachtleben

Original Signature (electronic, copies or stamps not accepted)

22 Jun 2026

Date

Please have this section completed in the presence of a Notary Public.

State of Maryland, ss. County of Frederick

I, Paul Sachtleben, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Paul Sachtleben

Original Signature

22 Jun 2026

Date

Subscribed and Sworn to before me this 22nd day of June, 2026

Notary Public Signature

SUSAN R JUSTINIANO
NOTARY PUBLIC
FREDERICK COUNTY
MARYLAND
My Commission Expires Aug. 14, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Amivas (US), LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 100 Tuscanney Drive, Suite B2

City: Frederick State: MD Zip: 21702

Mailing Address (if different from physical address): PO box 590

City: Nassau State: DE Zip: 19969

Telephone: 240-457-0987 Website: Amivas.com

Licensing Company Email: Amivas@UniteRx.com

Section 2: Personal Information

First: David Middle: William Last: Bradshaw

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Addres: [redacted]

City: Rehoboth Beach State: DE Zip: [redacted]

Telephone: 240-457-0987 Email: david.bradshaw@amivas.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Maryland		Sept 1990 - May 1996	
Address: College Park / 7901 Regents Dr.	City: College Park	State: MD	Zip: 27042
Diploma/Degree obtained, if any: B.S., Biological Sciences			

School Name		From - To (MM/YY – MM/YY)	
Univ. of Maryland		09-1983 - 05-1985	
Address: 7901 Regents Dr.	City: College Park	State: MD	Zip: 27042
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Seneca Valley High School		09-1980 — 06-1983	
Address: 19401 Crystal Rock Dr	City: Germantown	State: MD	Zip: 27084
Diploma/Degree obtained, if any: High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02-2022 - curren	[redacted]	Rehoboth Beach	DE	[redacted]
1-2020 — 2-2022		Rehoboth Beach	DE	
4-2019 — 4-2021		Middletown	MD	
7-2005 - 4-2019		Middletown	MD	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Amivas (US), LLC			2020 - present	
Business Address	**City**	**State**	**Zip**	
100 Tuscanney Drive, Suite B2	Frederick	MD	21702	
Phone	**Title**			
240-457-0987	CEO			
Description of Duties				
See attached CV				

Business Name			From - To (MM/YY – MM/YY)	
Amivas, Inc			2017 - present	
Business Address	**City**	**State**	**Zip**	
100 Tuscanney Drive, Suite B2	Frederick	MD	21702	
Phone	**Title**			
240-457-0987	COO			
Description of Duties				
See attached CV				

Business Name			From - To (MM/YY – MM/YY)	
Fast-Track Drugs and Biologics, LLC			2019-2020	
Business Address	**City**	**State**	**Zip**	
5 Paramus Court	North Potomac	MD	20878	
Phone	**Title**			
301-762-5787	Vice President for Business Development			
Description of Duties				
See attached CV				

Business Name			From - To (MM/YY – MM/YY)	
Clinical Network Services, Inc. (CNS)			2016 - 2019	
Business Address	**City**	**State**	**Zip**	
8403 Colesville Rd, Ste 630	Silver Springs	MD	20910	
Phone	**Title**			
301-797-1900	Business Director, US Office (Member of the Senior Management Team)			
Description of Duties				
See attached CV				

Business Name			From - To (MM/YY – MM/YY)	
General Dynamics Information Technology, Inc. (GDIT)			2014-2016	
Business Address	**City**	**State**	**Zip**	
321 Ballenger Center Dr., Ste 200	Frederick	MD	21703	
Phone	**Title**			
900-242-0230	Business Development Director, Health Solutions			
Description of Duties				
See attached CV				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/17/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Bradshaw

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

February 17, 2026

Date

Please have this section completed in the presence of a Notary Public.

State of Delaware, ss. County of Sussex

I, David Bradshaw, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/17/2026

Date

Subscribed and Sworn to before me this 17 day of Feb 2026.

Notary Public Signature

Nathan S. Kepley
Notary Public
State of Delaware
My Commission Expires July 2, 2026
Commission No. 20240702000035

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Amivas (US), LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): _____

Physical Address: 100 Tuscanney Drive, Suite B2

City: Frederick State: MD Zip: 21702

Mailing Address (if different from physical address): PO box 590

City: Nassau State: DE Zip: 19969

Telephone: 240-457-0987 Website: Amivas.com

Licensing Company Email: Amivas@UniteRx.com

Section 2: Personal Information

First: Andre Middle: _____ Last: Vlok

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: _____ Sex: ☐ M ☐ F ☐ X

Mailing Addres[redacted]

City: Sydney State: NSW [redacted]

Telephone: [redacted] Email: andre.v@phebra.com

Are you a citizen of the United States? ☐ Yes ■ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		No
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		No
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		No

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		No
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: University of Nelson Mandela Metropole			From - To (MM/YY – MM/YY): 10/1981-12/1983
Address: City of Port Elizabeth, Eastern Province, South Africa	City: Port Elizabeth	State:	Zip:
Diploma/Degree obtained, if any: D Ind Engineering			
School Name: University of Stellenbosch			From - To (MM/YY – MM/YY): 01/1977 - 09/1980
Address: City of Stellenbosch, Western Province, South Africa	City: Stellenbosch	State:	Zip:
Diploma/Degree obtained, if any: B Eng III			
School Name: Technical High School			From - To (MM/YY – MM/YY): 01/1973 - 12/1977
Address: City of Port Elizabeth, Eastern Province, South Africa	City: Port Elizabeth	State:	Zip:
Diploma/Degree obtained, if any: Matriculation Exemption			
School Name: Kabega Park Primary School			From - To (MM/YY – MM/YY): 01/65 - 12/1972
Address: City of Port Elizabeth, Eastern Province, South Africa	City: Port Elizabeth	State:	Zip:
Diploma/Degree obtained, if any: Junior school certificate			
School Name:			From - To (MM/YY – MM/YY
Address:	City:	State:	Zip:
Diploma/Degree obtained, if any:			

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Australian Research Diagnostics Pty Ltd ACN: 621267249			From - To (MM/YY – MM/YY): 08/2025 -
Business Address: 32 Oakmont Street, Carindale, Queensland, Australia	City: SBrisbane	State: QLD	Zip: 4152
Phone: +61 2 9420 9199	Title: Director		
Description of Duties: Director			

Business Name: Phebra (SE ASIA) PTE LTD UEN: 201417707H			From - To (MM/YY – MM/YY): 07/2025 -
Business Address: 16 RAFFLES QUAY #33-03 HONG LEONG BUILDING SINGAPORE (048581)	City: Singapore	State:	Zip:
Phone: +65 6222 7445	Title: Director		
Description of Duties: Director			

Business Name: Phero Pharma Pty Ltd ACN: 673730231			From - To (MM/YY – MM/YY): 12/2023 -
Business Address: BA Pty Ltd, L1, 770 Old Princess Highway, Sutherland, NSW 2232, Australia	City: Sydney	State: NSW	Zip: 2232
Phone:	Title: Director		
Description of Duties: Executive Director			

Business Name: Phebra LIMITED CN: 08579094			From - To (MM/YY – MM/YY): 12/2024 -
Business Address: 4th Floor, 58-59 Great Marlborough Street, London W1F7JY	City: London	State:	Zip:
Phone: +44 2073554629	Title: Director		
Description of Duties: Director			

Business Name: Phebra (UK) LIMITED CN: 11334629			From - To (MM/YY – MM/YY): 12/2024 -
Business Address: 4th Floor, 58-59 Great Marlborough Street, London W1F7JY	City: London	State:	Zip:
Phone: +44 2073554629	Title: Director		
Description of Duties: Executive Director			

Continue on next page if additional space is needed.

Business Name	Phebra IRELAND LtIMITED CN: 705039		From - To (MM/YY – MM/YY) 10/2021 -
Business Address	Taxassist Accountants, 174 Walkinstown Rd, Walkinstown, Dublin 12, D12 K6nt, Ireland	City Dublin	State / Zip
Phone	Title Director		
Description of Duties	Director		

Business Name	Flexipharm Austrading LIMITED CN: 11368401		From - To (MM/YY – MM/YY) 11/2021 -
Business Address	ATI House, 6 Boston Drive, Bourne End, Buckinghamshire SL85YS, UK	City Buckinghamshire	State / Zip SL85YS
Phone	Title Director		
Description of Duties	Executive Director		

Business Name	Phebra Pty Ltd ACN: 059357890		From - To (MM/YY – MM/YY) 2/2021
Business Address	19 Orion Road, Lane Cove West, NSW 2066, Australia	City Sydney	State NSW / Zip 2066
Phone +61 294209199	Title Chief Executive Officer/Director		
Description of Duties	Executive function for all aspects of the business		

Business Name	Phebra Holdings Pty Ltd ACN: 626748301		From - To (MM/YY – MM/YY) 2/2021
Business Address	19 Orion Road, Lane Cove West, NSW 2066, Australia	City Sydney	State NSW / Zip 2066
Phone +61 294209199	Title Executive Director		
Description of Duties	Executive functions for all aspects of the business		

Business Name	Phebra NZ LIMITED CN: 6472052 NZBN: 9429046384416		From - To (MM/YY – MM/YY) 10/2017
Business Address	JOHNSTON ACA LIMITED, Level 1, 1 Jervois Road, Ponsonby, AUCKLAND, 1011	City Auckland	State / Zip 1011
Phone	Title Director		
Description of Duties	Executive Director		

Make copies of this page OR use a separate piece of paper if additional space is needed.

No

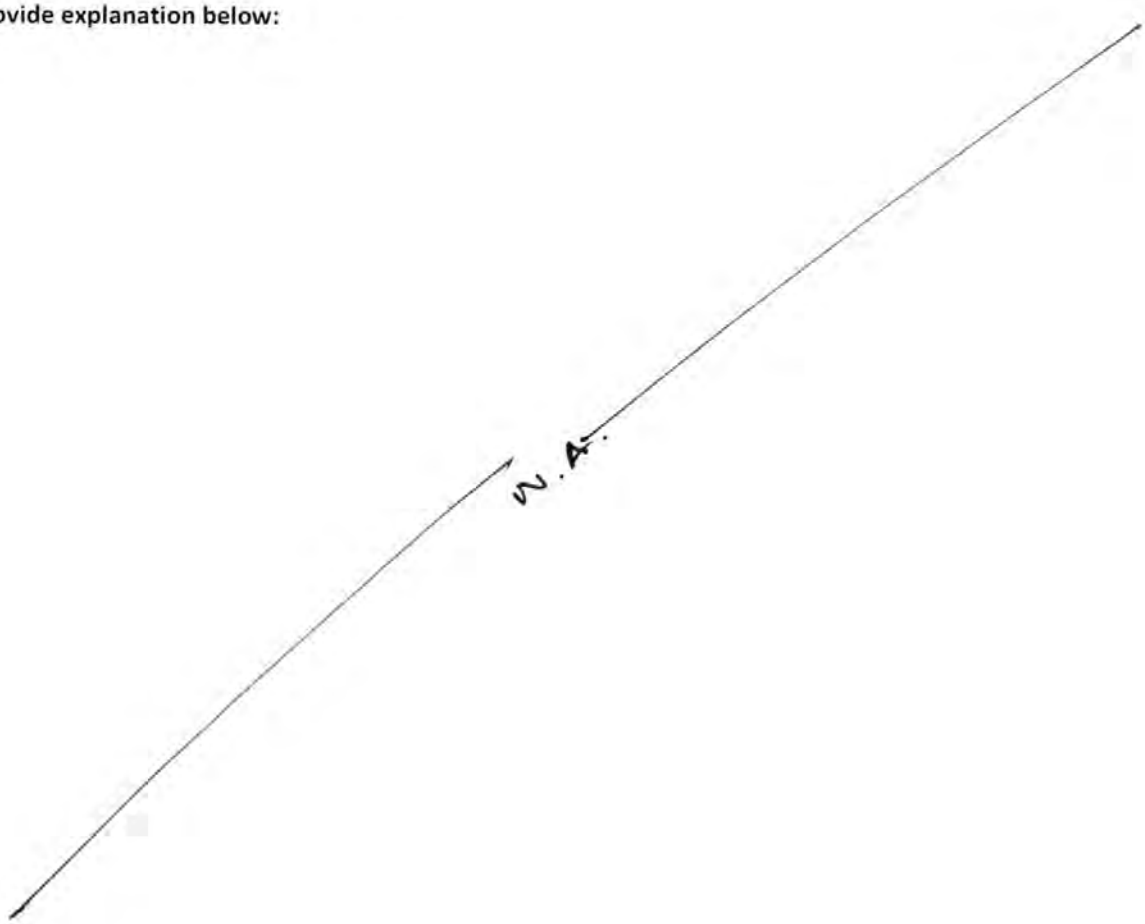
Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		No
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		No
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		No
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		No
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		No
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		No
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		No
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		No
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		No

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

Date

6911

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andre Vlok

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09TH OF MARCH 2026

Date

Please have this section completed in the presence of a Notary Public.

State of New South Wales, Australia

I, Andre Vlok, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature (Andre Vlok)

09TH OF MARCH 2026

Date

Subscribed and Sworn to before me this 9th day of MARCH 2026.

Notary Public Signature



Resume

Andre Vlok

Chief Executive Officer - Phebra Group of Companies

[redacted]

Experienced executive with international exposure, gained in Pharmaceutical and Fast-Moving Consumer Goods environment

Professional Qualifications	:	Registered Industrial Engineering Practitioner
Professional Membership	:	Fellow of the Australian Institute of Managers and Leaders Member of the Australian Institute of Company Directors
Qualifications	:	D Ind Engineering

Employment History and Work-Related Experience

Present Position	:	02/2021 to present **Chief Executive Officer/Director - Phebra Group of Companies** Executive accountability for the strategic direction and commercial delivery of the group meeting shareholder expectations and ensuring compliance with all applicable legislation, codes of conduct, occupational health and safety, corporate and intellectual property law and other statutory laws and regulations applicable to the development, manufacture and distribution of human pharmaceuticals
Company Profile	:	Phebra is one of Australia's largest privately-owned pharmaceutical groups specialising in human pharmaceuticals, with a facility in Sydney that develops, produces and supplies critical medicines in Australia and distributed to various continents.
Directorships	:	Phebra Holdings Pty Ltd; Phebra Resources Pty Ltd; Phebra Pty Ltd; Flexipharm Austrading LTD UK; Phebra LTD UK; Phebra (UK) Ltd; Phebra IRELAND Ltd; Phebra (SE ASIA) Ltd; Phebra NZ Ltd; Phero Pharma Pty Ltd; Australian Research Diagnostics Pty Ltd
Previous Position	:	03/2008 to 01/2021 **General Manager - Phebra (Pty) Ltd, Australia** Accountable and responsible primarily for the tactical operations of the business ensuring compliance with all applicable legislation, codes of conduct, occupational health and safety, corporate and intellectual property law and other laws and regulations applicable to the manufacture and

distribution of human pharmaceuticals, whilst pursuing growth and profitable returns for the Company and shareholders.

Previous Position	:	2004 to 2007 **Operations Director and Head of Business unit- Bodene (Pty) Ltd, and Exco Member of Fresenius Kabi, South Africa**
Company Profile	:	Bodene (Pty) Ltd is a wholly owned subsidiary of Fresenius Kabi South Africa, a manufacturer and supplier of critical care intravenous parental pharmaceutical products for the South African and selected international markets. Part of the global Fresenius Kabi AG Group, Germany.
Previous Position	:	1983 to 2003 **General Management/Directorships – Cadbury Southern Africa (Pty) Ltd**
Company Profile	:	Confectionery and beverage group with operations across Africa.

06TH OF MARCH 2026

06/03/2026

JUSTICE OF THE PEACE
I certify this to be a true and accurate copy of the document reported to me to be the original document
Date 06/03/2026
Mr. Pravinkumar Bhailalbhai Patel
Registration No 203977
in and for the State of New South Wales

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Amivas (US), LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 100 Tuscanney Drive, Suite B2

City: Frederick State: MD Zip: 21702

Mailing Address (if different from physical address): PO Box 590

City: Nassau State: DE Zip: 19969

Telephone: 240- 457-0987 Website: amivas.com

Licensing Company Email: amivas@uniterx.com

Section 2: Personal Information

First: Peter Middle: n/a Last: Pekos

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: n/a Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Richmond Hill State: ON Zi: [redacted]

Telephone: [redacted] Email: peter.pekos@amivas.com

Are you a citizen of the United States? ☐ Yes ■ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
York University		09/82-11/86	
Address	City	State	Zip
4700 Keele Street	Toronto	On	M3J 1P3
Diploma/Degree obtained, if any			
Masters of Science			

School Name		From - To (MM/YY – MM/YY)	
University of Toronto		09/75-06/81	
Address	City	State	Zip
27 King's College Circle	Toronto	On	M5S 1A1
Diploma/Degree obtained, if any			
Bachelors of Science			

School Name		From - To (MM/YY – MM/YY)	
East York Collegiate Institute		09/70-06/75	
Address	City	State	Zip
650 Cosburn Avenue	Toronto	On	M4C 2V2
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
n/a			
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
n/a			
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
ongoing	[redacted]	Richmond Hill	ON	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Maplecrest Valley Holdings. (f/n/a 2080084 Ontario, Inc.)			08/05-ongoing
Business Address	**City**	**State**	**Zip**
70 Stockdale Crescent	Richmond Hill	ON	L4C 3S9
Phone	**Title**		
416-505-6051	Owner, director, President and Secretary		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Dalton Chemical Laboratories Inc. o/a Dalton Pharma Services			03/20-ongoing
Business Address	**City**	**State**	**Zip**
349 Wildcat Road	Toronto	ON	M5B 1H3
Phone	**Title**		
416-661-2102	Director		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Cardiol Therapeutics, Inc.			ongoing
Business Address	**City**	**State**	**Zip**
602-2265 Upper Middle Road East	Oakville	ON	L6H 0G5
Phone	**Title**		
289-910-0850	Director		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Dalton Chemical Laboratories Inc. o/a Dalton Pharma Services			04/87-03/20
Business Address	**City**	**State**	**Zip**
349 Wildcat Road	Toronto	ON	M5B 1H3
Phone	**Title**		
416-661-2102	Director, President, Secretary and CEO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
1057041 Ontario Inc.			12/93-ongoing
Business Address	**City**	**State**	**Zip**
70 Stockdale Crescent	Richmond Hill	ON	L4C3S9
Phone	**Title**		
416-505-6051	Owner, Director, President and Secretary		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Dalton Medicinal Chemistry Inc.			02/07-09/23	
Business Address		City	State	Zip
70 Stockdale Court		Richmond Hill	On	L4C 3S9
Phone	Title			
416-505-6051	Owner, Director, President and Secretary			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Ashbury Biologicals Inc.			08/01-ongoing	
Business Address		City	State	Zip
70 Stockdale Crescent		Richmond Hill	ON	L4C 3S9
Phone	Title			
416-505-6051	Director, President and Secretary			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Wildcat Research Corporation			08/99-ongoing	
Business Address		City	State	Zip
70 Stockdale Crescent		Richmond Hill	ON	L4C 3S9
Phone	Title			
416-505-6051	Director, President and Secretary			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
n/a				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
n/a				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # n/a **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
n/a				
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

02-27-2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Peter Pekos

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02-27-26

Date

Please have this section completed in the presence of a Notary Public.

~~State of~~ PROVINCE OF ONTARIO, ss. ~~County of~~ YORK REGION

I, Peter Pekos, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

02-27-26

Date

Subscribed and Sworn to before me this 27th day of FEBRUARY 2026.

Notary Public Signature

DONALD BLAIR JOHNSTON, a Notary Public
in and for the Province of Ontario, Canada.
No Expiry.



February 19, 2026

Employee List – Amivas (US), LLC

Bryan Smith
Colleen Atkins
David Bradshaw
Lisa Thomas Read PhD, DVM, PMP
Michelle Seifert
Paul Sachtleben
Sean Endicott
Timothy Warram
Paul Leiner
Giovanna Melendez
Deeksha Peters

4VV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10) ■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10)

Section 1: General Information

Facility Name: Top Quality Manufacturing, LLC DBA Amtouch Dental Supply

Physical Address: 28703 Industry Dr.

City: Valencia State: CA Zip: 91355-5414

Mailing Address (if different from physical address): [same as physical address]

City: N/A State: N/A Zip: N/A

Telephone: 661-294-1213 Website: www.amtouch.com

Name of Designated Representative (DR): Devain Jolly

Licensing Company Email: regulatory@topqualitygloves.com DR Email: Davej@amtouch.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies ■ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Veterinarians ☐ Others:	■ Dangerous Drugs ☐ Controlled Substances ■ [a]Medical Products (medical devices, equipment, supplies, gases) ■ Others: OTC Medication OTC Devices	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ■ Retail pharmacy wholesale distributor ☐ Others:

Section 2: ONLY COMPLETE THIS SECTION IF THE COMPANY IS WHOLESALING [a]Medical Products (medical devices, equipment, supplies and gases). Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: No.	Credentials: N/A	%: N/A
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 3 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attached.

Original Signature (electronic, copies or stamps not accepted)

5/18/26
Date

NEVADA BOARD OF PHARMACY
WHOLESALER INITIAL APPLICATION FOR TOP QUALITY MANFUACTURING, LLC
DBA AMTOUCH DENTAL SUPPLY
EXPLANATION FOR SECTION 3: HISTORY OF COMPANY QUESTION 3:

Question 3:

Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?

Response: Yes.

Based on currently available records/information, and although not necessarily responsive or applicable to the question, Henry Schein, Inc. discloses the following information:

In May 2008, Henry Schein, Inc. resolved a matter with the Florida Department of Health ("DOH") (Case No. 2008-08770; prescription drug wholesaler permit # 22:1315) in connection with a Notice of Violation, alleging that Henry Schein, Inc. sold and/or shipped prescription drugs to an unauthorized recipient, in violation of Chapter 499, Florida Statutes. Henry Schein, Inc. entered into a settlement agreement which resolved the matter without any admission of liability and agreed to make a payment of $5,000. The matter was closed by order dated May 15, 2008.

In July 2011, Henry Schein, Inc. resolved a matter with the Colorado Board of Pharmacy ("BOP") which alleged that Henry Schein, Inc. did not timely submit an application for a change of designated representative in violation of Colorado state statutes and BOP rules (Case No. 2011-1806; non-resident prescription drug wholesaler registration # WHO 7115). Henry Schein, Inc. made a payment of $5,000 to resolve the matter plus a $500 surcharge.

In November 2011, the Iowa Board of Pharmacy alleged that Henry Schein, Inc. violated Iowa state statutes and regulations in connection with the sale of controlled substances to Des Moines University, whose Iowa Controlled Substances Registration had expired at the time of shipment. (Case No. 2010-35; Wholesale Drug License No. 5328) Henry Schein, Inc. denied the allegations. Henry Schein, Inc. agreed to a Citation and Warning, resolving the matter in April 2012 without any admission of liability and agreed to make a payment of $5,000.



Section 4: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: United Dental Dealers, National Distribution & Contracting, Dept. 169
Address: PO Box 37904 City: Charlotte State: NC Zip: 28237

Name: Solventum, 3M Healthcare US OPCO LLC
Address: PO Lockbox 844401 City: Dallas State: TX Zip: 75284

Name: Dentsply Professional, Dept DNA
Address: PO Box 31001-1205 City: Pasadena State: CA Zip: 91110

Name: Cetylite Industries, Inc.
Address: 9051 River Road City: Pennsauken State: NJ Zip: 08110

Section 5: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Henry Schein, Inc. (58%); HRNNK Holdings, Inc. (42%)
Corporation/Organization Name: Top Quality Manufacturing, LLC DBA Amtouch Dental Supply
Mailing Address: 800 Primos Avenue
City: Folcroft State: PA Zip: 19032
Telephone: 610-461-6100 Email: beth@topqualitygloves.com
Contact Person Name: Beth Eberhart

Section 7: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 8: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 9: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 10: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale [a]Medical Products (medical devices, equipment, supplies, gases). (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Products (medical devices, equipment, supplies, gases), supply a copy of proof of insurance (NAC 639.6957).** The Medical Products wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 9)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20NRS%20639.500%20-%20Effective%2001.07.2026%20-%20Wholesaler%20-%20Post%20on%201.26.26.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Top Quality Manufacturing, LLC DBA Amtouch Dental Supply

Facility Name

Navin Khetarpal

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

05/18/26

Date

Board Use Only	Date Received: 6/3/26	Amount: CK 95452 $1000

Top Quality Manufacturing, LLC

Officer Fingerprint Information

As Top Quality Manufacturing, LLC dba Amtouch Dental Supply located in Valencia, California, holds an FDA registration, fingerprints have not been submitted for the facility's officers.

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
Top Quality Manufacturing, LLC
Business Trade Name:
Amtouch Dental Supply

28703 INDUSTRY DR
Valencia, CA 91355
Registration Number: 2084960
FEI Number*: 1000135819
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2026

Owner/Operator:
TOP QUALITY MANUFACTURING[6]
800 Primos Avenue
Folcroft, PA 19032
Owner/Operator Number: 2523318[7]

Official Correspondent:
Justin Cowder
800 Primos Avenue
Folcroft, PA 19032
Phone: 610-4616100

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2523318&OwnerOperator
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Page Last Updated: 05/25/2026

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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U.S. Department of **Health & Human Services**

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Top Quality Manufacturing, LLC

Owner Information

Owner:

Top Quality Manufacturing, LLC
FEIN: 23-2987895
800 Primos Avenue
Folcroft, PA 19032
100% ownership interest

Parent-Level Ownership:

Henry Schein, Inc.
FEIN: 11-3136595
135 Duryea Road
Melville, NY 11747-3834
58% ownership interest

HRNNK Holdings, Inc.
FEIN: 95-4333125
28703 Industry Dr
Valencia, CA 91355-5414
42% ownership interest

Top Quality Manufacturing, LLC

Officer Information

Officer	Title
Mark Hillebrandt	Manager & Vice President
Ciprian Tamas	Manager & Vice President
Andrea Albertini	Manager & Chief Executive Officer
Michael Ettinger	Manager & Executive Vice President
Michael Amodio	Vice President & Treasurer
Laura (Jadezuk) Elefonte	Vice President, Global Tax
Regina Cavaliere	Vice President, Regulatory and Compliance
Jennifer Ferrero	Secretary
Jennifer Stoll	Vice President
Harish Khetarpal	Manager & Chief Strategic Officer
Navin Khetarpal	Manager & President
Nitasha Khetarpal Patel	Chief Operating Officer

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOP QUALITY MANUFACTURING, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JULY, A.D. 2025.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

4501025 8300

SR# 20253525398

Authentication: 204346683

Date: 07-31-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Wholesale Drug Permit

LICENSE NO. WLS 8803

ISSUE DATE 2/2/2026

AMTOUCH DENTAL SUPPLY
28703 INDUSTRY DR
VALENCIA, CA 91355

The above is licensed with the State Board of Pharmacy as a Limited Liability

JOLLY DEVAIN

EXEMPTEE N CHARGE

The official status of this license can be verified at www.

PLACE RENEWAL LICENSE HERE

VALID UNTIL 7/15/2026

RECEIPT NUMBER 00102987

This original license must be kept for the life of the license and posted in public view.

In accordance with section 4060 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy

This permit is NONTRANSFERABLE and must be renewed annually on or before the indicated date. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, shareholder (more than 10 percent share change), designated representative-in-charge, manager or vice president of operations. If you are planning to change location or designated representative-in-charge, the approval must be in advance of the change.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

----- POST IN PUBLIC VIEW -----

6936 09/30/19 WLS

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 05/27/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	**CONTACT NAME:** **PHONE (A/C. No. Ext):** (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105 **E-MAIL ADDRESS:**

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Underwriters at Lloyds	32727
INSURER B:	ProAssurance Specialty Insurance Company	17400
INSURER C:	Liberty Mutual Fire Ins Co	23035
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Top Quality Manufacturing
Amtouch Dental Supply
28703 Industry Drive
Valencia CA 91355 USA

COVERAGES **CERTIFICATE NUMBER:** 570120203444 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY			TB2621093363036	06/01/2026	06/01/2027	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	Excluded
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH)						E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	
B	Products Liability			N26NY380023 Claims Made	06/01/2026	06/01/2027	Per Occurrence	$1,000,000
							Aggregate	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy., Suite 206
Reno NV 89521 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast Inc.

Holder Identifier :

Certificate No : 570120203444

©1988-2015 ACORD CORPORATION. All rights reserved.

RIDER

To be attached to and form part of:

Bond Number	015222650
dated	January 17, 2024
issued by the	LIBERTY MUTUAL INSURANCE COMPANY
in the amount of	$ 100,000.00
on behalf of	TOP QUALITY MANUFACTURING, LLC (Principal)
and in favor of	NEVADA STATE BOARD OF PHARMACY (Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

Following Location shall be added to Bond:

28703 Industry Drive
Valencia, CA 91355

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 6th day of May, 2026.

Signed, Sealed & Dated this 6th day of May, 2026.

TOP QUALITY MANUFACTURING, LLC DBA AMTOUCH DENTAL SUPPLY
(Principal)

By: _____
NAVIN KHETARPAL, PRESIDENT

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Sandra Diaz, Attorney-in-Fact

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS
Seal No. 5973

Liberty Mutual. SURETY

POWER OF ATTORNEY

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8213584-015009

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan; Anne Potter; Beverly A. Woolford; Debra A. Deming; Frances Rodriguez; Francesca Kazmierczak; Jennifer L. Jakaitis; Pablo Garcia Horcajo; Peter Healy; Sandra Diaz; Susan A. Welsh; Valorie Spates; Vilma Gonzalez

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 2nd day of April, 2025.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
Nathan J. Zangerle, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 2nd day of April, 2025 before me personally appeared Nathan J. Zangerle, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2029
Commission number 1128044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes Nathan J. Zangerle, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 6th day of May, 2026.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/24

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

RIDER

To be attached to and form part of:

Bond Number 015222650

dated January 17, 2024

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of TOP QUALITY MANUFACTURING, LLC
(Principal)

and in favor of NEVADA STATE BOARD OF PHARMACY
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Principal Name shall be amended:

FROM: TOP QUALITY MANUFACTURING, LLC

TO: TOP QUALITY MANUFACTURING, LLC dba AMTOUCH DENTAL SUPPLY

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 11th day of March, 2026.

Signed, Sealed & Dated this 11th day of March, 2026.

TOP QUALITY MANUFACTURING, LLC DBA AMTOUCH DENTAL SUPPLY
(Principal)

By: _____

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Sandra Diaz, Attorney-in-Fact

POWER OF ATTORNEY

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8213584-015009**

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan; Anne Potter; Beverly A. Woolford; Debra A. Deming; Frances Rodriguez; Francesca Kazmierczak; Jennifer L. Jakaitis; Pablo Garcia Horcajo; Peter Healy; Sandra Diaz; Susan A. Welsh; Valorie Spates; Vilma Gonzalez

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 2nd day of April, 2025.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
Nathan J. Zangerle, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 2nd day of April, 2025 before me personally appeared Nathan J. Zangerle, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2029
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes Nathan J. Zangerle, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 11th day of March, 2026.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015222650

Application/License No. _____

TOP QUALITY MANUFACTURING, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 800 Primos Avenue Folcroft, PA 19032 (Address of Applicant/Principal), as PRINCIPAL, and LIBERTY MUTUAL INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of MA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 17, 2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 28th day of February, 2024.

APPLICANT/PRINCIPAL
TOP QUALITY MANUFACTURING, LLC

COMPANY

Authorized Representative

SURETY
LIBERTY MUTUAL INSURANCE COMPANY

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Grace Laterza

Witness Aklima Noorhassan

Countersigned by:

Nevada Resident Agent N/A

Posted February 20, 2020

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual. SURETY

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8210937- 015009**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Debra A. Deming, Sandra Diaz, Vilma Gonzalez, Peter Healy, Pablo Garcia Horcajo, Jennifer L. Jakaitis, Francesca Kazmierczak, Aklima Noorhassan, Anne Potter, Frances Rodriguez, Valorie Spates, Susan A. Welsh, Beverly A. Woolford

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 6th day of November, 2023.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 6th day of November, 2023 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 28th day of February, 2024.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual. SURETY

LIBERTY MUTUAL INSURANCE COMPANY

Financial Statement – December 31, 2022

Assets

Cash and Bank Deposits	$3,908,755,039
*Bonds — U.S Government	3,451,999,931
*Other Bonds	18,862,255,155
*Stocks	19,372,953,698
Real Estate	190,092,373
Agents' Balances or Uncollected Premiums	7,929,876,358
Accrued Interest and Rents	166,740,412
Other Admitted Assets	15,968,062,977
Total Admitted Assets	**$69,850,735,943**

Liabilities

Unearned Premiums		$10,133,358,204
Reserve for Claims and Claims Expense		27,953,643,316
Funds Held Under Reinsurance Treaties		368,610,620
Reserve for Dividends to Policyholders		1,379,296
Additional Statutory Reserve		197,278,000
Reserve for Commissions, Taxes and Other Liabilities		9,206,000,954
Total		$47,860,270,390
Special Surplus Funds	$195,696,103	
Capital Stock	10,000,075	
Paid in Surplus	13,324,803,036	
Unassigned Surplus	8,459,966,339	
Surplus to Policyholders		21,990,465,553
Total Liabilities and Surplus		$69,850,735,943

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2022, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 8th day of March 2023.

T A Mikolajewski

Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Top Quality Manufacturing, LLC DBA AmTouch Dental Supply MDEG License # (if applicable): N/A

Physical Address: 28703 Industry Dr.

City: Valencia State: CA Zip: 91355-5414

Mailing Address (if different from physical address): [same as physical address]

City: N/A State: N?A Zip: N/A

Telephone: 661-294-1213 Website: www.amtouch.com

Licensing Company Email: marshalle@amtouch.com

Section 2: Personal Information

First: Devain Middle: [no middle name] Last: Jolly

Alias(es, nicknames, name changes, etc.): N/A

Date of Birt: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: 28703 Industry Dr.

City: Valencia State: CA Zip: 91355

Telephone: 661-294-1213 ext 113 Email: Davej@amtouch.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Northrop University			From - To (MM/YY – MM/YY): 01/86 - 01/91
Address	City	State	Zip
Diploma/Degree obtained, if any: Bachelor of Science, Business Administration			
School Name: American Schod of Kuwait			From - To (MM/YY – MM/YY): xx - 06/84
Address	City: Kuwait City	State	Zip
Diploma/Degree obtained, if any: High Schod Diploma			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY): 10/2000 - present	[redacted]	City: West Covina	State: CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: American Medical & Hospital Supply Co., Inc. (Dba Amtouch Dental)			From - To (MM/YY – MM/YY): 03/91 - 02/26
Business Address: 28703 Industry Dr.	City: Valencia	State: CA	Zip: 91355
Phone: 661-294-1213 x113	Title: VP of Operations		Number of Employed Hours: 72,800
Description of Duties: Oversees all operational duties & departments including Purchasing, Warehouse, Supply Chain management.			

Business Name: Top Quality Manufacturing			From - To (MM/YY – MM/YY): 02/26 - present
Business Address: 800 Primos Ave.	City: Folcroft	State: PA	Zip: 19032
Phone: 661-294-1213 x113	Title: VP of Operations		Number of Employed Hours: 72,800
Description of Duties: same as above			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # N/A. Provide all the following *<u>where applicable</u>*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date 2/24/26

I, Devain Jolly, **certify that as the MDEG Administrator for**

Top Quality Manufacturing, LLC dba AmTouch Dental Supply,

that I (initial that you have read and meet the following requirements):

1. DJ Have a high school diploma or its equivalent;
2. DJ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. DJ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. DJ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Devain Jolly
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/24/26
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Top Quality Manufacturing, LLC DBA AmTouch Dental Supply

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 28703 Industry Dr.

City: Valencia State: CA Zip: 91355-5414

Mailing Address (if different from physical address): [same as physical address]

City: State: Zip:

Telephone: 661-294-1213 Website: www.topqualitygloves.com; www.amtouch.com

Licensing Company Email: marshalle@amtouch.com

Section 2: Personal Information

First: Devain Middle: [no middle name] Last: Jolly

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: SSN or ITIN: Sex ☐ M ☐ F ☐ X

Mailing Address: 28703 Industry Dr.

City: Valencia State: CA Zip: 91355

Telephone: 661-294-1213 ext 113 Email: Davej@amtouch.com

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Northrop University			From - To (MM/YY – MM/YY): 01/86 - 01/91
Address	City	State	Zip
Diploma/Degree obtained, if any: Bachelor of Science, Business Administration			
School Name: American School of Kuwait			From - To (MM/YY – MM/YY): xx - 06/83
Address	City: Kuwait City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY): 10/2000 present	[redacted]	City: West Covina	State: CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: American Medical + Hospital Supply Co., Inc. (Dba Amtauch Dental)			From - To (MM/YY – MM/YY): 03/91 - 02/26
Business Address: 28703 Industry Dr.	City: Valencia	State: CA	Zip: 91355
Phone: 661-294-1213 x 113	Title: VP of Operations		Number of Employed Hours: 72,800
Description of Duties: Oversees all operational duties + departments including Purchasing, Warehouse and Supply Chain Management			

Business Name: Top Quality Manufacturing			From - To (MM/YY – MM/YY): 02/26 - present
Business Address: 800 Primos Ave	City: Folcroft	State: PA	Zip: 19032
Phone: 661-294-1213 x 113	Title: VP of Operations		Number of Employed Hours: 72,800
Description of Duties: same as above			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date 2/24/26

I, Devain Jolly, **certify that as the designated representative for**

Top Quality Manufacturing, LLC dba AmTouch Dental Supply,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DJ I am at least 21 years of age;
3. DJ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. DJ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DJ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DJ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. DJ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Devain Jolly

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/24/26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Devain Jolly

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date 2/24/26

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Devain Jolly, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date 2/24/26

Subscribed and Sworn to before me this 24 day of February

Notary Public Signature

ERIKA LYNN IBEN
COMM. # 2525638
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
COMM. EXPIRES JULY 27, 2029

(Seal)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT **CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)

On February 24 2026 before me, Erika Lynn Iben, Notary Public,
Date *Here Insert Name and Title of the Officer*

personally appeared Devain Jolly
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

ERIKA LYNN IBEN
COMM. # 2525638
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
COMM. EXPIRES JULY 27, 2029

Signature _____
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____
Document Date: _____ Number of Pages: _____
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
Signer Is Representing: _____

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
Signer Is Representing: _____

Top Quality Manufacturing, LLC

Employees and Consultants

List each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the facility.

Employees

- Jonathan Balbuena
- Dylan Barbera
- Faye Bastanchury
- Lisa Bernard
- Henry Culver
- Alexandria Danielson
- Tracy De Rivel
- Michelle Ebe
- Joseph Eledge
- William Evans
- Orlando Farrow
- Destiny Flores
- Kyle Gordon
- Jason Huml
- Lissa Johnson
- Devain Jolly
- Harish Khetarpal
- Navin Khetarpal
- Travone Lanns
- Charles Melser
- Aris Minassian
- Ana Monarca Ramirez
- Angel Moncada
- Heather Morse
- Litzy Oliva Delgado
- Nitasha Patel
- David Pejakovic
- Matthew Pellettieri
- Shanell Pinzon Valencia
- Tiffany Rutkoske
- Ryan Sanchez
- Sarah Sanders
- Andre Serrano
- Jessica Sreden
- Gary Strout
- Brian Thompson
- Christina Topchyan
- Victor Valencia
- Virgil Vasquez
- Cindy Verdugo
- Kelsey Yera

Consultants

- Tom Gilbertson
- Mark Moravek

4WW

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Atland Pharmaceuticals, LLC

Physical Address: 1600 Parkwood Circle SE, Sutie 500, Room A

City: Atlanta State: GA Zip: 30339

Mailing Address (if different from physical address): 3350 Riverwood Parkway, Sutie 1900

City: Atlanta State: GA Zip: 30339

Telephone: 855-965-2783 Website: atlandrx.com

Name of Designated Representative (DR): William Wade Smith Jr.

Licensing Company Email: compliance@atlandrx.com DR Email: wsmith@atlandrx.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	■ Manufacturer
☐ Practitioners	■ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others: Virtual Manufacturer

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

5/25/26
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Sovereign Pharmaceuticals, LLC
Address: 7590 Sand Street City: Fort Worth State: TX Zip: 08854

Name: Ritsa Pharma Private Limited
Address: Neovantage Park, Building 1800, Genome Valley City: Hyderabad State: INDIA Zip: 500078

Name: Rising Pharma Holdings, Inc.
Address: 2 Tower Center Blvd., Suite 1401A City: East Brunswick State: NJ Zip: 08816

Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Alabama
Parent Company (if any): Galt Companies, LLC
Corporation/Organization Name: Atland Pharmaceuticals, LLC
Mailing Address: 3350 Riverwood Parkway, Suite 1900
City: Atlanta State: GA Zip: 30339
Telephone: 855-965-2783 Email: compliance@atlandrx.com
Contact Person Name: Annabel Winn

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Atland Pharamceuticals, LLC

Facility Name

William Wade Smith Jr.

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

3/25/2026

Date

Board Use Only	Date Received: 4/16/26	Amount: 1000 - CK - 50236

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through April 23, 2026

You have searched Finished drug products

Search Results: *'71993'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	E M D
FENOPROFEN CALCIUM	71993-308-90	400 mg/1	CAPSULE	ORAL	ANDA214475	Atland Pharmaceuticals, LLC	71993-308	FENOPROFEN CALCIUM	FENOPROFEN CALCIUM	HUMAN PRESCRIPTION DRUG	03/26/2024	N//
Orphenadrine Citrate, Aspirin and Caffeine	71993-304-60	385 mg/1; 30 mg/1; 25 mg/1	TABLET	ORAL	ANDA075141	Atland Pharmaceuticals, LLC	71993-304	Orphenadrine Citrate, Aspirin and Caffeine	ASPIRIN; CAFFEINE; ORPHENADRINE CITRATE	HUMAN PRESCRIPTION DRUG	03/18/2022	N//
Orphenadrine Citrate, Aspirin and Caffeine	71993-307-60	770 mg/1; 60 mg/1; 50 mg/1	TABLET	ORAL	ANDA075141	Atland Pharmaceuticals, LLC	71993-307	Orphenadrine Citrate, Aspirin and Caffeine	ASPIRIN; CAFFEINE; ORPHENADRINE CITRATE	HUMAN PRESCRIPTION DRUG	03/01/2023	N//
Quazepam	71993-265-30	15 mg/1	TABLET	ORAL	NDA018708	Atland Pharmaceuticals, LLC	71993-265	Quazepam	QUAZEPAM	HUMAN PRESCRIPTION DRUG	03/20/2018	N//
Tolmetin Sodium	71993-309-30	400 mg/1	CAPSULE	ORAL	ANDA073393	Atland Pharmaceuticals, LLC	71993-309	Tolmetin Sodium	TOLMETIN SODIUM	HUMAN PRESCRIPTION DRUG	04/05/2024	N//
Tolmetin Sodium	71993-312-30	600 mg/1	TABLET, FILM COATED	ORAL	ANDA074473	Atland Pharmaceuticals, LLC	71993-312	Tolmetin Sodium	TOLMETIN SODIUM	HUMAN PRESCRIPTION DRUG	02/25/2025	N//

Showing 1 to 6 of 6 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

An official website of the United States government Here's how you know ~

Drug Establishments Current Registration Site

Share Tweet LinkedIn Email Print

New Search

Search Results for **Atland Pharmaceuticals**

CSV Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Atland Pharmaceuticals, LLC	3014944944	080942150	LABEL;	3350 Riverwood Parkway, Suite 1900, Atlanta, Georgia (GA) 30339, United States (USA)	12/31/2026

Showing 1 to 1 of 1 entries

Previous 1 Next

Data Current through: Monday, Mar 30, 2026

Return to Drug Firm Annual Registration Status Home Page

ATLAND
PHARMACEUTICALS

Phone: 855-965-2783
Fax: 855-276-4063
info@atlandrx.com
www.atlandrx.com
1600 Parkwood Circle SE, Suite 500, Atlanta, GA, 30339

Information for the Owners and Officers of Atland Pharmaceuticals

Owner
Name: Galt Companies, LLC
Position With Business: Owner
Phone Number: [redacted]
Address: [redacted]
Ownership Percentage: 100%

Officer 1
Name: William W. Smith
Position With Business: Chairman and Co-Founder
Phone Number: [redacted]
Email: wsmith@atlandrx.com
Ownership Percentage: 0%

Officer 2
Name: Bharat B. Patel
Position With Business: CEO and Co-Founder
Phone Number: [redacted]
Email: bpatel@galtrx.com
Address: [redacted]
Ownership Percentage: 0%

Officer 3
Name: Anna Claire Fry
Position With Business: Chief Operating Officer
Phone Number: [redacted]
Email: acfry@galtrx.com
Ownership Percentage: 0%

Officer 4
Name: Manoj Amaraneni
Position With Business: Chief Regulatory Officer
Phone Number: [redacted]
Email: mamaraneni@atlandrx.com
Ownership Percentage: 0%

ATLAND
PHARMACEUTICALS

Phone: 855-965-2783
Fax: 855-276-4063
info@atlandrx.com
www.atlandrx.com
1600 Parkwood Circle SE, Suite 500, Atlanta, GA, 30339

Atland Pharmaceuticals, LLC Members and Ownership

Owner and Manager
Name: Galt Companies, LLC
Phone Number: 855-965-2783
Address: 3350 Riverwood Parkway, Suite 1900, Atlanta, GA 30339
Ownership Percentage: 100%

Wes Allen
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Atland Pharmaceuticals, LLC was formed in Jefferson County on October 13, 2017. The Alabama Entity Identification number for this entity is 000-405-603. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

10/16/2025

Date

Wes Allen **Secretary of State**

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH006018 Status: Active

Atland Pharmaceuticals LLC

1600 Parkwood Circle SE
Ste 500 Room A
Atlanta GA 30339

Expires: 06/30/2027
Issued: 04/10/2025

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Wholesaler Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.
Please notify the Board if you have a change of address.

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH006018 Status: Active
Atland Pharmaceuticals LLC
3350 Riverwood Pkwy
Ste 1900
Atlanta GA 30339

Expires: 06/30/2027
Issued: 04/10/2025
Real-time license verification is available at gadch.mylicense.com/verification

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0229965	05-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	04-11-2025

CARDINAL HEALTH
DBA SPECIALTY PHARMACEUTICAL SERVICES
15 INGRAM BLVD
LA VERGNE, TN 370863630

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0229965	05-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	04-11-2025

CARDINAL HEALTH
DBA SPECIALTY PHARMACEUTICAL SERVICES
15 INGRAM BLVD
LA VERGNE, TN 370863630

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0229965	05-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	04-11-2025

CARDINAL HEALTH
DBA SPECIALTY PHARMACEUTICAL SERVICES
15 INGRAM BLVD
LA VERGNE, TN 370863630

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 108462959

Application/License No. _____

Atland Pharmaceuticals LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1600 Parkwood Circle SE, Suite 500, Room A, Atlanta, GA 30339 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square, Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 31, 2026 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 31st day of March, 2026.

APPLICANT/PRINCIPAL
Atland Pharmaceuticals LLC

Authorized Representative

SURETY COMPANY
Travelers Casualty and Surety Company of America

Surety Company's Representative

Tameka B. Black, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Tina Marsh

Witness

Countersigned by:

Nevada Non-Resident Agent Chaun M. Wilson

Posted February 20, 2020
6977

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **TAMEKA B BLACK** of **ATLANTA**, **Georgia**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April**, **2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April**, **2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, **2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 31st day of March, 2026.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Atland Pharmaceuticals, LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 1600 Parkwood Circle, Sutie 500, Room A

City: Atlanta State: GA Zip: 30339

Mailing Address (if different from physical address): 3350 Riverwood Parkway, Sutie 1900

City: Atlanta State: GA Zip: 30339

Telephone: 855-965-2783 Website: atlandrx.com

Licensing Company Email: compliance@atlandrx.com

Section 2: Personal Information

First: William Middle: Wade Last: Smith

Alias(es, nicknames, name changes, etc.): William Wade Smith Jr, Wade Smith

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Birmingham State: AL Zip: [redacted]

Telephone: [redacted] Email: wsmith@atlandrx.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Maria Herrera

From: Compliance Atland <compliance@atlandrx.com>
Sent: Monday, April 27, 2026 2:45 PM
To: Maria Herrera
Cc: Wade Smith
Subject: Re: Nevada Out-of-State Wholesaler Application-Atland Pharmaceuticals, LLC

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Maria,

Thank you for reviewing our application!

Wade Smith, the Designated Representative for Atland Pharmaceuticals, does have a home address in Alabama. However, every week he commutes to Atlanta. He is present at the facility for operational hours.

Please let me know if any additional clarification or documentation is requested.

Best,

ATLAND PHARMACEUTICALS

Anna Claire Fry

678-821-2196
compliance@atlandrx.com
Galtrx.com | LinkedIn

3350 Riverwood Parkway Suite 1900 | Atlanta, GA 30339

NOTICE: This transmission (including any attachments) may contain confidential information, privileged material, or constitute non-public information. Any use of this information by anyone other than the intended recipient is prohibited. If you have received this transmission in error, please immediately reply to the sender and delete this information from your system. Use, dissemination, distribution, or reproduction of this transmission by unintended recipients is not authorized and may be unlawful

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Thursday, April 23, 2026 6:43 PM
To: Compliance Atland <compliance@atlandrx.com>
Cc: Wade Smith <wsmith@atlandrx.com>
Subject: Nevada Out-of-State Wholesaler Application-Atland Pharmaceuticals, LLC

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from Atland Pharmaceuticals, LLC. The application is incomplete due to the following missing item(s).

- Based on the DR application, the Designated Representative resides in Alabama please clarify how they meet the following;

3. The Board may, based upon any of the grounds set forth in NRS 639.210, refuse to approve a natural person for service as the representative of a wholesaler, regardless of whether the person is otherwise qualified.

4. A representative of a wholesaler designated pursuant to this section:

(a) Must be actively involved in and aware of the actual daily operation of the wholesaler;

(b) Must be employed full-time in a managerial level position with the wholesaler;

(c) Must be physically present at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leave, vacation leave and other authorized absences;

(d) May serve in this representative capacity for **only one** wholesaler at a time;

All documents can be sent to me by email for quicker processing.

All items must be received to move forward with processing your application

Please let me know if you have any questions.

Thank you,

Maria Herrera
Licensing Specialist
Nevada State Board of Pharmacy
775-850-1440
m.herrera@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Louisiana, Monroe		8/20 – 8/22	
Address	**City**	**State**	**Zip**
700 University Ave	Monroe	LA	71209
Diploma/Degree obtained, if any			
Doctor of Philosophy (Ph.D.)			

School Name		From - To (MM/YY – MM/YY)	
Vanderbilt University		8/97 – 6/99	
Address	**City**	**State**	**Zip**
2201 West End Ave	Nashville	TN	37235
Diploma/Degree obtained, if any			
Master of Business Administration (M.B.A.)			

School Name		From - To (MM/YY – MM/YY)	
Mercer University, Southern School of Pharmacy		8/84-6/88	
Address	**City**	**State**	**Zip**
3001 Mercer University Dr	Atlanta	GA	30341
Diploma/Degree obtained, if any			
Doctor of Pharmacy (Pharm.D.)			

School Name		From - To (MM/YY – MM/YY)	
Tennessee Tech University		9/82-6/84	
Address	**City**	**State**	**Zip**
1 William L Jones Dr	Cookeville	TN	38505
Diploma/Degree obtained, if any			
n/a			

School Name		From - To (MM/YY – MM/YY	
DuPont High School		9/80-6/82	
Address	**City**	**State**	**Zip**
431 Tyler Drive	Hermitage	TN	37076
Diploma/Degree obtained, if any			
High School Diploma			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

2 hrs!

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/15-Present	[redacted]	Birmingham	AL	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Atland Pharmaceuticals and Galt Pharmaceuticals			07/14 - PRESENT	
Business Address		City	State	Zip
3350 Riverwood Parkway, Suite 1900		Atlanta	GA	30339
Phone	Title		Number of Employed Hours	
855-965-2783	Chairman and Co-Founder		23,920	
Description of Duties				
As the Chairman and Co-Founder, oversees all aspects of the business including, but not limited to, the distribution of and record keeping related to, prescription drugs.				

Business Name			From - To (MM/YY – MM/YY)	
PLEASE SEE ATTACHED RESUME FOR ADDITIONAL EMPLOYMENT				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Wade Smith, Pharm.D., M.B.A., Ph.D.

[redacted]

WORK EXPERIENCE:

ATLAND PHARMACEUTICALS, LLC
GALT PHARMACEUTICALS, LLC (previously CUTIS HEALTH, LLC) *Atlanta, GA*

July 2014 – Current — Co-Founder, Principle

- Created company to commercialize generic and authorized generic pharmaceuticals
- Business development resulting in acquisition of two NDAs, two ANDA and multiple TMs
- Restructured organization from OTC "Cutis Health" to Rx "Atland Pharmaceuticals" Jan 2017

FOCUS HEALTH GROUP *Atlanta, GA*

Nov 2008 – March 2014 — Founder, Principle

- Developed and commercialized pediatric anesthetic
- Successful M&A exit

NORTHSIDE HOSPITAL, CHEROKEE *Canton, GA*

July 2010 – June 2016 — PRN Night Pharmacist

- Interpret, input provider orders and dispense proper medications/resources to floor personnel
- Provide ancillary support as needed: drug information, kinetic dosing and education

PATHWAY THERAPEUTICS *Atlanta, GA*

April 2008 – Nov 2008 — Founder, Principle

- Developed and created IP plan for two (2) drug compounds
- Successful M&A exit

DAYSPRING PHARMA *Nashville, TN*

January 2006 – March 2008 — Co-founder, Principle

- Developed international partnership to commercialize six specialty products
- Acquisition of three branded product lines
- M&A exit

SOLVAY PHARMACEUTICALS *Atlanta, GA*

July 2002 – December 2005 — Business Director, Women's Health Franchise

- P/L responsibility for Franchise
- Lead New Business Development opportunities for Women's Health Business Unit – bringing three compounds to Global Executive Board
- U.S. Representative for Global Product Strategy Team (based in Hanover, Germany)

GLAXO SMITHKLINE PHARMACEUTICALS *Philadelphia, PA*

June 1999 – July 2002 — Product Director, Augmentin

- Develop/execute *Augmentin, Augmentin ES* and *XR* strategic marketing plans achieving $1.5 billion in sales, a 65% increase
- Manage strategic and tactical planning processes
- Management of brand marketing team(s)

Nashville, TN

August 1996 – June 1999 — Sr. Regional Account Manager

- Represent SB business sectors within managed care organizations, physician practice mgmt companies, employers, hospital systems, and other health care entities in service area
- Create/implement pull-through programs to leverage formulary positioning with sales force
- Establish customer relationships at senior management levels

JOHN DEERE HEALTH CARE - HMO *Knoxville, TN*

December 1993 – August 1996 — Clinical Pharmacist

- Develop/manage drug formulary and P/A process
- Develop/implement Drug Utilization Reviews and Evaluations
- Managed P&T Committee

PSYCHOPHARMACOLOGY NATIONAL LABORATORIES *Knoxville, TN*

June 1991 – Nov 1993 — VP, Clinical Services

- Entrepreneurial start-up requiring multiple roles and responsibilities
- Created and managed lab pharmacokinetic and clinical services
- Successful M&A exit

ELI LILLY AND COMPANY *Knoxville, TN*

July 1988 – June 1991 — Sales Representative *(Ceclor, Prozac, Axid)*

- Opened sales territory in East Tennessee, Southeast Kentucky and Southwestern Virginia
- Represented Ceclor®, Prozac® and Axid®

EDUCATION:

Doctor of Pharmacy (Pharm.D.) 1988
Mercer University, School of Pharmacy
Atlanta, Georgia

Master of Business Administration (M.B.A.) 1999
Vanderbilt University, Owen School of Business
Nashville, Tennessee

Doctor of Philosophy (Ph.D.) 2022
University of Louisiana, Monroe
Monroe, Louisiana

Dissertation: A constructivist approach to the art and science of resolving dilemmas: A case study.

LICENSURES:

Licensed Pharmacist:

State of Tennessee	1988 – inactive as of 2017
State of Georgia	2006 - current
State of Alabama	2015 - current

LECTURES & PUBLICATIONS:

Over four hundred professional lectures concerning:

- Entrepreneurialism
- Drug discovery
- Pharmacoeconomics

Peer-review publication:

Smith W, Sherrill A. A pharmacoeconomic study of the management of major depression. Patients in a Tenncare HMO. *Med Interface* 1996; 9:88-92.
(24 subsequent citations)

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
02/27/2009	07/02/2009	IL		Cook County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2009L002404	Clerk of the Circuit Court of Cook County, Illinois

Reason/Charge
Breach of contract

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	Lawsuit

Name of Business/Industry/Entity

Provide explanation below:

Wade Smith was a co-defendant in a suit filed by a creditor in 2009. This was settled confidentially our of court and dismissed with prejudice.

Original Signature (electronic, copies or stamps not accepted)

3/25/2026
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
06/01/2023	09/01/2023	GA	Gainesville	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2:23-cv-00106-RWS-JCF	U.S. District Court for the Northern District of Georgia, Gainesville Division

Reason/Charge
Breach of Contract and ADA Claims

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	Lawsuit

Name of Business/Industry/Entity
Galt Phranchise Systems, LLC

Provide explanation below:

A former employee of a third-party distributor filed suit against the third-party distributor and included Galt Phranchise Systems as an alleged joint employer. The distributor settled out of court and Galt Phranchise Systems was released from all liability. This case was dismissed with prejudice.

Original Signature (electronic, copies or stamps not accepted)

3/25/2026
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
06/14/2021	03/29/2022	MS	Canton	Madison County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CI-2021-0154-JA		Circuit Court of Madison County, Mississippi		
Reason/Charge				
Demand for arbitration				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Defendant		Lawsuit		
Name of Business/Industry/Entity				
Galt Pharmaceuticals, LLC				

Provide explanation below:

A creditor filed a demand for arbitration against Galt Pharmaceuticals for alleged breach of contract.

Original Signature (electronic, copies or stamps not accepted)

3/25/2026
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
03/22/2022	02/01/2023			
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		American Arbitration Association		
Reason/Charge				
Breach of contract				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Respondent		Arbitration		
Name of Business/Industry/Entity				
Galt Pharmaceuticals, LLC				

Provide explanation below:

A creditor filed a demand for arbitration against Galt Pharmaceuticals for alleged breach of contract.

Original Signature (electronic, copies or stamps not accepted)

3/25/2026
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
02/03/2022	11/03/2022	GA		Cobb County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
22-A-366		State Court of Cobb County, Georgia		
Reason/Charge				
Breach of contract				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Lawsuit	
Name of Business/Industry/Entity				
Galt Pharmaceuticals, LLC				

Provide explanation below:

A creditor filed suit against Galt Pharmaceuticals for alleged breach of contract. This was settled confidentially out of court and dismissed with prejudice.

Original Signature (electronic, copies or stamps not accepted)

3/25/2026
Date

I, William Wade Smith Jr., **certify that as the designated representative for**

Atland Pharmaceuticals, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. _____ I am at least 21 years of age;
3. _____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. _____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. _____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. _____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. _____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

William Wade Smith Jr.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/25/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

William Wade Smith Jr.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/25/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Cobb

I, William "Wade" Smith, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/25/2026

Date

Subscribed and Sworn to before me this 25th day of March 2026

Notary Public Signature

ANNABEL WINN NOTARY PUBLIC GWINNETT COUNTY EXPIRES GEORGIA 06-16-2029

(Seal)

ATLAND
PHARMACEUTICALS

Phone: 855-965-2783
Fax: 855-276-4063
info@atlandrx.com
www.atlandrx.com
1600 Parkwood Circle SE, Suite 500, Atlanta, GA, 30339

List of Atland Pharmaceuticals, LLC's employees, agents, independent contractors, consultants, guardians, personal representatives, lenders, and holders of indebtedness

Alan Dilworth
Amelia Harrell
Anna Claire Fry
Annabel Winn
Ashley Powell
Bharat "Barry" Patel
Bobby Hamilton
Brian Imperiale
Chelsea Swanson
Cindy Tieu
Conrado Alvarado
Dane Croxton
David Chidley
Dawn Lee
Jimmy Fanning
Jon Sherron
Katie Waits
Kevin Vora
Landry Roberts
Lauren O'Kelley
Logan Anderson
Manoj Amaraneni
Mark Mansour
Maxine Ramdass
Mechau Mowbray
Michael Buchanan
Michele Licciardello
Mike Harley
Priya Ramani
Sarah Beth Alexander
Scott Chappell
Summer Richards
Tais Silva
Tony Brock
Tucker Bedingfield
Viral Patel
Welton O'Neal
William "Wade" Smith

4XX

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Avedro, a Glaukos Company

Physical Address: 30 North Avenue

City: Burlington State: MA Zip: 01803

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: 781-768-3400 Website: www.glaukos.com

Name of Designated Representative (DR): Eric Brown

Licensing Company Email: glaukos@iqvia.com DR Email: erbrown@glaukos.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies ■ Practitioners ☐ Hospitals ■ Wholesalers ☐ Veterinarians ☐ Others:	☐ Dangerous Drugs ☐ Controlled Substances ■ [a]Medical devices, equipment, supplies, gases ☐ Others:	■ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

3/11/26
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Glaukos Corporation

Corporation/Organization Name: Avedro, a Glaukos Company

Mailing Address: 30 North Avenue

City: Burlington State: MA Zip: 01803

Telephone: 781-768-3400 Email: Glaukos@iqvia.com

Contact Person Name: Eric Brown

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Avedro, a Glaukos company

Facility Name

Alex Thurman

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

3/11/26

Date

Board Use Only	Date Received: 5/18/26	Amount: $1000 CK 65-7012

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
Avedro, A Glaukos Company
30 North Avenue
Burlington, MA 01803
Registration Number: 3007851054
FEI Number*: 3007851054
Status: Active
Date Of Registration Status: 2026

Owner/Operator:
Avedro, A Glaukos Company[6]
30 North Avenue
Burlington, MA US 01803
Owner/Operator Number: 10032768[7]

Official Correspondent:
Kelli Pennie
30 North Avenue
Burlington, MA 01803
Phone: 978-6842580

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 05/04/2026

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FDA

U.S. Food and Drug Administration
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Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
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5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10032768&OwnerOperatc
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10032768&OwnerOperatc

Avedro, a Glaukos Company
30 North Ave, Burlington, MA 01803

Officers

Thomas Burns - Chairman & CEO
Address:One Glaukos Way, Aliso Viejo, CA 92656

Joseph Gilliam - President & COO
Address: One Glaukos Way, Aliso Viejo, CA 92656

Alex Thurman - Senior VP & CFO
Address: One Glaukos Way, Aliso Viejo, CA 92656

Tomas Navratil - Chief Development officer
Address: One Glaukos Way, Aliso Viejo, CA 92656

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVEDRO, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2026.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

3589158 8300

SR# 20260797807

Authentication: 203215975

Date: 02-27-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM

Massachusetts Controlled Substance Registration

In accordance with the provision of Massachusetts General Laws, Chapter 94C, issues the registration of Virtual Drug Manufacturer or Virtual Drug Distributor Controlled Substance Registration to:

Avedro, A Glaukos Company
30 North Avenue
Burlington, MA 01803

Robert Goldstein, MD, PhD
Commissioner - Department of Public Health

Registration Number: VIR200014

Type: Virtual Manufacturer

Issue Date: 03/03/2026

Expiration Date: 04/25/2027

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

7005

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Tel: 617-624-6000
www.mass.gov/dph

MAURA T. HEALEY
Governor
KIMBERLEY DRISCOLL
Lieutenant Governor

KIAME MAHANIAH, MD, MBA
Secretary
ROBERT GOLDSTEIN, MD, PhD
Commissioner

Verification of Licensure

05/05/2026

To Whom It May Concern:

The organization named below has received the following in the Commonwealth of Massachusetts:

Virtual Drug Manufacturer or Virtual Drug Distributor Controlled Substance Registration

Name of Organization: Avedro, A Glaukos Company

Registration Number: VIR200014
Registration Status: Current
Issue Date: 04/25/2023
Expiration Date: 04/25/2027
Last Issue/Renewal Date: 03/03/2026
Disciplinary Actions: There are no disciplinary actions against this registration.

Registration verification may be obtained at http://checkahealthlicense.mass.gov/. The information provided in this "Verification" is based on the records maintained by the Massachusetts Bureau of Health Professions Licensure and its licensing boards. Individuals are deemed to be in good standing if their license is current and not subject to any disciplinary status on the date of issuance of the
"Verification." Disciplinary status is defined as voluntary surrender, revocation, suspension or probation of a license. The "Verification" does not include information about the existence, absence, or status of complaints. To request such information, please submit a public record request to publicrecordsadmin@massmail.state.ma.us.

Traci Westgate
Director

c8070af7-9dc6-4fb0-9944-26c34527287a

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

8/1/2026

DATE (MM/DD/YYYY) 6/11/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 8110 E Union Ave., Ste. 100 Denver CO 80237 denver-certs@lockton.com
CONTACT NAME:	
PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:	
INSURED 1575159	Avedro, Inc. 30 North Avenue Burlington, MA 01803

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Federal Insurance Company	20281
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 23626092 **REVISION NUMBER:** XXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:	N	N	35832258	8/1/2025	8/1/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ Excluded $
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY	N	N	70205842	8/1/2025	8/1/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Comp/Coll Ded	$ 1,000,000 $ XXXXXXX $ XXXXXXX $ XXXXXXX $ $1,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $	N	N	79838398	8/1/2025	8/1/2026	EACH OCCURRENCE AGGREGATE 	$ 10,000,000 $ 10,000,000 $ XXXXXXX
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	71835446	8/1/2025	8/1/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Product Liability	N	N	35832259	8/1/2025	8/1/2026	Each Occ.: $10M Agg: $10M BI/PD Ded: $100K/$500K Agg	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.

Evidence of Coverage - Worldwide Products Liability and Clinical Trial coverage

CERTIFICATE HOLDER

23626092
Evidence of Insurance

CANCELLATION See Attachment

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Attachment Code: D644713 Master ID: 1575159, Certificate ID: 23626092

Evidence of Insurance

To whom it may concern:

In our continuing effort to provide timely certificate delivery, Lockton Companies is transitioning to ***paperless delivery*** of Certificates of Insurance, thus this is your final hard-copy delivery.

To ensure electronic delivery for future renewals of this certificate, we need your email address. Please contact us via one of the methods below, referencing Certificate ID **23626092**.

- Email: mountainwestedelivery@lockton.com
- Phone: 303-728-8060

If you received this certificate through an internet link where the current certificate is viewable, we have your email and no further action is needed.

In the event your mailing address has changed, will change in the future, or you no longer require this certificate, please let us know using one of the methods above.

The above inbox and phone number is for automating electronic delivery of certificates only. ***Please do NOT send future certificate requests*** *to this inbox or contact the phone number below with email updates.*

Thank you for your cooperation and willingness in reducing our environmental footprint.

Lockton Companies

Lockton Companies
8110 E. Union Avenue, Suite 100
Denver, CO 80237

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0844750

Application/License No. _____

Avedro, Inc. dba Avedro a Glaukos Company (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 30 North Avenue, Burlington, MA 01803 (Address of Applicant/Principal), as PRINCIPAL, and Harco National Insurance Company (Surety Company), a corporation organized under the laws of the state of Illinois (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 4200 Six Forks Road, Suite 1400, Raleigh, NC 27609 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 02/02/2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 5th day of February, 20 24.

APPLICANT/PRINCIPAL
Avedro, Inc. dba Avedro a Glaukos Company

_____
Authorized Representative

SURETY COMPANY
Harco National Insurance Company

_____
Surety Company's Representative

Patricia White, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

Countersigned by:

N/A
Nevada Resident Agent

POWER OF ATTORNEY

Bond # 0844750

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

PAUL JEFFREY HERING, PATRICIA WHITE, MARTA COLLETT, DANIELLE ENRIQUEZ, SANDRA CORONA, SHANNON ALVAREZ, KATHLEEN VANDERSLICE, TIMOTHY MCCLELLAN

San Diego, CA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2023

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2023, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY My Comm Exp 04-04-2023 NOTARY PUBLIC No. 50079910 NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, February 05, 2024

A00874

Irene Martins, Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Avedro, a Glaukos Company — MDEG License # (if applicable): Pending

Physical Address: 30 North Ave

City: Burlington — State: MA — Zip: 01803

Mailing Address (if different from physical address): Same as above

City: — State: — Zip:

Telephone: 781 768 3400 — Website: www.glaukos.com

Licensing Company Email: glaukos@iqvia.com

Section 2: Personal Information

First: Trang — Middle: — Last: Truong

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☐ M ■ F ☐ X

Mailing Address: 30 North Ave

City: Burlington — State: MA — Zip: 01803

Telephon: [redacted] — Email: ttruong@glaukos.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
South High		Sept 1994 to June 1998	
Address	**City**	**State**	**Zip**
170 Aprocot Street	Worcester	MA	01603
Diploma/Degree obtained, if any			
H.S Diploma			

School Name		From - To (MM/YY – MM/YY)	
University of Worcester and Regis College		Sept 1998 to June 2002	
Address	**City**	**State**	**Zip**
100 Worcester Street	Worcester	MA	01609
Diploma/Degree obtained, if any			
Bachelor Degree in BioChemistry and Master Degree in Health and Science			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/2012 to Present	[redacted]	Reading	MA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: Avedro, a Glaukos Company			From - To (MM/YY – MM/YY): 2017 to Present
Business Address: 30 North Ave	City: Burlington	State: MA	Zip: 01803
Phone: 781-768-3400	Title: Senior Director Supplier and Distribution Quality		Number of Employed Hours: approx 19.000 hours
Description of Duties: Support the developement, direction, and execution of the Quality Strategy for the External Manufacturing Organization, Supply Chain,Distributon and corresponding commercial organizations globally.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

04 Jun 2026
Date

I, Trang Truong, **certify that as the MDEG Administrator for**

Avedro, Inc., dba Avedro, a Glaukos Company,

that I (initial that you have read and meet the following requirements):

1. TT Have a high school diploma or its equivalent;
2. TT Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. TT Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. TT Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Trang Truong
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04 Jun 2026
Date

Board Use Only	Date Received: 6/10/2026

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Avedro, a Glaukos company
Pharmacy/Wholesaler License # (if applicable) In process, Initial application
Physical Address 30 North Avenue
City Burlington State MA Zip 01803
Mailing Address (if different from physical address) Same as above
City State Zip
Telephone 781-768-3400 Website www.glaukos.com
Licensing Company Email glaukos@iqvia.com

Section 2: Personal Information

First Trang Middle Last Truong
Alias(es, nicknames, name changes, etc.)
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X
Mailing Address 30 North Ave,
City Burlington State MA Zip 01803
Telephone [redacted] Email ttruong@glaukos.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
South High		Sep 1994 - Jun 1998	
Address	**City**	**State**	**Zip**
170 Aprocot St	Worcester	MA	01603
Diploma/Degree obtained, if any			
H.S Diploma			

School Name		From - To (MM/YY – MM/YY)	
University of Worcester and Regis College		Sep 1998 - Jun 2002	
Address	**City**	**State**	**Zip**
1000 Worcester Street	Worcester	MA	01609
Diploma/Degree obtained, if any			
Bachelor Degree in BioChemistry and Master Degree in Health and Science			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/2012 to Present	[redacted]	Reading	MA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Avedro, Glaukos Corporation			2017 to Present
Business Address	**City**	**State**	**Zip**
30 North Ave, Burlington	Burlington	NV	01803
Phone	**Title**		**Number of Employed Hours**
781-768-3400	Senior Director Supplier and Distribution Quality		aprox 19,000 hours
Description of Duties			
Support the development, direction, and execution of the Quality Strategy for the External Manufacturing Organization, Supply Chain and Distribution and corresponding commercial organizations globally.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

02 May 2024

Date

I, Trang Truong, **certify that as the designated representative for**

Avedro, Inc., dba Avedro, a Glaukos company,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. TT I am at least 21 years of age;
3. TT I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. TT I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. TT I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. TT I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. TT I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Trang Truong

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02 May 2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Trang Truong

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02 May 2026

Date

Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of Middlesex

I, Trang Truong, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

02 May 2026

Date

Subscribed and Sworn to before me this 2nd day of May, 2026

Notary Public Signature

JASON ROBERT POLAND
NOTARY PUBLIC
Commonwealth of Massachusetts
My Commission Expires
March 31, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Avedro, a Glaukos company

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): Initial, in process

Physical Address: 30 North Avenue

City: Burlington State: MA Zip: 01803

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 781-768-3400 Website: www.glaukos.com

Licensing Company Email: Glaukos@iqvia.com

Section 2: Personal Information

First: Alexander Middle: Ryan Last: Thurman

Alias(es, nicknames, name changes, etc.): Alex Thurman

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Laguna Niguel State: CA Zip: [redacted]

Telephone: [redacted] Email: athurman@glaukos.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Arcadia High School			
Address	City	State	Zip
	Arcadia	CA	
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Brigham Young University			
Address	City	State	Zip
Diploma/Degree obtained, if any			
Bachelor of Science, Accouting, MAcc inTax			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
July2004 to present	[redacted]	Laguna Niguel	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Avedro, a Glaukos company			July 2016 to present
Business Address	**City**	**State**	**Zip**
One Glaukos Way	Aliso Viejo	CA	92656
Phone	**Title**		
949-481-0450	Senior Vice President and Chief Financial Officer		
Description of Duties			
Oversees the Company's Fiscal Policies and Financial Procedures			

Business Name			From - To (MM/YY – MM/YY)
Allergan, Inc.			June 2004 to July 2016
Business Address	**City**	**State**	**Zip**
2525 Dupont	Irvine	CA	92612
Phone	**Title**		
	Director of Finance		
Description of Duties			
Assisted with responsibilities of Fiscal policies and procedures			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

3/11/26
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alexander Thurman

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/11/26

Date

Please have this section completed in the presence of a Notary Public.

see attached

State of _____, ss. County of _____

I, Alexander Thurman, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 11th day of March, 2026, by Alex R. Thurman,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

JENNIFER M. CANNIVET
Notary Public - California
Orange County
Commission # 2409980
My Comm. Expires Jul 5, 2026

(Seal)

Signature

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application
Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Avedro, a Glaukos company

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): Initial, in process

Physical Address: 30 North Avenue

City: Burlington State: MA Zip: 01803

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 781-768-3400 Website: www.glaukos.com

Licensing Company Email: Glaukos@iqvia.com

Section 2: Personal Information

First: Joseph Middle: E. Last: Gilliam

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Irvine State: CA Zip: [redacted]

Telephone: Email: jgilliam@glaukos.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]	City Irvine	State CA	Zip [redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Avedro, a Glaukos company			5/2017 to Present
Business Address	**City**	**State**	**Zip**
One Glaukos Way	Aliso Viejo	CA	92656
Phone	**Title**		
	President and Chief Operating Officer		

Description of Duties

Second in Command after the CEO and responsible for leading the company, also responsible for managing the day-to-day operations.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

MAR 11, 2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph Gilliam

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Mar 11, 2024

Date

Please have this section completed in the presence of a Notary Public.

See attached

State of _____, ss. County of _____

I, Joseph Gilliam, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 11th day of March, 2026, by Joseph E. Gillam,
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

JENNIFER M. CANNIVET
Notary Public - California
Orange County
Commission # 2409980
My Comm. Expires Jul 5, 2026

(Seal)

Signature

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Avedro, a Glaukos company

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): Initial, in process

Physical Address: 30 North Avenue

City: Burlington State: MA Zip: 01803

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 781-768-3400 Website: www.glaukos.com

Licensing Company Email: Glaukos@iqvia.com

Section 2: Personal Information

First: Tomas Middle: Last: Navratil

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Addres: [redacted]

City: Laguna Beach State: CA Zi: [redacted]

Telephon: [redacted] Email: tnavratil@glaukos.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address [redacted]	City Laguna Niguel	State CA	Zip [redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Avedro, a Glaukos company			10, 2020 to Present
Business Address	**City**	**State**	**Zip**
One Glaukos Way	Aliso Viejo	CA	92656
Phone	**Title**		
919-260-5094	Chief Developement Officer		
Description of Duties			
Work with the CEO, staff and governing board to facilitate short and log-term strategic plans			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

11 MAR 2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tomas Navratil

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/14/2026

Date

Please have this section completed in the presence of a Notary Public. see attached

State of _____, ss. County of _____

I, Tomas Navratil, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 11th day of March, 2026 by Tomas Navratil

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

JENNIFER M. CANNIVET
Notary Public - California
Orange County
Commission # 2409980
My Comm. Expires Jul 5, 2026

(Seal)

Signature

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Avedro, a Glaukos company

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) Initial, in process

Physical Address 30 North Avenue

City Burlington State MA Zip 01803

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 781-768-3400 Website www.glaukos.com

Licensing Company Email Glaukos@iqvia.com

Section 2: Personal Information

First Thomas Middle W. Last Burns

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City San Juan Capistrano State CA Zip [redacted]

Telephon[redacted] Email tburns@glaukos.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]	City San Juan Capistrano	State CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Avedro, a Glaukos company			3/2002 to Present
Business Address	**City**	**State**	**Zip**
One Glaukos Way	Aliso Viejo	CA	92656
Phone	**Title**		
949-481-0329	Chairman & Chief Executive Officer		
Description of Duties			
Responsibilities include making major corporate decisions, managing the overall operations and resources of the company and acting as the main point of communication between board of directors and corporate operations.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Thomas W. Burns

Original Signature (electronic, copies or stamps not accepted)

3/11/26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Thomas Burns

Print Name (First, Last)

Thomas W. Burns

Original Signature (electronic, copies or stamps not accepted)

3/11/24

Date

Please have this section completed in the presence of a Notary Public. See attached

State of _____, ss. County of _____

I, Thomas Burns, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 11th day of March, 2026, by Thomas W. Burns,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

JENNIFER M. CANNIVET
Notary Public - California
Orange County
Commission # 2409980
My Comm. Expires Jul 5, 2026

(Seal)

Signature

Employee List (3 pages)

Avedro, A Glaukos Company		
First Name	**Last Name**	**Location Name**
Miguel	Reyna	MA-Burlington
Connor	Mullins	MA-Burlington
Jeff	Meroli	MA-Burlington
Stephanie	Defabritiis	MA-Burlington
Owen	Perry	MA-Burlington
Nenad	Jelisavcic	MA-Burlington
Siva	Nagireddy	MA-Burlington
Trey	Nuon	MA-Burlington
Sam	Pierce	MA-Burlington
Aliaksei	Belakurski	MA-Burlington
Olivia	Ferro	MA-Burlington
Khavy	Song	MA-Burlington
Ashley	Pena	MA-Burlington
Stephen	Gauntlett	MA-Burlington
Kelli	Pennie	MA-Burlington
Daniel	Hohm	MA-Burlington
Michael	King	MA-Burlington
Kwabena	Oduro Kwarteng	MA-Burlington
Stuart	Elmhurst	MA-Burlington
Amandio	Rua	MA-Burlington
Matthew	Vera	MA-Burlington
Joshua	Oldro	MA-Burlington
Asi	Jain	MA-Burlington
Kim	Ouch	MA-Burlington
Janet	O'Donnell	MA-Burlington
Sandrine	David	MA-Burlington
Robert	Stack	MA-Burlington
Krisida	Treska	MA-Burlington
Ilya	Alexeev	MA-Burlington
Lin	Tong	MA-Burlington
Jing	Zhang	MA-Burlington
Jon	Eisenklam	MA-Burlington
Udayan	Porpatham	MA-Burlington
Lauren	Mickol	MA-Burlington
Drew	Rennie	MA-Burlington
Eric	Cheth	MA-Burlington
Vamshidhar	Vedire	MA-Burlington
Ye	Yang	MA-Burlington
Michael	Arbel	MA-Burlington
Steve	Pereira	MA-Burlington
Eric	Brown	MA-Burlington
Jun	Zhang	MA-Burlington
David	Joyce	MA-Burlington
Asara	Khan	MA-Burlington

Samuel	Mayo	MA-Burlington
Mitulkumar	Agrawal	MA-Burlington
Venkata	Narasimhan	MA-Burlington
Maria	Karas	MA-Burlington
Jamshid	Raofi	MA-Burlington
Heber	Mikalixen	MA-Burlington
David	Hardy	MA-Burlington
Joshua	Kerble	MA-Burlington
Nataliia	Ignatieva	MA-Burlington
Joezer	Mikalixen	MA-Burlington
Richard	Brigandi	MA-Burlington
Weiping	Hu	MA-Burlington
Ricky	Tith	MA-Burlington
David	Usher	MA-Burlington
Michael	Amato	MA-Burlington
Seung-Eui	Hong	MA-Burlington
Vladimir	Ruzhitsky	MA-Burlington
Ryan	Spaulding	MA-Burlington
Anil	Patil	MA-Burlington
Mikhail	Smirnov	MA-Burlington
Jodie	Ofosuhene	MA-Burlington
James	Lacy	MA-Burlington
Lauren	McBride	MA-Burlington
Melissa	Muldoon	MA-Burlington
James	Lee	MA-Burlington
Douglas	Flynn	MA-Burlington
Michael	Goodine	MA-Burlington
Chandara	Oeun	MA-Burlington
Chanthy	Thou	MA-Burlington
Jeffrey	Cross	MA-Burlington
Hiek	Choeun	MA-Burlington
Steven	Kerry	MA-Burlington
Justin	Smalley	MA-Burlington
Elizabeth	Medelez	MA-Burlington
Lisa	MacKinnon	MA-Burlington
Trang	Truong	MA-Burlington
Jason	Hill	MA-Burlington
Anthony	Troiano	MA-Burlington
Cailing	Liu	MA-Burlington
Ryan	Dempsey	MA-Burlington
Ian	Goodine	MA-Burlington
Patrick	Bonner	MA-Burlington
Phillip	Deardorff	MA-Burlington
Adam	Baron	MA-Burlington
Daniel	Wong	MA-Burlington
Behrouz	Tavakol	MA-Burlington
Ross	Johnstone	MA-Burlington

Xuemei	Chang	MA-Burlington
John	Allen	MA-Burlington
Anthony	Visone	MA-Burlington
Abhilash	Jasupuleti	MA-Burlington
Maithri	Jayasekera	MA-Burlington
Thangry	Chan	MA-Burlington
Wilfredo	Perez	MA-Burlington

4YY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Cepheid

Physical Address: 44509 Pacific Commons Blvd

City: Fremont State: CA Zip: 94538

Mailing Address (if different from physical address): 904 E Caribbean Dr

City: Sunnyvale State: CA Zip: 94089

Telephone: 408-548-4191 Website: https://www.cepheid.com/en-US.html

Name of Designated Representative (DR): Michael Ornelas

Licensing Company Email: Establishment.Registration@cepheid.c DR Email: mike.ornelas@cepheid.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☒ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Military, Specialty Distributors		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Feb 11, 2025
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed w/i last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: CA

Parent Company (if any): Beckman Coulter, Inc

Corporation/Organization Name: Cepheid

Mailing Address: 904 E Caribbean Dr

City: Sunnyvale State: CA Zip: 94089

Telephone: (800) 742-2345 Email: becap.info@beckman.com

Contact Person Name: Kevin O'Reilly

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Cepheid

Facility Name

Scott Campbell

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Feb 10, 2025

Date

Board Use Only	Date Received: 2/24/25	Amount: $1000 CC ✓

Description of Operations

Cepheid is a medical device distributor of Class I and Class II medical devices. Cepheid's products are distributed to hospitals for use in laboratories.

FDA FEI Number:
FDA Registration: 3004530258

Distributor Information:
Cepheid
44509 Pacific Commons Blvd, Fremont, CA 94538
Contact: Mike Ornelas, (669) 215-8167

Cepheid has 130 employees working on site during normal business hours.

Cepheid's hours of operation are 12:00 am – 11:59pm Monday through Friday and 6:00am – 6:30pm Saturday and Sunday.

Cepheid's records are stored at their Fremont, CA facility.

Cepheid's facility square footage is 178,910.

FDA

SEARCH

Home Food Drugs Medical Devices Radiation-Emitting Products Vaccines, Blood & Biologics Animal & Veterinary Cosmetics Tobacco Products

Establishment Registration & Device Listing

FDA Home Medical Devices Databases

New Search Back To Search Results

Establishment:
CEPHEID
44509 Pacific Commons Boulevard
Fremont, CA 94538
Registration Number: 3017994049
FEI Number*: 3017994049
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types. Please Review Listings For Further Information.
Date Of Registration Status: 2025

Owner/Operator:
CEPHEID
904 CARIBBEAN DRIVE
Sunnyvale, CA US 94089
Owner/Operator Number: 9062742

Official Correspondent:
Scott Campbell
904 CARIBBEAN DRIVE
Sunnyvale, CA 94089
Phone: 847-7789812

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Page Last Updated: 01/06/2025
Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

Combination Products
Advisory Committees
Science & Research
Regulatory Information
Safety
Emergency Preparedness
International Programs
News & Events
Training and Continuing Education
Inspections/Compliance
State & Local Officials
Consumers
Industry
Health Professionals
FDA Archive
Vulnerability Disclosure Policy

U.S. Department of Health & Human Services



Company Information

Company Name: Cepheid
Address: 44509 Pacific Commons Blvd
City, State, Zip: Fremont, CA 94538
Phone: (408) 548-4191
Website: www.radiometer.com
E-mail: Establishment.Registration@cepheid.com

FEIN: 77-0441625
State of Formation: California
Date Incorporated: 03/04/1996
File Number: 1962219

Ownership Information

Cepheid's Parent Company is Beckman Coulter, Inc.

Parent Company Address: 250 South Kraemer Blvd, Brea, CA 92821
Parent Company Phone: (800) 742-2345
Parent Company FEIN: 95-1040600

Officers

Vitor Rocha, President
Business Address: 904 E Caribbean Dr, Sunnyvale, CA 94089
Business Phone: 425-241-7044

Charles Mwangi, SVP and Chief Financial Officer
Business Address: 904 E Caribbean Dr, Sunnyvale, CA 94089
Business Phone: (888) 336-2743

Scott Campbell, SVP Quality, Regulatory, and Clinical Affairs
Business Address: 904 E Caribbean Dr, Sunnyvale, CA 94089
Business Phone: 408-495-7911

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	CEPHEID
Entity No.:	1962219
Registration Date:	03/04/1996
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 08, 2024.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 236290734

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

The Board is unable to provide legal advice. General information about facility licenses issued by the Board is available on the Board's website at https://www.pharmacy.ca.gov/applicants/apply_facility.shtml as well as the Pharmacy Law Book.
Provided below are the statutes and regulations that most likely pertain to the questions you are asking along with the link to the Pharmacy Law book.

A Wholesaler License is required before any firm or organization may distribute, broker or transact the sale or return of dangerous drugs or dangerous devices in California. Wholesalers sell and distribute dangerous drugs and dangerous devices (also called "legend" items or prescription-required drugs and devices) to other business entities who are authorized by law to purchase the items or to licensed health care providers who are authorized by law to possess the dangerous drugs and dangerous devices. Wholesalers are not authorized to sell or distribute these items directly to patients unless the wholesaler is delivering dialysis drugs and devices to home dialysis patients in case(s) or full shelf package lots (see section 4054 of the California Business & Professions Code).

A Wholesaler License is also required of customs brokers who sell for resale or negotiate for distribution any dangerous drug or device included in section 4022 of the Business and Professions Code. A wholesaler permit is also required for reverse distributors who arrange for the destruction of outdated or damaged dangerous drugs or devices.

Additionally, Per **BPC *4160*** *(h) A drug manufacturer premises licensed by the Food and Drug Administration or licensed pursuant to Section 111615 of the Health and Safety Code that* ***only*** *distributes dangerous drugs and dangerous devices* ***of its own manufacture*** *is exempt from this section and Section 4161.*

Wholesaler/Nonresident Wholesaler Requirements

- Section 4022 Definition of Dangerous Drugs and Dangerous Devices
- Section 4043 Definition of Wholesaler
- Section 4160 Requirements for a Wholesaler License
- Section 4161 Requirements for a Nonresident Wholesaler License
- Section 4162 Surety Bond Requirements
- Section 4053 Requirements for a Designated Representative License
- Section 4022.5 Designated Representative, Designated Representative-in-Charge
- Section 1780 Minimum Standard for wholesale

All the best,

Wholesaler Processing Desk
California State Board of Pharmacy
ZS, Licensing Analyst
California State Board of Pharmacy
(916) 518-3100| FAX (916) 574-8617 | www.pharmacy.ca.gov
Be Aware and Take Care: Talk to your Pharmacist!

From: Nichole Frame <Nichole.Frame@twolabs.com>
Sent: Thursday, April 17, 2025 5:23 AM
To: Wlsstatus@DCA <Wlsstatus@dca.ca.gov>
Subject: California Resident Medical Device Private Label Distributor Licensure

Mark I. Sedar

From: Nichole Frame <Nichole.Frame@twolabs.com>
Sent: Thursday, April 17, 2025 10:02 AM
To: Pharmacy Licensing
Subject: RE: Nevada Out-of-State Wholesaler Application-Cepheid - Proof of exemption
Attachments: RE: Nevada Out-of-State Wholesaler Application-Cepheid

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good day,

Please find the below email regarding the attached request for proof of exemption from licensure in California for Cepheid's distribution facility. Cepheid is manufacturing its own products at their Lodi, CA location, which holds the appropriate CA Manufacturing permit required (previously supplied copy of the Lodi, CA license); their products are then distributed from their Fremont, CA location. Since Cepheid is manufacturing its own products, as the owner of those products and both facilities related to the manufacture and distribution of those products, no license is required by CA for the distribution facility in Fremont, CA according to the exemption highlighted in the email communication below. Please let us know if this is satisfactory for proof of exemption for Cepheid.

Respectfully,
Nichole Frame
Senior Licensing Analyst
Commercial-Regulatory
TwoLabs PHARMA SERVICES
6620 Mooney Street Suite 340 | Dublin OH | 43017
mobile 304.270.7571 | **hours** M. – F. 7:30 AM – 4:00 PM
website | email | LinkedIn

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From: Wlsstatus@DCA <Wlsstatus@dca.ca.gov>
Sent: Thursday, April 17, 2025 11:38 AM
To: Nichole Frame <Nichole.Frame@twolabs.com>
Subject: RE: California Resident Medical Device Private Label Distributor Licensure

[External]

Hello,

Good day,

I am reaching out today on behalf of Cepheid, a California-based Private Label Distributor located in Fremont, CA. Cepheid's products, medical devices with no drugs or drug components, are manufactured in Lodi, CA at their second location which currently holds a CA DOH Manufacturer Permit as required. Cepheid's devices are transferred from their Lodi, CA facility to their Fremont, CA facility for warehousing and distribution. No actual manufacture occurs onsite at Cepheid's Fremont, CA location and all products are products owned and labeled by Cepheid. These products are distributed to hospital pharmacies for use in laboratories.

Given this information, can you confirm if a license is required for Cepheid's Fremont, CA location?

Thank you for your time.

Respectfully,

Nichole Frame
Senior Licensing Analyst
Commercial-Regulatory

TwoLabs PHARMA SERVICES

6620 Mooney Street Suite 340 | Dublin OH | 43017
mobile 304.270.7571 | **hours** M. – F. 7:30 AM – 4:00 PM
website | **email** | **LinkedIn**

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RESIDENT STATE EXEMPTION

4155. Corporate Form Not Required

Nothing in this article shall be construed as requiring the applicant or holder of a pharmacy permit pursuant to Section 4110 to be a pharmacy corporation.

4156. Unprofessional Conduct by Corporation

A pharmacy corporation shall not do, or fail to do, any act where doing or failing to do the act would constitute unprofessional conduct under any statute or regulation. In the conduct of its practice, a pharmacy corporation shall observe and be bound by the laws and regulations that apply to a person licensed under this chapter.

Article 11. Wholesalers, Third-Party Logistics Providers and Manufacturers

4160. Wholesaler or Third-Party Logistics Provider: License Required

(a) A person shall not act as a wholesaler or third-party logistics provider of any dangerous drug or dangerous device unless he or she has obtained a license from the board.

(b) Upon approval by the board and the payment of the required fee, the board shall issue a license to the applicant.

(c) (1) A separate license shall be required for each place of business owned or operated by a wholesaler or third-party logistics provider. Each place of business may only be issued a single license by the board, except as provided in paragraph (2). Each license shall be renewed annually and shall not be transferable. At all times during which a place of business is open for business, at least one designated representative, in the case of a wholesaler, or designated representative-3PL in the case of a third-party logistics provider, shall be present. A wholesaler that only acts as a reverse distributor may use either a designated representative or a designated representative-reverse distributor to fulfill this requirement.

(2) A wholesaler and a third-party logistics provider under common ownership may be licensed at the same place of business provided that all of the following requirements are satisfied:

(A) The wholesaler and the third-party logistics provider each separately maintain the records required under Section 4081.

(B) Dangerous drugs and dangerous devices owned by the wholesaler are not commingled with the dangerous drugs and dangerous devices handled by the third-party logistics provider.

(C) Any individual acting as a designated representative for the wholesaler is not concurrently acting as a designated representative-3PL on behalf of the third-party logistics provider. Nothing in this subparagraph shall be construed to prohibit an individual from concurrently holding a license to act as a designated representative and to act as a designated representative-3PL.

(D) The wholesaler has its own designated representative-in-charge responsible for the operations of the wholesaler and the third-party logistics provider has its own responsible manager responsible for the operations of the third-party logistics provider. The same individual shall not concurrently serve as the responsible manager and the designated representative-in-charge for a wholesaler and a third-party logistics provider licensed at the same place of business.

(E) The third-party logistics provider does not handle the prescription drugs or prescription devices owned by a prescriber.

(F) The third-party logistics provider is not a reverse third-party logistics provider.

(G) The wholesaler is not acting as a reverse distributor.

(d) Every wholesaler shall be supervised or managed by a designated representative-in-charge. The designated representative-in-charge shall be responsible for the wholesaler's compliance with state and federal laws governing wholesalers. As part of its initial application for a license, and for each renewal, each wholesaler shall, on a form designed by the board, provide identifying information and the California license number for a

designated representative or pharmacist proposed to serve as the designated representative-in-charge. The proposed designated representative-in-charge shall be subject to approval by the board. The board shall not issue or renew a wholesaler license without identification of an approved designated representative-in-charge for the wholesaler. The designated representative-in-charge shall maintain an active license as a designated representative with the board at all times during which he or she is designated as the designated representative-in-charge. A wholesaler that only acts as a reverse distributor may identify and allow a designated representative-reverse distributor to perform in this capacity. That individual shall maintain an active license as a designated representative-reverse distributor.

(e) Each place of business of a third-party logistics provider shall be supervised and managed by a responsible manager. The responsible manager shall be responsible for the compliance of the place of business with state and federal laws governing third-party logistics providers and with the third-party logistics provider's customer specifications, except where the customer's specifications conflict with state or federal laws. As part of its initial application for a license, and for each renewal, each third-party logistics provider shall, on a form designated by the board, provide identifying information and the California license number for a designated representative-3PL proposed to serve as the responsible manager. The proposed responsible manager shall be subject to approval by the board. The board shall not issue or renew a third-party logistics provider license without identification of an approved responsible manager for the third-party logistics provider. The responsible manager shall maintain an active license as a designated representative-3PL with the board at all times during which he or she is designated as the responsible manager.

(f) A wholesaler shall notify the board in writing, on a form designed by the board, within 30 days of the date when a designated representative-in-charge ceases to act as the

designated representative-in-charge, and shall on the same form propose another authorized licensee to take over as the designated representative-in-charge. The proposed replacement designated representative-in-charge shall be subject to approval by the board. If disapproved, the wholesaler shall propose another replacement within 15 days of the date of disapproval, and shall continue to name proposed replacements until a designated representative-in-charge is approved by the board.

(g) A third-party logistics provider shall notify the board in writing, on a form designed by the board, within 30 days of the date when a responsible manager ceases to act as the responsible manager, and shall on the same form propose another designated representative-3PL to take over as the responsible manager. The proposed replacement responsible manager shall be subject to approval by the board. If disapproved, the third-party logistics provider shall propose another replacement within 15 days of the date of disapproval, and shall continue to name proposed replacements until a responsible manager is approved by the board.

(h) A drug manufacturer premises licensed by the Food and Drug Administration or licensed pursuant to Section 111615 of the Health and Safety Code that only distributes dangerous drugs and dangerous devices of its own manufacture is exempt from this section and Section 4161.

(i) The board may issue a temporary license, upon conditions and for periods of time as the board determines to be in the public interest. A temporary license fee shall be required in an amount established by the board as specified in subdivision (f) of Section 4400. When needed to protect public safety, a temporary license may be issued for a period not to exceed 180 days, subject to terms and conditions that the board deems necessary. If the board determines that a temporary license was issued by mistake or denies the application for a permanent license, the temporary license shall terminate upon either personal service of the notice of termination upon the licenseholder or service by certified mail, return receipt requested, at the licenseholder's

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 03/07/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 16th Floor Philadelphia PA 19103 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Cepheid 904 CARIBBEAN DRIVE SUNNYVALE CA 94089 USA	INSURER A: ACE American Insurance Company	22667
	INSURER B: Indemnity Insurance Co of North America	43575
	INSURER C: ACE Fire Underwriters Insurance Co.	20702
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570111262257 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			HDOG47311962	07/01/2024	10/15/2025	EACH OCCURRENCE	$2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$2,000,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	$5,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$5,000,000
	OTHER							
A	AUTOMOBILE LIABILITY			ISAH10705629	07/01/2024	10/15/2025	COMBINED SINGLE LIMIT (Ea accident)	$5,000,000
	X ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WLRC70304454 WC AOS	07/01/2024	07/01/2025	X PER STATUTE OTH-ER	
A	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N/A		WLRC70304417 WC(AZ,CA,MA)	07/01/2024	07/01/2025	E.L. EACH ACCIDENT	$2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	$2,000,000
							E.L. DISEASE-POLICY LIMIT	$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Location: 44509 Pacific Commons Blvd., Fremont, CA 94538.

CERTIFICATE HOLDER

Cepheid
904 East Caribbean Drive
Sunnyvale CA 94089 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Central, Inc.

Holder Identifier :

Certificate No : 570111262257

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AGENCY CUSTOMER ID: 570000096789

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	Cepheid
POLICY NUMBER: See Certificate Number: 570111262257	
CARRIER: See Certificate Number: 570111262257 / NAIC CODE:	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
C		N/A		SCFC70304491 WC (WI)	07/01/2024	07/01/2025		

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 019093638

Application/License No. _____

CEPHEID, doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
44509 Pacific Commons Blvd Fremont, CA 94538, as
(Address of Applicant/Principal)
PRINCIPAL, and LIBERTY MUTUAL INSURANCE COMPANY, a
(Surety Company)
corporation organized under the laws of the state of MA
(State of incorporation)
and authorized to transact a general surety business in the State of
Nevada, whose address for purposes of service is
175 Berkeley Street Boston, MA 02116 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 20, 2024.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

CALIFORNIA ACKNOWLEDGMENT CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Santa Clara

On 30 October 2024 (Date) before me, Cynthia Ann Scott, Notary Public (Here Insert Name and Title of the Officer),

personally appeared Ganesh Iyer (Name(s) of Signer(s))

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

CYNTHIA ANN SCOTT
Notary Public - California
Santa Clara County
Commission # 2342172
My Comm. Expires Jan 18, 2025

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature CA Scott
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Nevada Pharmaceutical Wholesaler Surety Bond

Document Date: 20 September 2024 Number of Pages: 5

Signer(s) Other Than Named Above: Sara Owens

Capacity(ies) Claimed by Signer(s)

Signer's Name: Ganesh Iyer	Signer's Name:
☐ Corporate Officer – Title(s):	☐ Corporate Officer – Title(s):
☐ Partner – ☐ Limited ☐ General	☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☒ Other: VP, Strategic Finance	☐ Other:
Signer is Representing: Cepheid	Signer is Representing:

©2019 National Notary Association

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 20th day of September, 2024.

APPLICANT/PRINCIPAL
CEPHEID

COMPANY

Authorized Representative

SURETY
LIBERTY MUTUAL INSURANCE COMPANY

Surety Company's Representative

Sara Owens, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Dana Donahue

Witness Trisha Dorsaneo

Countersigned by:

N/A

Nevada Resident Agent

Posted February 20, 2020

Liberty Mutual SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT – DECEMBER 31, 2023

Assets		Liabilities	
Cash and Bank Deposits	$1,850,245,073.00	Unearned Premiums	$10,298,963,305.00
*Bonds – U.S Government	$3,859,565,383.00	Reserve for Claims and Claims Expense	$28,848,537,243.00
*Other Bonds	$21,048,805,773.00	Funds Held Under Reinsurance Treaties	$360,714,151.00
*Stocks	$19,937,271,802.00	Reserve for Dividends to Policyholders	$1,310,198.00
Real Estate	$122,228,711.00	Additional Statutory Reserve	$296,126,000.00
Agents' Balances or Uncollected Premiums	$8,208,660,427.00	Reserve for Commissions, Taxes and Other Liabilities	$7,622,413,466.63
Accrued Interest and Rents	$186,906,667.00	**Total**	**$47,428,064,363.63**
Other Admitted Assets	$15,677,869,683.63	Special Surplus Funds	$209,508,757.00
		Capital Stock	$10,000,075.00
		Paid in Surplus	$13,834,867,488.00
		Unassigned Surplus	$9,409,112,836.00
		Surplus to Policyholders	$23,463,489,156.00
Total Admitted Assets	**$70,891,553,519.63**	**Total Liabilities and Surplus**	**$70,891,553,519.63**

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2023, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 8th day of March, 2024.

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

Timothy A. Mikolajewski

Timothy A. Mikolajewski, Assistant Secretary

LMS-1262/LMIC

Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property

SARA P OWENS

100 N 18TH ST FL 16
PHILADELPHIA, PA 19103-2707

is authorized to transact business as described above

License No: 3447025 Issue Date: 06-12-2019 Expiration Date: 07-01-2025

Generated by Sircon 269669374

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

SARA P OWENS
100 N 18TH ST FL 16, PHILADELPHIA, PA 19103-2707

LICENSE NUMBER: 3447025

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Resident Producer
Casualty, Property

Issue Date: 06-12-2019 Expiration Date: 07-01-2025

Generated by Sircon 269669374

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Cepheid — MDEG License # (if applicable): _____

Physical Address: 44509 Pacific Commons Blvd

City: Fremont — State: CA — Zip: 94538

Mailing Address (if different from physical address): 904 E Caribbean Dr

City: Sunnyvale — State: CA — Zip: 94089

Telephone: 408-548-4191 — Website: https://www.cepheid.com/en-US.html

Licensing Company Email: Establishment.Registration@cepheid.com

Section 2: Personal Information

First: Michael — Middle: Sheehan — Last: Ornelas

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☒ M ☐ F ☐ X

Mailing Address: 44509 Pacific Commons Blvd

City: Fremont — State: CA — Zip: 94538

Telephone: 408-548-4191 — Email: Establishment.Registration@cepheid.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of California, Berkeley		/ - /	
Address	**City**	**State**	**Zip**
100 Academic Hall # 1234	Berkeley	CA	94720-
Diploma/Degree obtained, if any			
Bachelors of Arts, Microbiology			

School Name		From - To (MM/YY – MM/YY)	
BELLARMINE COLLEGE PREP		09 - 79 / 05 / 83	
Address	**City**	**State**	**Zip**
960 W. HEDDING ST	SAN JOSE	CA	95126
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/03 - present	[redacted]	San Jose	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: Cepheid			From - To (MM/YY – MM/YY): 02/18 - present
Business Address: 44509 Pacific Commons Blvd	City: Fremont	State: CA	Zip: 94538
Phone: 408-548-4191	Title: Director, Quality		Number of Employed Hours: 40/week
Description of Duties: see attached resume			

Business Name: Genomic Health Inc			From - To (MM/YY – MM/YY): 11/07 - 02/18
Business Address: 101 Galveston Drive	City: Redwood City	State: CA	Zip: 94063
Phone: 1-866-662-6897	Title: Director Quality Systems and Compliance		Number of Employed Hours: 40/week
Description of Duties: see attached resume			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		x

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # N/A **. Provide all the following *<u>where applicable</u>*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/4/25
Date

I, Michael Ornelas, **certify that as the MDEG Administrator for**

Cepheid,

that I (initial that you have read and meet the following requirements):

1. MJO Have a high school diploma or its equivalent;
2. MJO Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. MJO Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. MJO Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Ornelas

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/4/25

Date

Board Use Only	Date Received:

Mike Ornelas

[redacted]

QUALITY SYSTEMS DIRECTOR

Quality System Management • Compliance • Regulatory Agency Management

Accomplished Quality Systems Director with extensive experience in medical device development, manufacture and service. Proven expertise in managing compliance auditing, supplier quality, change control, and regulatory agency management. Consistently successful in both start-up environments and global corporations on a variety of product platforms ranging from home use hand-held devices to capital medical device equipment. Advanced team leadership skills with a history of success in managing global teams and projects to productive outcomes. Outstanding communicator, adept at working with global cross-functional teams.

CORE COMPETENCIES

- ISO and FDA regulations
- Regulatory Agency management
- IVDR, MDR, and CE Mark
- Corrective and Preventive Action
- Global Supplier program management
- Global Change Control management
- Global Audit program management
- Sterile Devices/IVD/Radiation-Emitting Devices

CAREER ACCOMPLISHMENTS

- Established Quality System in start-up environments.
- Successfully achieved CE Mark and TGA approval for Specimen Transportation Kit.
- Established Change Management process with custom raw material suppliers.
- Facilitated the management of several FDA audits resulting in zero (0) observations.
- As Divisional Management Representative, significantly reduced the number of findings identified at Respiratory sites during ISO audits.
- Established Divisional Internal Audit program and re-engineered Supplier Quality program at over 7 Respiratory sites ensuring harmonized internal audit practices and improved supplier management resulting in effective results.
- Provided leadership as Core Team member for the relocation of a Covidien Respiratory Service Facility and Divisional Facility to new locations.
- Experienced in the development, manufacture, and service of a wide range of products including genomic-based diagnostic tests, sterile products, electromechanical products, and radiation emitting products for Home use, Clinician's use, and Institutional use.

PROFESSIONAL EXPERIENCE

CEPHEID – Fremont, CA
44509 Pacific Commons Blvd 1-888-336-2743 2/18 to present

Senior Director Quality Systems

Provides management Global strategic direction and operational coordination of activities to ensure compliance with FDA, ISO, and other applicable global regulatory requirements as well as alignment with company objectives and Quality Standards. Direct Sunnyvale responsibility and Global oversight for Quality System processes including CAPA, Internal Audits, Learning and Development, Document Control, and Product Safety & Environmental Compliance.

Key Achievements:

- Achieved multi-site ISO/MDSAP certification including the certification of new sites.
- Established Global Internal and CAPA program
- Successfully implemented ComplianceWire to automate Quality System training requirements globally.

GENOMIC HEALTH INC. – Redwood City, CA
101 Galveston Drive 1-866-662-6897 11/07 to 2/18

Director Quality Systems and Compliance

Developed organizational capability and provided functional leadership for Quality Assurance and Document Control Departments. Established CAPA program, Supplier Qualification & Monitoring, and Production and Process Controls. Provided leadership in improving the Calibration program, Equipment Validation protocols, and Document Control efficiency.

Key Achievements:

- Established Quality Assurance Department.
- Established QC Acceptance Activities and Manufacturing Production and Process Controls by overseeing the creation of QC Acceptance SOPs and Manufacturing SOPs and Batch Records.
- Improved Supplier relationships by implementing Supplier Scorecards and Awards.
- Successfully achieved CE marking and TGA approval for Specimen Transportation Kit.
- Improved Document Control Department efficiency by implementing DocuSign for electronic approvals.

MEDTRONIC (FORMERLY COVIDIEN) – Pleasanton, CA 10/05-11/07

Divisional Director Quality Systems and Regulatory Compliance

Divisional Director of Quality Systems and Regulatory Compliance for over 11 combined global development, manufacturing and service facilities. Designated as Divisional Management Representative. Provided divisional leadership, guidance, and support on all Quality System activities at all global Respiratory sites. Directed Quality System responsibilities for newly acquired private labeling and distributor relationships.

Key Achievements:

- Core team member to remediate deficiencies previously identified by FDA regulatory action across multiple Respiratory sites. Remediation resulted in zero (0) observations on FDA revisit.

- Coordinated ISO activities for all North American Respiratory sites including financials, audit scheduling, audit hosting, and site relocations.

- Established Divisional Internal Audit program and Pleasanton site Supplier Quality program. Improved Divisional Supplier Quality program by adopting best practices.

- Successfully directed Quality System activities on multiple distributor and private label alliances, including performing due diligence, establishing Quality Agreements, and delineating Quality Activities within Covidien Respiratory Division.

VARIAN MEDICAL SYSTEMS – Palo Alto, CA
3100 Hansen Way 1-650-493-4000 4/00-10/05
Varian Oncology Systems Quality System Manager

Oncology Divisional Manager for over 5 combined global development, manufacturing, distribution, and service facilities. Designated as Deputy Management Representative. Managed internal audit program and Quality System training across Oncology Division. Provided guidance on Quality System regulations including Part 11 for all global Oncology sites.

Key Achievements:

- Successfully re-engineered and continued management of Internal Audit program encompassing 5 sites and 3 auditors resulting in meaningful and effective audit results.

- Coordinated ISO activities for Oncology division across 5 global sites including financial, audit scheduling, and audit hosting.

- Hosted FDA and other 3rd Party audits resulting in successful outcomes.

AVOCET MEDICAL – San Jose, CA 9/97-4/00
Quality Manager

Responsible for all Quality Assurance and Quality Control activities and personnel in a start-up environment.

Key Achievements:

- Established a Quality Assurance and Quality Control department by initially hiring and continuing to manage 12 professional level personnel in performing Quality Assurance/ Quality Control activities.

- Hosted FDA/ISO/CSA audits resulting in successful outcomes.

SMITHKLINE DIAGNOSTICS INC. – Palo Alto, CA 11/96-9/97
Quality Supervisor

Scheduled and coordinated 4 professional level personnel in performing Quality Control activities; including laboratory test and inspections of raw materials, in-process materials, and finished materials.

Key Achievements:

- Participated in the successful transfer of multiple products from design into manufacturing.

- Developed, modified, and validated Quality Control test methods to streamline testing.

- Hosted 3rd part and ISO audits resulting in successful outcomes.

BEHRING DIAGNOSTICS INC. – Cupertino, CA 11/88-11/96
Technical Manufacturing Supervisor

Responsible for managing and providing technical, logistical, and administrative direction to 6 professional level personnel in the manufacture and evaluation of high quality reagent diagnostic assays.

Key Achievements:

- Ensured product valued at $40 to $70 million in revenue was manufactured on time and error free meeting all quality standards.

EDUCATION

Bachelors of Arts, Microbiology • University of California, Berkeley
Certified Quality Auditor (CQA)
Successfully completed written examination for ISO Lead Auditor
Six Sigma Green Belt Certification

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Cepheid

Pharmacy/Wholesaler License # (if applicable)

Physical Address 44509 Pacific Commons Blvd

City Fremont State CA Zip 94538

Mailing Address (if different from physical address) 904 E Caribbean Dr

City Sunnyvale State CA Zip 94089

Telephone 408-548-4191 Website https://www.cepheid.com/en-US.html

Licensing Company Email Establishment.Registration@cepheid.com

Section 2: Personal Information

First Michael Middle Sheehan Last Ornelas

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 44509 Pacific Commons BLVD

City Fremont State CA Zip 94538

Telephone [redacted] Email mike.ornelas@cepheid.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of California, Berkeley		/ - /	
Address	**City**	**State**	**Zip**
100 Academic Hall # 1234	Berkeley	CA	94720-1234
Diploma/Degree obtained, if any			
Bachelors of Arts, Microbiology			

School Name		From - To (MM/YY – MM/YY)	
BELLARMINE COLLEGE PREP		09/79 - 05/83	
Address	**City**	**State**	**Zip**
960 W HEDDING ST	SAN JOSE	CA	95126
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/03 - present	[redacted]	San Jose	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Cepheid			02/18 - present
Business Address	**City**	**State**	**Zip**
44509 Pacific Commons Blvd	Fremont	CA	94538
Phone	**Title**	**Number of Employed Hours**	
408-548-4191	Director, Quality	40/week	
Description of Duties			
see attached resume			

Business Name			From - To (MM/YY – MM/YY)
Genomic Health Inc			11/07 - 02/18
Business Address	**City**	**State**	**Zip**
101 Galveston Drive	Redwood City	CA	94063
Phone	**Title**	**Number of Employed Hours**	
1-866-662-6897	Director Quality Systems and Compliance	40/week	
Description of Duties			
see attached resume			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		NA
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/4/25
Date

I, Michael Ornelas, **certify that as the designated representative for**

Cepheid,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MSO I am at least 21 years of age;
3. MSO I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MSO I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MSO I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MSO I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MSO I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Michael Ornelas

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/4/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Ornelas

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) — Date: 2/4/25

2/10/25

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, Michael Ornelas, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature — **Date:** 2/4/25

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

See attached California Jurat Certificate

(Seal)

CALIFORNIA JURAT GOVERNMENT CODE § 8202

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Santa Clara

Subscribed and sworn to (or affirmed) before me on this 10th day of February, 2025, by

(1) Michael Orneles

(and (2) _____),

Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

C. A. SCOTT
Notary Public - California
Santa Clara County
Commission # 2507639
My Comm. Expires Jan 18, 2029

Signature C A Scott

Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Nevada Designated Representative Application

Document Date: 10 February 2025 Number of Pages: 9

Signer(s) Other Than Named Above: NONE

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Cepheid Employee List - Fremont, CA

Associate
Jellydie Finau
Rene Medina Amador
Alvin Queri
Sam Rodriguez
Bhupinder Kaur
Nai Saephanh
Moe Mohammed
Melbin Bautista
Ricardo Gallegos
Rob Haworth
Israel Escobar
Fenton Ly
Ify Igboanugo
Neha Gudi
Phuoc Quach
Brian Jew
Jason Seto
Andrew Ku
Paul Simons
Janssen Capili
Brett Stanger
Andrew Franco
Octavio M Garcia
Joseph Bauer
Vicky Ng
Raja Sadaula
Larry Valenzuela
Vincent Mitchell
James Lizotte
Jesse Guel
Karamjit Dhillon
Rod Castro
Antelmo Morales
Dieu Tran
Brian Hutt
Danny Cruz
Richard Eckerman
Robert Rosales
Gabriel Ruiz
Annalisa Mendoza
Sean Sablan-Truscott
Anthony Monchez
Dindo Quizon
Luis E Rodriguez
Jesse Vargas (On Leave)

Confidential - Company Proprietary

Michael Moreno
Priscilla Martinez
Kent Lino
Jufelan Lantano
Jaime Gomez
John Bautista
Jorge Justo
Brix Cabanag
Rolando Partida
Randy Acosta
Joey Lizotte
Brian Swift (On Leave)
Carlos Vasquez
David Romero
Jeff Freitas
Arnold Esparza
Chaloy Hardwick
Ronald Rodriguez
Juliana Cardenas
Christopher Oceguera
Luis Lopez Gil
Jefferson Lukban
Omar Abenir
Mark Lester Dela Paz
David Barrientes
Harold Hidalgo
Raylon Ferguson
Roberto Moran
Richard Dewar
Henry Perez
Adrian Farfan
Robert Ortiz
Christine Gonzalez
Andy Choy
Ramon Ochoa
Lewis Phanphongsa
Malesa Sookvamdee
Rithy Phann
Vannack Phann
Atumaleti Vaiaoga
Paul Marlangaue
Lawrence Johnson
Favian Arteaga
Ronald Andrino
Arnel Paat
Abelardo Yabut
Tagaloa Vaiaoga

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David Uiagalelei
Edras Chavarria
Randy Mendoza
Delane Green
Brittany Hindes
Jasmine Loung
Angel Arreguin
Robert Silva
Alexander Hoang
Laureano Baluyot
Edward Arredondo
Jose Baca Gonzalez
Johnny Truong

Confidential - Company Proprietary

4ZZ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Galt Pharmaceuticals, LLC

Physical Address: 1600 Parkwood Circle SE, Sutie 500, Room D

City: Atlanta State: GA Zip: 30339

Mailing Address (if different from physical address): 3350 Riverwood Parkway, Sutie 1900

City: Atlanta State: GA Zip: 30339

Telephone: 855-965-2783 Website: galtrx.com

Name of Designated Representative (DR): Bharat Patel

Licensing Company Email: compliance@galtx.com DR Email: bpatel@galtrx.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	■ Manufacturer
☐ Practitioners	■ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

3/30/26
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Sovereign Pharmaceuticals, LLC
Address: 7590 Sand Street City: Fort Worth State: TX Zip: 08854

Name: Ritsa Pharma Private Limited
Address: Neovantage Park, Building 1800, Genome Valley City: Hyderabad State: INDIA Zip: 500078

Name: Rising Pharma Holdings, Inc.
Address: 2 Tower Center Blvd., Suite 1401A City: East Brunswick State: NJ Zip: 08816

Name: Vectans Pharma
Address: 230 Bureaux de la colline City: Saint-Cloud State: FRA Zip: 92213

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Georgia
Parent Company (if any): Galt Companies, LLC
Corporation/Organization Name: Galt Pharmaceuticals, LLC
Mailing Address: 3350 Riverwood Parkway, Suite 1900
City: Atlanta State: GA Zip: 30339
Telephone: 855-965-2783 Email: compliance@galtrx.com
Contact Person Name: Annabel Winn

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Galt Pharamceuticals, LLC

Facility Name

Bharat Patel

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

3/30/26

Date

Board Use Only	Date Received: 4/14/26	Amount: 1000 - CK - 100730

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through April 23, 2026

You have searched Finished drug products

Search Results: *'61825'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	I I I
FENOPRON	61825-311-10	300 mg/1	CAPSULE	ORAL	ANDA214475	Galt Pharmaceuticals, LLC	61825-311	FENOPROFEN CALCIUM	FENOPROFEN CALCIUM	HUMAN PRESCRIPTION DRUG	12/10/2024	N/
Norgesic	61825-305-60	385 mg/1; 30 mg/1; 25 mg/1	TABLET	ORAL	ANDA075141	Galt Pharmaceuticals, LLC	61825-305	Orphenadrine Citrate, Aspirin and Caffeine	ASPIRIN; CAFFEINE; ORPHENADRINE CITRATE	HUMAN PRESCRIPTION DRUG	05/16/2022	N/
Oravig	61825-303-14	50 mg/1	TABLET	BUCCAL	NDA022404	Galt Pharmaceuticals, LLC	61825-303	Miconazole	MICONAZOLE	HUMAN PRESCRIPTION DRUG	12/31/2021	N/
ORPHENGESIC FORTE	61825-302-60	770 mg/1; 60 mg/1; 50 mg/1	TABLET	ORAL	ANDA075141	Galt Pharmaceuticals, LLC	61825-302	Orphenadrine Citrate, Aspirin and Caffeine	ASPIRIN; CAFFEINE; ORPHENADRINE CITRATE	HUMAN PRESCRIPTION DRUG	06/08/2020	N/
TOLMETIN SODIUM	61825-310-30	400 mg/1	CAPSULE	ORAL	ANDA073393	Galt Pharmaceuticals, LLC	61825-310	TOLMETIN SODIUM	TOLMETIN SODIUM	HUMAN PRESCRIPTION DRUG	03/19/2026	N/

Showing 1 to 5 of 5 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

An official website of the United States government Here's how you know

U.S. FOOD & DRUG ADMINISTRATION

← Home / Drug Databases / Drug Establishments Current Registration Site

Drug Establishments Current Registration Site

Share Tweet LinkedIn Email Print

New Search

Search Results for **Galt Pharmaceuticals**

CSV Excel

Filter:

Firm Name	FOA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Galt Pharmaceuticals, LLC	3013186404	079214973	MANUFACTURE;	3350 Riverwood Parkway, Suite 1900, Atlanta, Georgia (GA) 30339, United States (USA)	12/31/2026

Showing 1 to 1 of 1 entries

Previous 1 Next

Data Current through: Monday, Mar 30, 2026

Return to Drug Firm Annual Registration Status Home Page

GALT®
PHARMACEUTICALS

Phone: 855-965-2783
Fax: 855-276-4063
info@galtrx.com
www.galtrx.com
1600 Parkwood Circle SE, Suite 500, Atlanta, GA, 30339

Information for the Owners and Officers of Galt Pharmaceuticals

Owner
Name: Galt Companies, LLC
Position With Business: Owner and Manager
Phone Number: 855-965-2783
Address: 3350 Riverwood Parkway, Suite 1900, Atlanta, GA 30339
Ownership Percentage: 100%

Officer 1
Name: William W. Smith
Title: Chairman and Co-Founder
Phone Number: [redacted]
Email: wsmith@galtrx.com
Address [redacted]
Ownership Percentage: 0%

Officer 2
Name: Bharat B. Patel
Title: CEO and Co-Founder
Phone Number [redacted]
Email: bpatel@galtrx.com
Address [redacted]
Ownership Percentage: 0%

Officer 3
Name: Anna Claire Fry
Position With Business: Chief Operating Officer
Phone Number: [redacted]
Email: acfry@galtrx.com
Ownership Percentage: 0%

Officer 4
Name: Manoj Amaraneni
Position With Business: Chief Regulatory Officer
Phone Number: 678-821-2178
Email: mamaraneni@atlandrx.com
Ownership Percentage: 0%

GALT®
PHARMACEUTICALS

Phone: 855-965-2783
Fax: 855-276-4063
info@galtrx.com
www.galtrx.com
1600 Parkwood Circle SE, Suite 500, Atlanta, GA, 30339

Galt Pharmaceuticals, LLC Members and Ownership

Owner and Manager
Name: Galt Companies, LLC
Phone Number: 855-965-2783
Address: 3350 Riverwood Parkway, Suite 1900, Atlanta, GA 30339
Ownership Percentage: 100%

Control Number : 13412238

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Galt Pharmaceuticals, LLC
a **Domestic Limited Liability Company**

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	: 29904505
Date Inc/Auth/Filed	: 05/09/2013
Jurisdiction	: Georgia
Print Date	: 09/16/2025
Form Number	: 211

Brad Raffensperger

Brad Raffensperger
Secretary of State

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH006103 Status: Active

Galt Pharmaceuticals LLC

1600 Parkwood Circle SE
Ste 500 Room D
Atlanta GA 30339

Expires: 06/30/2027
Issued: 09/02/2025

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Wholesaler Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.
Please notify the Board if you have a change of address.

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO PHWH006103 Status Active
Galt Pharmaceuticals LLC
3350 Riverwood Pkwy
Ste 1900
Atlanta GA 30339

Expires: 06/30/2027
Issued: 09/02/2025
Real-time license verification is available at gadch.mylicense.com/verification

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0229965	05-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	04-11-2025

CARDINAL HEALTH
DBA SPECIALTY PHARMACEUTICAL SERVICES
15 INGRAM BLVD
LA VERGNE, TN 370863630

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0229965	05-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	04-11-2025

CARDINAL HEALTH
DBA SPECIALTY PHARMACEUTICAL SERVICES
15 INGRAM BLVD
LA VERGNE, TN 370863630

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0229965	05-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	04-11-2025

CARDINAL HEALTH
DBA SPECIALTY PHARMACEUTICAL SERVICES
15 INGRAM BLVD
LA VERGNE, TN 370863630

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 108462960

Application/License No. _____

Galt Pharmaceuticals LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1600 Parkwood Circle SE, Suite 500, Room D, Atlanta, GA 30339 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square, Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 31, 2026 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 31st day of March, 2026.

APPLICANT/PRINCIPAL
Galt Pharmaceuticals LLC

Authorized Representative

SURETY COMPANY
Travelers Casualty and Surety Company of America

Surety Company's Representative

Tameka B. Black, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Tina Marsh

Witness Debra Johnson

Countersigned by:

Nevada Non-Resident Agent Chaun M. Wilson

Posted February 20, 2020
7122

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **TAMEKA B BLACK** of **ATLANTA**, **Georgia**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April**, **2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April**, **2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, **2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 31st day of March, 2026

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Galt Pharmaceuticals, LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 1600 Parkwood Circle, Sutie 500, Room D

City: Atlanta State: GA Zip: 30339

Mailing Address (if different from physical address): 3350 Riverwood Parkway, Sutie 1900

City: Atlanta State: GA Zip: 30339

Telephone: 855-965-2783 Website: galtrx.com

Licensing Company Email: compliance@galtrx.com

Section 2: Personal Information

First: Bharatbhai Middle: Balubhai Last: Patel

Alias(es, nicknames, name changes, etc.): Bharat Balu Patel, Bharat Patel, Barry Patel

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Marietta State: GA Zip: [redacted]

Telephone: [redacted] Email: bpatel@galtrx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Mercer College of Pharmacy		09/88-07/92	
Address	**City**	**State**	**Zip**
3001 Mercer University Drive	Atlanta	GA	30341
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
University of Georgia		09/86-07/88	
Address	**City**	**State**	**Zip**
400 Baxter Street	Athens	GA	30609
Diploma/Degree obtained, if any			
Bachelors			

School Name		From - To (MM/YY – MM/YY)	
Thomas Country Central High School		09/82-07/86	
Address	**City**	**State**	**Zip**
US Hwy 19 and 319	Thomasville	GA	31792
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
PRESENT	[redacted]	Marietta	GA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Galt Pharmaceuticals and Atland Pharmaceuticals			01/16 - PRESENT	
Business Address		City	State	Zip
3350 Riverwood Parkway, Suite 1900		Atlanta	GA	30339
Phone	Title		Number of Employed Hours	
855-965-2783	CEO and Co-Founder		18,720	
Description of Duties				
As the CEO and Co-Founder, oversees all aspects of the business including, but not limited to, the distribution of and record keeping related to, prescription drugs.				

Business Name			From - To (MM/YY – MM/YY)	
PLEASE SEE ATTACHED RESUME FOR ADDITIONAL EMPLOYMENT				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Bharatbhai Patel, Pharm.D.

[redacted]

With over 2 decades of healthcare industry experience, Barry Patel has always brought innovative solutions to the various challenges faced by healthcare organizations and their providers. With a vast understanding of the managed care, pharmaceutical, outcomes and quality improvement industries, Barry has been able to build, grow and support companies that provide unique timely services that ultimately lead to improved patient outcomes and the appropriate use of healthcare resources. Barry co-founded Total Therapeutic Management (TTM), Inc. in 1995 and after being acquired by Indegene, a leading global provider of solutions to pharmaceutical and healthcare organizations Barry worked to integrate the businesses and subsequently moved to other entrepreneurial ventures and continues to provide consulting services to major healthcare organizations across the globe. He continues to leverage his pharma, payer, provider and healthcare policy expertise to support multiple stakeholders within the healthcare landscape, and currently serves as CEO and Co-Founder of Galt Pharmaceuticals.

EXPERIENCE AND SKILLS

Strategic Insight and Leadership	Healthcare Reimbursement and Policy
Entrepreneurism	Leadership and Motivation
Business Development	Efficient Operations and Scalability
Pharmaceutical Industry Expertise	Outcomes Research and Health Economics
Presentations and Public Speaking	Written and Verbal Communications

PROFESSIONAL EXPERIENCE

Jan 2016-Present: CEO and Co-Founder, Galt Pharmaceuticals & Atland Pharmaceuticals, Atlanta, GA
Galt Pharmaceuticals and Atland Pharmaceuticals are specialty pharmaceutical companies with a unique operational platform that seeks to serve unmet needs within healthcare. The companies apply superior pharmaceutical, managed care and marketing expertise to develop, license and acquire niche pharmaceutical products for distribution through unique channels consisting of an extensive franchise network.

Jan 2016-Dec 2018: Executive Healthcare Consultant, Atlanta, GA
Work with major healthcare organizations supporting executive and management teams to optimize healthcare and business outcomes within their specific domain. Some of the healthcare industries supported include pharmaceutical, managed care organizations, quality improvement organizations, integrated delivery networks, medical education companies, and healthcare vendors.

Jan 2014-Dec 2016: President, Indegene-TTM and EVP of Indegene, Atlanta, GA
Served as President of the newly formed subsidiary created through the acquisition of TTM by Indegene. Led the integration of sales, marketing, operations and corporate culture, while successfully supporting P and L targets.

Jan 1995-Dec 2013: President and Co-Founder Total Therapeutic Management (TTM), Atlanta, GA
Co-Founded TTM and served as President for 18 years, guiding the business growth and success through the evolving healthcare market without outside capital. Led TTM's entry into new markets through creative alliances, partnerships and sales and marketing efforts. Helped maintain a lean and profitable organization through leadership of an efficient operations team.

Aug 1993- Dec 1995: Clinical Pharmacy Consultant Merck Human Health Division, Jacksonville, Fl
Launched new client facing role at Merck to support consultative relationships with hospitals, health systems and managed care organizations. Expert consultant services provided on outcomes, quality improvement, health economics, formulary management and disease management.

Aug 1992- Aug 1993: Hospital Specialty Representative Merck Human Health Division, Fort Myers, Fl
Within 6 months developed one of the top hospital sales territories in Florida by leveraging Pharm.D and consultative clinical support relative to Merck hospital products.

June 1990- Dec 1991: Clinical Research Associate-Clinical Pharmacology Warner Lambert
Involved in the design and development of clinical protocols, review of clinical data, writing and review of research and safety reports

PROFESSIONAL EDUCATION

Mercer University Southern School of Pharmacy, Atlanta GA
Doctorate of Pharmacy May 1992

University of Georgia, Athens GA
Pre-Pharmacy 1988

BOARD/FACULTY APPOINTMENTS AND AFFILIATIONS

- Mercer University College of Pharmacy and Health Sciences:
  Adjunct Professor, Department of Pharmacy Practice
- Georgia Men's Health and Wellness Center:
  Medical Advisory Board Member
- American Diabetes Association:
  Georgia Leadership Board Member
- The Indus Entrepreneurs (TIE) Atlanta
  Charter Member

PUBLICATIONS

Influence of Continuing Medical Education on Rheumatologists' Performance on National Quality Measures for Rheumatoid Arthritis Tamar Sapir , Erica Rusie, Laurence Greene, Jinoos Yazdany, Mark L. Robbins, Eric M. Ruderman, Jeffrey D. Carter, **Barry Patel,** Kathleen Moreo. Rheumatology and Therapy December 2015, Volume 2, Issue 2, pp 141-151

Impact of Quality Improvement Educational Interventions on Documented Adherence to Quality Measures for Adults with Crohn's Disease. Laurence Greene, Tamar Sapir, Kathleen Moreo, Jeffrey D Carter, **Barry Patel,** Peter D R Higgins. Inflamm. Bowel Dis.
Inflamm Bowel Dis Sept 2015 ;21 (9):2165-71

Engaging busy physicians key to improving outcomes. **Barry Patel** Managed Care 2013 Jul;22(7):36-9

Improve formulary adherence through effective provider engagement. **Barry Patel**, Formulary. 2012; 47:400–401.

Back to School: Quality Improvement through Academic Detailing. **Barry Patel,** Am Health Drug Benefits. 2011 Nov-Dec; 4(7): 455–459

A Means to an End: An Overview of a Hyperlipidemia Outcomes Management Program. **Patel B.**, Perez HN. The American Journal of Medicine. Vol. 110 (suppl. 6A) 16 April 2001

Proportion of national cholesterol education panel target attainment with lipid lowering therapy. Felber G, **Patel B,** Latts L. Academy of Managed Care Pharmacy, 12th Annual Meeting, Phoenix, Arizona, April 2000.

Appropriate Use Review of Calcium Channel Blockers and Angiotensin Converting Enzyme Inhibitors for Hypertension in a Multi-Market MCO, Perez HN, Mioduch HJ, **Patel B,** Gonzalez D. Journal of AMCP. Nov 1999.

Medication Outcomes Assessment of Community-Acquired Infections. **Patel B**, Perez H, Stacy T, Pourfarzib R. Journal of Managed Care Pharmacy. Vol:5(2); April 1999.

Quality Improvement needed in treating hyperlipidemic patients. Felber G, **Patel B**, Perez H, Jones K. Journal of Managed Care Pharmacy, Dec 1999.

Felber G, Jones K, Perez H, **Patel B.** Assessing lipid-lowering interventions in managed care settings. ISPOR Abstract and Poster, ISPOR Meeting, May 22-23 1999.

Perez HN, Mioduch HJ, **Patel B**, Gonzalez D. Appropriate Use Review of Calcium Channel Blockers and Angiotensin Converting Enzyme Inhibitors for Hypertension in a Multi-Market MCO. Abstract and Poster, American Managed Care Pharmacy Annual Meeting. May 1998.

Dyslipidemia Disease Management Program in an IPA Managed Care Organization. **Patel B,** Perez H, Stacy T. Abstract and Poster, American Managed Care Pharmacy Annual Meeting. December 1997.

Dyslipidemia Disease Management Program in an IPA Managed Care Organization. **Patel B,** Perez H, Stacy T. Abstract and Poster, ISPOR Second Annual International Meeting, October 1997.

Pharmacologic interventions and coronary angiography trials: past, present and future. Uprichard A, **Patel B,** Canter D.. Intl Pharm J 1991; 5(4) 165-172

S. Oleic Acid enhanced penetration of Prazosin HCL through human cadaver skin. Patel B, Tenjarla Poster presentation- Mercer Science day, May 1991)

LICENSES AND CERTIFICATIONS:

Pharmacy Licensure: Georgia Board of Pharmacy 17280

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
06/01/2023	09/01/2023	GA	Gainesville	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2:23-cv-00106-RWS-JCF	U.S. District Court for the Northern District of Georgia, Gainesville Division

Reason/Charge
Breach of Contract and ADA Claims

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	Lawsuit

Name of Business/Industry/Entity
Galt Phranchise Systems, LLC

Provide explanation below:

A former employee of a third-party distributor filed suit against the third-party distributor and included Galt Phranchise Systems as an alleged joint employer. The distributor settled out of court and Galt Phranchise Systems was released from all liability. This case was dismissed with prejudice.



Original Signature (electronic, copies or stamps not accepted)

4/1/26

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
06/14/2021	03/29/2022	MS	Canton	Madison County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CI-2021-0154-JA		Circuit Court of Madison County, Mississippi		
Reason/Charge				
Demand for arbitration				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Defendant		Lawsuit		
Name of Business/Industry/Entity				
Galt Pharmaceuticals, LLC				

Provide explanation below:

A creditor filed a demand for arbitration against Galt Pharmaceuticals for alleged breach of contract.

Original Signature (electronic, copies or stamps not accepted)

4/1/26
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
03/22/2022	02/01/2023			
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		American Arbitration Association		
Reason/Charge				
Breach of contract				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Respondent			Arbitration	
Name of Business/Industry/Entity				
Galt Pharmaceuticals, LLC				

Provide explanation below:

A creditor filed a demand for arbitration against Galt Pharmaceuticals for alleged breach of contract.

Original Signature (electronic, copies or stamps not accepted)

4/1/26
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
02/03/2022	11/03/2022	GA		Cobb County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
22-A-366		State Court of Cobb County, Georgia		
Reason/Charge				
Breach of contract				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Defendant		Lawsuit		
Name of Business/Industry/Entity				
Galt Pharmaceuticals, LLC				

Provide explanation below:

A creditor filed suit against Galt Pharmaceuticals for alleged breach of contract. This was settled confidentially out of court and dismissed with prejudice.

Original Signature (electronic, copies or stamps not accepted)

4/1/26
Date

I, Bharat Patel, **certify that as the designated representative for**

Galt Pharmaceuticals, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. B.P. I am at least 21 years of age;
3. B.P. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. B.P. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. B.P. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. B.P. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. B.P. I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Bharat Patel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/30/26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bharat Patel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/30/26

Date

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Cobb

I, Bharat "Barry" Patel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/30/26

Date

Subscribed and Sworn to before me this 30th day of March, 2026

Notary Public Signature

ANNABEL WINN NOTARY PUBLIC GWINNETT COUNTY GEORGIA EXPIRES 06-16-2029

(Seal)

GALT®
PHARMACEUTICALS

Phone: 855-965-2783
Fax: 855-276-4063
info@galtrx.com
www.galtrx.com
1600 Parkwood Circle SE, Suite 500, Atlanta, GA, 30339

List of Galt Pharmaceuticals, LLC's employees, agents, independent contractors, consultants, guardians, personal representatives, lenders, and holders of indebtedness

Alan Dilworth
Amelia Harrell
Anna Claire Fry
Annabel Winn
Ashley Powell
Bharat "Barry" Patel
Bobby Hamilton
Brian Imperiale
Chelsea Swanson
Cindy Tieu
Conrado Alvarado
Dane Croxton
David Chidley
Dawn Lee
Jimmy Fanning
Jon Sherron
Katie Waits
Kevin Vora
Landry Roberts
Lauren O'Kelley
Logan Anderson
Manoj Amaraneni
Mark Mansour
Maxine Ramdass
Mechau Mowbray
Michael Buchanan
Michele Licciardello
Mike Harley
Priya Ramani
Sarah Beth Alexander
Scott Chappell
Summer Richards
Tais Silva
Tony Brock
Tucker Bedingfield
Viral Patel
Welton O'Neal
William "Wade" Smith

4AAA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Pharvaris Pharmaceuticals, Inc.

Physical Address: 1 Cranberry Hill, Suite 400

City: Lexington State: MA Zip: 02421

Mailing Address (if different from physical address): 1 Cranberry Hill, Suite 400

City: Lexington State: Massachusetts Zip: 02421

Telephone: 267-841-5106 Website: https://pharvaris.com/

Name of Designated Representative (DR): Justin Bush

Licensing Company Email: statelicensing@pharvaris.com DR Email: justin.bush@pharvaris.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Pharmacies		☒ Others: Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See attached

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Pharvaris GmbH

Corporation/Organization Name: Pharvaris Pharmaceuticals, Inc.

Mailing Address: 1 Cranberry Hill, Suite 400

City: Lexington State: Massachusetts Zip: 02421

Telephone: +31 712036410 Email: info@pharvaris.com

Contact Person Name: Berndt Modig

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Pharvaris Pharmaceuticals, Inc.
Facility Name

Justin Bush
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

03/23/2026
Date

Board Use Only	Date Received: 5/14/26	Amount: $1000 CK 5546

PHARVARIS

Description of Operations

Pharvaris Pharmaceuticals Inc. is a VirtualManufacturer. Pharvaris Pharmaceuticals Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Specialty Pharmacies by their Third-Party Logistics Provider, Cardinal Health SPS , who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:
We are using the following contract manufacturer to produce our product:

Catalent France Beinheim SA
74 Rue Principale, Beinheim, 67930, France
FDA Establishment Number: 3002808036
Contact Person: Jean Claude Kouassi
Contact Number: +33 (3) 88 63 31 31

AndersonBrecon (UK) Limited
Pharos House, Wye Valley Business Park, Brecon Road,
Hay-on-Wye, Hereford, HR3 5PG, United Kingdom
FDA Establishment Number: 3001670824
Contact Person: Claire Carden
Contact Number: +44 (0) 7939038083

A+ Secure Packaging, LLC
339 Mason Rd, La Vergne, TN 37086
FDA Establishment Number: 3008816891
Contact Person: Christopher Berkey
Contact Number: 615-974-5541

The CMOs listed above manufacture Pharvaris Pharmaceuticals Inc.'s product and packages finished product. At no time do the CMOs own the product, contract with Pharvaris Pharmaceuticals Inc.'s customers, invoice, nor sell a Pharvaris Pharmaceuticals Inc. product. Pharvaris Pharmaceuticals Inc.'s products are not Controlled Substances.

Labeler Code:
87332

PHARVARIS

Third Party Logistic information:

For distribution into the commercial supply channels, Cardinal Health SPS acts as Pharvaris Pharmaceuticals Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Pharvaris Pharmaceuticals Inc.'s product-throughout the United States. Cardinal Health SPS's address is:

Cardinal Health SPS
501 Mason Road, Suite 200, Lavergne, TN 37086
Christie Stewart, 615-287-0482

Pharvaris Pharmaceuticals Inc. has 61 employees working on site during normal business hours.

Pharvaris Pharmaceuticals Inc.'s hours of operation are 8:00 am – 5:00pm Monday through Friday.

Pharvaris Pharmaceuticals Inc.'s records are stored at Cardinal Health SPS.

Pharvaris Pharmaceuticals Inc.'s facility square footage is 6690.

Drug Establishments Current Registration Site

New Search (index.cfm)

Search Results for **Pharvaris Pharmaceuticals, Inc.**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Pharvaris Pharmaceuticals, Inc.	3041579125	144864701	MANUFACTURE;	1 Cranberry Hl Ste 400, Lexington, Massachusetts (MA) 02421, United States (USA)	12/31/2026

Showing 1 to 1 of 1 entries
Previous1Next
Data Current through: Thursday, May 7, 2026

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

PHARVARIS

Company Information

Company Name: Pharvaris Pharmaceuticals, Inc.
Address: 1 Cranberry Hill, Suite 400
City, State, Zip: Lexington, MA 02421
Phone: 267-841-5106
Website: https://pharvaris.com/
E-mail: statelicensing@pharvaris.com

FEIN: 39-2976402
State of Formation: Delaware
Date Incorporated: 06/30/2025
File Number: 10245522

Ownership Information

Pharvaris Pharmaceuticals, Inc. is a Privately Held Corporation 100% owned by Pharvaris GmbH.

Parent Company Address: CHE-462.641.977, Grafenauweg 8, CH-6300 Zug, SWITZERLAND
Parent Company Phone: +31 712036410
Parent Company FEIN: non-US entity

Officers

David Nassif, President and CEO

Justin J. Bush, General Manager and Head of North America Commercial

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "PHARVARIS PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE THIRTIETH DAY OF JUNE, A.D. 2025, AT 4:30 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHARVARIS PHARMACEUTICALS, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF JUNE, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

10245522 8315

SR# 20254340042

Authentication: 205106687

Date: 10-22-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM

Massachusetts Controlled Substance Registration

In accordance with the provision of Massachusetts General Laws, Chapter 94C, issues the registration of Virtual Drug Manufacturer or Virtual Drug Distributor Controlled Substance Registration to:

Pharvaris Pharmaceuticals, Inc.
1 Cranberry Hill, Suite 400
Lexington, MA 02421

Robert Goldstein, MD, PhD
Commissioner - Department of Public Health

Registration Number: VIR200145

Type: Virtual Manufacturer

Issue Date: 02/20/2026

Expiration Date: 02/20/2027

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 604-101933-9

Application/License No. _____

Pharvaris Pharmaceuticals, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is One Cranberry Hill, Lexington, MA 02421 (Address of Applicant/Principal), as PRINCIPAL, and United States Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Delaware (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 305 Madison Ave., Morristown, NJ 07960 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on April 2, 2026 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 13th day of April, 2026.

Pharvaris Pharmaceuticals, Inc.
APPLICANT/PRINCIPAL

Authorized Representative
Justin J. Bush

United States Fire Insurance Company
SURETY COMPANY

Surety Company's Representative
Eamonn T. Long, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent
^
non

Posted February 20, 2020

POWER OF ATTORNEY
UNITED STATES FIRE INSURANCE COMPANY
PRINCIPAL OFFICE - MORRISTOWN, NEW JERSEY

04517

KNOW ALL MEN BY THESE PRESENTS: That United States Fire Insurance Company, a corporation duly organized and existing under the laws of the state of Delaware, has made, constituted and appointed, and does hereby make, constitute and appoint:

William G. Franey, Brenda L. Patterson, Eamonn T. Long, Victoria L. Ernest

each, its true and lawful Attorney(s)-In-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver: Any and all bonds and undertakings of surety and other documents that the ordinary course of surety business may require, and to bind United States Fire Insurance Company thereby as fully and to the same extent as if such bonds or undertakings had been duly executed and acknowledged by the regularly elected officers of United States Fire Insurance Company at its principal office, in amounts or penalties: **Unlimited**

This Power of Attorney limits the act of those named therein to the bonds and undertakings specifically named therein, and they have no authority to bind United States Fire Insurance Company except in the manner and to the extent therein stated.

This Power of Attorney is granted pursuant to Article IV of the By-Laws of United States Fire Insurance Company as now in full force and effect, and consistent with Article III thereof, which Articles provide, in pertinent part:

> Article IV, Execution of Instruments - Except as the Board of Directors may authorize by resolution, the Chairman of the Board, President, any Vice-President, any Assistant Vice President, the Secretary, or any Assistant Secretary shall have power on behalf of the Corporation:
>
> (a) to execute, affix the corporate seal manually or by facsimile to, acknowledge, verify and deliver any contracts, obligations, instruments and documents whatsoever in connection with its business including, without limiting the foregoing, any bonds, guarantees, undertakings, recognizances, powers of attorney or revocations of any powers of attorney, stipulations, policies of insurance, deeds, leases, mortgages, releases, satisfactions and agency agreements;
> (b) to appoint, in writing, one or more persons for any or all of the purposes mentioned in the preceding paragraph (a), including affixing the seal of the Corporation.
>
> Article III, Officers, Section 3.11, Facsimile Signatures. The signature of any officer authorized by the Corporation to sign any bonds, guarantees, undertakings, recognizances, stipulations, powers of attorney or revocations of any powers of attorney and policies of insurance issued by the Corporation may be printed, facsimile, lithographed or otherwise produced. In addition, if and as authorized by the Board of Directors, dividend warrants or checks, or other numerous instruments similar to one another in form, may be signed by the facsimile signature or signatures, lithographed or otherwise produced, of such officer or officers of the Corporation as from time to time may be authorized to sign such instruments on behalf of the Corporation. The Corporation may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Corporation, notwithstanding the fact that he may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, United States Fire Insurance Company has caused these presents to be signed and attested by its appropriate officer and its corporate seal hereunto affixed this 28th day of September, 2021.

UNITED STATES FIRE INSURANCE COMPANY

Matthew E. Lubin, President

State of New Jersey}
County of Morris }

On this 28th day of September, 2021, before me, a Notary public of the State of New Jersey, came the above named officer of United States Fire Insurance Company, to me personally known to be the individual and officer described herein, and acknowledged that he executed the foregoing instrument and affixed the seal of United States Fire Insurance Company thereto by the authority of his office.

MELISSA H. D'ALESSIO
NOTARY PUBLIC OF NEW JERSEY
Commission # 50125833
My Commission Expires 4/7/2025

Melissa H. D'Alessio (Notary Public)

I, the undersigned officer of United States Fire Insurance Company, a Delaware corporation, do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy is still in force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of United States Fire Insurance Company on the 13 day of April 2026

UNITED STATES FIRE INSURANCE COMPANY

Michael C. Fay, Senior Vice President

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Pharvaris Pharmaceuticals, Inc.

Pharmacy/Wholesaler License # (if applicable) Pending

Physical Address 1 Cranberry Hill, Suite 400

City Lexington State MA Zip 02421

Mailing Address (if different from physical address)

City 1 Cranberry Hill, Suite 400 State Massachusetts Zip 02421

Telephone 267-841-5106 Website https://pharvaris.com/

Licensing Company Email statelicensing@pharvaris.com

Section 2: Personal Information

First Justin Middle Jack Last Bush

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 1 Cranberry Hill, Suite 400

City Lexington State MA Zip 02421

Telephone 267-841-5106 Email justin.bush@pharvaris.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	Not Applicable	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Dartmouth Tuck School of Business		10/15-10/15	
Address	**City**	**State**	**Zip**
100 Tuck Drive	Hanover	NH	03755
Diploma/Degree obtained, if any			
Leadership and Strategic Impact Certification			

School Name		From - To (MM/YY – MM/YY)	
Boston University Questrom School of Business		9/07-5/13	
Address	**City**	**State**	**Zip**
595 Commonwealth Ave	Boston	MA	02215
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Cornell University		8/96-5/00	
Address	**City**	**State**	**Zip**
410 Thurston Ave	Ithaca	NY	14850
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Toms River High School East		9/93-6/96	
Address	**City**	**State**	**Zip**
1 Raider Way	Toms River	NJ	08753
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/21-present	[redacted]	Marblehead	MA	[redacted]
11/18-06/21		Marblehead	MA	
01/04-10/18		Marblehead	MA	

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Pharvaris Pharmaceuticals, Inc.				From - To (MM/YY – MM/YY): 09-present
Business Address: 1 Cranberry Hill, Suite 400		City: Lexington	State: MA	Zip: 02421
Phone: 267-841-5106	Title: General Manager and Head of Commercial		Number of Employed Hours: see attached	
Description of Duties: see attached				

Business Name: Takeda Pharmaceuticals, Inc. GI Business Unit				From - To (MM/YY – MM/YY): 04/19-09/21
Business Address: 300 Massachusetts Ave		City: Cambridge	State: MA	Zip: 02139
Phone: 877-825-3327	Title: Vice President, Franchise Head, Rare GI Disorders		Number of Employed Hours: see attached	
Description of Duties: see attached				

Business Name: Biogen Rare Disease Business Unit				From - To (MM/YY – MM/YY): 06/16-04/19
Business Address: 225 Binney Street		City: Cambridge	State: MA	Zip: 02142
Phone: 866-418-2859	Title: Senior Director of Marketing/ Launch Lead, Rare Disease		Number of Employed Hours: see attached	
Description of Duties: see attached				

Business Name: Shire Pharmaceuticals				From - To (MM/YY – MM/YY): 11/12-05/16
Business Address: 725 Chesterbrook Blvd		City: Wayne.Chestwebrook	State: PA	Zip: 19087
Phone: 877-825-3327	Title: Head of Marketing		Number of Employed Hours: see attached	
Description of Duties: see attached				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:		City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:	
Description of Duties:				

Continue on next page if additional space is needed.

Justin J. Bush, MBA

Home: [redacted]
Company: 1 Cranberry Hill Ste 400, Lexington, MA 02421 • [redacted] • justin.bush@pharvaris.com

Summary of Qualifications

Executive biopharmaceutical professional with diverse skills sets in commercialization and leadership. Dynamic experiences in rare orphan diseases, small molecule and biologics. Over 20 years of exceeding expectations through teamwork and self-initiative. Excellent communication and organizational skills with a strong ability to deliver results. Innovator, entrepreneur, and business unit leader who emphasizes goal achievement and people development. Core competencies in areas associated with:

- General Management & Sr. Leadership
- Biotech Startup Experience
- Rare Orphan Disease Marketing/Strategy
- Professional & KOL Marketing
- Patient and Consumer Marketing
- Market Access Strategy & Pricing
- Sales & Sales Leadership
- Patient Services/Advocacy Leadership
- Key Account Management Strategy
- Digital Marketing & Social Media
- Public Relations & Corporate Comm.
- P&L and AOP Budget Management
- Lifecycle Management
- Forecasting
- People Leadership

Professional Experience

PHARVARIS PHARMACEUTICALS, INC. –Lexington, MA **Sep 21 – Present**
PHARVARIS, INC.
General Manager North America, Head Commercial
Head of Global Commercial

- Serve as the SVP, General Manager for the U.S. business across all functions and lead Global Commercial function for future ~90FTEs
- Accountability for P&L management in the U.S. business and overall commercial strategy
- Responsible for enhancing the overall organizational culture and development of team atmosphere
- Responsible for talent acquisition strategy and execution for U.S. Leadership Team
- Responsible for business development relationships and investor relations strategy for partnerships and capital structures
- Assisted in raising over $700m in capital investments through relationships with the investor community in 4 four years
- Lead Sales and Marketing leadership functions to develop go-to-market strategy and launch plans
- Lead Market Access & Reimbursement, Trade & Distribution, and Commercial Operations functions to establish appropriate sales objectives, forecasts, and incentive compensation plans that complement brand strategy and drive desired behavior and performance
- Lead Patient Services and Community Advocacy functions to establish a patient centered approach to the HAE community and compliantly partner with applicable stakeholders
- Serve as a major contributor Corporate Communications for the U.S. organization to ensure continuity for Pharvaris globally
- Work collaboratively with Human Resources, Legal & Compliance, Medical & Clinical Development Teams to develop the appropriate patient advocacy networks and patient & family service resources to support launch into the rare disease space

TAKEDA PHARMACEUTICALS, INC. GI BUSINESS UNIT - Lexington, MA **Apr 19 – Sep 21**
Vice President, Franchise Head, Rare GI Disorders

- General Manager for U.S. short bowel syndrome business and member of US GI Executive Leadership Team
- Accountable for overall leadership and brand strategy for the GATTEX®
- Accountable to critical life cycle management, pipeline and business development decisions related to rare GI disorders
- Lead SBS Leadership Team and responsible for a cross functional organization of ~200 FTEs & 7 direct reports
- Executive leader responsible for U.S. representation on the Global Product Strategy Team
- Achieved +50% YoY growth 2019, +25% YoY growth 2020 and responsible for accelerating growth curve for 9+ year old asset

BIOGEN, RARE DISEASE BUSINESS UNIT - Cambridge, MA **Jun 16 – Apr 19**
Senior Director of Marketing/Launch Lead, Rare Disease Business Unit

- Lead the overall launch and commercial build out of Rare Disease Business Unit including launch leadership of SPINRAZA®
- Decision maker on value proposition and value-based pricing model at launch that secured access with payers and IDNs
- Responsible for all U.S. marketing strategy and tactical execution for SPINRAZA® for spinal muscular atrophy
- Accountable for rare orphan disease go to market strategy/deployment planning for U.S.
- U.S. representative on Biogen's Worldwide Strategy Council
- Oversee and responsible for overall U.S. Rare Disease P&L, forecast, long range planning and rare disease organization structure
- Lead the launch of the most successful rare disease launches in U.S. with year 1 annual sales ~$700million (~2000 patients), year 2 annual sales ~$850million (~2600 patients), year 3 annual sales ~$1.0billion

- Responsible for an organization of 13 FTEs, 6 direct reports and 3 management consultants

SHIRE PHARMACEUTICALS, RARE DISEASE BUSINESS UNIT - Lexington, MA **Nov 12 – May 16**

Head of Marketing, Hereditary Angioedema Franchise

- Responsible for marketing strategy and tactical execution for FIRAZYR® & CINRYZE® and KALBITOR® for hereditary angioedema
- Lead the commercial integration/business development assessment for Dyax and ViroPharma
- Marketing lead for launch planning and strategy for SHP-643 TAKHZYRO® (lanadelumab) & CINRYZE Subcutaneous launch
- Managed and developed a team of 4 direct reports and responsible for an organization 8 FTEs
- Achieved +150% YOY growth for HAE franchise portfolio 2014 and 2015. Total portfolio revenue of $1.14 Billion (3,200 patients)

Director of Marketing, FIRAZYR® Hereditary Angioedema

- Launched and lead HCP marketing strategy and tactical execution for FIRAZYR®
- Manage all aspects of the speaker's bureau and responsible for KOL engagement strategy and execution
- Cross functional brand leadership across the U.S. team and member of Global Product Strategy Team
- Achieved 175% revenue target in 2013, 175% revenue target in 2014, 125% revenue target in 2015, 125% revenue target in 2016

INSPIRATION BIOPHARMACEUTICALS, INC. - Cambridge, MA **Sep 11 – Nov 12**

Director, Hemophilia A & B Global Marketing & Commercial Operations

- Reported directly to Chief Commercial Officer and managed Commercial P&L for organization
- Responsible for all brand strategy for the organization and commercial launch preparation

EMD SERONO, INC. (Merck KGaA) - Rockland, MA **Nov 08 - Aug 11**

Senior Product Brand Manager & Patient Call Center Lead- Reproductive Health Marketing

- Responsible for DTC and HCP digital strategy/tactics for the Reproductive Health TA including branded and unbranded campaigns
- Managed and developed a total of 6 MBA interns over course of three years that have permanent roles in the healthcare industry or management consulting
- Managed and led patient service call center (Fertility LifeLines) consisting of 20 direct reports: Case Managers and Fertility Nurses

TAKEDA PHARMACEUTICALS, INC. - Deerfield, IL **Sep 03 – Nov 08**

Associate Product Brand Manager – Diabetes Franchise Marketing Team

- Co-managed $25 million budget for e-marketing, DTC advertising, patient education campaign, and marketing collateral
- Developed tactical selling messages and prepared market for two new diabetes product launches (Actoplus Met® & Duetact®)
- Co-led major DTC national disease and brand awareness campaigns
- Member of pre-launch team for alogliptin, a DPP4 inhibitor, now commercialized as NESINA®

District Sales Manager - Boston, MA

- Managed a team of 10 direct reports for 6 months and was ranked 3rd out of 250 districts nationally
- Achieved 2007 CRESSET AWARD (President's Club)
- 2-time ELITE Level "Winners Circle Award" - Q3 2007, Q4 2007

Senior Diabetes Hospital Sales Specialist & District Sales Manager - Boston, MA

- Represented #1 oral diabetes therapy in the diabetes market, ACTOS® (pioglitazone HCl), Actoplus Met®, duetact®
- Achieved 2006 CRESSET AWARD (President's Club). Highest level of sales achievement at Takeda Pharmaceuticals. Final ranking of #2 out of 1250 representatives nationally - TOP 1% SALES
- Ranked #1 out of 1250 nationally for Q1 2007 and Q2 2007
- Recognized for regional achievement "Cresset Contender Club" - Q1 2006, Q2 2006, Q3 2006, Q4 2006
- Recipient of 7 Takeda Commitment Awards
- 2-time ELITE Level "Winners Circle Award" - Q3 2006, Q4 2006
- 4-time GOLD Level Winner of "Actos Advantage Program" - Q2 2005, Q4 2004, Q3 2004, Q1 2004
- SILVER Level Winner of "Actos Advantage Program" - Q2 2004

INTERNATIONAL PAPER CO. - Xpedx Division, Wilmington, MA **May 02 - Sep 03**

Senior Sales Account Executive

- Profitably managed and sold Capital Equipment and Packaging Solutions to large business on 100% commission basis (no salary)

- Lucratively negotiated 54 new accounts between Jan. 2003 – Sept. 2003 resulting in $600K sales with 26% profit margin

THE ARAMARK CORPORATION - Boston, MA **Jun 00 - May 02**

Sales Account Manager

- Account Manager of the Month, August 2001. Ranked #1 out of 430 representatives. Successfully closed over $500K revenue in one month (a company record)
- Professional Training - LEAD Management Training Program, Consultative Selling Skills, Sales Negotiations Training

Education

Cornell University - Ithaca, NY **Aug 1996-May 2000**

- BS - Marketing Management & Managerial Economics

Boston University School of Management - Boston, MA **Sept 2007-May 2013**

- MBA - Health Sector Management & Marketing

Dartmouth Tuck School of Business – Hanover, NH **Oct 1, 2015-October 30, 2015**

- Leadership & Strategic Impact Certification

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

7162

I, Justin Bush, **certify that as the designated representative for**

Pharvaris Pharmaceuticals, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. _____ I am at least 21 years of age;
3. _____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. _____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. _____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. _____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. _____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Justin Bush

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/23/2026

Date

I, Justin Bush, **certify that as the designated representative for**

Pharvaris Pharmaceuticals, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. _____ I am at least 21 years of age;
3. _____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. _____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. _____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. _____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. _____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Justin Bush

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/15/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Justin Bush

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/23/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of Middlesex

I, Amy Ruth Tamilio, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/23/26

Date

Subscribed and Sworn to before me this 23 day of March 2026

Notary Public Signature

Amy Ruth Tamilio
NOTARY PUBLIC
Commonwealth of Massachusetts
My Commission Expires
11/29/2030

(Seal)

Pharvaris Employee List

Last Name, First Name

Balurdi, Jessica
Barna, Heather
Beller, Maggie
Boehnlein, Liezl
Bush, Justin
Chen, Maggie
Chiarelli, Bill
Deon, Chris
DeWerth, Amy
DiTommaso, Nate
Earsy, Daniella
Edwin, Vinay
Hahn, SaraBeth
Hart, Victoria
Hong, Kiyoung
Hopkins, Aleese
Hudson, Todd
Ignacio, Christine
Jang, Anna
Jochim, Emily
Joseph, Lisa
Lamontagne, Nicolas
Langlois, Jerry
Last, Abigail
Levy, Jonathan
Li, Yumeng
Liu, Jinzhong
Lu, Jienan (Rachel)
Lu, Peng
Lucey, Peter (Pete)
Meng, Yuan
Milley, Christa
Minskoff, Stacey
Nassif, David
Newman, Deneen
Pfister, Brian
Previte, Olivia
Richardson, Deyna
Robinson, Kenneth
Rodriguez, Megan
Royston, Minying
Schrader, Bethann
Shelton, Adriana
Sun, Justin
Sundaram, Bagyashree
Sundberg, Aimee
Tamilio, Amy
Thompson, Stephani
Toscano, Anna
Turner, Neil
Vatsyayan, Jaya
Verrill, Kelly
Wallace, Skyler
Wang, Mianbo
Widjaja, Dorinda
Wilson, Chris
Yu, Ming
Zamlut, Ilean
Zhang, Yu
Zhang, Zhi-Yi
Zhu, Li

4BBB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Sixarp, LLC dba Praxis Packaging Solutions

Physical Address: 7650 Caterpillar Ct SW, STE. D

City: Grand Rapids State: MI Zip: 49548

Mailing Address (if different from physical address): (same as physical address)

City: _____ State: _____ Zip: _____

Telephone: _____ Website: www.praxispackaging.com

Name of Designated Representative (DR): Michael VanderVeen

Licensing Company Email: registrations@praxispackaging.com DR Email: mvanderveen@praxispackaging.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	■ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: OTC, Rx, Dietary Supplements, Cosmetics	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: All customers of Sixarp have their finished products sent directly back to them.		■ Others: Pack, label, relabel

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge		N/A MV 03-06-26		
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

03-06-26
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Perrigo Company
Address: 515 Eastern Ave City: Allegan State: MI Zip: 49010

Name: Elanco Animal Health
Address: 450 Elanco Circle City: Indianapolis State: IN Zip: 46222

Name: Kenvue Brands, LLC
Address: 1 Kenvue Way City: Summit State: NJ Zip: 07901

Name: Alvogen
Address: 44 Whippany Rd City: Morristown State: NJ Zip: 07960

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Michigan
Parent Company (if any): Praxis Acquisition, LLC
Corporation/Organization Name: Sixarp, LLC dba Praxis Packaging Solutions
Mailing Address: 7650 Caterpillar Ct SW, STE D
City: Grand Rapids State: MI Zip: 49548
Telephone: [redacted] Email: mvanderveen@praxispackaging.com
Contact Person Name: Michael VanderVeen

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning **more than 10% of the business** stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Sixarp, LLC dba Praxis Packaging Solutions

Facility Name

Michael VanderVeen

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

03-06-26

Date

Board Use Only	Date Received: 6/9/26	Amount: $1000 CK 45466

Drug Establishments Current Registration Site

New Search (index.cfm)

Search Results for **Sixarp**

CSVExcel

Filter: 7650

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Sixarp, LLC	1000115322	016329513	LABEL; MANUFACTURE; PACK; RELABEL; REPACK;	7650 Caterpillar CT SW D, Grand Rapids, Michigan (MI) 49548-7206, United States (USA)	12/31/2026

Showing 1 to 1 of 1 entries (filtered from 3 total entries)
Previous1Next
Data Current through: Thursday, Jun 11, 2026

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Maria Herrera

From: Michael VanderVeen <mvanderveen@praxispackaging.com>
Sent: Monday, June 15, 2026 11:12 AM
To: Maria Herrera
Cc: Samuel Wynn; Rebecca Bui
Subject: Re: Nevada Out-of-State Wholesaler application- Praxis Packaging Solutions

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good Morning, Maria,

Currently Praxis does not ship or distribute any medical devices into Nevada.

Thank you!

PRAXIS

Michael VanderVeen
Quality Regulatory Compliance Specialist

Praxis Packaging Solutions
7650 Caterpillar Ct SW, Ste. D
Grand Rapids, MI 49548

www .PraxisPackaging. com

[redacted]

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Monday, June 15, 2026 1:21 PM
To: Michael VanderVeen <mvanderveen@praxispackaging.com>
Cc: Samuel Wynn <swynn@praxispackaging.com>; Rebecca Bui <rbui@praxispackaging.com>
Subject: RE: Nevada Out-of-State Wholesaler application- Praxis Packaging Solutions

Hello Michael,

Is this facility wholesaling medical devices?

Kind Regards,
Maria H.

From: Michael VanderVeen <mvanderveen@praxispackaging.com>
Sent: Monday, June 15, 2026 6:04 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Cc: Samuel Wynn <swynn@praxispackaging.com>; Rebecca Bui <rbui@praxispackaging.com>
Subject: Re: Nevada Out-of-State Wholesaler application- Praxis Packaging Solutions

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good Morning, Maria,

Thank you so much for reaching out to resolve this discrepancy!

I dont see anything on our medical device registration that needs to be updated but please let me know what aspect is giving you concern. Below is a screenshot from our FDA device registration & listing module account and attached is our current state license and the signed surety bond.

Name and Address	Status
Sixarp LLC, Praxis 7650 Caterpillar Ct SW Ste D, Grand Rapids, Michigan, 49548, UNITED STATES	Active

Please let me know if any additional information is needed.

Kindest Regards,

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
Sixarp LLC, Praxis
7650 Caterpillar Ct SW Ste D
Grand Rapids, MI 49548
Registration Number: 1000115322
FEI Number*: 1000115322
Status: Active
Date Of Registration Status: 2026

Owner/Operator:
Sixarp LLC, Praxis[6]
7650 Caterpillar Dr
Suite D
Grand Rapids, MI 49548
Owner/Operator Number: 10031872[7]

Official Correspondent:
John Lowry
7650 Caterpillar Dr
Suite D
Grand Rapids, MI 49548
Phone: 616-8278525

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10031872&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryN
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10031872&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryN

Page Last Updated: 06/08/2026

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies / Privacy

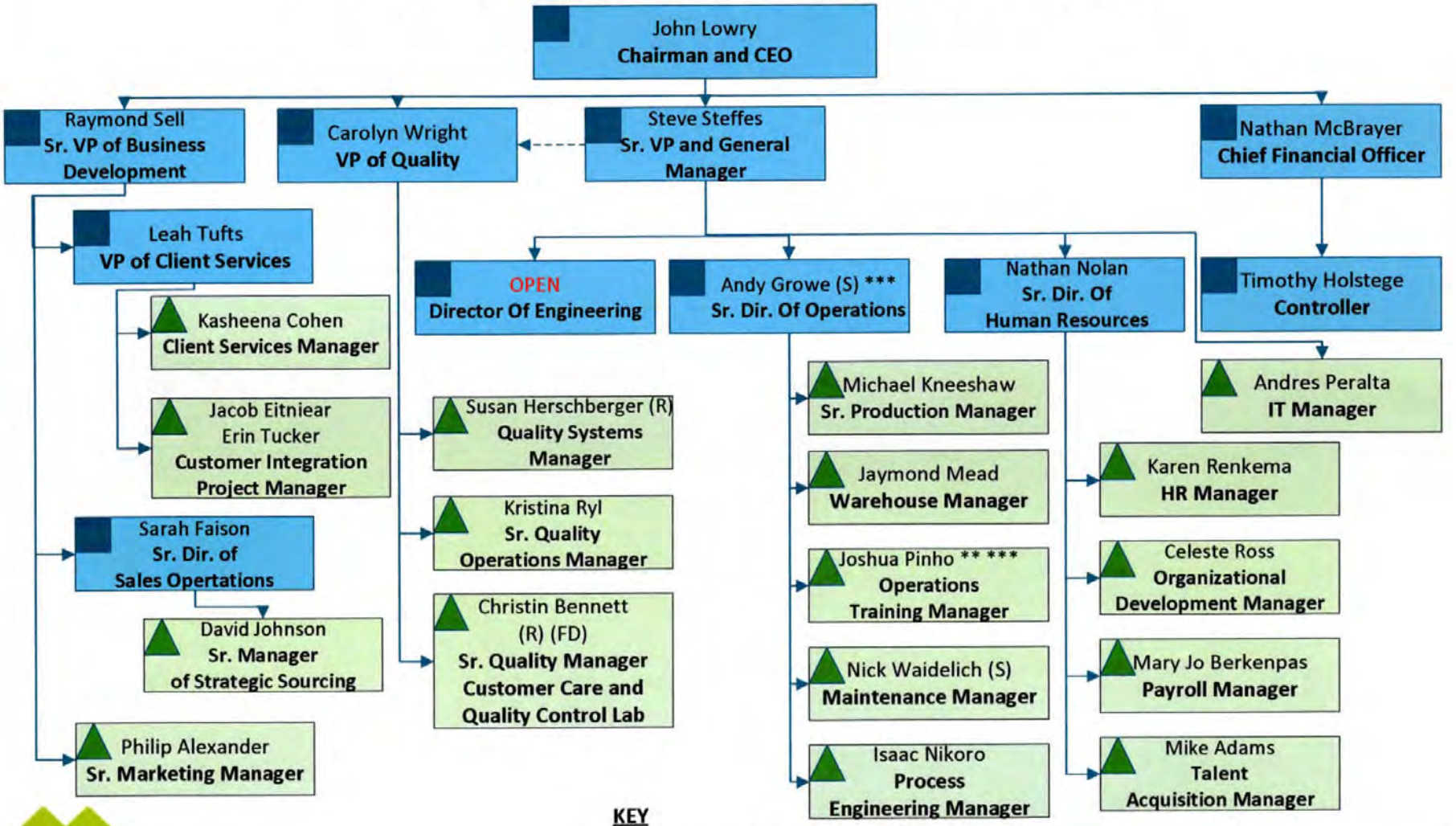
FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

SIXARP, LLC – Praxis Packaging Organization Chart
LEVEL 1 EXECUTIVES AND LEVEL 2 MANAGERS Grand Rapids



PRAXIS

Approved by: Nathan Nolan, Sr. Director of HR
Approved on: 2/27/26

KEY
** Member Safety Action Team
***HACCP Team Member
(S) Security Response Team
(SP) Special Project
(FD) Food Defense Team
(R)Recall Team

Level 1 Executives
Level 2 Managers
Level 3 Supervisors
General Staff

UNITED STATES OF AMERICA

The State of Michigan

Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to certify:

Entity Name: SIXARP, LLC
Entity ID#: 801464489
Entity Type: Domestic Limited Liability Company
Initial Filing Date: 08/29/2008
Delayed Effective Date:
Formation Jurisdiction: Michigan
Act Formed Under: 023-1993 Michigan Limited Liability Company Act

That the above referenced entity was validly organized and is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued in conformity with the Act it is formed under to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

LICENSING AND REGULATORY AFFAIRS
Corporations, Securities & Commercial Licensing Bureau

In testimony whereof, I have hereunto set my hand, in the City of Lansing, on March 6, 2026.

Linda Clegg, Director
Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 58528
Verify this certificate at: www.michigan.gov/corpverifycertificate

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRAXIS ACQUISITION, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF DECEMBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRAXIS ACQUISITION, LLC" WAS FORMED ON THE TWENTIETH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6924573 8300

SR# 20254707965

Authentication: 205456840

Date: 12-01-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

Issued On: **03/24/2026**
Expires: **04/30/2027**

State of Michigan

Department of Agriculture & Rural Development
Bureau of Food Safety and Animal Health

FFP-102404

WHOLESALE FOOD PROCESSOR

Display Prominently

Issued To: **PRAXIS PACKAGING**
7650 CATERPILLAR CT SW STE D
GRAND RAPIDS MI 49548

Responsible Party and Address:

SIXARP LLC
7650 CATERPILLAR CT SW STE D
GRAND RAPIDS MI 49548-7206

Dr. Tim Boring
Director

This license is not transferable and is only valid for the establishment owner and address listed above. This license is issued in accordance with the provisions of Act 92, P.A. of 2000, as amended.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	02-28-2027	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,4	MANUFACTURER	01-19-2026

SIXARP LLC, PRAXIS PACKAGING SOLUTIONS
7650 CATERPILLAR CT SW STE D
GRAND RAPIDS, MI 495487206

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	02-28-2027	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,4	MANUFACTURER	01-19-2026

SIXARP LLC, PRAXIS PACKAGING SOLUTIONS
7650 CATERPILLAR CT SW STE D
GRAND RAPIDS, MI 495487206

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 3531133

Application/License No. _____

Sixarp, LLC DBA Praxis Packaging Solutions (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 7650 Caterpillar Ct SW Ste. D Grand Rapids, MI 49548 (Address of Applicant/Principal), as PRINCIPAL, and SureTec Insurance Company (Surety Company), a corporation organized under the laws of the state of Texas (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 2103 CityWest Boulevard Suite 1300 Houston, TX 77042 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 2, 2026 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 4th day of March, 2026.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

SURETEC INSURANCE COMPANY

Eric Fauerbach, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Rebecca Bui

Witness Julie Samora

SIGNED and SEALED in the presence of:

Witness Jason O'Leary

Witness Taylor Branum

Countersigned by:

Not Needed
Nevada Resident Agent

Posted February 20, 2020

POA #: 4010009

SureTec Insurance Company
LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Eric Fauerbach

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for, providing the bond penalty does not exceed

Five Million and 00/100 Dollars ($5,000,000.00)

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. *(Adopted at a meeting held on 20th of April, 1999.)*

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 14th day of March, A.D. 2024.

SURETEC INSURANCE COMPANY

By: _____
Michael C. Keimig, President

State of Texas
County of Harris ss:

On this 14th day of March, A.D. 2024 before me personally came Michael C. Keimig, to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.

TANYA SNEED
Notary Public State of Texas
Commission # 128571231
Commission Expires 03/30/2027

_____
Tanya Sneed, Notary Public
My commission expires March 30, 2027

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 4th day of March, 2026, A.D.

_____
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity. 4010009
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:30 am and 5:00 pm CST.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Sixarp, LLC dba Praxis Packaging Solutions

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 7650 Caterpillar Ct SW, STE D

City: Grand Rapids State: MI Zip: 49548

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 616-827-8525 Website: www.praxispackaging.com

Licensing Company Email: registrations@praxispackaging.com

Section 2: Personal Information

First: Michael Middle: Thomas Last: VanderVeen

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 7650 Caterpillar Ct SW, STE D

City: Grand Rapids State: MI Zip: 49548

Telephone: 616-827-8525 Email: mvanderveen@praxispackaging.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Grand Valley State University		08/2004 - 05/2005	
Address	**City**	**State**	**Zip**
1 Campus Dr	Allendale	MI	49401
Diploma/Degree obtained, if any			
None			

School Name		From - To (MM/YY – MM/YY)	
Norhtern Michigan University		08/2003 - 05/2004	
Address	**City**	**State**	**Zip**
1401 Presque Isle Ave	Marquette	MI	49855
Diploma/Degree obtained, if any			
None			

School Name		From - To (MM/YY – MM/YY)	
Grand Rapids Community College		08/2000 - 05/2003	
Address	**City**	**State**	**Zip**
143 Bostwick Ave NE	Grand Rapids	MI	49503
Diploma/Degree obtained, if any			
None			

School Name		From - To (MM/YY – MM/YY)	
Wyoming Park High School		08/1996 - 05/2000	
Address	**City**	**State**	**Zip**
2125 Wrenwood SW	Wyoming	MI	49519
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2024 - present	[redacted]	Wyoming	MI	[redacted]
02/2022 - 12/2024		Allegan	MI	
05/2014 - 02/2022		Allegan	MI	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Sixarp, LLC dba Praxis Packaging Solutions			10/2019 - present	
Business Address		City	State	Zip
7650 Caterpillar Ct SW. Ste. D		Grand Rapids	MI	49548
Phone	Title		Number of Employed Hours	
616-827-8525	Quality Regulatory Compliance Specialist		11,040	
Description of Duties				
Maintain all state and federal licenses and regulations. Document control, audits (internal and 3rd party). Ensuring adherence to all state and federal requirements regarding primary and secondary packaging/labeling.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge		N/A MV 03-06-26		
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

03-06-26
Date

I, Michael VanderVeen, **certify that as the designated representative for**

Sixarp, LLC dba Praxis Packaging Solutions,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MV I am at least 21 years of age;
3. MV I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MV I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MV I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MV I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MV I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Michael VanderVeen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03-06-26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael VanderVeen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03-06-26

Date

Please have this section completed in the presence of a Notary Public.

State of Michigan, ss. County of Kent

I, Michael VanderVeen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

03-06-26

Date

Subscribed and Sworn to before me this 6 day of March.

Notary Public Signature

Sarah Hernandez
Notary Public State of Michigan
Ottawa County
My Commission Expires 4/8/2032
Acting in the County of Kent

(Seal)

Employee Name
Barnaby, Joshua
Kimbrough, Ricky
Postma, Sarah
Quach, Hung
Williams, Galanda
Mayhue-Crider, Gregory
Ochoa, Martin
Sims, Bradley
Abakar, Muya
Akoi, Gabriel
Aldouri, Shahad
Alexander, Philip
Alvarez Noguera, Elisber
Alvarez Noguera, Idania
Ambler, Sara
Arellano Luna, Johanna
Arellano Luna, Maria
Bajric, Zehida
Bamutake, Solange
Brechting, Kaitlyn
Bruno, Angeline
Budederi, Boniface
Bukuru, Esperance
Cepeda De Olivarez, Nelsy
Cifuentes-Sandoval, Eva
Clark, Alan
Cohen, Kasheena
De Jesus Zavala, Maria
Desire, Kaberuka
Duhimbaze, Justin
Eitniear, Jacob
Esperance, Adiga
Faison, Sarah
Faizi, Masoka
Fillmore, Melinda
Garcia Catalan, Olga
Garcia-Catalan, Sandra
Garcia-Merlos, Lesbia
Gasanabandi, Nyiramutuzo
Gonzalez Lopez, Jose
Green, Matthew
Gwampamye, Hangirida
Hall, Devin
Hamzagic, Senada
Hiltner, Kyle
Holstege, Timothy

Employee Name
Hubljar, Hasnija
Irambona, Pacifique
Isaro, Nicole
Iwan, Christopher
Johnson, David
Kezia, Uwajeneza
Kitungano, Chakubuta
Kleckner, Shelly
Laurence, Nzamukosha
Lieu, Thi
Lizardo, Isamary
Lobo Paz, Katia
Machozi, Roza
Madol, Isaiah
Marmolejos, Lisset
Martinez, Erick
Medina, Raquel
Medina Almanza, Ma
Mora Morales, Elvia
Mukazayire, Stephanie
Mutamuriza, Gisele
Ndahishimiye, Antoinette
Ngalula, Charlotte
Nguyen, Ian
Nondo, Beatrice
Noori, Akhtar Mohammad
Nyasa, Anesie
Nyirakomine, Pascasie
Nyiramugisha, Jolly
Olivieri, Alexiana
Pablo Lorenzo, Rosa
Pascal, Erick
Paulino De Sanchez, Erika
Polanco, Nelson
Quinones, Maria
Ramos Rodriguez, Joshua
Rivera, Jose
Rivera Santiago, Beatriz
Rolinski, Zachary
Royi, Nyirankema
Saucedo, Michael
Shabani, Msafiri
Sical, Darling
Smith, Natasha
Soto-Rodriguez, Tania
Suljic, Hasnija

Employee Name	Employee Name
Tang, Rieng	Bui, Trang
Tinoco, Rosa	Bultman, Kenneth
Truong, Anh	Burke, Kimberly
Tucker, Erin	Burse, Ja Nea
VanSlyke, Ethel	Butcher, Rhett
Veenstra, Cassy	Cao, Dung
Wanea, Nyasa	Cao, Hong
Waters, Zachary	Carmichael Lopez, Yomarie
Wereje, Neema	Carmona, Nelly
Wynn, Samuel	Carrasco Carrasco, Yanery
Abdo, Elissar	Carrico, Edward
Adams, Michael	Carrier, Nathan
Ahmadi, Mohammad Mansour	Chama, Anyesi
Alcala, Pascual	Chau, Kiu
Alfar, Yolanda	Choi, Weonseok
Almanza Zurita, Silvia	Clifford, Joseph
Alvarez Chavez, Josefina	Combs, Kathy
Amisi, Faila	Consolata, Fitina
Anjelani, Machozi	Conway, Ni
Aparicio, Maria	Corwin, Duane
Armstrong, Laura	Councell, James
Arrajj, Aaron	Croschere, Alicia
Asadi, Asad	Cruz, Michael
Asende, Veronika	Dai, Thi Ngoc Suong
Averill, Owen	Dang, Hung
Bailey, Jamaal	Dang, Thi
Bajric, Merima	Del Carmen Gonzalez, Iris
Balderas Rosas, Ma Guadalupe	Dinh, Thanh
Barajas, Cindy	Do, Thi Kim Oanh
Bell, Robert	Doan, Anh
Belton, Ryan	Douglas, Craig
Beltre Delgado, Francisco Romulo	Duong, Le
Bennett, Christin	Duong, Van
Beric, Kada	Duong, Van Mam
Beric, Mirzeta	Durrani, Rohullah
Berkenpas, Mary Jo	Dziewiatkowski, Jason
Bolado-Madrigal, Jorge	Echevarria Zarco, Berta
Boland, Jeremy	Ellzey, Brian
Braica, John	Fedisoni, Elizabeth
Brinkert, Gregory	Ferris, Scott
Brown, Drew	Fitzgerald, John
Brown, Marcia	Floyd, Jordan
Brown, William	Ford, Stephani
Brownridge, Derrick	Fredericksen, Maria
Bui, Duc Cuong	Garcia, Emma
Bui, Thi Soc	Garcia Perez, Mirelquis

Employee Name
Goree, Terry
Goward, Karen
Graham, Steven
Growe, Andrew
Gutierrez, Juan
Guyton, Rachel
Guzman Fabila, Gerardo
Ha, Thu Linh
Hamisi, Mussa
Harris, Nicholas
Hayes, Kelly
Hernandez, Jose
Hernandez, Sarah
Hernandez, Veronica
Herrera, Mark
Herschberger, Susan
Hidalgo, Dailys
Ho, My
Hoang, Thi Vieng
Hoffman, Drew
Huggins, Jeffrey
Hung-Kwan, Miu
Huynh, Chuan
Huynh, Hung
Huynh, Thanh
Huynh, Tung
Irahinyuza, Oscar
Ishimwe, Agnes
Johnson, Brian
Josee, Ngabo
Jules, Amisi
Jules, Yose
Kabiona, Etoka
Kalenga, Tabu
Kamugisha, Patience
Kanyambo, Providence
Karakowe, Esther
Kline, Dustin
Kneeshaw, Thomas Michael
Kruithoff, Madison
Larios Guzman, Esmeralda
Laven, Nathan
Le, Chanh
Le, Lien
Le, Loi
Le, Phuong

Employee Name
Le, Thi Nga
Le, Trung Van
Le, Tuyet
Le, Uyen
Leppink, Colton
Loarca, Flor
Lopez, Maria
Luong, Thi
Luu, Thieu Hung
Magris Castro, Christopher
Malembe, Herve
Marie, Connie
Martinez, Marta
Masoka, Zabibu
Mateo Diego, Glendy
Matz, Mackenzie
Mazariegos, Eleuteria
Mbala, Bijon
McCoy, Christopher
McCune, Richard
McIntosh, Colette
Mead, Jaymond
Meadows, Lester
Medina Juarez, J Guadalupe
Mejia, Melvin
Mejia Gonzalez, Hector
Merino-Espinosa, Eugenio
Metz, Mark
Miller, Levi
Miranda-Morales, Johana
Mitchell, Billie
Mlongeca, Msafiri
Mohibzada, Asma
Montoya, Gabriela
Mubake, Gerald
Mugisha, Claude
Muhina, Halima
Mujawamariya, Mutesi
Mukadi, Benedicte
Mukadi, Carmel
Mukamana, Olive
Mukeshimana, Yvonne
Mulumba, Mlasi
Munoz, Celeste
Munyakazi, Isaac
Murogoro, Anjelani

Employee Name
Musabyimana, Jeanne
Ndakandi, Irene
Nduhuke, Noella
Ngo, Binh
Ngo, Phuoc
Nguyen, Dinh
Nguyen, Hanh
Nguyen, Hoa A
Nguyen, Hoa Thi
Nguyen, Hue
Nguyen, Huong Thi Be
Nguyen, Kim Loan
Nguyen, Loan Ngoc
Nguyen, Nam
Nguyen, Ngan
Nguyen, Ngoc
Nguyen, Philip
Nguyen, Phuong
Nguyen, Thanh Cuc
Nguyen, Thanh Viet
Nguyen, Thi Nguu
Nguyen, Thu
Nguyen, Vui
Nikoro, Isaac
Niyomungere, Circonsile
Niyonzima, Pascaline
Nolan, Nathan
Noori, Noor Ahmad
Nshimiye, Manwa
Nshuti, Citadin
Nyamariza, Jeanine
Nyirabadahinyuka, Mukakigeri
Nyirabasinga, Esperance
Nyirabuhoro, Divine
Nyirabunani, Eugenie
Nyirabusoro, Asinath
Nyiramutuzo, Uwera
Nyirasafari, Drucilla
Olmedo De Martinez, Maria
Onan, Robert
Otajagic, Zula
Padilla Leal, Rafael
Pannu, Rashpal
Peralta Sanchez, Andres
Perez Rodriguez, Marifelix
Perkins, Doug

Employee Name
Perviz, Aid
Pham, Chim Thi
Pham, Duyen
Pham, Thanh
Pham, Thi
Pham, Thi Huong
Phan, Bao
Phan, Thuan
Phung, Van Thon
Pickett, Leon
Pilicho, Musa
Pinho, Joshua
Pizarro Jimenez, Luis
Pizarro-Salgado, Luis
Platschorre, James
Qayoumi, Abdul Hamid
Rai, Kumari
Ramirez, Margarita
Ramirez Mendoza, Margarita
Rankin, Monalisa
Reed, Cody
Renea, Cherise
Renkema, Karen
Reyes Salvador, Mariza
Rivera, Yolanda
Rivera-Garcia, Silvia
Roden, Jennifer
Rodriguez, Chanel
Romero Rodriguez, Reynaldo
Roose, Justin
Roque, Jose
Ross, Celeste
Rusnell, Brenda
Ryl, Kristina
Sadoki, Tosha
Samora, Julie
Sanchez-Pasillas, Carlos
Sands, Alayna
Scivinsky, Harry
Segura Becerra, Antonia
Selleck, Shad
Serrano de Plascencia, Graciela
Sholera, Joseline
Sietsema, Kevin
Sisango, Suzana
Smith, Aaron

Employee Name
Smith, Michael
Soto Soto, Robert
Soule, Andre
Sparrow, Colton
Stowe, Shelby
Sunuwar, Pramila
Sutalo, Nada
Suzana, Anna
Tamplin, Timothy
Tanner, Esperanza
Tarrant, Ellen
Taylor, Bruce
Thai, Quynh
Thomas Jr., Michael
Tillman, Alexis
Tonsha, Twovash
Torres Rivera, Blanca
Tran, Dinh Xiem
Tran, Dung
Tran, Han Quang
Tran, Hoa
Tran, Khang
Tran, Lai
Tran, Ngoc Bau
Tran, Nhai
Tran, Thanh Thuy Thi
Tran, Thi Lieu
Tran, Thi Yen
Tran, Van
Tran, Viet Kim
Trieu, Thi Diem Phuong
Truong, Diep
Truong, Du
Tufts, Leah
Uwamariya, Denise
Uwambajimana, Epiphanie
Uwase, Diane
Uwase, Divine Soleil
Uwase, Magnifique
Uwera, Jasmine
Uwimana, Noella
Uwimbabazi, Sifora
VanSlyke, Jeremy
VandenBos, Chad
VanderVeen, Michael
Vega, Anais

Employee Name
Vega Torres, Alex
Velasquez, William
Velez Molina, Jenny
Vermillion, Timothy
Vo, Oanh
Vu, Ha
Vu, Huong
Vu, Kim Thoa
Vu, Thi Nga
Wagle, Nirmala
Waidelich, Nicholas
Williams, Robert
Wizorek III, Robert
Wood, Charlotte
Wood, David
Wright, Carolyn
Zavala Martinez, Gustavo
Zawadi, Asende
Zimmerman, William
Ahmadi, Mohammad Hasib
Alimasi, Ebenga
Amani, Tumukunde
Azizi, Mohammad Qasim
Barajas, Ramiro
Barwani, Ivoni
Bisimwa, Patrick
Bui, Huong
Calvin, Jacqule
Castro, Elizmary
Chung, Ngan
Cruz Jeronimo, Liliana
Disla Hernandez, Ashley
Do, Son
Dominguez Hernandez, Alma
Figueroa Castellano, Martha
Franklin, Crystal
Garcia, Angel
Gavina, Miguel
Gheyasi, Abdul Saeed
Gomez, Juan
Gonzalez, Margarita
Huynh, Ba
Huynh, Lien
Huynh, Thi Hoa
Huynh, Thi Le
Jeronimo Mendoza, Emiliana

Employee Name

Jimenez Inerarity, Jose Fernando
La Luz, Nilda
Lennon, Therese
Leon, Ismael
Liang, Houhuan
Ling, Fengzhen
Lopez, Danielle
Magris Castro, Joshua
Makori, Ciza
Marip, Lum Hkawng
McLain, Derrick
Mohibzada, Omulbanin
Ngo, Tung
Nguyen, Lam
Nguyen, Phung
Nguyen, Thi Ngoc Hong
Nguyen, Tuan Khanh
Nguyen, Tue
Nguyen, Tuyen
Nshimiyimana, Mbonyingabo
Ntaganda, Abraham
Okula, Alphonsine Seleman
Oviedo, Lorenzo
Pedroso Hernandez, Ernesto
Pham, Dan
Rahimi, Abdul Samad
Rahman, Mahinur
Ramic, Himzo
Ramic, Naza
Rivera De Gomez, Franchesca
Rodriguez, Cinthia
Rodriguez De Garcia, Ana
Sabani, Daphrose
Samimi, Mohammad Jawad
Sanchez Guzman, Brian
Serukiza, Machibya
Siuzike, Valerie
Steffen, Matthew
Swedi, Maombi
Tang, Phuoc
Tewelde, Semira
Watandoost, Noor

4CCC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Priovant Therapeutics, Inc.

Physical Address: 1 Lincoln St, Office 30-125

City: Boston State: MA Zip: 02111

Mailing Address (if different from physical address): 1 Lincoln St, WeWork Suite 2900

City: Boston State: Massachusetts Zip: 02111

Telephone: (919) 462-1301 Website: https:/priovant.com

Name of Designated Representative (DR): John Morelli

Licensing Company Email: statelicensing@priovant.com DR Email: john.morelli@priovant.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty pharmacies		☒ Others: Virtual Manufacturer

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed in last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Priovant Holdings, Inc.

Corporation/Organization Name: Priovant Therapeutics, Inc.

Mailing Address: 1 Lincoln St, WeWork Suite 2900

City: Boston State: Massachusetts Zip: 02111

Telephone: (919) 462-1301 Email: statelicensing@priovant.com

Contact Person Name: Daniel Herz-Roiphe

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Priovant Therapeutics, Inc.
Facility Name

Daniel Herz-Roiphe
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/15/26
Date

Board Use Only	Date Received: 5/4/26	Amount: $1000 ck 5605

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Thursday, November 6, 2025 12:07 PM
To: Kelly Barghausen <kelly.barghausen@priovant.com>
Subject: Labeler Code Request Approved

Current Date: 06-NOV-2025
Labeler DUNS: 118314358
Labeler Name: Priovant Therapeutics, Inc.
Labeler Code Assigned: 87211

The Food and Drug Administration (FDA) has assigned the above Labeler Code to the firm. However, the Labeler Code cannot be used in any drug listing submission until you have confirmed the assignment. To complete this process, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root ID and new version number with the original set ID and the appropriate effective time.
For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.
Once you have confirmed the assignment, this Labeler Code shall be used to propose the National Drug Code (NDC) for assignment to all drugs you manufacture or distribute for U.S. commercial distribution. The requirements regarding the assignment of an NDC is extensively discussed in Part 207.33 of Title 21 of the Code of Federal Regulations (CFR). The NDC for each drug must be submitted as part of drug listing information submitted to FDA.
Per section 510(j)(1) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) and 21 CFR Part 207 registrants that are required to register their establishment with FDA (or Private Label Distributors (PLD) acting as their authorized agent) must list each drug that it manufactures, repacks, relabels, or salvages for commercial distribution, including the appropriate NDC, no later than 3 calendar days after the initial registration of the establishment. Labeler name, physical address, email address and other contact information, type(s) of activities, and type(s) of drug(s) must be updated within 30 calendar days after any change to that information, § 207.33(c)(2). FDA uses this information for official communication regarding listing.
Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the FD&C Act or other applicable FDA regulations.
Note that receipt of this letter and assignment of an NDC does not denote approval of the establishment or the drug or any other drugs of the establishment, nor does it mean that the drug may be legally marketed.
For additional information please visit Drug Registration and Listing System or reply to this email (edrls@fda.hhs.gov).
Regards,
DRLB

priovant

Description of Operations

Priovant Therapeutics, Inc. is a Virtual Manufacturer of human prescription drugs. Priovant Therapeutics, Inc.'s products are not Controlled Substances. As a Virtual Manufacturer, Priovant Therapeutics, Inc. does not manufacture, distribute, or store drug product. Priovant Therapeutics, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed by a Third-Party Logistics Provider, who is licensed to ship pharmaceutical products into your state.

Priovant Therapeutics, Inc. has 3 employees working on site during normal business hours with Hours of operation 8:00AM to 5:00PM Monday through Friday. Priovant Therapeutics, Inc.'s facility square footage is 100sqft.

Priovant Therapeutics, Inc. Labeler Code: 87211

Contract Manufacturing

At no time does the Contract Manufacturer own the product, contract with Priovant Therapeutics, Inc.'s customers, invoice, or sell Priovant Therapeutics, Inc.'s product.

Patheon Pharmaceuticals, Inc.
2110 East Galbraith Road
Cincinnati, OH 45237
FDA Establishment Identifier: 1510437

Third Party Logistics

Priovant Therapeutics, Inc.'s Third Party Logistics (3PL) provider manages the storage and distribution of Priovant Therapeutics, Inc.'s product into the commercial supply channels. Priovant Therapeutics, Inc.'s records are stored at the 3PL:

Integrated Commercialization Services, LLC
167 International Blvd
Brooks, KY 40109

Company Information

Priovant Therapeutics, Inc.
1 Lincoln St, Office 30-125,
Boston, MA 02111
(919) 462-1301
https:/priovant.com
statelicensing@priovant.com

FEIN: 87-1508551
State of Formation: DE
Date Incorporated: 7/2/2021
File Number: 6054534

Ownership Information

Priovant Therapeutics, Inc. is 100% owned by Priovant Holdings, Inc.

Parent Company: Priovant Holdings, Inc.
Parent Company Address: 1007 Slater Rd. Ste 250, Durham, NC 27703
Parent Company Phone: (919) 462-1301
Parent Company FEIN: 87-1233821

Officers

Daniel Herz-Roiphe, Chief Operating Officer
Business Address: 1007 Slater Road, Suite 250, Durham, NC 27701
Business Phone: (347) 731-0161

Frank Torti, President and Vant Chair, Roivant
Business Address: 1 Pennsylvania Plaza Floor 54, New York, NY 10119
Business Phone: (212) 847-6204

Benjamin Zimmer, Chief Executive Officer
Business Address: 1007 Slater Road, Suite 250, Durham, NC 27701
Business Phone: (917) 609-4172

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRIOVANT THERAPEUTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JANUARY, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIOVANT THERAPEUTICS, INC." WAS INCORPORATED ON THE SECOND DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6054534 8300

SR# 20260171532

Authentication: 202831837

Date: 01-15-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM

Massachusetts Controlled Substance Registration

In accordance with the provision of Massachusetts General Laws, Chapter 94C, issues the registration of Virtual Drug Manufacturer or Virtual Drug Distributor Controlled Substance Registration to:

Priovant Therapeutics Inc.
1 Lincoln St, Office 30-125
Boston, MA 02111

Robert Goldstein, MD, PhD
Commissioner - Department of Public Health

Registration Number: VIR200148

Type: Virtual Manufacturer

Issue Date: 02/03/2026

Expiration Date: 02/03/2027

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

7209

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 800220839

Application/License No. _____

Priovant Therapeutics, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1 Lincoln St., Office 30-125, Boston, MA 02111 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of New York (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 605 Highway 169 North, Suite 800, Plymouth, MN 55441 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 1, 2026 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted Februarv 20. 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 2 day of March, 20 26.

APPLICANT/PRINCIPAL
Priovant Therapeutics, Inc.

Authorized Representative
Daniel Herz-Roiphe

SURETY COMPANY
Atlantic Specialty Insurance Company

Surety Company's Representative
Michelle Lute-Heatherly, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:
Witness
Alex Verdone

Witness
John Morelli

SIGNED and SEALED in the presence of:
Witness
Cindy E. Johnson

Witness
Bonnie Rice

Countersigned by:
Nevada Resident Agent
NV Non-Resident License # 703480

Posted February 20, 2020

[intact INSURANCE]

Power of Attorney

Surety Bond No: 800220839

Principal Priovant Therapeutics, Inc.
Obligee Nevada State Board of Pharmacy

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: Michelle Lute-Heatherly each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this first day of January, 2023.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Sarah A. Kolar, Vice President and General Counsel

STATE OF MINNESOTA
HENNEPIN COUNTY

On this first day of January, 2023, before me personally came Sarah A. Kolar, Vice President and General Counsel of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and she acknowledged the execution of the same, and being by me duly sworn, that she is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON D. NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2030

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 2nd day of March, 2026.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

_____
Kara L.B. Barrow, Secretary

This Power of Attorney expires
January 31, 2030

[intact] INSURANCE specialty solutions

Atlantic Specialty Insurance Company

Period Ended 12/31/2024

Dollars displayed in thousands

Admitted Assets	
Investments	
Bonds	$ 2,894,094
Preferred Stocks	-
Common Stocks	987,702
Mortgage Loans	-
Real Estate	-
Contract Loans	-
Derivatives	-
Cash, Cash Equivalents & Short Term Investments	383,175
Other Investments	36,178
Total Cash & Investments	4,301,149
Premiums and Considerations Due	350,792
Reinsurance Recoverable	60,063
Receivable from Parent, Subsidiary or Affiliates	11,764
All Other Admitted Assets	94,008
Total Admitted Assets	4,817,776

Liabilities and Surplus	
Liabilities	
Loss Reserves	$ 1,264,802
Loss Adjustment Expense Reserves	423,323
Total Loss & LAE Reserves	1,688,125
Unearned Premium Reserve	811,551
Total Reinsurance Liabilities	64,571
Commissions, Other Expenses, and Taxes due	75,922
Derivatives	-
Payable to Parent, Subs or Affiliates	-
All Other Liabilities	1,121,125
Total Liabilities	3,761,294
Capital and Surplus	
Common Capital Stock	9,001
Preferred Capital Stock	-
Surplus Notes	-
Unassigned Surplus	476,697
Other Including Gross Contributed	570,784
Capital & Surplus	1,056,482
Total Liabilities and C&S	4,817,776

State of Minnesota
County of Hennepin

I, Kara Barrow, Secretary of Atlantic Specialty Insurance Company do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said Company, on the 31st day of December, 2024, according to the best of my information, knowledge and belief.

Secretary

Subscribed and sworn to, before me, a Notary Public of the State of Minnesota on this 10th day of March, 2025.

Notary Public

KERRI RIECHERS
NOTARY PUBLIC
MINNESOTA
My Commission Expires Jan. 31, 2030

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Priovant Therapeutics, Inc.

Pharmacy/Wholesaler License # (if applicable) Pending

Physical Address 1 Lincoln St, Office 30-125

City Boston State MA Zip 02111

Mailing Address (if different from physical address) 1 Lincoln St, WeWork Suite 2900

City Boston State Massachusetts Zip 02111

Telephone (919) 462-1301 Website https:/priovant.com

Licensing Company Email statelicensing@priovant.com

Section 2: Personal Information

First John Middle Christopher Last Morelli

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 1 Lincoln St, WeWork Suite 2900

City Boston State MA Zip 02111

Telephone (919) 462-1301 Email john.morelli@priovant.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Massachusetts - Amherst		09/84 - 05/89	
Address	City	State	Zip
181 Presidents Dr.	Amherst	MA	01002
Diploma/Degree obtained, if any			
Bachelors			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/97 - present	[redacted]	Braintree	MA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Priovant Therapeutics, Inc.			10/25 - Present
Business Address	**City**	**State**	**Zip**
1 Lincoln St, Office 30-125	Boston	MA	02111
Phone	**Title**	**Number of Employed Hours**	
(919) 462-1301	Senior Director, Commercial Supply	1,200	
Description of Duties			
See attached resume			

Business Name			From - To (MM/YY – MM/YY)
Supply Chain Global LLC			07/24 - 10/25
Business Address	**City**	**State**	**Zip**
453 Elm St.	Braintree	MA	02184
Phone	**Title**	**Number of Employed Hours**	
(781) 664-7314	Principle Consultant	2400	
Description of Duties			
See attached resume			

Business Name			From - To (MM/YY – MM/YY)
Carmot Therapeutics (Formerly Ipsen Biopharmaceuticals, Inc)			08/23 - 6/24
Business Address	**City**	**State**	**Zip**
740 Heinz Ave	Berkely	CA	94710
Phone	**Title**	**Number of Employed Hours**	
	Senior Director - Supply Chain Operations & Logistics	1600	
Description of Duties			
See attached resume			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

JOHN MORELLI

[redacted]

SUPPLY CHAIN SENIOR DIRECTOR

PRODUCT LAUNCHES | SUPPLY CHAIN OPERATIONS | STRATEGIC LEADERSHIP

Seasoned **supply chain leader** and **product launch specialist** with 20+ years of success in the biotech/pharma industry.

- ✓ Recognized for driving savings, quality improvements, process enhancements, and strategic partnerships by guiding teams to meet key performance indicators (KPIs) while spearheading process optimizations.
- ✓ A skilled communicator adept at developing high-performance teams and effectively communicating across stakeholders.
- ✓ Extensive experience in packaging & labeling, project management, global trade compliance, and cold chain transportation.
- ✓ Recognized with increased responsibility for efficiently solving problems and navigating complex situations, including acquisition and vendor relations.

AREAS OF EXPERTISE

- PRODUCT LAUNCH
- SUPPLY CHAIN OPTIMIZATION
- GLOBAL TRADE COMPLIANCE
- TRANSPORTATION/DISTRIBUTION
- HIGH PERFORMANCE TEAM BUILDING
- DIVERSITY & INCLUSION
- BUDGETING & FORECASTING
- PROCESS IMPROVEMENT / LEAN SIX
- COMMERCIAL DISTRIBUTION
- COLD CHAIN / S&OP / S&OE
- SUPPLY PLANNING / DEMAND PLANNING
- INVENTORY PLANNING & CONTROL

PROFESSIONAL EXPERIENCE

Priovant Therapeutics, Boston, MA
SENIOR DIRECTOR – COMMERCIAL SUPPLY - 10/2025 to Present
Prepare the commercial supply chain for launch and ensuring robust inventories on an ongoing basis. Directly manage all activities and relationships required to ensure timely and compliant production and distribution through contract manufacturing organizations and distribution partners. Travel to manufacturing and distribution sites to ensure operational success.

- Oversees the commercial supply chain for all products and formulates supply strategies that ensure readiness for product launch. Directly manages packaging, labeling, and distribution at external manufacturing and logistics partners, driving engagement to meet overall program goals.
- Works with the Chief Operating Officer and other stakeholders to develop demand plans and an end-to-end commercial forecast for all manufacturing stages. Collaborates with commercial manufacturing organizations and regulatory partners to establish appropriate label content and packaging designs.
- Manages drug movements and assists in understanding and fulfilling worldwide import and export requirements, while minimizing any associated tax burden.
- Spearheads 3PL implementation to enable product launch, serving as primary liaison and strategic lead, and maintains relationship post-launch to ensure seamless distribution and uninterrupted patient access.
- Leads DSCSA compliance strategy across commercial supply chains, ensuring full alignment with FDA and state-level regulations.
- Manages state-level pharmaceutical licensing, serving as designated company representative and coordinating with the state licensing partner to ensure full compliance with jurisdictional regulations across all states.
- Partners with QA to create relevant policies and operating procedures, monitor gaps, and establish appropriate mitigation strategies to ensure global compliance.

Supply Chain Global LLC, Braintree, MA
Principle Consultant - 07/2024 to 10/2025
Seasoned professional with a strong background in managing import/export activities for GMP and Non-GMP materials, including raw materials, drug substance/API, drug product, diluent, and placebo. Demonstrated expertise in establishing trade compliance

databases to meticulously track tariff classification codes, valuation, and material types by clinical program. Skilled in drafting new shipping procedures and trade compliance policies to ensure smooth and efficient operations.

CARMOT THERAPEUTICS (FORMERLY IPSEN BIOPHARMACEUTICALS, INC.), BERKELEY, CA

SENIOR DIRECTOR – SUPPLY CHAIN OPERATIONS & LOGISTICS, 08/2023 TO 06/2024

Guide and oversee global storage, distribution, packaging, labeling, cold chain, and transportation of DS, DP, and combination clinical trial products for patients with obesity and type one and two diabetes. Select/evaluate logistic providers, audit logistic activities, coordinate deliveries between manufacturing sites and 3PL providers, manage imports/exports and licensing, develop communication processes in collaboration with clinical operations team, design SOPs, and communicate with all stakeholders.

Key Accomplishments:

- Ensure unwavering compliance with internal and external regulations by coordinating review and approval of labeling.
- Position organization to meet strategic goals by supporting the development/implementation of ERP systems and developing inventory/planning reports, including inventory reconciliation at 3PL provider.
- Resolve problems and strengthen relationships as internal lead for triage of clinical site product complaints, including investigating deviations and implementing corrections.

IPSEN BIOPHARMACEUTICALS, INC. (FORMALLY EPIZYME INC.), CAMBRIDGE, MA

SENIOR DIRECTOR / DIRECTOR – SUPPLY CHAIN OPERATIONS, 04/2019 TO 07/2023

Spearheaded logistics, international/domestic shipping, compliance, SOP development, inventory management, and other supply chain operations for virtual biopharmaceutical company dedicated to combating cancer through commercial effectiveness. Develop and manage $5.2M supply chain budget that includes offsite storage, freight costs, customs duties / VAT, state license applications and renewals, and 3PL storage/distribution activities. Guided project management/planning, production, and scheduling, including managing PO for drug substance/product manufacturing and overseeing manufacturing production meeting. Prevented loss by reconciling commercial inventory and sales weekly. *Key Accomplishments:*

- Oversaw full life cycle of all shipments – from export to customs clearance to final-mile US delivery.
- Managed drug substance outbound/inbound shipping schedules, import/export documents, domestic/international replenishments lanes, ground transportation, global airfreight lanes, ocean lanes, sample shipments, and clinical drug **JOHN** substance/RD material shipments.
- Ensured compliance by working with TwoLabs to submit, file, and manage State Board of Pharmacy Licenses for 35 states.
- Launched company's first commercial product, Tazverik. Drove completion of ICS (3PL) contract, statement of work, and quality agreement prior to launch readiness date. Supported trade and distribution teams for launch activities across specialty pharmacies and distributors. Managed shipment to first Tazverik customer.
- Streamlined operations by assuming Master Planner role in 2021. Aligned master schedule with manufacturing partner production schedules for commercial/clinical drug products, drug substances, and registered starting materials. Led production schedules, maintained inventory levels, and coordinated raw material availability.
- Directed improvements to Oracle Supply Chain Management & Manufacturing (SCM) system implemented in 2020 by leading team to add and update reason codes for intercompany transfers, modernize rules and quarantine settings, improve invoice payment process, and create new work instructions.
- Improved communication and document review/approval process with drug substance manufacturer, Sterling, by designing Smart Sheets, an innovative tool that tracked substances through manufacturing process.
- Enabled Epizyme to defer significant customs import duties by designing and implementing foreign trade zone (FTZ), which allowed for additional API storage and mitigated risk by separating inventory amongst sites.
- Executed FDA 2023 Drug Supply Chain Security Act (DSCSA), which allowed company to track all outbound sales orders and individual sterilized bottles until delivery to customers in US via Tracklink – Epizyme's digital track/trace tool.
- Implemented Tracelink system. Collaborated with QA to design outbound specialized validation plan and work instructions, and spearheaded user acceptance testing protocol.
- Drafted and put into effect validation project plan for domestic/international shipping systems.

SHIRE, LEXINGTON, MA, 06/2007 TO 04/2019

ASSOCIATE DIRECTOR – GLOBAL TRANSPORTATION, 08/2016 TO 04/2019

Directed 200+ global shipping lanes, managing eight direct reports and ~$120M in the completion of temperature-controlled shipping activities across multiple product franchises, including internal medicine, genetic disease, hematology, immunology, and neuroscience. Managed site-to-site shipments throughout the manufacturing process, as well as domestic and international replenishment lanes. Oversaw export documentation, North American ground transportation, global airfreight lanes, ocean lanes, sample shipments, and clinical drug substance and RD material shipments. *Key Accomplishments:*

- Optimized logistics services and costs after Baxalta acquisition by fostering and overseeing complex relationships across Shire logistics network, driving cost savings and process improvement opportunities.
- Served as Supply Chain Lead for US/US to ROW product launches, ensuring timelines and providing supply chain visibility.
- Spearheaded implementation of Transaver's Supply Chain Management Services across all Shire business units and partners for temperature-controlled ground transport services within North America.
- Directed transition to strategic partner Kuehne & Nagel within North America, moving 35+ lanes and securing significant cost savings as part of phased project.
- Drove non-commercial/sample shipments to meet ~90% efficiency/cycle time goals and ~98% right first/quality metric while reducing costs by consolidating freight partners.
- Slashed time required to develop export documents by partnering with Global Trade Compliance to identify and select a global trade management company and web-based, enterprise-wide solution, OCR-Global EASETM.
- Reduced freight cost by 50% by leading transition from active solution (C-Safe) to passive pallet solution (EF8100) for shipments from continental US to Puerto Rico.
- Fostered decrease in temperature excursions by investing in robust shipping system technology and strengthening relationships with core freight forwarders, lane risk assessment approach, and SOP generation/review process.

ASSOCIATE DIRECTOR – COLD CHAIN & TRANSPORTATION, 03/2013 TO 08/2016

Managed international cold chain shipments and tracked product movement globally, directing 6 direct reports and managing $25M budget. Supported commercial operations in the completion of existing launches by determining routes and lanes for marketed products. Led temperature-controlled shipments covering internal medicine, genetic disease, and neuroscience. Fostered environment focused on optimization, quality, cost reduction, and process improvements. *Key Accomplishment:*

NORTH AMERICAN COMMERCIAL SUPPLY MANAGER, 06/2009 TO 03/2012

Ensured by-deadline processing and delivery of US commercial drug products and substances. Achieved 95% Right First Time/Quality rating by monitoring to ensure that all orders were shipped by the requested ship date and reviewing processes to identify and remedy problems, often working cross functionally.

SENIOR SUPPLY CHAIN ANALYST, 06/2007 TO 06/2009

Managed ~6 commercial lanes from manufacture through distribution while leading clinical domestic/international studies, including packaging and labeling. Met timelines while managing packaging and shipping schedule, working with QA to promote quality.

UNIVERSITY OF MASSACHUSETTS – BIOLOGIC LABORATORIES, JAMAICA PLAIN, MA

SENIOR SUPPLY CHAIN MANAGER / DISTRIBUTION MANAGER, 09/2001 TO 06/2007

Directed operations across warehouses, customer service, and distribution departments, building strong relationships with internal and external stakeholders. Promoted to Senior Supply Chain Manager based on performance and cost achievements. Saved company ~$270K by negotiating purchase of Alpha's Albumin product on behalf of Fractionation Department.

EDUCATION & TRAINING

BACHELOR OF SCIENCE DEGREE: UNIVERSITY OF MASSACHUSETTS AT AMHERST

SUPPLY CHAIN MANAGEMENT, MASTER PLANNING OF RESOURCES, & DETAILED SCHEDULING & PLANNING: APICS ORGANIZATION

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, John Morelli, **certify that as the designated representative for**

Priovant Therapeutics, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. _____ I am at least 21 years of age;
3. _____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. _____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. _____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. _____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. _____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

John Morelli

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/26/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Morelli

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/26/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of Norfolk

I, John Morelli, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

03/26/2026

Date

Subscribed and Sworn to before me this 26th day of March 2026

Notary Public Signature

JONATHAN D. MCNEILLY
Notary Public
Commonwealth of Massachusetts
My Comm. Expires September 1 2028

(Seal)

1	Rob Livingston Senior Vice Prsident, CMC
2	Yolanda Bell Senior Director, Supply Chain
3	John Morelli Senior Director, Commercial Supply

4DDD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: UroNova Pharmaceuticals, Inc.

Physical Address: 9351 Eastman Park Drive

City: Windsor State: CO Zip: 80550

Mailing Address (if different from physical address): 485 Half Day Road, Suite 400

City: Buffalo Grove State: IL Zip: 60089

Telephone: 970-212-4500 Website: N/A

Name of Designated Representative (DR): Dustin Dreith

Licensing Company Email: licensing@uronovapharma.com DR Email: dustin.dreith@tolmar.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	■ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	■ Others: Prescription Drugs	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Wholesale Distributor

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Tolmar International Ltd.

Corporation/Organization Name: _____

Mailing Address: 10 Earlsfort Terrace

City: Dublin 2 State: Ireland Zip: DOT T380

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

UroNova Pharmaceuticals, Inc.

Facility Name

Stephen Griffin

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

1/26/2026

Date

Board Use Only	Date Received: 2/4/26	Amount: $1000cc

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through November 10, 2025

You have searched Finished drug products

Search Results: *'uronova'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
Vabrinty	85043-025-02	22.5 mg/.375mL	INJECTION, SUSPENSION, EXTENDED RELEASE	SUBCUTANEOUS	NDA021379	URONOVA PHARMACEUTICALS, INC.	85043-025	Leuprolide acetate	LEUPROLIDE ACETATE	HUMAN PRESCRIPTION DRUG	08/04/2025
Vabrinty	85043-045-04	45 mg/.375mL	INJECTION, SUSPENSION, EXTENDED RELEASE	SUBCUTANEOUS	NDA021731	URONOVA PHARMACEUTICALS, INC.	85043-045	Leuprolide acetate	LEUPROLIDE ACETATE	HUMAN PRESCRIPTION DRUG	08/04/2025
Vabrinty	85043-030-03	22.5 mg/.375mL	INJECTION, SUSPENSION, EXTENDED RELEASE	SUBCUTANEOUS	NDA021379	URONOVA PHARMACEUTICALS, INC.	85043-030	Leuprolide acetate	LEUPROLIDE ACETATE	HUMAN PRESCRIPTION DRUG	08/04/2025

Showing 1 to 3 of 3 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

UroNova Owner_Officer List

Name	Title	Address	Ownership
Stephen Griffin	President	485 Half Day Road, Suite 400, Buffalo Grove, IL 60089	0%
Michael Elm	Secretary	701 Centre Ave, Fort Collins, CO 80526	0%
Andrew Herre	Assistant Secretary	485 Half Day Road, Suite 400, Buffalo Grove, IL 60089	0%
Tolmar International Ltd.	Owner	10 Eastfort Terrace, Dublin 2, Ireland, DOT T380	100%


Tolmar International Ltd
(100% Ownership)
UroNova Pharmaceuticals, Inc.

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "URONOVA PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JULY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "URONOVA PHARMACEUTICALS, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

10012276 8300

SR# 20253538373

Authentication: 204357046

Date: 07-31-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Uronova Pharmaceuticals, Inc.

is an entity formed or registered under the law of Delaware . has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20251062841 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/25/2025 that have been posted, and by documents delivered to this office electronically through 07/29/2025 @ 12:45:00 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/29/2025 @ 12:45:00 in accordance with applicable law. This certificate is assigned Confirmation Number 17536390 .

Jena Griswold

Secretary of State of the State of Colorado

**********End of Certificate**********

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradosos.gov/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosos.gov click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_dpo_licensing@state.co.us.

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy

UroNova Pharmaceuticals, Inc.

Wholesaler In-State

WHI.0006145	06/04/2025
Number	**Issue Date**
Active	10/31/2026
Credential Status	**Expire Date**

Verify this credential at: dpo.colorado.gov

Division Director: Sam Delp | Credential Holder Signature

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy

UroNova Pharmaceuticals, Inc.

Wholesaler In-State

WHI.0006145	06/04/2025
Number	**Issue Date**
Active	10/31/2026
Credential Status	**Expire Date**

Verify this credential at: dpo.colorado.gov

Division Director: Sam Delp | Credential Holder Signature

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	11-30-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4,5	DISTRIBUTOR	10-15-2025

INTEGRATED COMMERCIALIZATION SOLUTIONS, LLC
420 INTERNATIONAL BLVD
STE 500
BROOKS, KY 40109

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	11-30-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4,5	DISTRIBUTOR	10-15-2025

INTEGRATED COMMERCIALIZATION SOLUTIONS, LLC
420 INTERNATIONAL BLVD
STE 500
BROOKS, KY 40109

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	11-30-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4,5	DISTRIBUTOR	10-15-2025

INTEGRATED COMMERCIALIZATION SOLUTIONS, LLC
420 INTERNATIONAL BLVD
STE 500
BROOKS, KY 40109

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Drug Codes
2010

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 20BSBJK9921

Application/License No. _____

UroNova Pharmaceuticals, Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
9351 Eastman Park Drive, Windsor, CO 80550, as
(Address of Applicant/Principal)
PRINCIPAL, and Hartford Fire Insurance Company, a
(Surety Company)
corporation organized under the laws of the state of Connecticut
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Hartford Plaza, Hartford, CT 06155 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on December 1, 2025.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 29 day of November, 20 25.

APPLICANT/PRINCIPAL
UroNova Pharmaceuticals, Inc.

Authorized Representative

SURETY COMPANY
Hartford Fire Insurance Company

Surety Company's Representative

Loretta M. Jones, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Bonnie Rice

Witness Cindy Johnson

Countersigned by:

Nevada Resident Agent
Non-resident NV License no. 527233

SHANNON PATTON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 29, 2027

POWER OF ATTORNEY

Direct Inquiries, Bond Authenticity and Claims to:
THE HARTFORD
BOND, T-14
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT: **Agency Name:** MARSH USA LLC

- ☒ **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- ☒ **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- ☒ **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- ☐ **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, ***up to the amount of*** Unlimited:

Loretta M. Jones
of
Knoxville, TN

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In **Witness Whereof**, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Phyllis A. Clark, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } **ss.** Lake Mary

On this 1st day of March, 2024, before me personally came Joelle L. LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Mariluz Arce
My Commission HH 287363
Expires July 13, 2026

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of November 29, 2025

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

HARTFORD FIRE INSURANCE COMPANY

Hartford, Connecticut

Financial Statement, December 31, 2024

Statutory Basis

ASSETS

U.S. Government Bonds	$	548,689,389
Bonds of Other Governments		176,613,593
State, County and Municipal Bonds		1,086,274,087
Miscellaneous Bonds		6,611,928,546
Stocks		5,985,304,899
Short Term Investments		54,038,852
	$	**14,462,849,366**
Real Estate	$	283,466,249
Cash		68,685,525
Agents' Balances (Under 90 Day)		4,015,475,979
Other Invested Assets		4,887,481,789
Miscellaneous		4,495,822,980
Total Admitted Assets	$	**28,213,781,888**

LIABILITIES

Reserve for Claims and Claim Expense			$ 11,735,400,585
Reserve for Unearned Premiums			2,853,522,077
Reserve for Taxes, License and Fees			46,650,892
Miscellaneous Liabilities			1,078,283,636
Total Liabilities			$ **15,713,857,190**
Capital Paid In	$	55,320,000	
Surplus		12,444,604,698	
Surplus as regards Policyholders			$ **12,499,924,698**
Total Liabilities, Capital and Surplus			$ **28,213,781,888**

STATE OF FLORIDA
SEMINOLE COUNTY } SS.
CITY OF LAKE MARY

Joelle L. LaPierre, Assistant Vice President and Phyllis A. Clark, Assistant Secretary of the Hartford Fire Insurance Company, being duly sworn, each deposes and say that the foregoing is a true and correct statement of the said company's financial condition as of December 31, 2024.

Subscribed and sworn to before me this
11th day of March, 2025.

Mariluz Arce
Notary Public

MARILUZ ARCE
Notary Public - State of Florida
Commission # HH 287363
My Comm. Expires Jul 13, 2026
Bonded through National Notary Assn.

Joelle L. LaPierre
Joelle L. LaPierre, Assistant Vice President

Phyllis A. Clark
Phyllis A. Clark, Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: UroNova Pharmaceuticals, Inc.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 9351 Eastman Park Drive

City: Windsor State: CO Zip: 80550

Mailing Address (if different from physical address): 485 Half Day Road, Suite 400

City: Buffalo Grove State: IL Zip: 60089

Telephone: 970-212-4500 Website:

Licensing Company Email: licensing@uronovapharma.com

Section 2: Personal Information

First: Dustin Middle: Last: Dreith

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Windsor State: CO Zip: [redacted]

Telephone: [redacted] Email: dustin.dreith@tolmar.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Front Range Community Collegee		08/18-05/2020	
Address	City	State	Zip
4616 S. Shields Street	Fort Collins	CO	80526
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Fort Collins High School		08/05-05/08	
Address	City	State	Zip
3400 Lambkin Way	Fort Collins	CO	80525
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2022- present	[redacted]	Windsor	CO	[redacted]
From - To (MM/YY – MM/YY)		City	State	
05/2021-05/2022		Windsor	CO	
From - To (MM/YY – MM/YY)		City	State	
10/2018- 05/2021		Windsor	CO	
From - To (MM/YY – MM/YY)		City	State	
10/2017 - 10/2018		Windsor	CO	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

UroNova

[redacted]

memorandum

TO: **File** **DATE: January 12, 2026**

FROM: Andrew Herre **RE: Designated Representative Position Regarding Dustin Dreith**

Background

This memorandum addresses UroNova Pharmaceuticals, Inc.'s position regarding the designation of Dustin Dreith as a "Designated Representative" under state wholesale licensing regulations. While Nevada is used as an example in this memorandum, this analysis applies to any state with similar designated representative requirements.

Two key considerations are outlined below.

1. Employment Relationship and Shared Services Model

Although Dustin is formally employed by Tolmar, Inc., Tolmar and UroNova are sister companies operating under a shared services model. Under this arrangement:

- Dustin performs designated representative functions exclusively for UroNova's wholesale licensing compliance.
- In executing these responsibilities, Dustin is required to act in the best interest of UroNova, consistent with regulatory expectations for designated representatives.
- Given the integrated nature of the shared services model and Dustin's functional alignment with UroNova's compliance obligations, UroNova appropriately characterizes Dustin as an employee for purposes of wholesale licensing requirements.

This interpretation aligns with the intent of Nevada Administrative Code (NAC) §639.5935[1], which requires that a designated representative be employed full-time in a managerial-level position with the wholesaler and actively involved in daily operations.

2. Facility Location and Campus Proximity

[1] Nevada Administrative Code (NAC) §639.5935(4). A representative of a wholesaler designated pursuant to this section:

(a) Must be actively involved in and aware of the actual daily operation of the wholesaler;
(b) Must be employed full-time in a managerial level position with the wholesaler;
(c) Must be physically present at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leave, vacation leave and other authorized absences;
(d) May serve in this representative capacity for only one wholesaler at a time; and
(e) May serve as an administrator of a medical products provider pursuant to NAC 639.694

Dustin's primary work location is at Tolmar's Cornerstone Drive facility[2], while UroNova's licensed premises are at the Eastman Park Drive facility[3]. UroNova asserts that:

- The Cornerstone Drive and Eastman Park Drive facilities are in close geographic proximity, functioning effectively as a single operational campus.
- Dustin maintains a permanent workspace at the Eastman Park Drive facility, ensuring physical presence at the licensed location as required by NAC §639.5935(4)(c), which mandates that the designated representative be physically present at the wholesaler's facility during regular business hours.

Conclusion

Based on the above, UroNova maintains that:

- Dustin's designation as a representative is fully compliant with state wholesale licensing regulations, including but not limited to, Nevada.
- His employment under a shared services model and physical presence across the Tolmar Windsor campus meet all statutory and regulatory requirements.

[2] 1201 Cornerstone Dr, Windsor, CO 80550
[3] 9351 Eastman Park Dr, Windsor, CO 80550

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Tolmar, Inc.			08/2021- Present
Business Address	**City**	**State**	**Zip**
1201 Cornerstone Drive	Windsor	CO	80550
Phone	**Title**	**Number of Employed Hours**	
970-212-4500	Warehouse Supervisor -Distribution	40/per week	

Description of Duties

• Perform duties of the Designated Representative for Tolmar's distribution activities. • Serve as the primary contact for all Board of Pharmacy and VAWD site and document inspections. • Ensure all DSCSA requirements are met including the verification of all customer licenses.

Business Name			From - To (MM/YY – MM/YY)
Tolmar, Inc.			02/2020- 08/2021
Business Address	**City**	**State**	**Zip**
1201 Cornerstone Drive	Windsor	CO	80550
Phone	**Title**	**Number of Employed Hours**	
970-212-4500	Warehouse Scheduler	40/per week	

Description of Duties

• Maintain multiple schedules through Smartsheet • Constant communication between manufacturing and schedulers to adhere to deadlines •Participated and assisted in multiple internal and external audits.• Responsible for managing, filling out and distributing records to the appropriate buildings and departments.

Business Name			From - To (MM/YY – MM/YY)
Tolmar, Inc.			06/2015-02/2020
Business Address	**City**	**State**	**Zip**
1201 Cornerstone Drive	Windsor	CO	80550
Phone	**Title**	**Number of Employed Hours**	
970-212-4500	Material Handler I, II, III	40/per week	

Description of Duties

• Ensured that all process components were accurately accounted for, documented, and disposed of properly to maintain inventory control.• Perform inventory audit reconciliation though cycle counts and investigate discrepancies as needed. • Issue and move components, supplies, and printed materials between buildings and departments.• Consistently followed cGMPs, TOLMAR Standard Operating Procedures, FDA, and other regulatory requirements to ensure quality is maintained.• Demonstrated capability to effectively prioritize and work on multiple tasks to adhere to manufacturing scheduling deadlines.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

01DEC2025

Date

I, Dustin Dreith, **certify that as the designated representative for**

UroNova Pharmaceuticals, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DRD I am at least 21 years of age;
3. DRD I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. DRD I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DRD I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DRD I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. DRD I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Dustin Dreith

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01 DEC 2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dustin Dreith

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01 DEC 2025

Date

Please have this section completed in the presence of a Notary Public.

State of Colorado, ss. County of Weld

I, Dustin Dreith, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

01 DEC 2025

Date

Subscribed and Sworn to before me this 01 day of December, 2025

Notary Public Signature

JEAN GRAVES
NOTARY PUBLIC
STATE OF COLORADO
(Seal)
NOTARY ID 20154001662
MY COMMISSION EXPIRES FEBRUARY 15, 2027

UroNova

[redacted]

Nevada State Board of Pharmacy

09Jan2025

985 Damonte Ranch Parkway, Suite 806

Reno, NV 89521

Dear Nevada State Board of Pharmacy,

Please see the list below of employees, agents, independent contractors, consultants, guardians, personal representatives, and lenders or holders of indebtedness for UroNova Pharmaceuticals, Inc.

Employees: Stephen Griffin, Lisa Paradis, Ben Thomas, Dustin Dreith

Agents: N/A

Independent Contractors: N/A

Consultants: N/A

Guardians: N/A

Personal Representatives: N/A

Lenders/Holders of Indebtedness: Tolmar International Ltd.

Please reach out if any further information is needed.

Thank you,

UroNova Licensing Team

licensing@uronovapharma.com

4EEE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Exel Inc. dba DHL Supply Chain (USA)

Physical Address: 9475 Distribution Drive

City: Clayton State: IN Zip: 46118

Mailing Address (if different from physical address): 360 Westar Blvd, Dept 555

City: Westerville State: OH Zip: 43082

Telephone: 662-342-1953 Website: www.dhl.com

Name of Designated Representative (DR): Jennifer Zellers

Licensing Company Email: dhl@iqvia.com DR Email: Jennifer.Zellers@dhl.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Third Party Logistics Provider

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attached



Mark Smeck
→ Original Signature (electronic, copies or stamps not accepted)

10/13/25
→ Date

DHL Supply Chain
Regulatory Affairs

360 Westar Boulevard, Westerville, OH 43082

January 24, 2025

To Whom It May Concern,

Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") submits this correspondence in connection with its Initial application and as the detailed explanation required when the question pertaining to disciplinary action is answered "Yes."

Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") is a part of Deutsche Post DHL Group, the world's leading contract logistics provider, and has tens of thousands of employees across North America. At any given time, DHL is a named defendant in civil matters, including employment cases. Based on knowledge and belief of the respondent completing this application after reasonable inquiry, DHL is not involved in any pending criminal proceedings. Nor is DHL part of any pending malpractice claims, civil claims, or lawsuits in connection with drugs/devices.

Attached are notices from the State Board for the following items:

1. April 12, 2023: DHL received a notice from the California State Board of Pharmacy indicating that the Board issued a fine against DHL for its failure to notify the Board of a change in its Designated Representative. Please note that the issuance of a fine by the Board is not considered a disciplinary action or reportable and the fine was paid in full within the allotted time.

2. November 30, 2023: The Alabama Board of Pharmacy issued a complaint alleging that DHL's renewal applications failed to disclose a Stipulation and Final Agency Order DHL received from the Colorado Board of Pharmacy in 2019. The Colorado Board of Pharmacy's Stipulation and Final Agency Order alleged DHL had provided a late notice of change in its Designated Representative. Upon further review, it was discovered that DHL had made the proper disclosure to the Alabama Board of Pharmacy and the parties entered into a Deferral Agreement which is not considered a discipline.

DHL timely responded to all notices and has not received any response from the applicable Boards.

Please be assured that DHL takes these matters very seriously and has implemented corrective actions to prevent similar issues from occurring in the future. If you have any concerns regarding the matters set forth in this notice, please do not hesitate to contact DHL Regulatory Affairs at regulatory@dhl.com.

Respectfully,

John Kropczynski, BSE, MBA

John Kropczynski

Director, Regulatory Affairs, Americas

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IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	**BOARD OF PHARMACY**
	)	
EXEL, INC. d/b/a DHL SUPPLY CHAIN (USA)	)	**CASE NO: 23-L-0050**
	)	
Third Party Logistics	)	
Permit No. 195360	)	

DEFERRAL AGREEMENT

This Agreement is entered into by and between the Alabama State Board of Pharmacy (Board) and EXEL, Inc. d/b/a DHL Supply Chain (USA).

WHEREAS, EXEL, Inc. d/b/a DHL Supply Chain (USA) was timely served with a Statement of Charges and Notice of Hearing (Pending Charges) alleging violations of the Alabama Pharmacy Practice Act. A copy of the Pending Charges is attached hereto as Exhibit "A".

WHEREAS, the parties, through counsel, have engaged in discussions concerning an informal resolution of the Pending Charges.

WHEREAS, the parties have agreed to resolve this matter pursuant to Code of Alabama (1975) 41-22-12(f) by their approval of the following terms:

IT IS THE THEREFORE UNDERSTOOD AND AGREED BY THE PARTIES AS FOLLOWS:

1. The Pending Charges against EXEL, Inc. d/b/a DHL Supply Chain (USA) shall be deferred until December 31, 2024 (Deferral Period).

2. As a condition to the Deferral described above, EXEL, Inc. d/b/a DHL Supply Chain (USA) shall pay costs in the amount of One Thousand Dollars ($1,000.00) within thirty (30) days of the effective date of this Agreement, that being the date it is signed on behalf of the Board. Failure to pay this amount shall be considered a probable cause violation by EXEL, Inc. d/b/a DHL Supply Chain (USA) as defined below. Payments shall be made payable to Alabama State Board of Pharmacy and mailed to 111 Village Street, Birmingham, Alabama 35242.

3. In the event there are no probable cause violations of the Alabama Pharmacy Practice Act involving EXEL, Inc. d/b/a DHL Supply Chain (USA) during the Deferral Period set forth above, the Pending Charges shall be dismissed.

4. In the event there is a probable cause violation of the Alabama Pharmacy Practice Act involving EXEL, Inc. d/b/a DHL Supply Chain (USA) during the Deferral Period set forth above, both the Pending Charges and any new charges shall be noticed and scheduled for a hearing.

5. Neither the Pending Charges nor this Agreement shall be reported as discipline as long as EXEL, Inc. d/b/a DHL Supply Chain (USA) complies with the conditions of Paragraphs Two and Three of this Agreement.

DocuSign Envelope ID: B903BFE9-AEC3-43D9-928C-E6913E326D55

6. That EXEL, Inc. d/b/a DHL Supply Chain (USA) expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, and the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to Code of Alabama (1975), §34-23-92(12), Code of Alabama (1975), §41-22-12 and §41-22-20, and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. EXEL, Inc. d/b/a DHL Supply Chain (USA) further waives any objection to the attorney for the Board preparing, drafting, or making this Deferral Agreement, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

7. By execution of this Deferral Agreement, EXEL, Inc. d/b/a DHL Supply Chain (USA) hereby releases the Board, its members, agents, representatives, servants, and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Deferral Agreement and Pending Charges.

8. EXEL, Inc. d/b/a DHL Supply Chain (USA) acknowledges and agrees that it has read this Deferral Agreement and that it fully understands the terms, conditions, and contents of the same. EXEL, Inc. d/b/a DHL Supply Chain (USA) acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Deferral Agreement and is signing this Deferral Agreement on the advice of its attorney.

DONE this the 31 day of January, 2024.

Jennifer Muro Neumann
Jennifer Muro Neumann, P.C.
Post Office Box 381082
Birmingham, Alabama 35238

Christy Garmon, Pharm D.
President
State Board of Pharmacy

DONE this the 1st day of February, 2024.

Jennifer Clark
Sydney Willmann
Counsel for EXEL, Inc. d/b/a
DHL Supply Chain (USA)

EXEL, Inc. d/b/a DHL Supply Chain (USA)

By: Allison Haedt
Its: Sr. Associate General Counsel

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	BOARD OF PHARMACY
	)	
EXEL, INC. d/b/a DHL SUPPLY CHAIN (USA)	)	CASE NO: 23-L-0050
	)	
Third Party Logistics	)	
Permit No. 195360	)	

NOTICE OF HEARING

TO: EXEL, INC. d/b/a DHL SUPPLY CHAIN (USA)
1635 Stone Ridge Drive
Stone Mountain, GA 30083

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34, § 34-23-52, § 34-23-92(12), § 34-23-132 and § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on Feb 20, 2024 at 8:00 a.m., at the State Board of Pharmacy Hearing Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why your permit should not be revoked, suspended, or otherwise disciplined based upon your failure to comply with all applicable laws and regulations of the State of Alabama. Disciplinary action may include administrative fines not to exceed $1,000 per violation; and/or revocation, suspension, or denial of your license(s); and/or such other discipline as may be ordered by the Board. Code of Alabama (1975), § 34-23-33. You have the right to be represented by counsel at your own expense, to respond and present evidence and argument on all material issues, to cross-examine all witnesses who testify against you, and to request that witnesses and/or documents be subpoenaed on your behalf. Please refer to the enclosed Standard Scheduling Order for further information regarding responding to the charges, witnesses, exhibits, and prehearing matters.

STATEMENT OF CHARGES

COMES NOW Complainant Donna C. Yeatman, as Executive Secretary of the Alabama State Board of Pharmacy and, on behalf of the Board, charges Respondent EXEL, INC. d/b/a DHL SUPPLY CHAIN (USA) of as follows:

On October 30, 2019, on December 13, 2020, and on November 19, 2021, you submitted renewal applications and failed to disclose, when required to do so, that, on April 29, 2019, you entered into a Stipulation and Final Agency Order with the Colorado Board of Pharmacy after it was alleged that you submitted a late notice of change of representative in violation of Colorado law. This discipline was not reported to the Board until you submitted your renewal application on November 23, 2022. Said Stipulation and Final Agency Order is attached hereto as Exhibit A.

On October 18, 2022, you entered into a Deferral Agreement in a matter with this Board in case number 21-L-0277. The above-referenced matter constitutes a violation of the said Deferral Agreement. Said Deferral Agreement is attached hereto as Exhibit B.

VIOLATIONS

If proven true, you will be in violation of the following:

Code of Alabama (1975), §34-23-32(a) and Ala. Admin. Code r. 680-X-2-.25(a): by failing to submit applications that contain information as required by the Board and that conform with the requirements of all applicable laws and regulations.

Code of Alabama (1975), §34-23-32(a) and Ala. Admin. Code r. 680-X-2-.23(l)(3): by failing to comply with all applicable state laws and regulations.

PRAYER FOR RELIEF

WHEREFORE, Complainant, in her capacity as the Executive Secretary of the Alabama State Board of Pharmacy, requests that, upon hearing and proof, Respondent be found guilty of the aforementioned violations and that the Alabama State Board of Pharmacy take such disciplinary actions as it deems necessary.

Dated this the 30th day of Nov., 2023.

ALABAMA STATE BOARD OF PHARMACY

Donna C Yeatman

By: Donna C. Yeatman, Executive Secretary

EXHIBIT A

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-844

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE OUT-OF-STATE PRESCRIPTION DRUG WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF EXEL INC., DBA DHL SUPPLY CHAIN (USA), REGISTRATION NO. WHO 8288,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Exel Inc., dba DHL Supply Chain (USA)("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2019-844, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as an out-of-state prescription drug wholesaler, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2018).

2. Respondent Outlet was originally registered in the State of Colorado on or about November 19, 2010, being issued registration #WHO 8288, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Outlet's address of record with the Board and current location is 1635 Stone Ridge Drive, Stone Mountain, Georgia.

4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent Outlet failed to timely submit to the Board an application detailing a change in designated representative and fee. In this case, 320 days transpired between March 9, 2018, the date the previous designated representative ceased the position, and January 23, 2019, the date the application and fee were received.

6. On or about February 4, 2019, the Board initiated a complaint against Respondent Outlet because of the delay of 320 days in submitting an application detailing a change in designated representative and fee.

7. Respondent Outlet's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

12-42.5-303. Wholesaler license requirements.

(3)(a) An applicant for a wholesaler license shall provide to the board the following information, and any other information deemed appropriate by the board on a form provided by the board:

(I) The name, full business address, and telephone number of the applicant;

(II) The trade and business names used by the applicant;

(III) The addresses, telephone numbers, and names of the contact persons for all facilities used by the applicant for the storage, handling, and distribution of prescription drugs;

(IV) The type of ownership or operation of the applicant;

(V) The names of the owner and the operator of the applicant, including:
(A) The name of each partner if the applicant is a partnership;
(B) The name and title of each officer and director, the name of the corporation, and the state of incorporation, if the applicant is a corporation;
(C) The name of the limited liability company, if the applicant is a limited liability company, and the name of the parent company, if any, and the state of incorporation or formation of both; or

(D) The name of the sole proprietor and the business entity if the applicant is a sole proprietorship;

(VI) A list of the licenses and permits issued to the applicant by any other state that authorizes the applicant to purchase or possess prescription drugs; and

(VII) The name of the applicant's designated representative for the facility, the fingerprints of the designated representative, and a personal information statement for the designated representative that includes information as required by the board, including but not limited to the information in subsection (5) of this section.

(b) A licensee shall complete and return a form approved by the board at each renewal period. The board may suspend or revoke the license of a wholesaler if the board determines that the wholesaler no longer qualifies for a license.

* * *

Pharmacy Board Rules and Regulations

15.01.14 Change of name, location, or ownership, or designated representative.

c. Any change in the designated representative of a wholesaler shall be reported to the Board on a form supplied by the Board within thirty calendar days of such change. The incoming designated representative must undergo the required background check.

TERMS OF DISCIPLINE

8. Fine with Surcharge. Pursuant to section 12-42.5-124(5)(a)(I), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent Outlet understands and acknowledges that, pursuant to section24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Outlet shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents ($1,150.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board.

9. Compliance. Respondent Outlet shall submit all future applications and appropriate fees to the Board detailing changes in designated representative within the required time frame specified by Board rule or statute in effect at the time of such designated representative change.

10. Other Requirements. Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:

    a. promptly pay all Respondent Outlet's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

11. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:

    a. to have formal notice of hearing and charges served upon it;

    b. to respond to said formal notice of charges;

    c. to have a formal disciplinary hearing pursuant to sections 12-42.5-123 and 12-42.5-124, C.R.S.; and

    d. to appeal this Final Agency Order.

    Respondent Outlet freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Outlet to the sanctions imposed herein.

12. Acknowledgments. The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.

13. Violations. Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's registration. The pendency of any suspension

or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.

14. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. Public Record. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

16. Effective Date. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Outlet at Respondent Outlet's address of record with the Board, or (b) service by electronic means on Respondent Outlet at Respondent Outlet's electronic address of record. Respondent Outlet hereby consents to service by electronic means if Respondent Outlet has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Outlet

Mark A. Saracik Dated: 4/18/19
Authorized Representative

Vice President, General Counsel and Secretary
Name / Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 29 day of April, 2019.

State Board of Pharmacy

BY: _____
Dmitry Kunin
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of April 2019, addressed as follows:

By electronic mail:

Exel Inc. dba DHL Supply Chain USA
1635 Stone Ridge Dr
Stone Mountain, GA 30083-1118

Email: renewals@licenselogix.com; and andrew.post@dhl.com

Linda Hanko
Agent of the Board

EXHIBIT B

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
EXEL INC. dba DHL SUPPLY CHAIN (USA)	)	**BOARD OF PHARMACY**
	)	
THIRD PARTY LOGISTICS	)	**CASE NO: 21-L-0277**
Permit No. 195360	)	

DEFERRAL AGREEMENT

This Agreement is entered into by and between the Alabama State Board of Pharmacy (Board) and Exel Inc. dba DHL Supply Chain (USA).

WHEREAS, Exel Inc. dba DHL Supply Chain (USA) was timely served with a Statement of Charges and Notice of Hearing (Pending Charges) alleging violations of the Alabama Pharmacy Practice Act. A copy of the Pending Charges is attached hereto as Exhibit "A".

WHEREAS, the parties, through counsel, have engaged in discussions concerning an informal resolution of the Pending Charges.

WHEREAS, the parties have agreed to resolve this matter pursuant to Code of Alabama (1975) 41-22-12(f) by their approval of the following terms:

IT IS THE THEREFORE UNDERSTOOD AND AGREED BY THE PARTIES AS FOLLOWS:

1. The Pending Charges against Exel Inc. dba DHL Supply Chain (USA) shall be deferred until December 31, 2023 (Deferral Period).

2. As a condition to the Deferral described above, Exel Inc. dba DHL Supply Chain (USA) shall pay costs in the amount of Two Thousand Five Hundred Dollars ($2,500.00) within thirty (30) days of the effective date of this Agreement, that being the date it is signed on behalf of the Board. Failure to pay this amount shall be considered a probable cause violation by Exel Inc. dba DHL Supply Chain (USA) as defined below.

3. In the event there are no probable cause violations of the Alabama Pharmacy Practice Act involving Exel Inc. dba DHL Supply Chain (USA) during the Deferral Period set forth above, the Pending Charges shall be dismissed.

4. In the event there is a probable cause violation of the Alabama Pharmacy Practice Act involving Exel Inc. dba DHL Supply Chain (USA) during the Deferral Period set forth above, both the Pending Charges and any new charges shall be noticed and scheduled for a hearing.

5. Neither the Pending Charges nor this Agreement shall be reported as discipline as long as Exel Inc. dba DHL Supply Chain (USA) complies with the conditions of Paragraphs Two and Three of this Agreement.

6. That Exel Inc. dba DHL Supply Chain (USA) expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, and the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to Code of Alabama (1975), §34-23-92(12), Code of Alabama (1975), §41-22-12 and §41-22-20, and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Exel Inc. dba DHL Supply Chain (USA) further waives any objection to the attorney for the Board preparing, drafting or making this Deferral Agreement, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

7. By execution of this Deferral Agreement, Exel Inc. dba DHL Supply Chain (USA) hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Deferral Agreement and Pending Charges.

8. Exel Inc. dba DHL Supply Chain (USA) acknowledges and agrees that it has read this Deferral Agreement and that it fully understand the terms, conditions and contents of the same. Exel Inc. dba DHL Supply Chain (USA) acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Deferral Agreement and is signing this Deferral Agreement on the advice of its attorney.

DONE this the 18th day of October, 2022.

Jennifer Muro Neumann
Jennifer Muro Neumann, P.C.
Post Office Box 381082
Birmingham, Alabama 35238

Chris Phung, R.Ph.,
President
State Board of Pharmacy

DONE this the 17th day of October, 2022. Jennifer Clark

Jennifer H. Clark, Attorney for

Exel Inc. dba DHL Supply Chain (USA)

Allisa E. Haedt

Exel Inc. dba DHL Supply Chain (USA).

By: Allisa Haedt

Its: Associate General Counsel

DHL Supply Chain
Regulatory Affairs

360 Westar Boulevard,Westerville, OH 43082

May 3, 2023

To whom it may concern,

Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") is submitting this letter in reference to the question on the application regarding pending complaint, investigation, or disciplinary actions.

Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") is a part of Deutsche Post DHL Group, the world's leading contract logistics provider, and has tens of thousands of employees across North America. At any given time, DHL is a named defendant in civil matters, including employment cases. Based on knowledge and belief of the respondent completing this application after reasonable inquiry, DHL is not involved in any pending criminal proceedings. Nor is DHL part of any pending malpractice claims, civil claims, or lawsuits in connection with drugs/devices.

Attached is a letter from the State Board for the following item:

On April 23, 2023, DHL received a notice from the California State Board of Pharmacy indicating that the Board issued a fine against DHL for its failure to notify the Board of a change in its Designated Representative for the site located at 5920 Corporate Drive, St. Joseph, MO 64507. Please note that the issuance of a fine by the Board is not considered a disciplinary action or reportable and the fine was paid for in full within the allotted time.

Please be assured that DHL takes these matters very seriously and has implemented corrective actions to prevent similar issues from occurring in the future. If you have any concerns regarding the matters set forth in this notice, please do not hesitate to contact DHL Regulatory Affairs at regulatory@dhl.com.

Respectfully,

John Kropczynski, BSE, MBA

John Kropczynski

Director, Regulatory Affairs, America's

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

April 12, 2023

DATED MATERIAL ENCLOSED

EXEL INC_DBA DHL SUPPLY CHAIN (USA)
ATTN: KENNETH SUREDDIN, CEO
5920 CORPORATE DRIVE
ST JOSEPH, MO 64507

RE: CI 2022 99663
EXEL INC_DBA DHL SUPPLY CHAIN (USA)
NPL 1001

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- May 12, 2023: Unless the Citation is contested payment of fine(s) must be received by the Board.
- April 26, 2023: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- May 12, 2023: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Suelynn Yee, Citation and Fine Analyst at (916) 518-3013.

Anne Sodergren
EXECUTIVE OFFICER

By:

Suelynn Yee
Citation and Fine Analyst

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **May 12, 2023.**
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy
Attn: Cashier
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than April 26, 2023 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than May 12, 2023 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have any questions regarding any documents enclosed please contact Suelynn Yee, Citation and Fine Analyst at (916) 518-3013.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No
CI 2022 99663	EXEL INC_DBA DHL SUPPLY CHAIN (USA), NPL 1001

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4160 subd. (g)	A third-party logistics provider shall notify the board in writing, on a form designated by the board, within 30 days of the date when a responsible manager ceases to act as the responsible manager, and shall on the same form propose another designated represenative-3PL to take over and the responsible manager.	$5,000.00

CONDUCT:

Business and Professions Code section 4160(g) requires a third-party logistics provider to notify the Board in writing, on a form designed by the Board, within 30 days of the date when a responsible manager ceases to act as the responsible manager and shall on the same form propose another designated representative-3PL to take over as the responsible manager. Specifically, on February 3, 2023, the Board received an Application for Change of Responsible Manger from Exel INC DBA DHL Supply Chain (USA), which had been signed under penalty of perjury by a corporate officer and the newly designated responsible manager-in-charge (RMG). The form indicated that the prior RMG, Donald Kragel (DRL 40449), dissociated on June 30, 2021 and that Ryan Stocking (DRL 40676) was designated as the new RMG the following day. Exel INC DBA DHL Supply Chain (USA) failed to notify the Board of their dissociated RMG for 583 days (June 30, 2021 – February 3, 2023). Similarly, Exel INC DBA DHL Supply Chain (USA) failed to notify the Board of their new RMG for 582 days (July 1, 2021 – February 3, 2023).

CITATION ISSUED ON: April 12, 2023 | TOTAL AMOUNT OF FINE(S): $5,000.00

PAYMENT OF FINE(S) DUE BY: May 12, 2023

UPS CampusShip: View/Print Label

1. Ensure there are no other shipping or tracking labels attached to your package. Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.

2. Fold the printed label at the solid line below. Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.

3. GETTING YOUR SHIPMENT TO UPS
   Customers with a Daily Pickup
   Your driver will pickup your shipment(s) as usual.

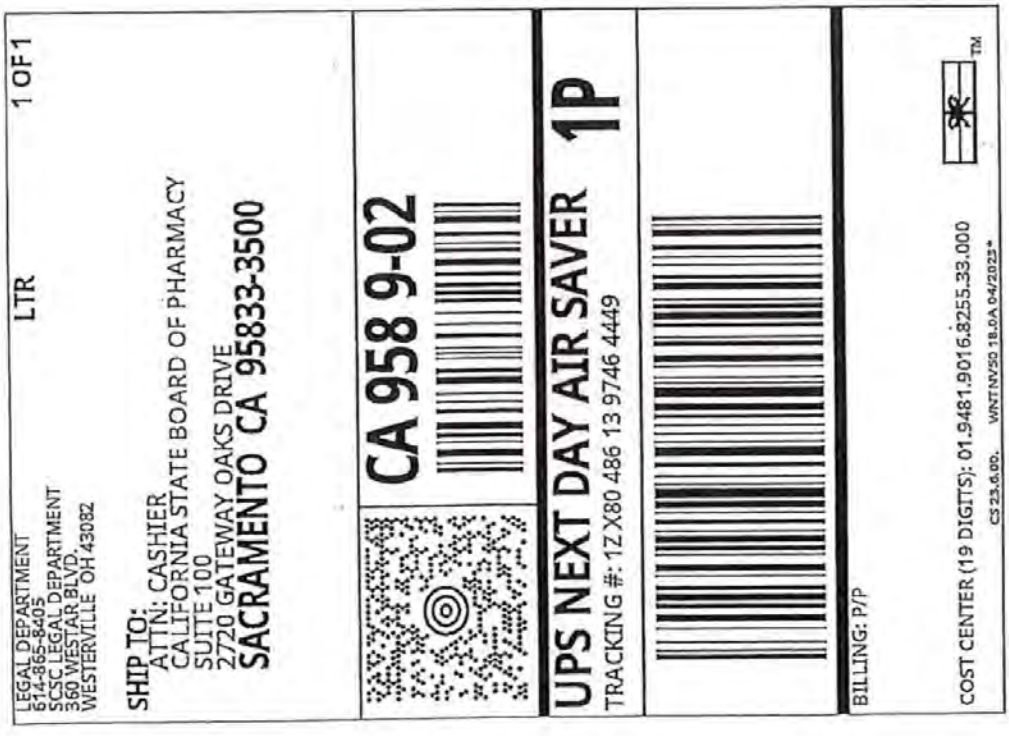
   Customers without a Daily Pickup
   Take your package to any location of The UPS Store®, UPS Access Point(TM) location, UPS Drop Box, UPS Customer Center, Staples® or Authorized Shipping Outlet near you. Items sent via UPS Return Services(SM) (including via Ground) are also accepted at Drop Boxes. To find the location nearest you, please visit the Resources area of CampusShip and select UPS Locations.
   Schedule a same day or future day Pickup to have a UPS driver pickup all your CampusShip packages.
   Hand the package to any UPS driver in your area..

UPS Access Point™
THE UPS STORE
752 N STATE ST
WESTERVILLE ,OH 43082

UPS Access Point™
CVS STORE # 6155
145 S STATE ST
WESTERVILLE ,OH 43081

UPS Access Point™
THE UPS STORE
1491 POLARIS PKWY
COLUMBUS ,OH 43240

FOLD HERE



DHL Supply Chain



Legal Department
360 Westar Boulevard
Westerville, Ohio 43082

May 3, 2023 via UPS

California State Board of Pharmacy
Attn: Cashier
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

RE: Exel dba DHL Supply Chain – CI 2022 99663
Settlement - $5,000.00

To whom it may concern:

Enclosed please find the following settlement payments:

- a check payable to California State Board of Pharmacy in the amount of $5,000.00.

Please contact the undersigned if you have any questions.

Yours sincerely,

Michal Armstrong
Senior Legal Operations Analyst
Legal Services - Americas
Legal-Services@dhl.com
614.865.8415

Enclosures

CC: Lori Hill
Elaine Darr
John Kropczynski

DHL Supply Chain – Excellence. Simply delivered.

THE FACE OF THIS DOCUMENT CONTAINS A COLORED PANTOGRAPH ON WHITE PAPER.

Exel Inc.
DBA DHL SUPPLY CHAIN (USA)
360 WESTAR BLVD, WESTERVILLE, OH 43082, UNITED STATES
614-865-8500

CHECK NO. **833712**

Bank of America Customer Connection
Bank of America, N. A.
Atlanta, Dekalb County, Georgia

64-1278
611

CONTROL NO.	CHECK DATE	VENDOR NO.
833712	02-MAY-23	240596

Five Thousand Dollars And 00 Cents**********

VOID AFTER 90 DAYS
CHECK AMOUNT
US DOLLAR
**********5,000.00

PAY TO THE ORDER OF
CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE STE 100
SACRAMENTO,CA 95833
UNITED STATES

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $50,000

⑈833712⑈ ⑆061112788⑆ 329 901 5620⑈

VENDOR: 240596

Exel Inc. DBA DHL SUPPLY CHAIN (USA)
360 WESTAR BLVD, WESTERVILLE, OH 43082, UNITED STATES

833712

YOUR INVOICE NO.	INVOICE DATE	DESCRIPTION	NET CHECK AMOUNT
042823	28-APR-23	LEGAL CITATION	5,000.00

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Zimmer Biomet

Address: 1800 W Center Street City: Warsaw State: IN Zip: 46580

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Massachusetts

Parent Company (if any): DPWN Holdings, Inc.

Corporation/Organization Name: Exel Inc.

Mailing Address: 360 Westar Blvd, Dept 555

City: Westerville State: OH Zip: 43082

Telephone: 614-865-8500 Email: regulatory@dhl.com

Contact Person Name: Mark A. Smolik

Section 6: Partnership

Partnership Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 7: Sole Owner

Owner's Name:

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Exel Inc. dba DHL Supply Chain (USA)

Facility Name

Mark A. Smolik

Print Name of Authorized Person Submitting Application

Mark Smolik

→ Original signature of Authorized Person (copies or stamps not accepted)

10/13/25

→ Date

Board Use Only	Date Received: 10/29/25	Amount: $1000 7156632 67



Exel Inc. dba DHL Supply Chain (USA)

Business Description

Exel Inc. dba DHL Supply Chain (USA) has been at the forefront of innovative supply chain solutions for the life sciences and healthcare industries for 20 years. As a trusted global partner we create agile, highly responsive supply chains capable of transporting critical, sensitive and valuable products, even to the world's most rugged and remote locations.

Our extensive experience of supplying logistical solutions to the life sciences and healthcare sector has enabled us to develop specific expertise in the following areas: Vaccines, Generic Pharmaceuticals, Controlled Substances, Over The Counter (OTC) Medication, and Animal Health. For each of these areas we have experts working with our customers to optimize their supply chains.

A connected global footprint and industry expertise
With over 120 sites in 40 countries and 4,500 dedicated healthcare staff, serving 250 life sciences and healthcare customers worldwide, we're always there to offer a safe pair of hands. We have the scale and experience to implement healthcare logistics solutions across the world.

Quality and regulatory compliance
For our customers, deep sector expertise is vital to track, comprehend, and comply with essential and increasing rules and regulations for the storage, transportation and delivery of pharmaceuticals, medical equipment and patient-specific treatments.

With our Global Quality Assurance group of over 100 individuals driving operational consistency and governance we're always up to date with the latest changes in local and international regulations. Our global network provides highly controlled environments and we ensure full GxP (Good Practice) compliance from origin to destination.

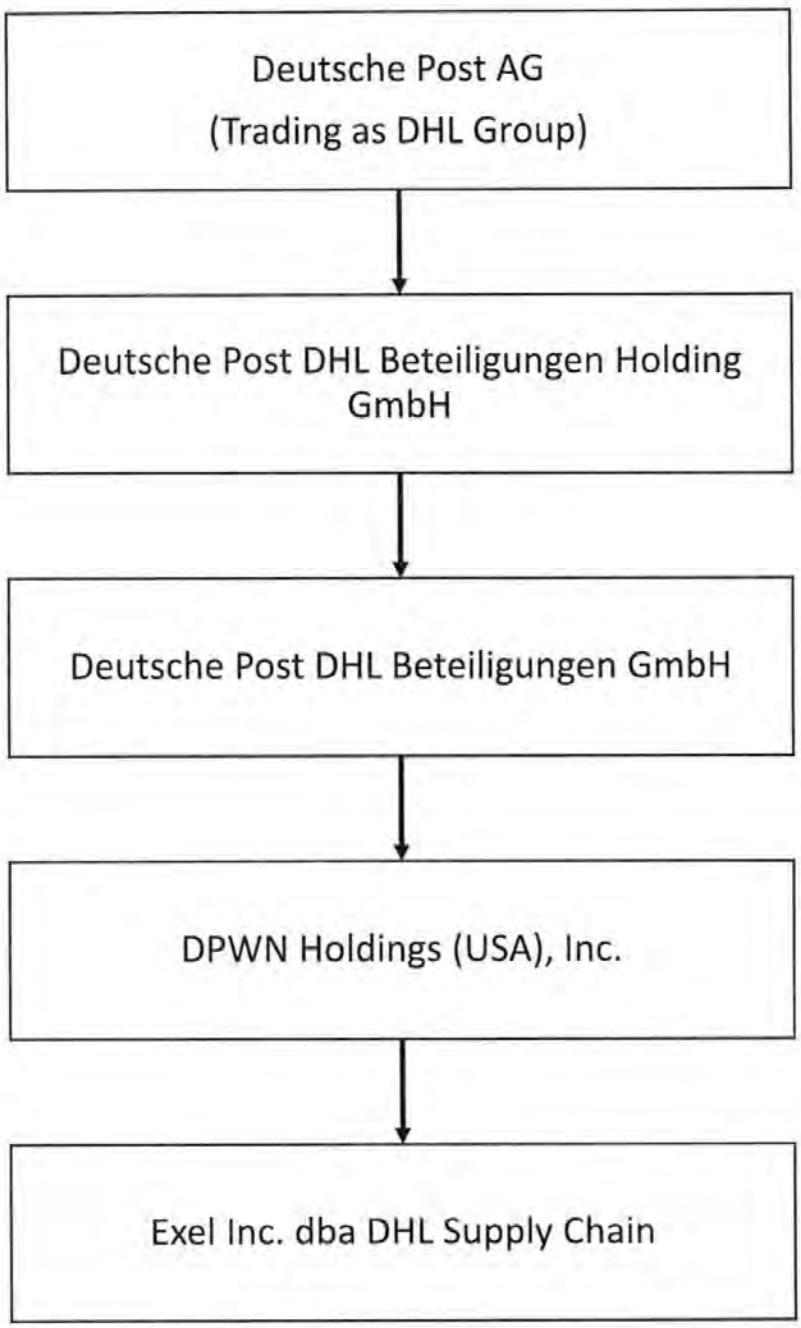
Health, safety and security
We help to achieve high standards on health, safety and security through extensive training and timely monitoring. We offer consulting on global safety regulations and conduct regular inspections and process audits of our facilities.

Exel Inc.
d/b/a DHL Supply Chain (USA)
360 Westar Blvd, Westerville, OH 43082
State of Incorporation: MA
Date of Incorporation: 6/1/1983
EIN: 04-2801160

Title	*Name of Officer	Address	Telephone
Chief Executive Officer and President	Mark Kunar	360 Westar Boulevard, Westerville, OH 43082	614-865-8500
Chief Legal Officer and Secretary	Mark Andrew Smolik	360 Westar Boulevard, Westerville, OH 43082	614-865-8500

**No percentages owned.*


Deutsche Post AG
(Germany)
Publicly Traded as DHL Group
100%
Deutsche Post DHL Beteiligungen Holding GmbH
(Germany)
100%
Deutsche Post DHL Beteiligungen GmbH
(Germany)
100%
DPWN Holdings (USA), Inc.
State of Incorporation: Ohio
100%
Exel Inc. dba DHL Supply Chain (USA)
360 Westar Boulevard
Westerville, OH 43082
(Parent Company/North America Headquarters)
State of Incorporation: Massachusetts
Corporate Officers:
Mark Kunar: President & Chief Executive Officer
Mark Smolik: Chief Legal Officer and Secretary


Deutsche Post AG
(Trading as DHL Group)
Deutsche Post DHL Beteiligungen Holding GmbH
Deutsche Post DHL Beteiligungen GmbH
DPWN Holdings (USA), Inc.
Exel Inc. dba DHL Supply Chain

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

Date: January 30, 2025

To Whom It May Concern :

I hereby certify that according to the records of this office,

EXEL INC.

is a domestic corporation organized on **June 01, 1983** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 25010531650

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: hng

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Third Party Logistics Provider

Registration Number	Expire Date
94000337A	09/30/2026

Exel Inc. dba DHL Supply Chain (USA)
9475 Distribution Drive
Clayton IN 46118

Mike Braun
Governor
State of Indiana

Lindsay M. Hyer
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Third Party Logistics Provider

Registration Number	Expire Date
94000337A	**09/30/2026**

Exel Inc. dba DHL Supply Chain (USA)

Signature

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY): 05/01/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Aon Risk Services Central, Inc.
Chicago IL Office
200 East Randolph
Chicago IL 60601 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): 800-363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	National Union Fire Ins Co of Pittsburgh	19445
INSURER B:	AIU Insurance Company	19399
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Exel Inc. DBA DHL Supply Chain (USA)
360 Westar Boulevard
Westerville OH 43082-7627 USA

COVERAGES **CERTIFICATE NUMBER:** 570119799363 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			GL012335774	05/01/2026	05/01/2027	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$2,000,000
	OTHER							
A	AUTOMOBILE LIABILITY			CA 012335772 AOS	05/01/2026	05/01/2027	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
B	X ANY AUTO			CA 012335773 MA	05/01/2026	05/01/2027	BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC012335776 AOS	05/01/2026	05/01/2027	X PER STATUTE OTH-ER	
B	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: N (Mandatory in NH) N/A			WC012335777 WI	05/01/2026	05/01/2027	E.L. EACH ACCIDENT	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	$1,000,000
							E.L. DISEASE-POLICY LIMIT	$1,000,000
A	Excess Workers Compensation			WC012335778 OH WA WY SIR applies per policy terms & conditions	05/01/2026	05/01/2027	EL Each Accident EL Disease - Ea Emp SIR	$1,000,000 $1,000,000 $500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: See attached addendum. Additional Insured is afforded in accordance with the provisions of the General Liability and Automobile Liability policies, where Exel Inc. dba DHL Supply Chain has specifically agreed by written contract to provide Additional Insured status. See Attached List of Named Insured.

CERTIFICATE HOLDER

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno NV 89521 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Central, Inc.

Holder Identifier :

Certificate No : 570119799363

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AGENCY CUSTOMER ID: 570000054594

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	Exel Inc. DBA DHL Supply Chain (USA)
POLICY NUMBER	
See Certificate Number: 570119799363	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570119799363	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insured List

First Named Insured: Exel Inc. d/b/a DHL Supply Chain (USA)

Advance Logistics Inc.
Bluebird Express, LLC
DHL Supply Chain RN (USA)
DPWN Holdings (USA), Inc.
Exel Freight Connect Inc. dba DHL Tansport Brokerage
Genesis Logistics Inc.
Heartland Logistics Inc.
Hillebrand Last Mile USA, Inc
Hyperion Properties, Inc.
Integrated Distribution Services, Inc. (IDS)
Key Fleet LLC
KLS Logistics Inc
PDP Courier Services (USA) Inc.
Power Packaging, Inc.
Royal Service Transport Inc.
Satellite Logistics Group, Inc.
SLG Holdco Inc.
Tibbett & Britten Group North America, LLC
Trillium Supply Chain

Including any subsidiary corporations thereof, or any tier, as now or hereafter constituted and any other legal entity in which the Named Insured has fifty percent or more ownership interest or in which the Named Insured exercises management or financial control.

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AGENCY CUSTOMER ID: 570000054594

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	Exel Inc. DBA DHL Supply Chain (USA)
POLICY NUMBER: See Certificate Number: 570119799363	
CARRIER: See Certificate Number: 570119799363 / NAIC CODE:	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Site Locations

8655 Commerce Drive, Southaven, MS 38671
Ste 100 84 Zions View Road Suite 100, Manchester, PA 17345
3950 Alto Ave, Las Vegas, NV 89115
1800 Cloister Drive, Lancaster, PA 17601
5920 Corporate Drive, St. Joseph, MO 64507
1141 E Harrisburg Pike, Middletown, PA 17057
1704 Midpark Road, Knoxville, TN 37921
9440 South State Road 39 Suite 200, Mooresville, IN 46158
9211 Kaiser Way, Fontana, CA 92335
9440 South State Road 39, Mooresville, IN 46158
300 Salem Church Rd., Mechanicsburg, PA 17050
1635 Stone Ridge Dr, Stone Mountain, GA 30083
98 Excellence Way, Vonore, TN 37885
1003 Corporate Lane Suite A, Export, PA 15632
3299 Tchulatech Drive Suite 110, Memphis, TN 38118
700 Killinger Road, Annville, PA 17003
350 Salem Church Road, Mechanicsburg, PA 17050
2500 Southpoint Drive, Forest Park, GA 30297
1025 Sandhill Road, Reno, NV 89521
9475 Distribution Drive, Clayton, IN 46118
260 Salem Church Road, Mechanicsburg, PA 17050
8890 Commerce Drive, Southaven, MS 38671
3930 S 500E, Whitestown, IN 46075

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RIDER

To be attached to and form part of:

Bond Number 016075066

dated April 15, 2017

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of EXEL, INC. DBA DHL SUPPLY CHAIN (USA)
(Principal)

and in favor of THE STATE OF NEVADA
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The following site locations to be added:

- **700 Killinger Road, Annville, PA 17003**
- **9475 Distribution Drive, Clayton, IN 46118**

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 25th day of August, 2025.

Signed, Sealed & Dated this 28th day of August, 2025.

EXEL, INC. DBA DHL SUPPLY CHAIN (USA)
(Principal)

By: _____

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Pedro Gonzalez Jr., Attorney-in-Fact

POWER OF ATTORNEY

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8213642-016018

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Pedro Gonzalez, Jr.

all of the city of Miami state of FL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 8th day of April, 2025.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
Nathan J. Zangerle, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 8th day of April, 2025 before me personally appeared Nathan J. Zangerle, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2029
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes Nathan J. Zangerle, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 28th day of August, 2025.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Exel Inc. dba DHL Supply Chain (USA) MDEG License # (if applicable): _____

Physical Address: 9475 Distribution Drive

City: Clayton State: IN Zip: 46118

Mailing Address (if different from physical address): 360 Westar Blvd, Dept 555

City: Westerville State: OH Zip: 43082

Telephone: 662-342-1953 Website: www.dhl.com

Licensing Company Email: dhl@iqvia.com

Section 2: Personal Information

First: Jennifer Middle: Marie Last: Zellers

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address: [redacted]

City: Westerville State: _____ Z[redacted]

Telephone: [redacted] Email: Jennifer.Zellers@dhl.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Saint Francis		08/15-06/17	
Address	City	State	Zip
500 Wilcox Street	Joliet	IL	60435
Diploma/Degree obtained, if any			
Master of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Indiana Tech		08/07-06/09	
Address	City	State	Zip
50 W Fall Creek Parkway North Dr	Fort Wayne	IN	46803
Diploma/Degree obtained, if any			
Bachelor of Science, Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Ivy Tech		06/00 - 02/02	
Address	City	State	Zip
50 W Fall Creek Parkway North Dr	Indianapolis	IN	46208
Diploma/Degree obtained, if any			
Associate of Applied Science Degree in Office Administration			

School Name		From - To (MM/YY – MM/YY)	
Warsaw Community High School		08/96 - 06/00	
Address	City	State	Zip
1 Tiger Lane	Warsaw	IN	46580
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/21 - 09/25	[redacted]	Westerville	OH	[redacted]
02/19 - 10/21		Dayton	OH	
12/14 - 02/19		Vandalia	OH	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Exel Inc. dba DHL Supply Chain (USA)			10/21 - 09/25
Business Address	**City**	**State**	**Zip**
9440 S. State Rd. 39	Mooresville	IN	46158
Phone	**Title**		**Number of Employed Hours**
714-709-2000	General Manager		6000+

Description of Duties
- ❑ Responsible for oversight and management of 7-day, multi-shift distribution center employing 200 associates
- ❑ Drive operational efficiencies and customer KPI's while ensuring a safe and positive work culture
- ❑ Recruitment and development of leadership team.
- ❑ Enforce and address company policy with fairness and consistency.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

→ Original Signature (electronic, copies or stamps not accepted)

10.16.2025
→ Date

I, Jennifer Zellers, **certify that as the MDEG Administrator for**

Exel Inc. dba DHL Supply Chain (USA),

that I (initial that you have read and meet the following requirements):

1. JMZ Have a high school diploma or its equivalent;
2. JMZ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JMZ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JMZ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jennifer Zellers
Print Name (First, Last)

→ Original Signature (electronic, copies or stamps not accepted)

→ 10.09.2025
Date

Board Use Only	Date Received: 10/30/25

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Exel Inc. dba DHL Supply Chain (USA)

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 9475 Distribution Drive

City Clayton State IN Zip 46118

Mailing Address (if different from physical address) 360 Westar Blvd, Dept 555

City Westerville State OH Zip 43082

Telephone 662-342-1953 Website www.dhl.com

Licensing Company Email dhl@iqvia.com

Section 2: Personal Information

First Jennifer Middle Marie Last Zellers

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITI [redacted] Sex ☐ M ☑ F ☐ X

Mailing Addres[redacted]

City Westerville State OH Zip [redacted]

Telephone[redacted] Email Jennifer.Zellers@dhl.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Saint Francis		08/15-06/17	
Address	**City**	**State**	**Zip**
500 Wilcox Street	Joliet	IL	60435
Diploma/Degree obtained, if any			
Master of Business Administration			
School Name		**From - To (MM/YY – MM/YY)**	
Indiana Tech		08/07-06/09	
Address	**City**	**State**	**Zip**
1600 E. Washington Blvd	Fort Wayne	IN	46803
Diploma/Degree obtained, if any			
Bachelor of Science, Business Administration			
School Name		**From - To (MM/YY – MM/YY)**	
Ivy Tech		06/00 - 02/02	
Address	**City**	**State**	**Zip**
50 W Fall Creek Parkway North Dr	Indianapolis	IN	46208
Diploma/Degree obtained, if any			
Associate of Applied Science Degree in Office Administration			
School Name		**From - To (MM/YY – MM/YY)**	
Warsaw Community High School		08/96 - 06/00	
Address	**City**	**State**	**Zip**
1 Tiger Lane	Warsaw	IN	46580
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/21 - 09/25	[redacted]	Avon	IN	[redacted]
02/19 - 10/21		Dayton	OH	
12/14 - 02/19		Vandalia	OH	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Exel Inc. dba DHL Supply Chain (USA)			10/21 - 09/25	
Business Address		**City**	**State**	**Zip**
9440 S. State Rd. 39		Mooresville	IN	46158
Phone	**Title**		**Number of Employed Hours**	
714-709-2000	General Manager		6000+	

Description of Duties

- ❑ Responsible for oversight and management of 7-day, multi-shift distribution center employing 200 associates
- ❑ Drive operational efficiencies and customer KPI's while ensuring a safe and positive work culture
- ❑ Recruitment and development of leadership team.
- ❑ Enforce and address company policy with fairness and consistency.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Jennifer Zellers, **certify that as the designated representative for**

Exel Inc. dba DHL Supply Chain (USA),

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JMZ I am at least 21 years of age;
3. JMZ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JMZ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JMZ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JMZ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JMZ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jennifer Zellers

Print Name (First, Last)

→ Original Signature (electronic, copies or stamps not accepted)

10.09.2025

→ Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jennifer Zellers

Print Name (First, Last)

→ Original Signature (electronic, copies or stamps not accepted)

→ Date 10.09.2025

Please have this section completed in the presence of a Notary Public.

State of INDIANA, ss. County of HENDRICKS

I, Jennifer Zellers, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

→ **Original Signature**

→ **Date** 10.10.2025

Subscribed and Sworn to before me this 10th day of October, 2025

→ **Notary Public Signature** Rachel Carrington

Rachel Carrington
Notary Public - State of Indiana
Commission Number: NP0762420
My Commission Expires: 3-24-2033

(Seal)

Employee List

Section 9:

List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.

Jennifer Zellers

Douglas Beasley

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National Association of Boards of Pharmacy®

Preoperational Inspection Form

Inspection Information

			Inspection Information
Business e-Profile ID:	1899448		
Legal Business Name:	Exel Inc.	**Day 1:**	8/12/2025
Doing Business As (DBA):	DHL Supply Chain (USA)	**Start Time: 24-hour format (13:00)**	11:50
Formerly Known As (FKA):	N/A	**End Time: 24-hour format (13:00)**	14:10
Address:	9475 Distribution Dr	**Day 2:**	N/A
City:	Clayton	**Start Time: 24-hour format (13:00)**	N/A
State:	Indiana	**End Time: 24-hour format (13:00)**	N/A
Zip Code:	46118	**Inspector Name:**	Ralph Anilo
Telephone number:	317/748-9838	**Inspection Performed by (NABP, State, etc):**	NABP
Toll free number:	N/A	**Observer Name/Affiliation/Title:**	N/A
Fax number:	N/A	**Observer Name/Affiliation/Title:**	N/A
Website:	www.exel.com	**Reason for Opening Inspection (eg, new business, change of owner,**	new business

Focused Information

The following, if any, are specific Section(s) and/or Question(s) to which the facility should consider providing a response. The facility is encouraged to read the inspection report in its entirety and carefully. As this Focused Information section is not all inclusive, there may be Section(s) and/or Question(s) not noted below to which the facility may want to consider further response.

Additional information on NABP's Inspection website.

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Personnel Present at Time of Inspection

Name	Title	License or registration available and current (Y, N, or N/A)
Douglas Beasley	DR / Director of Operations	N
Jennifer Zellers	General Manager	Y
Jason Barnes	Director of Operations	N
N/A	N/A	N/A

If more than 10, list the first 10 below, then list the title and number for the additional personnel present.

Documents collected as part of the inspection.

To obtain a copy of these documents please contact the facility directly. They are not included in the final report.

Document Name	Description
N/A	N/A

General Business Information

Business Hours of Operation

Anticipated Opening Date	4/1/2026	Open 24/7 (X)	
	Start Time: (24-hour format)	End Time: (24-hour format)	Closed (X)
Sunday	N/A	N/A	X
Monday	6:00	0:00	
Tuesday	6:00	0:00	
Wednesday	6:00	0:00	
Thursday	6:00	0:00	
Friday	6:00	0:00	
Saturday	N/A	N/A	X
Describe if hours of operation vary from above for front-end/business hours (eg, community pharmacy with pharmacy hours that are shorter than front end or distributor with extended hours from business hours of operation)	The DR stated that the facility will have two shifts. The first shift will be from 6:00 to 14:30, and the second shift will be from 14:30 to 0:00. He added that the office staff will work from 8:00 to 16:00. He then noted that some management staff will work the same hours as shift employees.		

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Key Personnel			
Title of Key Personnel	**Name**	**Contact (e-mail)**	**e-Profile ID**
Pharmacist in Charge	N/A	N/A	N/A
Designated Representative (DR)	Douglas Beasley (Director of Operations)	Douglas.beasley@DHL.com	N/A
Site/Facility Manager	Jennifer Zellers	Jennifer.zellers@DHL.com	N/A
Owner	N/A	N/A	N/A
Compliance Officer	John Kropczynski (not present)	John.kropczynski@DHL.com	N/A
Other (Include title)	N/A	N/A	N/A

Notes: DR Douglas Beasley does not hold any DR licenses. GM Jenifer Zellers holds CA DR license DRL41002 expiring 4/1/2026, AL DR license DR0792 expiring 12/31/2025.

Business Licensure/Registration Information for State of Residence and Federal (list in order: board of pharmacy or state drug authority, state controlled substance, DEA, FDA, etc)			
License/Registration Agency	**Business Name on License/Registration**	**License Type/Number**	**Expiration Date**
N/A	N/A	N/A	N/A

Inspector Notes: List states in which Non-Resident licenses are held:
The DR stated that the facility does not currently have any licenses.

Inspector Notes: List states in which Non-Resident licenses are **anticipated** (whether application has been filed or not):
The DR stated that the facility will have a license in every state that requires one. He added that the monitoring of licenses will be a corporate function.

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Facility Information/Statistics			
Is facility's physical structure owned or leased	The DR stated that the facility is leased	Facility has space appropriate to business model and scope of services	Yes
Length of time at this specific physical location	The DR stated the lease was signed in October of 2024.	Facility has fixtures appropriate to business model and scope of services	Yes
Facility is in a location that is commercially zoned (not in a residential location)	Yes	Facility has equipment appropriate to business model and scope of services	Yes
Facility has internet access	Yes	Facility is clean/sanitary	Yes
Facility has telephone	Yes	Facility is free of insects, birds, rodents, or vermin of any kind	Yes
Facility has hot/cold running water.	both	Facility has adequate lighting	Yes
Facility has restrooms	Yes	Facility is free of clutter and orderly	Yes
Facility has access to state drugs laws/rules	Yes	Facility has heating, ventilation, and air conditioning (HVAC) throughout secure space to maintain storage conditions (please document in the notes the number of HVAC units)	Yes
Facility has access to applicable federal laws/rules	Yes	Facility has generator or other means of uninterruptable power (please document in the notes if generator has enough capacity to control the temperature in the drug storage area(s))	Yes
Facility has a separate space/labeled quarantine area for storage of drugs, biologics, or devices that are outdated, damaged, illegitimate, misbranded, or adulterated		Yes	
Notes for above:	The DR stated that the facility has two Cummins generators that Buckeye Power will service. He then added that the facility has 26 carrier rooftop HVAC units that Deem Electrical and Mechanical will service.		

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Pharmacy Facility Statistics			Distribution Facility Statistics
Overall Pharmacy size	N/A	Overall facility size sq.ft.	530,000
Pharmacy-proper (secure space within barricade) size	N/A	Total Warehouse size sq. ft.	500,000
Prescription volume (per day, week, or month)	N/A	Controlled substance cage size sq. ft.	The DR stated that the facility does not have controlled substances.
if community, % new vs refill	N/A	Controlled substance safe/vault size sq. ft.	The DR stated that the facility does not have controlled substances.
Non-sterile compounding size	N/A	# sku's	The DR stated that once fully operational, the facility will have approximately 30,000 SKUs
Sterile compounding size	N/A	# of shipments per business day	The DR stated that once fully operational, they will process approximately 6,000 orders per day. He noted that an order could range from a case to an each. He added that the average number of units shipped per day is 70,000.

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Personnel Information/Statistics			
Total number of employees onsite	250	Housekeeping contracted or employed	Contracted
Total number of employees working remotely	The DR stated that the facility will rely on the Corporate Office for some functions such as IT, Finance, and Regulatory.	Security contracted or employed (or none)	Contracted
Types of job functions performed remotely	The DR stated that the facility will rely on the Corporate Office for some functions such as IT, Finance, and Regulatory.	Background checks performed on employees	The DR stated that they are conducted pre-employment.
Are personnel (who work remotely) performing these duties outside of the resident state?	The DR stated that they will be located in the Corporate Office in Columbus, Ohio.		
Notes:	The DR mentioned that housekeeping will be contracted to M & A Cleaning Solutions. Once operational, their staff will be present at the facility daily. A master cleaning schedule will be established and reviewed weekly by a manager. Additionally, GardaWorld Security personnel will staff the reception desk, providing 24/7 coverage, and will perform periodic security walks of the facility.		

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Pharmacy Personnel (individuals, not FTE)		Distribution Personnel (individuals, not FTE)	
Total Pharmacists	N/A	Total administrative staff	24
Total Technicians	N/A	Total receiving staff	22
Total Pharmacy Interns	N/A	Total storage/fulfillment staff	135
Total Other Licensed Personnel	N/A	Total shipping staff	45
Total Other Unlicensed Personnel	N/A	Total maintenance/custodial staff	The DR stated that these functions will be outsourced, and the vendor will determine the staffing levels.
PIC Hours Per Week (onsite, remote, or both)	N/A	Total IT staff	The DR stated that this is a corporate function.
PIC is employed or contracted	N/A	Total inventory management	The DR explained that there will be one inventory manager and seven cycle counters. He mentioned that the cycle counters will verify the entire inventory at least twice annually.
Total Pharmacist Hours Per Week	N/A	DR Hours per week	The DR stated that he works at least 40 hours a week.
Total Technician Hours Per Week	N/A		
Notes:			

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Business Model Description			
Type(s) of pharmacy practice Type "X" for all that apply		**Type(s) of distribution practice Type "X" for all that apply**	
Community	N/A	RxMFR-Prescription **Drug** Manufacturer	
Mail Order	N/A	Wholesale Distributor	
Specialty	N/A	3PL	X
Hospital	N/A	Repackager/Relabeler	
Nuclear	N/A	Broker/Virtual Wholesaler	
Closed-door	N/A	DD-Prescription Medical Device Distributor	
Veterinary Pharmacy	N/A	DMFR-Prescription Medical **Device** Manufacturer	
Internet Pharmacy	N/A	Virtual Manufacturer	
Telepharmacy (Remote Dispensing)	N/A	Reverse Distributor	
		API Distributor	
Business Model Description not described above:	Facility is a 3PL that ships prescription device on behalf of its clients to its clients customers.		

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Anticipated Onsite Activities/Scope of Services Type "X" for all that apply			
Prescription Drugs Onsite		Customers are WD	
Prescription Devices Onsite	X	Customers are pharmacies	
Controlled Substances Onsite		Customers are prescribers and/or facilities	X
Compounded Preparations Onsite		Customers are hospitals	X
API Onsite		Customers are patients	
Pharmaceutical samples Onsite (if yes, indicate source and recipient of samples in notes below)		Shared Services (with another entity *not* under common ownership)	
OTC Drugs or Dietary Supplements/Vitamins (non prescription)		Central Fill (with another entity under common ownership)	
OTC Medical Devices Onsite		Nonsterile Compounding	
Investigational Drugs Onsite (if yes, describe role in handling in notes below)		Nonsterile HD Compounding	
Animal Drugs Onsite		Sterile Compounding	
Other (eg, medical food or product, unapproved new drugs)		Sterile HD Compounding	
Other Anticipated Onsite Activities/ Scope of Services Not Described Above:			
Notes:			
Does the facility *currently* have prescription drugs, biologics, or devices onsite?	The DR stated that the facility is currently empty. He added that when operational, it will only contain prescription devices, not prescription drugs.		

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SECURITY Review			
Description of physical structure (collect additional photos and submit with report)			
Stand alone building	X	# of exterior doors	The DR stated that there are 2 regular personnel doors and 2 driver receiving/shipping doors, which are secured by metal revolving gates. He then added that there are an additional 20 emergency exits.
Suite within a larger building		# of bay doors/garages	The DR stated that there is 1 drive-up ramp leading to a bay door.
Location within a strip mall or industrial complex		Receiving area/dock(s)	The DR stated that the facility will have 6 receiving bays and 12 shipping bays.
Location within another business (eg, a pharmacy within a retail space)		Separate employee entrance	X
Hospital		Perimeter lit	X
Open to the public		Perimeter fencing	
Facility name/signage on exterior		Cameras around perimeter	X
Drive-thru window		Secure trash removal	X

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Other description of the physical structure the business is located in	N/A
Are there other businesses located within the same building? If yes, describe (description should include whether a single business or multiple business; affiliates; the type of business; and whether any of the electronic security features are shared amongst the businesses).	No
-Are there any other businesses involved with or handle prescription drugs?	No
Notes:	The DR stated that the facility has18 internal security cameras and 4 outside cameras. He explained that additional cameras will be installed once the racking is in place. He also mentioned plans to acquire a compactor, which will be placed outside the building but accessible only from the inside. Furthermore, he noted that 1 of the exterior cameras will oversee the compactor.

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Barricade Overview			
Facility utilizes a physical barricade to secure drugs, devices, and records	Yes	Facility uses an electronic barricade to secure drugs, devices, and records	Yes
Facility has processes in place in case physical barricade fails. Describe.	The DR mentioned that during a severe crisis, they can transfer their inventory to another nearby DHL warehouse. He also explained that for less serious issues, like a damaged bay door, they would secure it and contact one of DHL's contracted vendors for repairs.	Facility has processes in place in case electronic barricade fails. Describe.	The DR stated that there will be hard metal keys for the facility. He added that he and three other employees will have the keys.
Facility has processes in place for supervision of employees. Describe.	The DR stated that the facility currently has 22 security cameras and more will be added once the racking is installed. He then added that there is a manager for every 10 employees.	Facility has processes in place for supervision and handling of guests, visitors, maintenance personnel, and nonemployee services personnel. Describe.	The DR explained that once fully operational, a guest will need to be buzzed in by a GardaWorld security staff member, who will then require them to manually sign in. This process involves recording their name, arrival time, the organization they represent, and the person they are visiting. He emphasized that all guests must be escorted at all times. Additionally, guests are required to sign out when leaving.
Notes:			

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Description of Physical Security (Physical Barricade)			
Fully enclosed building, suite, or room	Fully enclosed building	Is there a dropped ceiling?	Yes
-All exterior windows are sealed or lockable from the inside *(NOTE: only required if facility is **only** using a physical barricade)*	Yes	-If dropped ceiling, there is a physical barricade above dropped ceiling to detect/deter entry (eg, chicken wire, brick, or dry walled) ***Please describe in notes the physical barricade methods***	Yes, there is a concrete wall between the office area with the dropped ceiling and the warehouse. This wall was seen during the warehouse tour.
-All exterior doors are lockable from the inside *(NOTE: only required if facility is **only** using a physical barricade)*	Yes	-Dropped ceilings are only within interior walls	Yes
-Door hinges are on interior (not exterior)	Yes	-Dropped ceiling detects unauthorized entry	Yes
-Exterior glass windows or doors are reinforced and of sufficient construction to deter entry/theft	Yes	-Dropped ceiling viewed this date by inspector	Yes
Businesses secured area is partially enclosed	N/A		
-If partially enclosed, describe security features (eg, physical height of gate, used in combination with electronic barricade, separate caged area) to prevent unauthorized entry		N/A	
Briefly describe the physical method(s) used by the facility to prevent unauthorized access (eg, keyed lock, padlock, bicycle lock, numbered lock, punch code style lock)	The DR stated that all exterior doors require a key card to enter. He added that those cards are also required to enter the warehouse area. He then explained that the cards limit access by job responsibility and shift	Describe who has access to keys/codes and general key control *-NOTE: Description should include whether all personnel are issued keys or if it is limited to certain personnel; if limited personnel, provide titles (eg, pharmacists only or designated representative and warehouse manager)*	The DR stated that all exterior doors require a key card to enter. He added that those cards are also required to enter the warehouse area. He then explained that the cards limit access by job responsibility and shift

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Prescription drugs/devices cannot be accessed while lock(s) are in place (eg, out of reach and all located within barricade)	N/A, the facility currently has no inventory, and although the facility has racking, the racking for inventory storage has not been installed yet.	-If keys are used, keys are assigned to an individual with a documented signature or record for tracking purposes	Yes
Suitable locks are in place to detect and deter unauthorized entry (and cannot be accessed/bypassed without key)	Yes	-Keys are individually coded (eg, numbered)	Yes
-Locks tested this date	Yes	-If 24/7 facility, keys to secured area are passed from charge person on duty	N/A
-Deadbolt locks are in place	Yes	Describe emergency back up key security procedure, if applicable: (eg, sealed envelope in a tamper-evident/security seal manner, checked weekly by PIC/DR)	The DR stated that he and 3 other members of the management team will have metal keys to access the building during a power outage emergency. The keys will be carried on their person.
-If numbered lock, default from manufacturer has been changed (eg, 2+4/3 for punch code lock) or is not easily guessed (eg, 1234)	N/A	Institutional Pharmacy - Emergency back up keys ensure a two-person access (eg, nurse plus security)	N/A
Keys to secured area are not in unlockable desk drawer or office	Yes	There is NO Knox box (for fire and emergency personnel)	No
24/7 Pharmacist on duty	N/A	24/7 Security on duty	Yes, once operational, there will be a GardaWorld security member present 24/7
Describe any other physical security measures or concerns not described above	The DR indicated that the facility is equipped with 22 security cameras, motion sensors, and glass break detectors. The shipping and receiving bay doors can only be opened from inside, with no skylights, and the only roof access is internal. The office area features a dropped ceiling, separated from the inventory storage area by a solid concrete wall, as observed during the warehouse tour. Additionally, he mentioned that Knox boxes will be installed once they are operational.		

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Description of Electronic Security (Electronic Barricade)			
Name of electronic system/alarm	The DR stated that their corporate office chose the vendor, Johnson Controls.	Electronic system is: hardwired, wireless, or both	Hardwired
Alarm system is operational when facility is closed	Yes	Functional "hold-up" button is present	No
Triggers for Alarm System are installed	Yes	Alarm system was tested during inspection	Yes
-All exterior entrances/exits have contact panel(s) to trigger alarm	Yes	-If tested, motion detectors were functioning properly	Yes
-Motion detectors throughout space that activate near drug/device or records	Yes	-If tested, contact panels were functioning properly	Yes
-Continuous monitoring (when activated) and notification system is in place. Describe who is notified for any alerts.	The DR stated that he and the facility's Management Team would be alerted.	-Alert is audible or silent	Audible
Alarm codes are individualized	Yes	-Alarm has visible alert	Yes
Describe who is issued an alarm code	The DR stated that he, GardaWorld security personnel, and the management team all have different codes.	Describe employee access to building/facility by electronic means (eg, card access, badge reader, biometric device, other)	The DR stated that once operational, employees will enter through one of two doors. They must have a key card that only allows entry during their shift. He also added that both entrances are staffed 24/7 by GardaWorld security personnel.

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-Does facility have process in place to immediately remove alarm access when employee separates from business?	The DR mentioned that any security system code assigned to an employee would be deactivated immediately if they leave the company.	Can employees access the facility at all entrances, select entrances, or only one entrance?	The DR stated that there are 2 employee entrances. He added that there are 2 driver entrances, controlled by metal revolving gates.
There is only one alarm code known by multiple individuals	The DR mentioned that he, GardaWorld security staff, and the management team each use different codes.	Cameras are located throughout drug storage areas	The DR mentioned that the facility currently has no drugs but is equipped with 14 internal security cameras. He also noted that additional cameras will be acquired once the racking system is installed.
-Alarm code is not default from manufacturer or easily guessed (eg, 1234)	Yes	Retention time/length of camera/video feed	The DR stated that he believes DHL's standard retention period is 30 days, and they will follow the same retention rules at this facility.
Who (department) is responsible for setting up alarm code access?	The DR stated that their alarm vendor, Johnson Controls, sets the code, and only they can change it.		
-Does an individual have the ability to change their alarm code?	No		
-Are reports run periodically (define in response) to determine which employees are accessing the facility after hours?	The DR stated that reports will be run monthly.		
Describe important security features not described above:			
Notes:			

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Description of Controlled Substance (CS) Security			
Facility plans on purchasing, storing, distributing, dispensing, handling, or destroying CS	No	Facility does *not* intend to purchase, store, distribute, dispense, handle, or destroy CS	Yes
-If yes, indicate type of CS - eg, 2N, 2, 3N, 3, 4, or 5	N/A	Facility will disperse CS throughout inventory ***(only applies to a pharmacy)***	N/A
Facility has separate area for CS storage	N/A	Review how facility plans to dispense and/or deliver CS to its customers from a security perspective. Describe any concerns.	N/A
-Vault or safe (meeting requirements of 21 CFR 1301.72)	N/A	Camera equipment located in specific zones so details can be viewed to help detect and deter theft.	N/A
-Fully enclosed cage or other secure enclosure (confirm individual cannot reach inside cage from unsecured side)	N/A	Viewed camera feed during inspection for placement. Describe any concerns or adjustments made during inspection.	N/A
-Lockable physical storage unit (indicate whether bolted or cemented to floor or other method to secure)	N/A	Who has access to CS storage? Describe employee type.	N/A
-Automated dispensing machine (eg, Pyxis Medstation, Omnicell, SureMed)	N/A	-How will this be enforced?	N/A
Describe facility plan for purchasing CS (eg, POA, DEA Form 222 vs CSOS, storage of forms) and security features for purchasing		N/A	
Does the distributor *intend to* store noncontrolled substance(s) in the cage or vault?		N/A	
-Does the distributor have a letter of exemption from DEA to store noncontrolled substances inside the controlled substances cage or vault?		N/A	
Notes:	The DR indicated that the facility will not purchase, store, distribute, dispense, handle, or destroy any drugs, whether controlled or not. The facility will only have prescription devices in inventory.		

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Pharmacy Security			
Are all prescription drugs and devices stored within the pharmacy proper?	N/A	Are all prescription records stored within the pharmacy proper?	N/A
Is the physical fax machine located inside the pharmacy proper?	N/A	If not, are they stored in a secure manner within the same physical structure/building?	N/A
If a community pharmacy, can patients drop off prescriptions within the pharmacy? (eg, drop box)	N/A	If not, are they stored offsite? Where?	N/A
If a community pharmacy, can patients dispose of drugs/controlled substances (DEA registered receptacle) when the pharmacy is closed?	N/A	What is the shortest retention time?	N/A
Other pharmacy security measures reviewed	N/A	Is the offsite storage, stored in a confidential, HIPAA compliant manner?	N/A
Drug, Biologic, and Device Storage - Temperature and Humidity			
Controlled Room Temperature (**CRT**) is maintained electronically	The DR stated the facility uses Sensitech Monitoring, which uses Sensitech probes.	Refrigerated Temperature (**Ref**) is maintained electronically	The DR stated that they do not have any cold chain storage.
-**CRT** is continuously recorded	The DR stated that the temperature will be continuously recorded once all the probes are installed.	-**Ref** is continuously recorded	N/A
-**CRT** is monitored and alerts are in place to detect excursions	The DR stated that the temperature will be monitored for excursions once all the probes are installed.	-**Ref** is monitored and alerts are in place to detect excursions	N/A
-**CRT** records are readily retrievable	No, the DR stated the data will be available once the racking is installed and all the probes are in place.	-**Ref** records are readily retrievable	N/A

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Controlled Room Temperature (**CRT**) is maintained manually ***(NOTE: only applies to pharmacies)***	N/A	Refrigerated Temperature is maintained manually ***(NOTE: only applies to pharmacies)***	N/A
-Pharmacy has equipment (eg, min/max style thermometer) to ensure **CRT** is maintained	N/A	-Pharmacy has equipment (eg, min/max style thermometer) to ensure Ref is maintained	N/A
-Pharmacy has manual log to account for all periods of time for **CRT**	N/A	-Pharmacy has manual log to account for all periods of time for Ref	N/A
-Pharmacy staff follow processes to monitor and record **CRT**	N/A	-Pharmacy staff follow processes to monitor and record Ref	N/A
Current **CRT** reading(s) *NOTE: include locations if any readings are out of range*	The Sensitech system will be able to monitor the temperature in real-time once probes are installed.	Current **Ref** reading(s) *NOTE: include locations if any readings are out of range*	N/A
Facility is unable to maintain **CRT**	N/A	Facility is unable to maintain **Ref**	N/A
Warehouse is temperature mapped (Describe in notes when the temperature mapping occurred and the number of probes.)	No	Frozen temperature (Froz) is maintained electronically	N/A
Warehouse has calibrated probes throughout	No	-Froz is continuously recorded	N/A
Facility has procedures to address temperature excursions	Yes	-Froz is monitored and alerts are in place to detect excursions	N/A

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Humidity is maintained electronically	The DR stated that humidity will be maintained electronically, once all the probes are installed.	-Froz records are readily retrievable	N/A
-Humidity is continuously recorded	The DR stated that it will be recorded.	Frozen Temperature is maintained manually ***(NOTE: only applies to pharmacies)***	N/A
-Humidity is monitored and alerts are in place to detect excursions	The DR stated that the humidity will be monitored for excursions once all the probes are installed.	Current Froz reading(s) *NOTE: include locations if any readings are out of range*	N/A
-Humidity records are readily retrievable	No, the DR stated the data will be available once the racking is installed and all the probes are in place.	Facility is unable to maintain Froz	N/A
Humidity is maintained manually ***(NOTE: only applies to pharmacies)***. Describe.		N/A	
Notes:	The DR mentioned that mapping has not yet been done. He noted that once the racking installation is finished, their Corporate Office will send a team to perform the mapping. Since there is no inventory and no racking, the facility is not actively controlling the temperature in the warehouse.		

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Minimum Standards			
Pharmacy minimum standards		**Distribution minimum standards**	
Space for private consultation of patients	N/A	Meets FD&C Act Section 583 (if **WD**)	N/A
If compounding, appropriate facility requirements in compliance with applicable USP chapters (eg, SEC)	N/A	- Facility requirements for storage and handling	Yes
If compounding, appropriate equipment requirements in compliance with applicable USP chapters (eg, PEC)	N/A	- Establishment and maintenance of records for distribution	Yes
Library (pharmaceutical references)	N/A	- Bond requirements	N/A
Name of Record keeping system (eg, software)	N/A	- Background checks and fingerprints for DR	Yes
-Version of Record keeping system	N/A	- Establish and implement key personnel qualifications	Yes
Example of a label ***(no PHI or PII)*** collected	N/A	-Policies and procedures to establish a process for annual reporting state licenses to the FDA as a **WD**	N/A
Equipment for destruction of PHI	N/A	Meets FD&C Act Section 584 (if **3PL**)	Yes
Fixtures or equipment for destruction of pharmaceutical bottles and waste	N/A	-Policies and procedures to establish a process for annual reporting state licenses to the FDA as a **3PL**	The DR stated that this would be a corporate function.

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Policies and Procedures			
P&Ps - Disaster planning, business continuity	X	Facility has P&Ps developed and approved	X
P&Ps - Drug storage	The DR stated the facility will not have any drugs.	Facility's P&Ps are available to staff	X
P&Ps - Security	X	Facility's P&Ps are individualized to meet business specific needs (not canned or purchased from another entity)	X
P&Ps - Employee onboarding	X	Facility's P&Ps on DSCSA	X
P&Ps - Compliance Program	X	Facility's P&Ps for Source Verification	The DR stated that this would be a corporate function.
P&Ps - Supply Chain/Procurement	X	Facility's P&Ps for Customer Verification	The DR stated that this would be a corporate function.
P&Ps - Controlled Substances	The DR stated the facility will not have any controlled substances.	P&Ps - Compounding (general)	N/A
P&PS - Quality Management Program	X	-Compounding training program and records	N/A
P&Ps - Hazardous Materials	X	-P&Ps - Recalls, Investigations, and Out of Specification findings	X

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Pharmacy P&Ps are developed Type "X" for all that apply		Distribution P&Ps are developed Type "X" for all that apply	
P&Ps - Labeling	N/A	If **WD**, P&Ps that are in compliance with Section 583 of the FD&C Act	N/A
P&Ps - Counseling	N/A	If **3PL**, P&Ps that are in compliance with Section 584 of the FD&C Act	X
		If handling prescription drug products, as defined by DSCSA, P&Ps that are in compliance with Section 582 of the FD&C Act.	X
		P&Ps - Suspicious Order Monitoring	The DR stated this would be a corporate function.
Notes:			

Records Review			
Vendor/supplier list (for all drugs and supplies)	The DR stated the facility does not have a source/client list as it is not operational.	Employee files and training records	The DR stated that they do not have any employee files on site. He added that they will be hiring a majority of new employees once the facility becomes operational.
-Purchasing records, including tracing information from suppliers	The DR stated the facility is a 3PL, so there will not be any purchasing records.	-List title(s) of employee file(s) reviewed	N/A
-All vendors/suppliers are licensed to ship into facility's home state	The DR stated that they do not have any suppliers/ sources as of yet, as the facility is not yet operational.	Inventory records	The DR stated that the facility has inventory.
Drug storage monitoring records	The DR stated that the facility will not have any drugs. He added that once operational, the only items in their inventory will be pre-prescription devices.	Quality program records and information	The facility had no records, as it has not opened yet.

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Pharmacy Records Review Type "X" for all that apply		Distribution Records Review Type "X" for all that apply	
For existing pharmacy only, dispensing records	N/A	View Customer List	The facility currently has no customers.
For existing pharmacy only, compounding record include:	N/A	-Does facility have processes in place to ensure customer is licensed to purchase drugs, biologicals, or devices	The DR stated that this would be a corporate function.
-Personnel monitoring records	N/A	View designated representative/ manager(s) employee file	The DR stated that DHL's corporate office would maintain his file.
-Environmental monitoring records	N/A	-Do personnel at the new location have the experience and knowledge to properly operate the business model and facility?	X
-Master formulation records	N/A	-Briefly describe their previous work experience	The DR stated that he has worked in logistics for 25 years with 20 years in management, and the last five years at DHL. Jennifer Zellers, who will serve as General Manager, stated that she has 18 years of experience in logistics and 13 years in management, with the last 4 years focused on medical device logistics for DHL.
-Compounding records	N/A		
-Records for cleaning, maintenance, quality assurance, and use of all equipment	N/A		
-Component records (drugs and containers)	N/A		
Notes:			

Acronym	Description
3PL	Third Party Logistics
API	Active Pharmaceutical Ingredients
CFR	Code of Federal Register
CRT	Controlled Room Temperature
CS	Controlled Substance
CSOS	Controlled Substance Ordering System
DOC	Document
DR	Designated Representative
FD&C Act	Food Drug and Cosmetic Act
Froz	Frozen temperature
FTE	Full-time equivalent
HD	Hazardous Drugs
HIPAA	Health Insurance Portability and Accountability Act
PEC	Primary Engineering Control
PHI	Protected Health Information
PIC	Pharmacist-in-Charge
PII	Personal Identifiable Information
POA	Power of Attorney
SEC	Secondary Engineering Control
WD	Wholesale Distributor

4FFF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Exel Inc. dba DHL Supply Chain (USA)

Physical Address: 1400 Armstrong Street

City: China Grove State: NC Zip: 28023

Mailing Address (if different from physical address): 360 Westar Blvd., Dept. 555

City: Westerville State: OH Zip: 43082

Telephone: 901-738-3779 Website: www.dhl.com

Name of Designated Representative (DR): Keri Kjellin

Licensing Company Email: regulatory@dhl.com DR Email: keri.kjellin@dhl.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: 3PL

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	✓	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 & 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attached.

[redacted]

Mark A. Smelich

→ Original Signature (electronic, copies or stamps not accepted)

1/22/26

→ Date

DHL Supply Chain
Regulatory Affairs

360 Westar Boulevard, Westerville, OH 43082

January 24, 2025

To Whom It May Concern,

Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") submits this correspondence in connection with its Initial application and as the detailed explanation required when the question pertaining to disciplinary action is answered "Yes."

Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") is a part of Deutsche Post DHL Group, the world's leading contract logistics provider, and has tens of thousands of employees across North America. At any given time, DHL is a named defendant in civil matters, including employment cases. Based on knowledge and belief of the respondent completing this application after reasonable inquiry, DHL is not involved in any pending criminal proceedings. Nor is DHL part of any pending malpractice claims, civil claims, or lawsuits in connection with drugs/devices.

Attached are notices from the State Board for the following items:

1. April 12, 2023: DHL received a notice from the California State Board of Pharmacy indicating that the Board issued a fine against DHL for its failure to notify the Board of a change in its Designated Representative. Please note that the issuance of a fine by the Board is not considered a disciplinary action or reportable and the fine was paid in full within the allotted time.

2. November 30, 2023: The Alabama Board of Pharmacy issued a complaint alleging that DHL's renewal applications failed to disclose a Stipulation and Final Agency Order DHL received from the Colorado Board of Pharmacy in 2019. The Colorado Board of Pharmacy's Stipulation and Final Agency Order alleged DHL had provided a late notice of change in its Designated Representative. Upon further review, it was discovered that DHL had made the proper disclosure to the Alabama Board of Pharmacy and the parties entered into a Deferral Agreement which is not considered a discipline.

DHL timely responded to all notices and has not received any response from the applicable Boards.

Please be assured that DHL takes these matters very seriously and has implemented corrective actions to prevent similar issues from occurring in the future. If you have any concerns regarding the matters set forth in this notice, please do not hesitate to contact DHL Regulatory Affairs at regulatory@dhl.com.

Respectfully,

John Kropczynski, BSE, MBA

John Kropczynski

Director, Regulatory Affairs, Americas

DocuSign Envelope ID: B903BFE9-AEC3-43D9-928C-E6913E326D55

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	**BOARD OF PHARMACY**
	)	
EXEL, INC. d/b/a DHL SUPPLY CHAIN (USA)	)	**CASE NO: 23-L-0050**
	)	
Third Party Logistics	)	
Permit No. 195360	)	

DEFERRAL AGREEMENT

This Agreement is entered into by and between the Alabama State Board of Pharmacy (Board) and EXEL, Inc. d/b/a DHL Supply Chain (USA).

WHEREAS, EXEL, Inc. d/b/a DHL Supply Chain (USA) was timely served with a Statement of Charges and Notice of Hearing (Pending Charges) alleging violations of the Alabama Pharmacy Practice Act. A copy of the Pending Charges is attached hereto as Exhibit "A".

WHEREAS, the parties, through counsel, have engaged in discussions concerning an informal resolution of the Pending Charges.

WHEREAS, the parties have agreed to resolve this matter pursuant to Code of Alabama (1975) 41-22-12(f) by their approval of the following terms:

IT IS THE THEREFORE UNDERSTOOD AND AGREED BY THE PARTIES AS FOLLOWS:

1. The Pending Charges against EXEL, Inc. d/b/a DHL Supply Chain (USA) shall be deferred until December 31, 2024 (Deferral Period).

2. As a condition to the Deferral described above, EXEL, Inc. d/b/a DHL Supply Chain (USA) shall pay costs in the amount of One Thousand Dollars ($1,000.00) within thirty (30) days of the effective date of this Agreement, that being the date it is signed on behalf of the Board. Failure to pay this amount shall be considered a probable cause violation by EXEL, Inc. d/b/a DHL Supply Chain (USA) as defined below. Payments shall be made payable to Alabama State Board of Pharmacy and mailed to 111 Village Street, Birmingham, Alabama 35242.

3. In the event there are no probable cause violations of the Alabama Pharmacy Practice Act involving EXEL, Inc. d/b/a DHL Supply Chain (USA) during the Deferral Period set forth above, the Pending Charges shall be dismissed.

4. In the event there is a probable cause violation of the Alabama Pharmacy Practice Act involving EXEL, Inc. d/b/a DHL Supply Chain (USA) during the Deferral Period set forth above, both the Pending Charges and any new charges shall be noticed and scheduled for a hearing.

5. Neither the Pending Charges nor this Agreement shall be reported as discipline as long as EXEL, Inc. d/b/a DHL Supply Chain (USA) complies with the conditions of Paragraphs Two and Three of this Agreement.

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6. That EXEL, Inc. d/b/a DHL Supply Chain (USA) expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, and the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to Code of Alabama (1975), §34-23-92(12), Code of Alabama (1975), §41-22-12 and §41-22-20, and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. EXEL, Inc. d/b/a DHL Supply Chain (USA) further waives any objection to the attorney for the Board preparing, drafting, or making this Deferral Agreement, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

7. By execution of this Deferral Agreement, EXEL, Inc. d/b/a DHL Supply Chain (USA) hereby releases the Board, its members, agents, representatives, servants, and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Deferral Agreement and Pending Charges.

8. EXEL, Inc. d/b/a DHL Supply Chain (USA) acknowledges and agrees that it has read this Deferral Agreement and that it fully understands the terms, conditions, and contents of the same. EXEL, Inc. d/b/a DHL Supply Chain (USA) acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Deferral Agreement and is signing this Deferral Agreement on the advice of its attorney.

DONE this the 31 day of January, 2024.

Jennifer Muro Neumann
Jennifer Muro Neumann, P.C.
Post Office Box 381082
Birmingham, Alabama 35238

Christy Garmon, Pharm D.
President
State Board of Pharmacy

DONE this the 1st day of February, 2024.

Jennifer Clark
Sydney Willmann
Counsel for EXEL, Inc. d/b/a
DHL Supply Chain (USA)

EXEL, Inc. d/b/a DHL Supply Chain (USA)

By: Allison Haedt
Its: Sr. Associate General Counsel

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	BOARD OF PHARMACY
	)	
EXEL, INC. d/b/a DHL SUPPLY CHAIN (USA)	)	CASE NO: 23-L-0050
	)	
Third Party Logistics	)	
Permit No. 195360	)	

NOTICE OF HEARING

TO: EXEL, INC. d/b/a DHL SUPPLY CHAIN (USA)
1635 Stone Ridge Drive
Stone Mountain, GA 30083

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34, § 34-23-52, § 34-23-92(12), § 34-23-132 and § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on Feb 20, 2024 at 8:00 a.m., at the State Board of Pharmacy Hearing Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why your permit should not be revoked, suspended, or otherwise disciplined based upon your failure to comply with all applicable laws and regulations of the State of Alabama. Disciplinary action may include administrative fines not to exceed $1,000 per violation; and/or revocation, suspension, or denial of your license(s); and/or such other discipline as may be ordered by the Board. Code of Alabama (1975), § 34-23-33. You have the right to be represented by counsel at your own expense, to respond and present evidence and argument on all material issues, to cross-examine all witnesses who testify against you, and to request that witnesses and/or documents be subpoenaed on your behalf. Please refer to the enclosed Standard Scheduling Order for further information regarding responding to the charges, witnesses, exhibits, and prehearing matters.

STATEMENT OF CHARGES

COMES NOW Complainant Donna C. Yeatman, as Executive Secretary of the Alabama State Board of Pharmacy and, on behalf of the Board, charges Respondent EXEL, INC. d/b/a DHL SUPPLY CHAIN (USA) of as follows:

On October 30, 2019, on December 13, 2020, and on November 19, 2021, you submitted renewal applications and failed to disclose, when required to do so, that, on April 29, 2019, you entered into a Stipulation and Final Agency Order with the Colorado Board of Pharmacy after it was alleged that you submitted a late notice of change of representative in violation of Colorado law. This discipline was not reported to the Board until you submitted your renewal application on November 23, 2022. Said Stipulation and Final Agency Order is attached hereto as Exhibit A.

On October 18, 2022, you entered into a Deferral Agreement in a matter with this Board in case number 21-L-0277. The above-referenced matter constitutes a violation of the said Deferral Agreement. Said Deferral Agreement is attached hereto as Exhibit B.

VIOLATIONS

If proven true, you will be in violation of the following:

Code of Alabama (1975), §34-23-32(a) and Ala. Admin. Code r. 680-X-2-.25(a): by failing to submit applications that contain information as required by the Board and that conform with the requirements of all applicable laws and regulations.

Code of Alabama (1975), §34-23-32(a) and Ala. Admin. Code r. 680-X-2-.23(l)(3): by failing to comply with all applicable state laws and regulations.

PRAYER FOR RELIEF

WHEREFORE, Complainant, in her capacity as the Executive Secretary of the Alabama State Board of Pharmacy, requests that, upon hearing and proof, Respondent be found guilty of the aforementioned violations and that the Alabama State Board of Pharmacy take such disciplinary actions as it deems necessary.

Dated this the 20th day of April, 2023.

ALABAMA STATE BOARD OF PHARMACY

Donna C. Yeatman

By: Donna C. Yeatman, Executive Secretary

EXHIBIT A

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-844

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE OUT-OF-STATE PRESCRIPTION DRUG WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF EXEL INC., DBA DHL SUPPLY CHAIN (USA), REGISTRATION NO. WHO 8288,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Exel Inc., dba DHL Supply Chain (USA)("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2019-844, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as an out-of-state prescription drug wholesaler, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2018).

2. Respondent Outlet was originally registered in the State of Colorado on or about November 19, 2010, being issued registration #WHO 8288, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Outlet's address of record with the Board and current location is 1635 Stone Ridge Drive, Stone Mountain, Georgia.

4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent Outlet failed to timely submit to the Board an application detailing a change in designated representative and fee. In this case, 320 days transpired between March 9, 2018, the date the previous designated representative ceased the position, and January 23, 2019, the date the application and fee were received.

6. On or about February 4, 2019, the Board initiated a complaint against Respondent Outlet because of the delay of 320 days in submitting an application detailing a change in designated representative and fee.

7. Respondent Outlet's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

12-42.5-303. Wholesaler license requirements.

(3)(a) An applicant for a wholesaler license shall provide to the board the following information, and any other information deemed appropriate by the board on a form provided by the board:

(I) The name, full business address, and telephone number of the applicant;

(II) The trade and business names used by the applicant;

(III) The addresses, telephone numbers, and names of the contact persons for all facilities used by the applicant for the storage, handling, and distribution of prescription drugs;

(IV) The type of ownership or operation of the applicant;

(V) The names of the owner and the operator of the applicant, including:
(A) The name of each partner if the applicant is a partnership;
(B) The name and title of each officer and director, the name of the corporation, and the state of incorporation, if the applicant is a corporation;
(C) The name of the limited liability company, if the applicant is a limited liability company, and the name of the parent company, if any, and the state of incorporation or formation of both; or

(D) The name of the sole proprietor and the business entity if the applicant is a sole proprietorship;

(VI) A list of the licenses and permits issued to the applicant by any other state that authorizes the applicant to purchase or possess prescription drugs; and

(VII) The name of the applicant's designated representative for the facility, the fingerprints of the designated representative, and a personal information statement for the designated representative that includes information as required by the board, including but not limited to the information in subsection (5) of this section.

(b) A licensee shall complete and return a form approved by the board at each renewal period. The board may suspend or revoke the license of a wholesaler if the board determines that the wholesaler no longer qualifies for a license.

* * *

Pharmacy Board Rules and Regulations

15.01.14 Change of name, location, or ownership, or designated representative.

c. Any change in the designated representative of a wholesaler shall be reported to the Board on a form supplied by the Board within thirty calendar days of such change. The incoming designated representative must undergo the required background check.

TERMS OF DISCIPLINE

8. Fine with Surcharge. Pursuant to section 12-42.5-124(5)(a)(I), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent Outlet understands and acknowledges that, pursuant to section24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Outlet shall therefore pay a total amount of **One Thousand One Hundred Fifty Dollars and No Cents ($1,150.00)**. The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board.

9. Compliance. Respondent Outlet shall submit all future applications and appropriate fees to the Board detailing changes in designated representative within the required time frame specified by Board rule or statute in effect at the time of such designated representative change.

10. Other Requirements. Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:

a. promptly pay all Respondent Outlet's own fees and costs associated with this Final Agency Order;

b. comply fully with this Final Agency Order; and

c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

11. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:

a. to have formal notice of hearing and charges served upon it;

b. to respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to sections 12-42.5-123 and 12-42.5-124, C.R.S.; and

d. to appeal this Final Agency Order.

Respondent Outlet freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Outlet to the sanctions imposed herein.

12. Acknowledgments. The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.

13. Violations. Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's registration. The pendency of any suspension

or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.

14. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. Public Record. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

16. Effective Date. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Outlet at Respondent Outlet's address of record with the Board, or (b) service by electronic means on Respondent Outlet at Respondent Outlet's electronic address of record. Respondent Outlet hereby consents to service by electronic means if Respondent Outlet has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Outlet

Mark A. Lusnick Dated: 4/18/19
Authorized Representative

Vice President, General Counsel and Secretary
Name / Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 29 day of April, 2019.

State Board of Pharmacy

BY: _____
Dmitry Kunin
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 29th day of April 2019, addressed as follows:

By electronic mail:

Exel Inc. dba DHL Supply Chain USA
1635 Stone Ridge Dr
Stone Mountain, GA 30083-1118

Email: renewals@licenselogix.com; and andrew.post@dhl.com

Kunda Hanko
Agent of the Board

EXHIBIT B

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
EXEL INC. dba DHL SUPPLY CHAIN (USA)	)	**BOARD OF PHARMACY**
	)	
THIRD PARTY LOGISTICS	)	**CASE NO: 21-L-0277**
Permit No. 195360	)	

DEFERRAL AGREEMENT

This Agreement is entered into by and between the Alabama State Board of Pharmacy (Board) and Exel Inc. dba DHL Supply Chain (USA).

WHEREAS, Exel Inc. dba DHL Supply Chain (USA) was timely served with a Statement of Charges and Notice of Hearing (Pending Charges) alleging violations of the Alabama Pharmacy Practice Act. A copy of the Pending Charges is attached hereto as Exhibit "A".

WHEREAS, the parties, through counsel, have engaged in discussions concerning an informal resolution of the Pending Charges.

WHEREAS, the parties have agreed to resolve this matter pursuant to Code of Alabama (1975) 41-22-12(f) by their approval of the following terms:

IT IS THE THEREFORE UNDERSTOOD AND AGREED BY THE PARTIES AS FOLLOWS:

1. The Pending Charges against Exel Inc. dba DHL Supply Chain (USA) shall be deferred until December 31, 2023 (Deferral Period).

2. As a condition to the Deferral described above, Exel Inc. dba DHL Supply Chain (USA) shall pay costs in the amount of Two Thousand Five Hundred Dollars ($2,500.00) within thirty (30) days of the effective date of this Agreement, that being the date it is signed on behalf of the Board. Failure to pay this amount shall be considered a probable cause violation by Exel Inc. dba DHL Supply Chain (USA) as defined below.

3. In the event there are no probable cause violations of the Alabama Pharmacy Practice Act involving Exel Inc. dba DHL Supply Chain (USA) during the Deferral Period set forth above, the Pending Charges shall be dismissed.

4. In the event there is a probable cause violation of the Alabama Pharmacy Practice Act involving Exel Inc. dba DHL Supply Chain (USA) during the Deferral Period set forth above, both the Pending Charges and any new charges shall be noticed and scheduled for a hearing.

5. Neither the Pending Charges nor this Agreement shall be reported as discipline as long as Exel Inc. dba DHL Supply Chain (USA) complies with the conditions of Paragraphs Two and Three of this Agreement.

6. That Exel Inc. dba DHL Supply Chain (USA) expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, and the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to Code of Alabama (1975), §34-23-92(12), Code of Alabama (1975), §41-22-12 and §41-22-20, and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Exel Inc. dba DHL Supply Chain (USA) further waives any objection to the attorney for the Board preparing, drafting or making this Deferral Agreement, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

7. By execution of this Deferral Agreement, Exel Inc. dba DHL Supply Chain (USA) hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Deferral Agreement and Pending Charges.

8. Exel Inc. dba DHL Supply Chain (USA) acknowledges and agrees that it has read this Deferral Agreement and that it fully understand the terms, conditions and contents of the same. Exel Inc. dba DHL Supply Chain (USA) acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Deferral Agreement and is signing this Deferral Agreement on the advice of its attorney.

DONE this the 18th day of October, 2022.

Jennifer Muro Neumann
Jennifer Muro Neumann, P.C.
Post Office Box 381082
Birmingham, Alabama 35238

Chris Phung, R.Ph.,
President
State Board of Pharmacy

DONE this the 17th day of October, 2022. Jennifer Clark

Jennifer H. Clark, Attorney for

Exel Inc. dba DHL Supply Chain (USA)

Allisa E. Hardt

Exel Inc. dba DHL Supply Chain (USA).

By: Allisa Hardt

Its: Associate General Counsel

DHL Supply Chain
Regulatory Affairs

360 Westar Boulevard,Westerville, OH 43082

May 3, 2023

To whom it may concern,

Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") is submitting this letter in reference to the question on the application regarding pending complaint, investigation, or disciplinary actions.

Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") is a part of Deutsche Post DHL Group, the world's leading contract logistics provider, and has tens of thousands of employees across North America. At any given time, DHL is a named defendant in civil matters, including employment cases. Based on knowledge and belief of the respondent completing this application after reasonable inquiry, DHL is not involved in any pending criminal proceedings. Nor is DHL part of any pending malpractice claims, civil claims, or lawsuits in connection with drugs/devices.

Attached is a letter from the State Board for the following item:

On April 23, 2023, DHL received a notice from the California State Board of Pharmacy indicating that the Board issued a fine against DHL for its failure to notify the Board of a change in its Designated Representative for the site located at 5920 Corporate Drive, St. Joseph, MO 64507. Please note that the issuance of a fine by the Board is not considered a disciplinary action or reportable and the fine was paid for in full within the allotted time.

Please be assured that DHL takes these matters very seriously and has implemented corrective actions to prevent similar issues from occurring in the future. If you have any concerns regarding the matters set forth in this notice, please do not hesitate to contact DHL Regulatory Affairs at regulatory@dhl.com.

Respectfully,

John Kropczynski, BSE, MBA

John Kropczynski

Director, Regulatory Affairs, America's

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

April 12, 2023

DATED MATERIAL ENCLOSED

EXEL INC_DBA DHL SUPPLY CHAIN (USA)
ATTN: KENNETH SUREDDIN, CEO
5920 CORPORATE DRIVE
ST JOSEPH, MO 64507

RE: CI 2022 99663
EXEL INC_DBA DHL SUPPLY CHAIN (USA)
NPL 1001

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- May 12, 2023: Unless the Citation is contested payment of fine(s) must be received by the Board.
- April 26, 2023: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- May 12, 2023: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Suelynn Yee, Citation and Fine Analyst at (916) 518-3013.

Anne Sodergren
EXECUTIVE OFFICER

By:

Suelynn Yee
Citation and Fine Analyst

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **May 12, 2023.**
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy
Attn: Cashier
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than April 26, 2023 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than May 12, 2023 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have any questions regarding any documents enclosed please contact Suelynn Yee, Citation and Fine Analyst at (916) 518-3013.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No
CI 2022 99663	EXEL INC_DBA DHL SUPPLY CHAIN (USA), NPL 1001

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4160 subd. (g)	A third-party logistics provider shall notify the board in writing, on a form designated by the board, within 30 days of the date when a responsible manager ceases to act as the responsible manager, and shall on the same form propose another designated represenative-3PL to take over and the responsible manager.	$5,000.00

CONDUCT:

Business and Professions Code section 4160(g) requires a third-party logistics provider to notify the Board in writing, on a form designed by the Board, within 30 days of the date when a responsible manager ceases to act as the responsible manager and shall on the same form propose another designated representative-3PL to take over as the responsible manager. Specifically, on February 3, 2023, the Board received an Application for Change of Responsible Manger from Exel INC DBA DHL Supply Chain (USA), which had been signed under penalty of perjury by a corporate officer and the newly designated responsible manager-in-charge (RMG). The form indicated that the prior RMG, Donald Kragel (DRL 40449), dissociated on June 30, 2021 and that Ryan Stocking (DRL 40676) was designated as the new RMG the following day. Exel INC DBA DHL Supply Chain (USA) failed to notify the Board of their dissociated RMG for 583 days (June 30, 2021 – February 3, 2023). Similarly, Exel INC DBA DHL Supply Chain (USA) failed to notify the Board of their new RMG for 582 days (July 1, 2021 – February 3, 2023).

CITATION ISSUED ON: April 12, 2023 | TOTAL AMOUNT OF FINE(S): $5,000.00

PAYMENT OF FINE(S) DUE BY: May 12, 2023

UPS CampusShip: View/Print Label

1. Ensure there are no other shipping or tracking labels attached to your package. Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.

2. Fold the printed label at the solid line below. Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.

3. GETTING YOUR SHIPMENT TO UPS
   Customers with a Daily Pickup
   Your driver will pickup your shipment(s) as usual.

   Customers without a Daily Pickup
   Take your package to any location of The UPS Store®, UPS Access Point(TM) location, UPS Drop Box, UPS Customer Center, Staples® or Authorized Shipping Outlet near you. Items sent via UPS Return Services(SM) (including via Ground) are also accepted at Drop Boxes. To find the location nearest you, please visit the Resources area of CampusShip and select UPS Locations.
   Schedule a same day or future day Pickup to have a UPS driver pickup all your CampusShip packages.
   Hand the package to any UPS driver in your area.

UPS Access Point™
THE UPS STORE
752 N STATE ST
WESTERVILLE ,OH 43082

UPS Access Point™
CVS STORE # 6155
145 S STATE ST
WESTERVILLE ,OH 43081

UPS Access Point™
THE UPS STORE
1491 POLARIS PKWY
COLUMBUS ,OH 43240

FOLD HERE



DHL Supply Chain

Legal Department
360 Westar Boulevard
Westerville, Ohio 43082

May 3, 2023 via UPS

California State Board of Pharmacy
Attn: Cashier
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

RE: Exel dba DHL Supply Chain – CI 2022 99663
Settlement - $5,000.00

To whom it may concern:

Enclosed please find the following settlement payments:

- a check payable to California State Board of Pharmacy in the amount of $5,000.00.

Please contact the undersigned if you have any questions.

Yours sincerely,

Michal Armstrong
Senior Legal Operations Analyst
Legal Services - Americas
Legal-Services@dhl.com
614.865.8415

Enclosures

CC: Lori Hill
Elaine Darr
John Kropczynski

DHL Supply Chain – Excellence. Simply delivered.

THE FACE OF THIS DOCUMENT CONTAINS A COLORED PANTOGRAPH ON WHITE PAPER.

Exel Inc.
DBA DHL SUPPLY CHAIN (USA)
360 WESTAR BLVD, WESTERVILLE, OH 43082, UNITED STATES
614-865-8500

CHECK NO. **833712**

Bank of America Customer Connection
Bank of America, N. A.
Atlanta, Dekalb County, Georgia

64-1276
611

CONTROL NO.	CHECK DATE	VENDOR NO.
833712	02-MAY-23	240596

Five Thousand Dollars And 00 Cents**********

VOID AFTER 90 DAYS
CHECK AMOUNT
US DOLLAR
**********5,000.00

PAY TO THE ORDER OF
CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE STE 100
SACRAMENTO,CA 95833
UNITED STATES

RUB AND IMAGE FADES WITH HEAT

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $50,000

⑈833712⑈ ⑆061112788⑆ 329 901 5620⑈

VENDOR: **240596**

Exel Inc. DBA DHL SUPPLY CHAIN (USA)
360 WESTAR BLVD, WESTERVILLE, OH 43082, UNITED STATES

833712

YOUR INVOICE NO.	INVOICE DATE	DESCRIPTION	NET CHECK AMOUNT
042823	28-APR-23	LEGAL CITATION	5,000.00



Exel Inc. D/B/A DHL Supply Chain (USA)
360 Westar Blvd
Westerville, Ohio 43082

To: Jurisdictional Regulator

This letter is to inform you that, in December 2025, Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") voluntarily surrendered Drug Enforcement Administration ("DEA") registration 007693EXY for its site located at 2020 E Vine Ave., Fresno, CA 93706 (the "Facility") because the Facility had not previously obtained a California Department of Justice (" California DOJ") Controlled Chemical Substance Program ("CCSP") permit. The Facility handles over-the counter ("OTC") drugs including certain pseudoephedrine products which, per federal and state law, are regulated as List 1 Chemicals. DHL has reapplied for the CCSP permit and intends to reapply for a DEA registration upon receiving approval of its California DOJ CCSP permit.

Detailed Explanation:

This facility operates as a Third-Party Logistics (3PL) provider who by federal definition:

> "is an entity that provides or coordinates warehousing or other logistics services on behalf of a manufacturer, wholesale distributor, or dispenser of a product. A 3PL provider does not take ownership of any product. Neither do they have the responsibility to direct the sale or disposition of the product."

In mid-2020, DHL applied for a DEA chemical distributor registration to receive, store and distribute OTC PSE products at the site. DHL was unaware that a California CCSP permit was also required. The site had not obtained a California Board of Pharmacy license because the California BOP does not regulate 3PL's for OTC products. Thereafter, DEA issued a chemical distributor registration for the Facility without this state license in place, and no mention was made of it being a prerequisite.

In late 2023, DEA inspected the Facility and informed DHL that the site needed a CCSP permit issued by the California DOJ. The DHL licensing team immediately submitted an application to the California DOJ. As part of its review of the application, the California DOJ stated that it required purchase and sales data to complete its review of the application. The licensing team notified the California DOJ that it could not provide that data because, as a 3PL, it does not purchase or sell products and only provides distribution services at the direction of suppliers who retain title to the product. Despite several exchanges of information over several months, DHL was unable to satisfy the California DOJ request. Based on the explanation from the California DOJ, the initial and recurring submission of purchasing and sales data is a key part CCSP's permitting process.

Most recently, in October 2025, the DEA audited the Facility and asked whether the Facility had obtained the CCSP permit. DHL informed the DEA of the actions it had taken including its communication with California DOJ regarding its efforts obtain the permit. Specifically, DHL explained that because as a 3PL, it was unable to provide the List 1 purchase and sales data the California DOJ requested. The DEA investigator then contacted the California DOJ, who indicated the site should have a CCSP permit. DHL submitted a new CCSP application to California DOJ in December 2025. The California DOJ communicated to the DEA that it would take between 120-180 days to process DHL's application.

Given that it appeared that DHL would not be able to obtain the permit for 6 months, DHL and the DEA mutually agreed the best path forward was for DHL to voluntarily surrender the DEA registration until DHL obtains the CCSP permit.

DHL removed all List 1 inventory from the Facility on December 19, 2025, formally requested the DEA registration be surrendered and, communicated to the California DOJ that List 1 product is no longer being stored at the Facility.

Next Steps:

DHL continues to work with the California DOJ and its customer to satisfy the purchase and sales application requirements. DHL has agreement from the DEA that the Facility can reapply for a DEA permit once the CCSP permit is issued.

Please be assured that DHL takes these matters seriously and implements policies and procedures at its sites to ensure compliance with state and federal laws.

Please contact me if you have any questions or require additional information regarding this matter.

Kind Regards,

John Kropczynski

John Kropczynski, BSE, MBA
Director, Regulatory Affairs
Legal Services, Americas
614-865-8500

COPY:
Allison Haedt
Amanda Wickline
IQVIA
John A. Gilbert, Jr.
Regulatory@DHL.com

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Eli Lilly and Company
Address: 2222 Stanley Road City: Plainfield State: IN Zip: 46168
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Massachusetts
Parent Company (if any): DHL Supply Chain Holdings (USA), LLC
Corporation/Organization Name: Exel Inc. dba DHL Supply Chain (USA)
Mailing Address: 360 Westar Blvd, Dept 555
City: Westerville State: OH Zip: 43082
Telephone: 614.865.8500 Email: regulatory@dhl.com
Contact Person Name: Mark A. Smolik

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Exel Inc. dba DHL Supply Chain (USA)

Facility Name

Mark A. Smolik

Print Name of Authorized Person Submitting Application

Mark A. Smolik

→ Original signature of Authorized Person (copies or stamps not accepted)

1/22/26

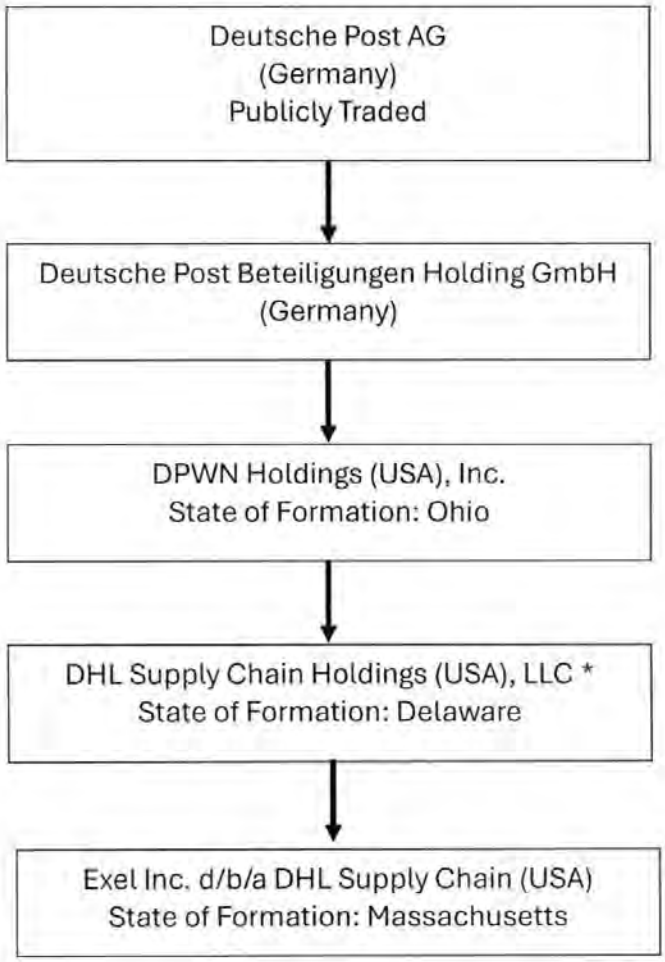
→ Date

Board Use Only	Date Received: _____	Amount: _____

Exel Inc.
d/b/a DHL Supply Chain (USA)
360 Westar Blvd, Westerville, OH 43082
State of Incorporation: MA
Date of Incorporation: 6/1/1983
EIN: 04-2801160

Title	*Name of Officer	Address	Telephone
Chief Executive Officer and President	Mark Kunar	360 Westar Boulevard, Westerville, OH 43082	614-865-8500
Chief Legal Officer and Secretary	Mark Andrew Smolik	360 Westar Boulevard, Westerville, OH 43082	614-865-8500

**No percentages owned.*



Ownership is 100% unless otherwise noted.

*DHL Supply Chain Holdings (USA), LLC is the newly added holding company. It is member-managed and has no officers. Given that it is member-managed, it acts through an officer of its sole member, DPWN Holdings (USA), Inc.



Exel Inc. dba DHL Supply Chain (USA)

Business Description

Exel Inc. dba DHL Supply Chain (USA) has been at the forefront of innovative supply chain solutions for the life sciences and healthcare industries for 20 years. As a trusted global partner we create agile, highly responsive supply chains capable of transporting critical, sensitive and valuable products, even to the world's most rugged and remote locations.

Our extensive experience of supplying logistical solutions to the life sciences and healthcare sector has enabled us to develop specific expertise in the following areas: Vaccines, Generic Pharmaceuticals, Controlled Substances, Over The Counter (OTC) Medication, and Animal Health. For each of these areas we have experts working with our customers to optimize their supply chains.

A connected global footprint and industry expertise
With over 120 sites in 40 countries and 4,500 dedicated healthcare staff, serving 250 life sciences and healthcare customers worldwide, we're always there to offer a safe pair of hands. We have the scale and experience to implement healthcare logistics solutions across the world.

Quality and regulatory compliance
For our customers, deep sector expertise is vital to track, comprehend, and comply with essential and increasing rules and regulations for the storage, transportation and delivery of pharmaceuticals, medical equipment and patient-specific treatments.

With our Global Quality Assurance group of over 100 individuals driving operational consistency and governance we're always up to date with the latest changes in local and international regulations. Our global network provides highly controlled environments and we ensure full GxP (Good Practice) compliance from origin to destination.

Health, safety and security
We help to achieve high standards on health, safety and security through extensive training and timely monitoring. We offer consulting on global safety regulations and conduct regular inspections and process audits of our facilities.

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

Date: February 04, 2026

To Whom It May Concern :

I hereby certify that according to the records of this office,

EXEL INC.

is a domestic corporation organized on **June 01, 1983** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 26020042570

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: qle

2026

NOT TRANSFERABLE
STATUTE GS 81.106.119

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
1785

LICENSE/CERTIFICATE: **Third Party Logistic**
TYPE

Expiration Date **12/31/2026**

LICENSEE OR CERTIFICATOR
EXEL INC DBA DHL SUPPLY CHAIN (USA)
1400 ARMSTRONG STREET
CHINA GROVE NC 28023

LICENSED 2026 NORTH CAROLINA

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

STEVE TROXLER, COMMISSIONER

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY): 05/01/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): 800-363-0105
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	National Union Fire Ins Co of Pittsburgh	19445
INSURER B:	AIU Insurance Company	19399
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Exel Inc. DBA DHL Supply Chain (USA)
360 Westar Boulevard
Westerville OH 43082-7627 USA

COVERAGES **CERTIFICATE NUMBER:** 570119799363 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			GL012335774	05/01/2026	05/01/2027	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$2,000,000
	OTHER:							
A	AUTOMOBILE LIABILITY			CA 012335772 AOS	05/01/2026	05/01/2027	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
B	X ANY AUTO			CA 012335773 MA	05/01/2026	05/01/2027	BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC012335776 AOS	05/01/2026	05/01/2027	X PER STATUTE OTH-ER	
B	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N — N/A			WC012335777 WI	05/01/2026	05/01/2027	E.L. EACH ACCIDENT	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	$1,000,000
							E.L. DISEASE-POLICY LIMIT	$1,000,000
A	Excess Workers Compensation			WC012335778 OH WA WY SIR applies per policy terms & conditions	05/01/2026	05/01/2027	EL Each Accident EL Disease - Ea Emp SIR	$1,000,000 $1,000,000 $500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: See attached addendum. Additional Insured is afforded in accordance with the provisions of the General Liability and Automobile Liability policies, where Exel Inc. dba DHL Supply Chain has specifically agreed by written contract to provide Additional Insured status. See Attached List of Named Insured.

CERTIFICATE HOLDER

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno NV 89521 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Central Inc

Holder Identifier :

Certificate No : 570119799363

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AGENCY CUSTOMER ID: 570000054594

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	Exel Inc. DBA DHL Supply Chain (USA)
POLICY NUMBER	
See Certificate Number: 570119799363	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570119799363	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insured List

First Named Insured: Exel Inc. d/b/a DHL Supply Chain (USA)

Advance Logistics Inc.
Bluebird Express, LLC
DHL Supply Chain RN (USA)
DPWN Holdings (USA), Inc.
Exel Freight Connect Inc. dba DHL Tansport Brokerage
Genesis Logistics Inc.
Heartland Logistics Inc.
Hillebrand Last Mile USA, Inc
Hyperion Properties, Inc.
Integrated Distribution Services, Inc. (IDS)
Key Fleet LLC
KLS Logistics Inc
PDP Courier Services (USA) Inc.
Power Packaging, Inc.
Royal Service Transport Inc.
Satellite Logistics Group, Inc.
SLG Holdco Inc.
Tibbett & Britten Group North America, LLC
Trillium Supply Chain

Including any subsidiary corporations thereof, or any tier, as now or hereafter constituted and any other legal entity in which the Named Insured has fifty percent or more ownership interest or in which the Named Insured exercises management or financial control.

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AGENCY CUSTOMER ID: 570000054594

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	Exel Inc. DBA DHL Supply Chain (USA)
POLICY NUMBER	
See Certificate Number: 570119799363	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570119799363	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Site Locations

8655 Commerce Drive, Southaven, MS 38671
Ste 100 84 Zions View Road Suite 100, Manchester, PA 17345
3950 Alto Ave, Las Vegas, NV 89115
1800 Cloister Drive, Lancaster, PA 17601
5920 Corporate Drive, St. Joseph, MO 64507
1141 E Harrisburg Pike, Middletown, PA 17057
1704 Midpark Road, Knoxville, TN 37921
9440 South State Road 39 Suite 200, Mooresville, IN 46158
9211 Kaiser Way, Fontana, CA 92335
9440 South State Road 39, Mooresville, IN 46158
300 Salem Church Rd., Mechanicsburg, PA 17050
1635 Stone Ridge Dr, Stone Mountain, GA 30083
98 Excellence Way, Vonore, TN 37885
1003 Corporate Lane Suite A, Export, PA 15632
3299 Tchulatech Drive Suite 110, Memphis, TN 38118
700 Killinger Road, Annville, PA 17003
350 Salem Church Road, Mechanicsburg, PA 17050
2500 Southpoint Drive, Forest Park, GA 30297
1025 Sandhill Road, Reno, NV 89521
9475 Distribution Drive, Clayton, IN 46118
260 Salem Church Road, Mechanicsburg, PA 17050
8890 Commerce Drive, Southaven, MS 38671
3930 S 500E, Whitestown, IN 46075

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RIDER

To be attached to and form part of:

Bond Number 016075066

dated April 15, 2017

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of EXEL, INC. DBA DHL SUPPLY CHAIN (USA)
(Principal)

and in favor of THE STATE OF NEVADA
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The following site location to be added:

- **1400 Armstrong Street, China Grove, NC 28023**

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 2nd day of February, 2026.

Signed, Sealed & Dated this 2nd day of February, 2026.

EXEL, INC. DBA DHL SUPPLY CHAIN (USA)
(Principal)

By: _____

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Pedro Gonzalez Jr., Attorney-in-Fact

Liberty Mutual SURETY

POWER OF ATTORNEY

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8213642-016018**

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Pedro Gonzalez, Jr

all of the city of Miami state of FL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 8th day of April 2025

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
Nathan J. Zangerle, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 8th day of April, 2025 before me personally appeared Nathan J. Zangerle, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2029
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes Nathan J. Zangerle, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 2nd day of February 2026

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/24

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Exel Inc. dba DHL Supply Chain (USA)

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 1400 Armstrong Street

City: China Grove State: NC Zip: 28023

Mailing Address (if different from physical address): 360 Westar Blvd., Dept. 555

City: Westerville State: OH Zip: 43082

Telephone: 901-738-3779 Website: www.dhl.com

Licensing Company Email: dhl@iqvia.com

Section 2: Personal Information

First: Keri Middle: Varner Last: Kjellin

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: 1400 Armstrong Street

City: China Grove State: NC Zip: [redacted]

Telephone: 901.738.3779 Email: keri.kjellin@dhl.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Maria Herrera

From: Holler, James <james.holler@iqvia.com>
Sent: Tuesday, April 28, 2026 12:11 PM
To: Maria Herrera; DHL
Cc: regulatory@dhl.com
Subject: RE: Nevada Out-of-State Wholesaler Application-DHL Supply Chain (USA)
Attachments: Exel Inc.-MA-Certificate of Good Standing - dated 2.4.2026.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good Afternoon,

The Nesbit MS address is the DRs current home address, however, the DR is staying at the following hotel during her time at the facility. Please see the commuting address below:

[redacted]

Additionally, please see the attached updated certificate of good standing.

Thank you,

James (Jay) Holler
Associate Manager
State Licensing

IQVIA

Learn more about IQVIA

1100 Boulders Parkway, Suite 350
Richmond, VA 23225

USA

M: +1 607 240 9067 | FE: James.Holler@iqvia.com



Registration is Open for our 28th Annual Controlled Substances & State Regulatory Conference!

Click here for more information and to Register Now!

September 16-18, 2026 | Scottsdale Marriott at McDowell Mountains | Scottsdale, AZ

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Friday, February 13, 2026 5:57 PM
To: DHL <DHL@iqvia.com>
Cc: regulatory@dhl.com
Subject: Nevada Out-of-State Wholesaler Application-DHL Supply Chain (USA)

Some people who received this message don't often get email from m.herrera@pharmacy.nv.gov. Learn why this is important

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from DHL Supply Chain (USA). The application is incomplete due to the following missing item(s).

1400 Armstrong Street
China Grove NC 28023

- Based on the DR application, the DR resides in Nesbit, MS and the facility is in NC, please clarify
- Provide a current copy of the Certificate of Good Standing the one provided is dated over 1 year

All items must be received to move forward with processing your application.

Please let me know if you have any questions.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of West Alabama		08/96 - 05/00	
Address	**City**	**State**	**Zip**
100 Us-11	Livingston	AL	35470
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
East Rankin Acadamey		08/83 - 05/96	
Address	**City**	**State**	**Zip**
400 MS-43	Pelahatchie	MS	39145
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/21 - Current	[redacted]	Nesbit	MS	[redacted]
06/12-01/21		Southaven	MS	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Exel Inc. dba DHL Supply Chain (USA)			1/26-Present
Business Address	**City**	**State**	**Zip**
1400 Armstrong Street	China Grove	NC	28023
Phone	**Title**	**Number of Employed Hours**	
901-738-3779	Director of Quality Assurance	<6000	

Description of Duties

Customer over site for specific 3PL warehouses, Regulatory, Customer, and Internal Audits completed and evaluated. Quality Agreements and Addendums completed and signed with customers, Develop critical process list for Audit preparations for sites.

Business Name			From - To (MM/YY – MM/YY)
Exel Inc. dba DHL Supply Chain (USA)			11/24-11/2025
Business Address	**City**	**State**	**Zip**
1395 Peeler Rd.	Salisbury	NC	28146
Phone	**Title**	**Number of Employed Hours**	
901-738-3779	Director of Quality Assurance	6000+	

Description of Duties

Customer over site for specific 3PL warehouses, Maintain eQMS system for document control, audit module, training, change controls, and investigations, Develop critical process list for Audit preparations for sites, DEA compliance.

Business Name			From - To (MM/YY – MM/YY)
FEDERAL EXPRESS CORPORATION			12/22-11/24
Business Address	**City**	**State**	**Zip**
5025 Tuggle Road	Memphis	TN	38118
Phone	**Title**	**Number of Employed Hours**	
855-339-6992	Sr Global Healthcare Quality Manager	6000+	

Description of Duties

Establish & build a global team for Healthcare Quality within the organization. Evaluation of an eQMS system for document control, audit module, training, and investigations. Customer audits complete for transportation network.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Keri Kjellin, **certify that as the designated representative for**

Exel Inc. dba DHL Supply Chain (USA),

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. KK I am at least 21 years of age;
3. KK I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. KK I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. KK I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. KK I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. KK I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Keri Kjellin

Print Name (First, Last)

Keri Kjellin

→ Original Signature (electronic, copies or stamps not accepted)

12 Jan 2026

→ Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Keri Kjellin

Print Name (First, Last)

Keri Kjellin — 12 Jan 2026

→ Original Signature (electronic, copies or stamps not accepted) → Date

---

Please have this section completed in the presence of a Notary Public.

State of Arkansas, ss. County of Crittenden

I, Keri Kjellin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Keri Kjellin — 12 Jan 2026

→ **Original Signature** → **Date**

Subscribed and Sworn to before me this 12th day of January.

Erika Berry

→ **Notary Public Signature**

ERIKA BERRY
MY COMMISSION EXPIRES 02-15-2028
NOTARY PUBLIC
COMM. # 12703631
CRITTENDEN COUNTY - ARKANSAS

(Seal)

North Carolina Department of Agriculture
and Consumer Services
Food and Drug Protection Division

Inspection Report

Exel Inc. dba DHL Supply Chain (USA) (3PL)
1400 Armstrong Street
China Grove, NC 28023
(704) 506-5236

Inspected 12/16/2025
By: Ed Lukeman
Drug Specialist

Steven W. Troxler
Commissioner

North Carolina Department of Agriculture and Consumer Services

Food and Drug Protection Division

Anita MacMullan
Director

Inspection Report

Exel Inc. dba DHL Supply Chain (USA) (3PL)
1400 Armstrong Street
China Grove, NC 28023
(704) 506-5236

Inspected 12/16/2025
By: Ed Lukeman

History of Business

Exel, Inc., a wholly owned subsidiary was acquired by DHL Supply Chain in 2016. Exel, Inc. was incorporated in the state of Massachusetts in December of 19191. It intends to operate as a 3PL to support manufacturers in Raleigh and Concord, North Carolina. DHL is a global leader in supply chain management and Exel is known for warehousing and distribution as well as transportation management.

Corporate Office Address

Exel, Inc. dba DHL Supply Chain (USA)
360 Westar Blvd.
Westerville, OH 43082
(802) 498-5739

Corporate Officers

Patrick Kelleher	President
Mark Kunar	Treasurer
Mark Smolik	Secretary

Person(s) Interviewed and Individual Responsibility

Credentials were presented to and the Notice of Inspection issued to Ms. Keri Kjellin, Director of Quality Assurance. Ms. Mayury Chhoeing, Quality Supervisor and Mr. Nathan Ross, General Manager accompanied me throughout the inspection and provided procedures and other information requested. Ms. Francerta Huntley, Office Supervisor was also presented with NCDA&CS credentials and contributed to the inspection process.

Background

The past visit was the initial inspection of this facility following receipt of an application for a Rx Third Party Logistic Provider license. The purpose of this inspection was to verify compliance with NCGS §106 Article 12A (Wholesale Prescription Drug Distributors).

There were no significant objectionable conditions noted during this inspection, and the Third Party Logistics Provider license was approved for release.

Operations

DHL Supply Chain intends to use this facility for offices and storage of prescription pharmaceuticals, components and packaging as demand dictates. These products may be distributed to supportive manufacturers, such as Eli Lilly & Company located in North Carolina. A weight loss drug, (Mounjaro) and Zepbound may be some of the first products.

The facility is located in an industrial metal building and covers approximately 200,000 square feet. Of that, 20,000 square feet will be for administrative offices and 180,000 sq ft. will be cold storage space. It is secured against unauthorized entry by means of a security system, cameras and door fobs. Storage for products will be on racks in the warehouse with barcodes and stickers segregating different products. Storage conditions will be monitored by sensors (Cool stream by Sensitech) throughout the warehouse and cooler.

Written procedures have been established that provide the requirements for the receipt, storage and distribution of prescription drugs, and there is a defined area in the warehouse for quarantined/ reject products.

Product cycle counting is completed according to designations of A,B, or C and quarterly, bi-annual and annual respectively. Firm intends to operate 24/7, Monday thru Saturday with approximately 50 employees.

Observations

There were no significant objectionable conditions noted during this inspection, and the Third Party Logistic Provider license was approved for release.

Compliance

Future inspections of this facility by NCDA&CS will be conducted on a routine annual or as needed basis.

Attachments

Notice of Inspection

4GGG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: National Drug Wholesale LLC

Physical Address: 3233 De La Cruz Blvd. Suite E

City: Santa Clara State: CA Zip: 95054-2604

Mailing Address (if different from physical address): 3233 De La Cruz Blvd. Suite E

City: Santa Clara State: CA Zip: 95054-2604

Telephone: (408) 564-0102 Website: N/A-Not Applicable

Name of Designated Representative (DR): William F. McCarty

Licensing Company Email: kamg@carepartnersrx.com DR Email: billm@carepartnersrx.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☑ Pharmacies	☑ Dangerous Drugs	☐ Manufacturer
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☑ Others: Legend Pharmaceuticals	☐ Warehouse
☐ Veterinarians		☑ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
N/A-Not Applicable				
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Celltrion USA, Inc.
Address: 1 Evertrust Plaza, Suite 1207 City: Jersey City State: NJ Zip: 07302

Name: Accord BioPharma, Inc.
Address: 8041 Arco Corporate Drive, Suite 200 City: Raleigh State: NC Zip: 27617

Name: Masters Drug Company
Address: 4200 Binion Way, Suite 100 City: Mason State: OH Zip: 45036

Name: N/A-Not Applicable
Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: N/A-Not Applicable
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California
Parent Company (if any): Legacy of Six LLC
Corporation/Organization Name: National Drug Wholesale LLC
Mailing Address: 3233 De La Cruz Blvd. Suite E
City: Santa Clara State: CA Zip: 95054-2604
Telephone: (408) 564-0102 Email: Kamyar Ghazvini
Contact Person Name: kamg@carepartnersrx.com

Section 6: Partnership

Partnership Name: N/A-Not Applicable
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A-Not Applicable
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

National Drug Wholesale LLC

Facility Name

Kamyar Ghazvini

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

03/24/2026

Date

Board Use Only	Date Received: 3/25/26	Amount: $1000

Officers and Owners

Name and Title	Business Address and Telephone	Home Address and Telephone	Date of Birth	Ownership %
Legacy of Six LLC Parent / Sole Member	326 Peterson Road Libertyville, IL 60048-1008 (224) 294-1199	326 Peterson Road Libertyville, IL 60048-1008 (224) 294-1199	N/A	100% (Direct)
Kamyar Ghazvini[1] CEO	326 Peterson Road Libertyville, IL 60048-1008 (224) 294-1199	[redacted]		

*Entity Member Managed. No Managers

[1]Licenses Held

State	License Number	Expiration
Florida	PS29347	9/30/2027
Idaho	PR59967	8/31/2028
Illinois	051040315	3/31/2026
Iowa	51223	12/31/2025
Michigan	5302033072	8/15/2026
New York	043111	7/31/2027
Tennessee	11485	11/30/2026
Texas	59673	8/31/2026

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	NATIONAL DRUG WHOLESALE LLC
Entity No.:	202020610243
Registration Date:	07/22/2020
Entity Type:	Limited Liability Company - CA
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 23, 2026.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 413337629

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 7829

NAME: NATIONAL DRUG WHOLESALE LLC

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

3233 DE LA CRUZ BLVD STE E
SANTA CLARA CA 95054
SANTA CLARA COUNTY

ISSUANCE DATE

NOVEMBER 29, 2021

EXPIRATION DATE

NOVEMBER 1, 2026

CURRENT DATE / TIME

FEBRUARY 6, 2026
10:57:27 AM

LICENSE RELATIONSHIPS

NAME: MCCARTY, WILLIAM FRANCIS

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 27357 **PRIMARY STATUS:** CLEAR



CALIFORNIA STATE BOARD OF PHARMACY
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100

Renewal License

Wholesale Drug Permit

License No. WLS 7829
Receipt No. 00201848

Valid Until: 11/1/2026

NATIONAL DRUG WHOLESALE LLC
3233 DE LA CRUZ BLVD STE E
SANTA CLARA, CA 95054

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown

The official status of this license can be verified at www.pharmacy.ca.gov

---- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

FORM WPHWLS (09/30/15) WLS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. SU 7123393-0000

Application/License No. _____

National Drug Wholesales, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 3233 De La Cruz Boulevard, Suite E SANTA CLARA CA 95054 (Address of Applicant/Principal), as PRINCIPAL, and Arch Insurance Company (Surety Company), a corporation organized under the laws of the state of Missouri (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is Harborside 3, 210 Hudson Street, Suite 300, Jersey City NJ 07311 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 01/06/2026 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 8th day of January, 2026.

APPLICANT/PRINCIPAL

COMPANY
National Drug Wholesales, LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Arch Insurance Company

Surety Company's Representative

Christopher Kolger, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Aaron Steffey

Witness Konae Mignott

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

AIC 42063

Bond SU 7123393-0000

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated. Not valid for Note, Loan, Letter of Credit, Currency Rate, Interest Rate or Residential Value Guarantees.

POWER OF ATTORNEY

Know All Persons By These Presents:
That the Arch Insurance Company, a corporation organized and existing under the laws of the State of Missouri, having its principal administrative office in Jersey City, New Jersey (hereinafter referred to as the "Company") does hereby appoint:

Aaron Steffey and Chris Kolger of Houston, TX (EACH)

its true and lawful Attorney(s)in-Fact, to make, execute, seal, and deliver from the date of issuance of this power for and on its behalf as surety, and as its act and deed: Any and all bonds, undertakings, recognizances and other surety obligations, in the penal sum not exceeding One Million Five Hundred Thousand Dollars (1,500,000.00). This authority does not permit the same obligation to be split into two or more bonds In order to bring each such bond within the dollar limit of authority as set forth herein.

The execution of such bonds, undertakings, recognizances and other surety obligations in pursuance of these presents shall be as binding upon the said Company as fully and amply to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its principal administrative office in Jersey City, New Jersey.

This Power of Attorney is executed by authority of resolutions adopted by unanimous consent of the Board of Directors of the Company on December 11, 2020, true and accurate copies of which are hereinafter set forth and are hereby certified to by the undersigned Secretary as being in full force and effect:

"VOTED, That the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, or the Secretary shall have the power and authority to appoint agents and attorneys-in-fact, and to authorize them subject to the limitations set forth in their respective powers of attorney, to execute on behalf of the Company, and attach the seal of the Company thereto, bonds, undertakings, recognizances and other surety obligations obligatory in the nature thereof, and any such officers of the Company may appoint agents for acceptance of process."

This Power of Attorney is signed, sealed and certified by facsimile under and by authority of the following resolution adopted by the unanimous consent of the Board of Directors of the Company on December 11, 2020:

VOTED, That the signature of the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, and the signature of the Secretary, the seal of the Company, and certifications by the Secretary, may be affixed by facsimile on any power of attorney or bond executed pursuant to the resolution adopted by the Board of Directors on December 11, 2020, and any such power so executed, sealed and certified with respect to any bond or undertaking to which it is attached, shall continue to be valid and binding upon the Company. **In Testimony Whereof**, the Company has caused this instrument to be signed and its corporate seal to be affixed by their authorized officers, this **29th day of July 2025**

Attested and Certified

Regan A. Shulman, Secretary

Arch Insurance Company
CORPORATE SEAL 1971
Missouri

Arch Insurance Company

Stephen C. Ruschak, Executive Vice President

STATE OF PENNSYLVANIA SS
COUNTY OF PHILADELPHIA SS

I, **Michele Tripodi**, a Notary Public, do hereby certify that Regan A. Shulman and Stephen C. Ruschak personally known to me to be the same persons whose names are respectively as Secretary and Executive Vice President of the Arch Insurance Company, a Corporation organized and existing under the laws of the State of Missouri, subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that they being thereunto duly authorized signed, sealed with the corporate seal and delivered the said instrument as the free and voluntary act of said corporation and as their own free and voluntary acts for the uses and purposes therein set forth.

Commonwealth of Pennsylvania - Notary Seal
Michele Tripodi, Notary Public
Philadelphia County
My commission expires July 31, 2029
Commission number 1168622

Michele Tripodi, Notary Public
My commission expires 07/31/2029

CERTIFICATION

I, **Regan A. Shulman**, Secretary of the Arch Insurance Company, do hereby certify that the attached **Power of Attorney dated July 29, 2025** on behalf of the person(s) as listed above is a true and correct copy and that the same has been in full force and effect since the date thereof and is in full force and effect on the date of this certificate; and I do further certify that the said Stephen C. Ruschak, who executed the Power of Attorney as Executive Vice President, was on the date of execution of the attached Power of Attorney the duly elected Executive Vice President of the Arch Insurance Company.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the Arch Insurance Company on this 8th **day of** January, 2026.

Regan A. Shulman, Secretary

This Power of Attorney limits the acts of those named therein to the bonds and undertakings specifically named therein and they have no authority to bind the Company except in the manner and to the extent herein stated.

PLEASE SEND ALL CLAIM INQUIRIES RELATING TO THIS BOND TO THE FOLLOWING ADDRESS:
Arch Insurance – Surety Division
3 Parkway, Suite 1500
Philadelphia, PA 19102

Arch Insurance Company
CORPORATE SEAL 1971
Missouri

To verify the authenticity of this Power of Attorney, please contact Arch Insurance Company at SuretyAuthentic@archinsurance.com
Please refer to the above named Attorney-in-Fact and the details of the bond to which the power is attached.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: National Drug Wholesale LLC

Pharmacy/Wholesaler License # (if applicable): WLS7829

Physical Address: 3233 De La Cruz Blvd. Suite E

City: Santa Clara State: CA Zip: 95054-2604

Mailing Address (if different from physical address): 3233 De La Cruz Blvd. Suite E

City: Santa Clara State: CA Zip: 95054-2604

Telephone: (408) 564-0102 Website: N/A-Not Applicable

Licensing Company Email: kamg@carepartnersrx.com

Section 2: Personal Information

First: William Middle: F Last: McCarty

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Saratoga State: CA Zip: 95070

Telephone: (408) 564-0102 Email: billm@carepartnersrx.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
San Jose State University		8/90 - 5/92	
Address: 1 Washington Square	City: San Jose	State: CA	Zip: 95192
Diploma/Degree obtained, if any: B.A. Advertising			

School Name		From - To (MM/YY – MM/YY)	
West Valley College		8/87 - 5/90	
Address: 14000 Fruitvale Ave	City: Saratoga	State: CA	Zip: 95070
Diploma/Degree obtained, if any: A.A. Political Science			

School Name		From - To (MM/YY – MM/YY)	
Westmont Highschool			
Address: 4805 Westmont Ave	City: Campbell	State: CA	Zip: 95008
Diploma/Degree obtained, if any: Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2011-Present	[redacted]	Saratoga	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
National Drug Wholesale LLC			06/2021-present	
Business Address	**City**		**State**	**Zip**
3233 De La Cruz Blvd. Suite E	Santa Clara		CA	95054-2604
Phone	**Title**		**Number of Employed Hours**	
(408) 564-0102	Designated Representative		9,300 Hrs	
Description of Duties	• Daily Operations Support: Oversees and manages with the receiving, picking, packing and shipping processes. • Regulatory Compliance: Ensuring compliance with applicable regulations, including DSCSA compliance for incoming and outcoming products. • Record Maintenance: Maintaining accurate records for receipt, storage, handling and distribution of drugs, including lot numbers and expiration dates. • Onboarding New Products and Customers: Supporting the onboarding process for new products and customers. • Regulatory Audits and Inspections: Participating in audit readiness and inspection preparation for regulatory agencies.			

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	N/A	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

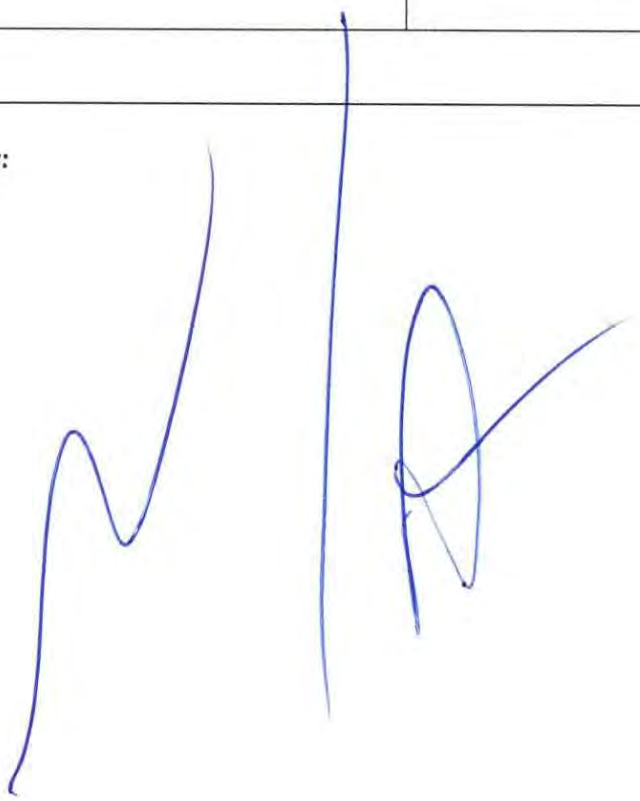
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

Date

I, William F. McCarty, **certify that as the designated representative for**

National Drug Wholesale LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. WM I am at least 21 years of age;
3. WM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. WM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. WM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. WM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. WM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

William F. McCarty
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/25/24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

William F. McCarty

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/25/26

Date

Please have this section completed in the presence of a Notary Public.

State of CA, ss. County of Santa Clara

I, William F McCarty, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/25/26

Date

Subscribed and Sworn to before me this 25th day of February 2026

Notary Public Signature

(Seal)

California Jurat Certificate

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Santa Clara } s.s.

Subscribed and sworn to (or affirmed) before me on this 25th day of February, Month

20 26, by William F McCarty

proved to me on the basis of satisfactory evidence to be the person(s) who appeared

before me.

Signature of Notary Public

MATT DULLAGHAN
Notary Public - California
Santa Clara County
Commission # 2444609
My Comm. Expires Apr 17, 2027

Seal

OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The certificate is attached to a document titled/for the purpose of

containing _____ pages, and dated _____

Additional Information

Method of Affiant Identification

Proved to me on the basis of satisfactory evidence:
○ form(s) of identification ○ credible witness(es)

Notarial event is detailed in notary journal on:

Page # _____ Entry # _____

Notary contact: _____

Other

☐ Affiant(s) Thumbprint(s) ☐ Describe: _____

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: National Drug Wholesale LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): pending

Physical Address: 3233 De La Cruz Blvd, Suite E

City: Santa Clara State: CA Zip: 98054

Mailing Address (if different from physical address): 3233 De La Cruz Blvd, Suite E

City: Santa Clara State: CA Zip: 98054

Telephone: (408) 564-0102 Website: N/A-Not Applicable

Licensing Company Email: Kamg@CarePartnersRx.com

Section 2: Personal Information

First: Kamyar Middle: Last: Ghazvini

Alias(es, nicknames, name changes, etc.): N/A-Not Applicable

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Long Grove State: IL Zip: [redacted]

Telephone: [redacted] Email: Kamg@CarePartnersRx.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)		
St. John's University	1990-1994		
Address	**City**	**State**	**Zip**
8000 Utopia Pkwy	Jamaica	NY	11439
Diploma/Degree obtained, if any			
BS, Pharmacy			

School Name	From - To (MM/YY – MM/YY)		
Queens College	1986-1990		
Address	**City**	**State**	**Zip**
6530 Kissena Blvd	Flushing	NY	11367
Diploma/Degree obtained, if any			
BS, Biology			

School Name	From - To (MM/YY – MM/YY)		
Great Neck South High School	1982-1986		
Address	**City**	**State**	**Zip**
341 Lakeville Road	Lake Success	NY	11020
Diploma/Degree obtained, if any			
Diploma			

School Name	From - To (MM/YY – MM/YY)		
N/A-Not Applicable			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY		
N/A-Not Applicable			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/12-present	[redacted]	Long Grove	IL	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
CarePartners Pharmacy LLC			01/19-President
Business Address	**City**	**State**	**Zip**
326 Peterson Road	Libertyville	IL	60048
Phone	**Title**		
(224) 294-1199	CEO		
Description of Duties			
Direct and manage company administration, finances, and operations.			

Business Name			From - To (MM/YY – MM/YY)
Shakespeare Digital Health			01/20-present
Business Address	**City**	**State**	**Zip**
326 Peterson Road, Suite B	Libertyville	IL	60048
Phone	**Title**		
(800) 715-7010	Co-Founder		
Description of Duties			
Direct and manage company administration, finances, and operations.			

Business Name			From - To (MM/YY – MM/YY)
MedChoice Group			04/18 - 01/24
Business Address	**City**	**State**	**Zip**
1516 North Elmhurst Road	Mount Prospect	IL	60056
Phone	**Title**		
(866) 280-2406	President		
Description of Duties			
Direct and manage company administration, finances, and operations.			

Business Name			From - To (MM/YY – MM/YY)
Superior Biologics IL			06/12 - 01/18
Business Address	**City**	**State**	**Zip**
2050 E. Algonquin Road, Suite 606	Schaumburg,	IL	60173
Phone	**Title**		
(866) 416-3655	VP, Operations		
Description of Duties			
Direct and manage pharmacy operations.			

Business Name			From - To (MM/YY – MM/YY)
N/A-Not Applicable			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
N/A-Not Applicable			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A-Not Applicable			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A-Not Applicable			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A-Not Applicable			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A-Not Applicable			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
N/A-Not Applicable				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A-Not Applicable

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kamyar Ghazvini, CEO

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/7/2026

Date

Please have this section completed in the presence of a Notary Public.

State of ILLINOIS, ss. County of LAKE

I, Kamyar Ghazvini, CEO, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/7/2026

Date

Subscribed and Sworn to before me this 7TH day of APRIL 2026

Notary Public Signature

OFFICIAL SEAL
JAY NATHAN ZELMAN
Notary Public, State of Illinois
Commission No. 1002367
My Commission Expires January 09, 2029

(Seal)

From: Erik Heikkenen <Erik.Heikkenen@adeiaservices.com>
Sent: Tuesday, March 31, 2026 11:43 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Cc: kamg@carepartnersrx.com
Subject: Re: Nevada Out-of-State Wholesaler Application-National Drug Wholesale LLC

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Maria-

Thank you for the email. A few questions / comments below.

1. See attached for Cert of Good Standing
2. The facility is not individually (natural person) owned. 100% direct ownership by Legacy of Six LLC as indicated in the application.
3. The only employees for the location are; Kamyar Ghazvini, CEO and William McCarty, DR. Both submitted fingerprints with the application.

Erik J. Heikkenen
Adeia Services LLC | 389 Avocet Loop | Colorado Springs, CO 80921

t: 719.640.8792 | e: erik.heikkenen@adeiaservices.com
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4HHH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Perfero Pharma, Inc.

Physical Address: 3 Becker Farm Road; Suite 404

City: Roseland State: NJ Zip: 07068

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (973) 629-0109 Website: https://perfero.com/

Name of Designated Representative (DR): Alan Goldstein

Licensing Company Email: Kelly.Connor@Eversana.com DR Email: agoldstein@perfero.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Topical Dermatology	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Virtual Wholesaler

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/7/2026
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cosette Pharmaceuticals NC Laboratories, LLC
Address: 1877 Kawai Road City: Lincolnton State: NC Zip: 28092
Name: EVERSANA Life Science Services
Address: 4580 S Mendenhall Rd City: Memphis State: TN Zip: 38141
Name: The J. Molner Company OU
Address: Akadeemia tee 21/5 Tallinn City: Harjumaa State: EST Zip: 12618
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): PPRx, LLC
Corporation/Organization Name: Perfero Pharma, Inc.
Mailing Address: 3 Becker Farm Road; Suite 404
City: Roseland State: NJ Zip: 07068
Telephone: (973) 629-0109 Email: perferopharmalicensing@Eversana.com
Contact Person Name: Alan Goldstein

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• ***Copy of your license, certification, permit or registration issued to your wholesaler* business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Perfero Pharma, Inc.

Facility Name

Alan Goldstein

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/7/2026

Date

Board Use Only	Date Received: 4/20/26	Amount: $1000.00 25097

Perfero Pharma Inc List of Officers & Shareholders

Company Officers

Name	Title	Address	Ownershi
Bradley Glassman	CEO	[redacted]	
(Ronald) Brent Lenczycki	CFO		
Alan Goldstein	EVP & Secretary		

Company Shareholders (>10%)

Name	Title		
Bradley Glassman	CEO		
PPRx, LLC	N/A	3 Becker Farm Road, Suite 404: Roseland, NJ 07068	75.5

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PERFERO PHARMA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF MARCH, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PERFERO PHARMA, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. J. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203364403

Date: 03-16-26

5719873 8300

SR# 20261211632

You may verify this certificate online at corp.delaware.gov/authver.shtml

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0024534

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written noticeprior to the change of the address of such new location and the name and address of the individual to be in charge thereof.A fee of $20.00 shall accompanying such notification."

Registered as: ☑ Manufacturer ☑ Distributor which conducts business at the following locations:

Reg. No.:
7202852

Perfero Pharma, Inc.
3 Becker Farm RD STE 404
ROSELAND, NJ 07068

ISSUED PURSUANT TO:
N.J.S.A. 24:6B
EXPIRES: January 31, 2027

Establishment Copy

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K41982627

Application/License No. _____

Perfero Pharma, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 3 Becker Farm Road, Suite 404, Roseland, NJ 07068 (Address of Applicant/Principal), as PRINCIPAL, and Westchester Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Pennsylvania (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 436 Walnut St, WA10H, Philadelphia, PA 19106-3703 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 04/13/2026 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 14th day of April, 2020.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Westchester Fire Insurance Company

Barbara Duggan

Surety Company's Representative

Barbara Duggan, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Lindsay Ward

Witness Rupert H.D. Swindells

Countersigned by

N/A

Nevada Resident Agent

Posted February 20 2020

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents. that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Delaware corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Donna Barchman, Frances Bonner, Karen Brandt, Sharon Dean, Barbara Duggan, Rashidah Hasan, Craig Gortner, Alexis Miller, Maria Siu, Rupert Swindells and Lindsay Ward of Philadelphia, Pennsylvania----------

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this 13th day of **January, 2026.**

Rupert HD Swindells, Assistant Secretary

Stephen M. Haney, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss

On this **13th** day of **January, 2026** before me, a Notary Public of New Jersey, personally came Rupert HD Swindells and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Rupert HD Swindells and Stephen M. Haney, being by me duly sworn, severally and each for himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

Stacy J Loftin
NOTARY PUBLIC OF NEW JERSEY
No. 50175208
COMMISSION EXPIRES OCT 15, 2026

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Rupert HD Swindells, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 14th day of April 2026

Rupert HD Swindells, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

ACKNOWLEDGEMENTS

SURETY ACKNOWLEDGEMENT

Commonwealth of Pennsylvania

County of Philadelphia

On April 14, 2026, before me personally came Barbara Duggan to me known who being by me duly sworn did depose and say that he/she resides in Philadelphia, Pennsylvania that he/she is Attorney-in-Fact of ACE American Insurance Company the corporation described in and which executed the above instrument; that he/she knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation, and that he/she signed his/her name thereto by like order; and the affiant did further depose and say that the Superintendent of Financial Services of the State of New York, has, pursuant to Section 1111 of the Insurance Law of the State of New York, issued to Barbara Duggan his/her certificate of qualification, evidencing the qualification of said Company and its sufficiency under any law of the State of New York as surety and guarantor, and the propriety of accepting and approving it as such, and that such certificate has not been revoked.

Commonwealth of Pennsylvania - Notary Seal
KAREN E. BRANDT, Notary Public
Philadelphia County
My Commission Expires September 26, 2026
Commission Number 1227734

Karen E. Brandt

Notary Public, Karen E. Brandt

WESTCHESTER FIRE INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND SURPLUS TO POLICYHOLDERS

Statutory Basis

December 31, 2025

(in thousands)

ASSETS		*LIABILITIES AND SURPLUS TO POLICYHOLDERS*	
Cash, Cash Equivalents, and ST Investments	$ 6,557	Outstanding Losses and Loss Expenses	$ -
U.S. Government Bonds	17,259	Reinsurance Payable on Losses and Expenses	-
Non-US Government Bonds	269	Unearned Premiums	-
Issuer Credit Obligations ("ICO") Bonds	7,594	Ceded Reinsurance Premiums Payable	-
Asset-Backed Securities ("ABS") Bonds	42,474	Other Liabilities	190,579
Stocks	-		
Other Invested Assets	4,428		
TOTAL INVESTMENTS	78,581	TOTAL LIABILITIES	190,579
Investments in Affiliates		Capital Stock	5,000
Premiums Receivable	-	Paid-In Surplus	40,960
Other Assets	173,325	Unassigned Funds	15,367
		SURPLUS TO POLICYHOLDERS	61,327
TOTAL ADMITTED ASSETS	$ 251,906	TOTAL LIABILITIES AND SURPLUS	$ 251,906

Investments are valued in accordance with requirements of the National Association of Insurance Commissioners. At December 31, 2025 investments with a carrying value of $11,903,096 were deposited with government authorities as required by law.

STATE OF PENNSYLVANIA

COUNTY OF PHILADELPHIA

John Taylor, being duly sworn, says that he is Senior Vice President of Westchester Fire Insurance Company and that to the best of his knowledge and belief the foregoing is a true and correct statement of the said Company's financial condition as of the 31 st day of December, 2025.

Sworn before me this March 11, 2026

Senior Vice President

Jaime L. Yates

Notary Public

September 19, 2027

My commission expires

Commonwealth of Pennsylvania - Notary Seal
Jaime L. Yates, Notary Public
Philadelphia County
My commission expires September 19, 2027
Commission number 1357070
Member, Pennsylvania Association of Notaries

CHUBB

SURETY BOND DIGITAL SIGNATURE AND CORPORATE SEAL NOTICE AND ADDENDUM

ACE AMERICAN INSURANCE COMPANY ("ACE AMERICAN") has authorized its respective Attorneys-in-Fact to affix ACE AMERICAN'S corporate seal to any surety bond executed on behalf of ACE AMERICAN by any such Attorney-in-Fact by attaching this Notice and Addendum to said bond.

To the extent this Notice and Addendum is attached to a surety bond that is executed on behalf of ACE AMERICAN by its Attorney-in-Fact, ACE AMERICAN hereby agrees that the corporate seal below for ACE AMERICAN shall be deemed affixed to said bond to the same extent as if its raised corporate seal was physically affixed to the face of the bond. ACE AMERICAN hereby further agrees that the execution of said bond on behalf of ACE AMERICAN by its Attorney-in-Fact with said Attorney-in-Fact's digital signature shall be considered acceptable to the same extent as if the Attorney-in-Fact executed the bond with their original, wet ink signature.

Dated this 25th day of August, 2020.

ACE AMERICAN INSURANCE COMPANY

By: _____

Stephen M. Haney, Vice President



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Perfero Pharma, Inc.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 3 Becker Farm Road; Suite 404

City: Roseland State: NJ Zip: 07068

Mailing Address (if different from physical address): (Same)

City: State: Zip:

Telephone: (973) 629-0109 Website: https://perfero.com/

Licensing Company Email: perferopharmalicensing@Eversana.com

Section 2: Personal Information

First: Alan Middle: Spencer Last: Goldstein

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Ridgefield State: CT Zip: [redacted]

Telephone: (973) 629-0109, x547 Email: agoldstein@perfero.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Pittsburgh School of Law (Law School)		1981 - 1984	
Address	**City**	**State**	**Zip**
3900 Forbes Avenue	Pittsburgh	PA	15260
Diploma/Degree obtained, if any			
Juris Doctor			

School Name		From - To (MM/YY – MM/YY)	
University of Michigan (College)		1977 - 1981	
Address	**City**	**State**	**Zip**
1109 Geddes Avenue	Ann Arbor	MI	48109-1079
Diploma/Degree obtained, if any			
Bachelor of Arts			

School Name		From - To (MM/YY – MM/YY)	
The Kew Forest School (High School)		1973-1977	
Address	**City**	**State**	**Zip**
119-17 Union Turnpike	Forest Hills	NY	11375
Diploma/Degree obtained, if any			
High School Graduation Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/02 - 04/26	[redacted]	Ridgefield	CT	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Perfero Pharma, Inc.			03/25 - 04/26	
Business Address		**City**	**State**	**Zip**
3 Becker Farm Road; Suite 404		Roseland	NJ	07068
Phone	**Title**		**Number of Employed Hours**	
(973) 629-0109	EVP & Secretary		2,800	
Description of Duties				
Implementing, overseeing and managing day-to-day legal and corporate operations and affairs.				

Business Name			From - To (MM/YY – MM/YY)	
Medimetriks Pharmaceuticals, Inc.			05/08 - 02/25	
Business Address		**City**	**State**	**Zip**
383 US-46 West		Fairfield	NJ	07004
Phone	**Title**		**Number of Employed Hours**	
973-882-7512	EVP, Business Development, Secretary and Co-Founder		43,000	
Description of Duties				
Implemented, oversaw, and managed day-today legal and corporate operations and affairs.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

April 7, 2026
Date

I, Alan Goldstein, **certify that as the designated representative for**

Perfero Pharma, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ASG I am at least 21 years of age;
3. ASG I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ASG I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ASG I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ASG I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ASG I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Alan Goldstein
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

April 7, 2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alan Goldstein

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

April 7, 2026

Date

Please have this section completed in the presence of a Notary Public.

State of Connecticut, ss. County of Fairfield

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/7/2026

Date

Subscribed and Sworn to before me this 7th day of April 2026.

Wendy Gannon Lionetti

Notary Public Signature

WENDY GANNON LIONETTI
NOTARY PUBLIC
My Commission Expires Nov. 30, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Perfero Pharma, Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 3 Becker Farm Road, Suite 404

City: Roseland State: NJ Zip: 07068

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 973-629-0109 Website: www.perfero.com

Licensing Company Email: perferopharmalicensing@eversana.com

Section 2: Personal Information

First: Bradley Middle: Paul Last: Glassman

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Addres: [redacted]

City: West Orange State: NJ Zip: [redacted]

Telephone: 973-629-0109 x513 Email: bglassman@perfero.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Tulane University		09/91-/5-96	
Address	City	State	Zip
6823 St. Charles Avenue	New Orleans	LA	70118
Diploma/Degree obtained, if any			
BA & MBA			

School Name		From - To (MM/YY – MM/YY)	
Montville Township High School		09/88 - 6/91	
Address	City	State	Zip
100 Horseneck Road	Montville	NJ	07045
Diploma/Degree obtained, if any			
diploma received //			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/25-04/26	[redacted]	West Orange	NJ	[redacted]
03/16-11/25		West Orange	NJ	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Perfero Pharma, Inc			03/25-/4-26
Business Address	**City**	**State**	**Zip**
3 Becker Farm Road Suite 404	Roseland	NJ	07068
Phone	**Title**		
973-629-0109	Chairman & CEO		
Description of Duties			
Executive Management			

Business Name			From - To (MM/YY – MM/YY)
Medimetriks Phharmaceuticals, Inc.			04/08-02/25
Business Address	**City**	**State**	**Zip**
383 Route 46 West	Fairfield	NJ	07004
Phone	**Title**		
973-882-7512	Chairman & CEO		
Description of Duties			
Executive Management			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/7/26
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

BRADLEY GLASSMAN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/7/24

Date

Please have this section completed in the presence of a Notary Public.

State of NEW JERSEY, ss. County of ESSEX

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/7/24

Date

Subscribed and Sworn to before me this 7TH day of APRIL 2024.

Azlica Bobe

Notary Public Signature

ANGELICA BOBE
A Notary Public of New Jersey
My Commission Expires March 8, 2027

(Seal)

PERFERO PHARMA, INC.

EMPLOYEES

Bradley Glassman

Brent Lenczycki

Alan Goldstein

CONSULTANTS

Robert Babilon

Donna Borgnis

Anna Barbieri, M.D.

Taylor Bush

4III

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Pine Plains Pharmacy, Inc.

Physical Address: 2965 Church Street

City: Pine Plains State: New York Zip: 1256/

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Name of Designated Representative (DR): Rehan Mahmood

Licensing Company Email: pineplainsrx3@gmail.com DR Email: pineplainsrx3@gmail.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		■ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cencora - Amerisource Burgen
Address: 1 W 1st Ave, City: Conshohocken State: PA Zip: 19428

Name: Mckesson
Address: 6555 State Hwy 161, City: Irving State: TX Zip: 75039

Name: Parmed
Address: 4220 Hyde Park Blvd City: Niagara Falls State: NY Zip: 14305

Name: Blupax
Address: 160 Raritan Center Pkwy #1 City: Edison State: NJ Zip: 08837

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: New York
Parent Company (if any):
Corporation/Organization Name: Pine Plains Pharmacy, INC.
Mailing Address: 2965 Church Street
City: Pine Plains State: NY Zip: 12567
Telephone: 518-398-5588 Email: pineplainsrx3@gmail.com
Contact Person Name: Rehan Mahmood

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Pine Plains Pharmacy, Inc.

Facility Name

Rehan Mahmood

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

02/18/2026

Date

Board Use Only	Date Received: 2/26/26	Amount: $1000 Ch #332



Pine Plains Pharmacy, Inc.
2965 Church Street Pine Plains, NY 12567
Phone:518-398-5588 - Fax:518-398-7588
pineplainsrx@gmail.com

GOOD NEIGHBOR PHARMACY

List of all officers

Nasir Mahmood, President
Rehan Mahmood, Vice President

List of all partners and their percent ownership.

Nasir Mahmood, Owner 100%

Employees of Pine Plains Pharmacy, Inc., wholesale:

Nasir Mahmood
Rehan Mahmood
Nathan Badore

Certificate of Corporate Status - Attached

Designated Representative form – Attached

Personal History Record Application – Nasir Mahmood - Attached

License, certification, permit or registration issued to your wholesaler business. – Attached

Proof of insurance - Attached

Submit Fingerprints –

Finger Prints –
Check - $39.00 to "Nevada State Board of Pharmacy"
Background waiver – Attached

$1,000 Fee to "Nevada State Board of Pharmacy"– Check Attached

Copy of a bond in an amount of $100,000 -Attached

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	PINE PLAINS PHARMACY, INC.
DOS ID Number:	1046176
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	12/27/1985
Statement Status:	Current
Statement Due Date:	12/31/2027

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on January 23, 2026 at 02:03 P.M.

WALTER T. MOSLEY
Secretary of State

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100009552818 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://eco.p.dos.ny.gov

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2025-28

NAME OF SUPERVISOR
NASIR MAHMOOD

THIS IS TO CERTIFY

PINE PLAINS PHARMACY INC.
P.O BOX 339
2965 CHURCH ST.
PINE PLAINS, NY 12567

is duly recorded as a

REGISTERED WHOLESALER OF DRUGS AND/OR DEVICES

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF JUNE, 2025.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF MAY, 2028.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER
031856

EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

ACORD

CERTIFICATE OF LIABILITY INSURANCE

CUSTOMER NUMBER: 0100045879

DATE (MM/DD/YYYY): 07/31/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
PHARMACISTS MUTUAL INSURANCE GROUP 808 HIGHWAY 18 W PO BOX 370 ALGONA IA 50511-0370	PHONE (A/C, No, Ext): 800-247-5930	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	PHARMACISTS MUTUAL INSURANCE COMPANY	13714
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
PINE PLAINS PHARMACY INC
2965 CHURCH ST
PINE PLAINS NY 12567-5547

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER	Y	Y	BOP 0167128 04 Includes- Pharmacy Professional Liab Health Care Services Professional Liability Hired Auto Liability Non-Owned Auto Liability	07/20/2025	07/20/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG WATER LEGAL LIABILITY	$ 1,000,000 $ 50,000 $ 5,000 $ Included $ 3,000,000 $ 2,000,000 $ 50,000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	[ ] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE DED [X] RETENTION $ 10,000			UCL 0163522 04	07/20/2025	07/20/2026	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH) If yes, describe under DESCRIPTIONS OF OPERATIONS below	N/A					PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

See Remarks for Additional Named Insureds

Loc. 001 PINE PLAINS PHARMACY
Bldg. 001 2965 CHURCH ST
PINE PLAINS, NY 12567-5547

CERTIFICATE HOLDER - ADDITIONAL INSURED

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Michelle C Cally

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. B150092026

Application/License No. 031856

Pine Plains Pharmacy Inc (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2965 Church St, Pine Plains, NY 12567-5547 (Address of Applicant/Principal), as PRINCIPAL, and Old Republic Surety Company (Surety Company), a corporation organized under the laws of the state of Wisconsin (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 18500 W Corporate Dr, Ste 170, Brookfield, WI 53045 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 2/3/2026 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 3rd day of February, 20 26

APPLICANT/PRINCIPAL

COMPANY

(X) 2/13/26
Authorized Representative

SURETY

OLD REPUBLIC SURETY COMPANY SEAL

Surety Company's Representative

Val Morton, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

(X)
Witness

(X)
Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

OLD REPUBLIC SURETY COMPANY

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint:

Val Morton Of ALGONA, Iowa

its true and lawful Attorney(s)-In-Fact, with full power and authority, not exceeding $10,000,000, for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, ***(other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, waste management bonds, hazardous waste remediation bonds or black lung bonds),*** as follows:

Effective Date: 02/03/2026

Bond Number: B150092026 Bond Amount: One Hundred Thousand Dollars $ 100,000 00

Principal Name: Pine Plains Pharmacy Inc

Obligee Name: NV State Board of Pharmacy, Nevada

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18,1982.

RESOLVED that the president, any vice president or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

(i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or

(ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or

(iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 3rd day of February, 2026

OLD REPUBLIC SURETY COMPANY

Assistant Secretary

President

STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS

On this 3rd day of February, 2026, personally came before me, Alan Pavlic and Kevin J. Abitz, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.

Kathryn R. Pearson

Notary Public

My Commission Expires: 09/28/2026

(Expiration of notary's commission does not invalidate this instrument)

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

0400134

Signed and sealed at the City of Brookfield, WI this 3rd day of February, 2026

Assistant Secretary

ORSC 22262 (3-06)

PMC ADVANTAGE INS SERVICES INC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Pine Plains Pharmacy, Inc. MDEG License # (if applicable) _____

Physical Address 2965 Church Street

City Pine Plains State NY Zip 12567

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 518-398-5588 Website _____

Licensing Company Email pine plains rx3@gmail.com

Section 2: Personal Information

First Rehan Middle Nasir Last Mahmood

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Wappingers Falls State NY Zip [redacted]

Telephone 518-398-5588 Email pine plains rx3@gmail.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Long Island University - Arnold & Marie Schwartz College of Pharmacy		08/06-05/14	
Address	**City**	**State**	**Zip**
1 University Plaza	Brooklyn	NY	11201
Diploma/Degree obtained, if any			
Pharmacy Graduate, PharmD			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Stissing Mountain Jr/Sr High School		09/02-06/06	
Address	**City**	**State**	**Zip**
2829 Church St	Pine Plains	NY	12567
Diploma/Degree obtained, if any			
HighSchool			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/23-Present	[redacted]	Poughkeepsie	NY	[redacted]
09/04 - 04/23		Wappingers Falls	NY	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Pine Plains Pharmacy			11/14 - Current
Business Address	**City**	**State**	**Zip**
2965 Church street	Pine Plains	NY	12567
Phone	**Title**		**Number of Employed Hours**
518-398-5588	Pharmacist in Charge		24,960
Description of Duties			
Oversee pharmacy operations -Manage and procurement of pharmacy inventory -Service patient prescriptions refills,and counseling -Coordinating workflow and leadership for the pharmacy staff/technicians			

Business Name			From - To (MM/YY – MM/YY)
Punjab Pharmacy			02/12 - 11/2013
Business Address	**City**	**State**	**Zip**
1018 Coney Island Ave	Brooklyn	NY	11230
Phone	**Title**		**Number of Employed Hours**
(718) 434-4000	Pharmacy Intern		780
Description of Duties			
-Communicate with patients on a daily basis - Handled insurance claims, pharmacy inventory management, with supervision -Assist pharmacist with doctor calls, dispensing/refilling medication orders -Counseled patients on medication			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)	
Pine Plains Pharmacy, Inc		11/14 - Present	
Business Address	**City**	**State**	**Zip**
2965 Church st	Pine Plains	NY	12567
Phone	**Title**	**Number of Employed Hours**	
518-398-5588	Pharmacist and Warehouse Manager	24,960	
Description of Duties	oversees pharmacy operations; Including Device and equipment instructions and maintenance. Coordinate staff and service patients needs, refills and Counseling.		

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Rehan Mahmood, **certify that as the MDEG Administrator for** Pine Plains Pharmacy, Inc,

that I (initial that you have read and meet the following requirements):

1. ✓ Have a high school diploma or its equivalent;
2. ✓ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ✓ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ✓ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rehan Mahmood
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/4/26
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Pine Plains Pharmacy
Pharmacy/Wholesaler License # (if applicable):
Physical Address: 2965 Church Street
City: Pine Plains State: NY Zip: 12567
Mailing Address (if different from physical address):
City: State: Zip:
Telephone: 518-398-5588 Website:
Licensing Company Email: pineplainsrx3@gmail.com

Section 2: Personal Information

First: Rehan Middle: Nasir Last: Mahmood
Alias(es, nicknames, name changes, etc.): Ray
Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X
Mailing Add[redacted]
City: Wappingers Falls State: NY Zip: [redacted]
Telephone: 518-398-5588 Email: pineplainsrx3@gmail.com
Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Long Island University - Arnold & Marie Schwartz College of Pharmacy		08/06-05/14	
Address	**City**	**State**	**Zip**
1 University Plaza	Brooklyn	NY	11201
Diploma/Degree obtained, if any			
Pharmacy Graduate, PharmD			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Stissing Mountain Jr/Sr High School		09/02-06/06	
Address	**City**	**State**	**Zip**
2829 Church St	Pine Plains	NY	12567
Diploma/Degree obtained, if any			
HighSchool			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/23-Present	[redacted]	Poughkeepsie	NY	[redacted]
09/04 - 04/23		Wappingers Falls	NY	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Pine Plains Pharmacy			11/14-current	
Business Address		**City**	**State**	**Zip**
2965 Church Street		Pine Plains	NY	12567
Phone	**Title**		**Number of Employed Hours**	
518-398-5588	Pharmacist in Charge		24,960	
Description of Duties				
Oversee Pharmacy operations- mange and procurement of pharmacy inventory- Service patient prescription, refills, and counseling- coordinate workflow and leadership for the pharmacy staff/ technicians				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Rehan Mahmood, **certify that as the designated representative for**

Pine Plains Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. RM I am at least 21 years of age;
3. RM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. RM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. RM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Rehan Mahmood

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/18/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rehan Mahmood

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

~~2/18/2026~~ 2/19/26

Date

Please have this section completed in the presence of a Notary Public.

State of NY, ss. County of Dutchess

I, Rehan Mahmood, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/19/26

Date

Subscribed and Sworn to before me this 19 day of February 2026.

Notary Public Signature

(Seal)

MARK T. VILA
Notary Public - State of New York
No. 01VI6378300
Qualified in Dutchess County
My Commission Expires July 23, 2026

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Pine Plains Pharmacy, Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 2965 Chruch Street

City: Pine Plains State: NY Zip: 12567

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 518-398-5588 Website:

Licensing Company Email: pineplainsrx3@gmail.com

Section 2: Personal Information

First: Syed Middle: Nasir Last: Mahmood

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITI: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Add[redacted]

City: Wappingers Falls State: NY Zip: [redacted]

Telephone: 518-398-5588 Email:

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Long Island University		09/83-06/85	
Address	**City**	**State**	**Zip**
1 University Plaza	Brooklyn	NY	11201
Diploma/Degree obtained, if any			
MBA+			

School Name		From - To (MM/YY – MM/YY)	
University of the Punjab,		09/71-06/75	
Address	**City**	**State**	**Zip**
University of the Punjab, Quaid-i-Azam Campus	Lahore	Punjab	Pakistan
Diploma/Degree obtained, if any			
Bachelors of Science, Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Government College		09/65 - 06/70	
Address	**City**	**State**	**Zip**
N-5, Kala Gujran, Jhelum,	Jhelum Pakistan	Punjab	Punjab
Diploma/Degree obtained, if any			
Bachelors of Science, Biology			

School Name		From - To (MM/YY – MM/YY)	
Government High School		09/66-06/70	
Address	**City**	**State**	**Zip**
WPV9+JX2, Court Road	Jhelum Pakistan	Punjab	Punjab
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/04-Present	[redacted]	Wappingers Falls	NY	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Pine Plains Pharmacy, Inc.			12/85-Present
Business Address	**City**	**State**	**Zip**
2965 Church Street	Pine Plains	NY	12567
Phone	**Title**		
518-398-5588	Owner,Pharmacist in Charge		
Description of Duties			
Manage Daily operatons Oversee pharmacy operations -Manage and procurement of pharmacy inventory -Service patient prescriptions, refills,and counseling -Coordinating workflow and leadership for the pharmacy staff/technicians			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nasir Mahmood

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/18/2026

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Dutchess

I, Nasir Mahmood, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2-18-26

Date

Subscribed and Sworn to before me this 18th day of February 2026

Notary Public Signature

ELIZABETH A. COON
Notary Public, State of New York
No. 01CO6334164
Qualified In Dutchess County
Commission Expires December 7, 2027

(Seal)

4JJJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Premium Health Services, Inc.

Physical Address: 9121 Red Branch Road, Suite A

City: Columbia State: MD Zip: 21045

Mailing Address (if different from physical address): same as above

City: _____ State: _____ Zip: _____

Telephone: 877-730-4747 Website: www.rxphs.com

Name of Designated Representative (DR): Daniel C. Herlihy

Licensing Company Email: compliance@rxphs.com DR Email: dan.herlihy@rxphs.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies ■ Practitioners ■ Hospitals ■ Wholesalers ■ Veterinarians ☐ Others:	☐ Dangerous Drugs ■ Controlled Substances ☐ [a]Medical devices, equipment, supplies, gases ■ Others: Legend drugs - human and Legend drugs - veterinary	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ■ Warehouse ■ Retail pharmacy wholesale distributor ☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

n/a

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Smith Drug
Address: 9098 Fairforest Road City: Spartanburg State: SC Zip: 29301

Name: Capital Drug
Address: 873 Williams Avenue City: Columbus State: OH Zip: 43212

Name: R&S Northeast
Address: 10049 Sandmeyer Lane City: Philadelphia State: PA Zip: 19116

Name: InSource
Address: 135 Duryea Road, E-355 City: Melville State: NY Zip: 11747

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:
Date of SEC Registration: SEC Registration Number: Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida
Parent Company (if any): Family Venture Group, LLC
Corporation/Organization Name: Premium Health Services, Inc.
Mailing Address: 9121 Red Branch Road, Suite A
City: Columbia State: MD Zip: 21045
Telephone: 877-730-4747 Email: compliance@rxphs.com
Contact Person Name: Daniel C. Herlihy

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Premium Health Services, Inc.
Facility Name

Daniel C. Herlihy
Print Name of Authorized Person Submitting Application

Daniel C. Herlihy
Original signature of Authorized Person (copies or stamps not accepted)

10/1/2025
Date

Board Use Only	Date Received: 10/20/25	Amount: $1000 - CK 17866

Business: Premium Health Services, Inc.

Fein #52-2127878

Daniel C. Herlihy, President

9121 Red Branch Road, Suite A, Columbia, MD 21045

877-730-4747

Owner/Parent Company: Family Venture Group, LLC

Fein #33-4345003

Jessica S. Wolf, CEO

2601 S. Bayshore Drive, 18th Floor, Coconut Grove, FL 33133

305-301-6800

Owner/Parent Company: Family Venture Group, LLC

Fein #33-4345003

Jessica S. Wolf, CEO

2601 S. Bayshore Drive, 18th Floor, Coconut Grove, FL 33133

305-301-6800

100% Ownership

State of Florida

Department of State

I certify from the records of this office that PREMIUM HEALTH SERVICES, INC., is a corporation organized under the laws of Maryland, authorized to transact business in the State of Florida, qualified on October 6, 2025.

The document number of this corporation is F25000005600.

I further certify that said corporation has paid all fees due this office through December 31, 2025, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code, 125A00022525-100625-F25000005600-1/1, noted below.

Authentication Code: 125A00022525-100625-F25000005600-1/1

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Sixth day of October, 2025

Secretary of State

STATE OF MARYLAND
Department of Assessments and Taxation

I, BOB YEAGER OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PREMIUM HEALTH SERVICES, INC. (D05123690), INCORPORATED OCTOBER 27, 1998, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 02, 2025.

Bob Yeager
Director

700 East Pratt Street, 2nd Flr, Ste 2700, Baltimore, Maryland 21202
Telephone Baltimore Metro (410) 767-1344 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: N49UKw1TpUuahwGqQvUYrw
To verify the Authentication Code, visit http://dat.maryland.gov/verify

Details

Demographic Information

Name: PREMIUM HEALTH SERVICES INC

Address Information

Address: 9121 RED BRANCH RD
SUITE A
City: COLUMBIA **State:** MD **Zip:** 21045

Maryland License\Permit Information

Number: D07722		**Type:**	Distributor	**Subtype:**		**Status:**	Active
Original Issued:	7/1/2025	**Date Renewed:**		**Expires:**	5/31/2027		

No Speciality Information

Board Orders

Clicking on the corresponding link will allow documents to be viewed.

No Related Documents

****Please refer to the Board's Formal Disciplinary Action page for the listing of all disciplinary actions.****

DISTRIBUTOR REGISTRATION

Maryland Board of Pharmacy

4201 Patterson Avenue
Baltimore, Maryland 21215

Premium Health Services Inc
9121 Red Branch Rd
SUITE A
COLUMBIA MD 21045

STATE OF MARYLAND 188932
DEPARTMENT OF HEALTH

THE MARYLAND STATE BOARD OF PHARMACY CERTIFIES THAT
Premium Health Services Inc
IS A REGISTERED Active
Distributor (exp.: 05/31/2027)

In accordance with the Health Occupations Article of the Annotated Code of Maryland

LIC. REG. PERM. NO.	EXPIRATION DATE
D07722	05/31/2027

SIGNATURE OF BEARER

188932

State of Maryland 188932

SIGNATURE OF BEARER

DEPARTMENT OF HEALTH

THE MARYLAND STATE BOARD OF PHARMACY
CERTIFIES THAT Premium Health Services Inc
IS A REGISTERED Active
Distributor (exp.: 05/31/2027)

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. REG. PERM. NO.	EXPIRATION DATE
D07722	05/31/2027

SECRETARY, MDH

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

Distributor Change of Information

A Distributor must report changes in their names, addresses, place of employment or other contact information in order to receive renewal notices, newsletters and other important information. A copy of a legal document, such as a Marriage Certificate, must accompany name changes.

To report changes, submit a completed Change of Information form. The form may be downloaded from the Board's website at http://dhmh.maryland.gov/pharmacy/Pages/ChangeRequest.aspx, or contact the Board to have the form sent to you.

Return the completed form by mail, fax or email to:

Maryland Board of Pharmacy
P.O. Box 2051
Baltimore, Maryland 21203-2051
Toll Free: (800)-542-4964 Fax: (410) 358-6207
Email: dhmh.mdbop@maryland.gov

PREMHEA-12 BCASHION

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/12/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 2060346 Hub International Mid Atlantic 3290 North Ridge Road Suite 300 Ellicott City, MD 21043	CONTACT NAME: Brian Cashion PHONE (A/C, No, Ext): (443) 574-0493 FAX (A/C, No): E-MAIL ADDRESS: brian.cashion@hubinternational.com
INSURED Premium Health Services Inc. 9121 Red Branch Road Suite A Columbia, MD 21045-2013	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Selective of the Southeast — 39926 INSURER B : Employers Preferred Insurance Company — 10346 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY							
	CLAIMS-MADE X OCCUR			S 2226820	6/11/2025	6/11/2026	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
							MED EXP (Any one person)	$ 15,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY							
	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	OWNED AUTOS ONLY / SCHEDULED AUTOS			S 2226820	6/11/2025	6/11/2026	BODILY INJURY (Per person)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR							
	EXCESS LIAB CLAIMS-MADE			S 2226820	6/11/2025	6/11/2026	EACH OCCURRENCE	$ 2,000,000
	DED X RETENTION $ 0						AGGREGATE	$ 2,000,000
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N	N/A		EIG4766335-04	6/11/2025	6/11/2026	E.L. EACH ACCIDENT	$ 1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Blanket BPP			S 2226820	6/11/2025	6/11/2026	Limit	340,750
A				S 2226820	6/11/2025	6/11/2026	Deductible	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0707767	03-31-2027	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	02-19-2026

PREMIUM HEALTH SERVICES, INC.
9121 RED BRANCH RD STE A
COLUMBIA, MD 210452058

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0707767	03-31-2027	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	02-19-2026

PREMIUM HEALTH SERVICES, INC.
9121 RED BRANCH RD STE A
COLUMBIA, MD 210452058

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0707767	03-31-2027	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	02-19-2026

PREMIUM HEALTH SERVICES, INC.
9121 RED BRANCH RD STE A
COLUMBIA, MD 210452058

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 7901288295

Application/License No. 07722

Premium Health Services, Inc.
Applicant /Principal

_____, doing or intending to do business as a

pharmaceutical wholesaler, whose address for purposes of service is _____

9121 Red Branch Road Ste A, Columbia, MD 21045
Address of Applicant /Principal, as

PRINCIPAL, and Nationwide Mutual Insurance Company
Surety Company, a

corporation organized under the laws of the state of OH
State of Incorporation

and authorized to transact a general surety business in the State of Nevada, whose address for purposes

of service is 1100 Locust Street, Department 2006, Des Moines, IA 50391
Address of Surety as

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 8, 2025
Effective Date.

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 8th day of October, 2025.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

SEAL

NORMAN C BREITENBACH, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Premium Health Services, Inc.

Pharmacy/Wholesaler License # (if applicable): D07722

Physical Address: 9121 Red Branch Road, Suite A

City: Columbia State: MD Zip: 21045

Mailing Address (if different from physical address): n/a

City: State: Zip:

Telephone: 877-730-4747 Website: www.rxphs.com

Licensing Company Email: compliance@rxphs.com

Section 2: Personal Information

First: Daniel Middle: C. Last: Herlihy

Alias(es, nicknames, name changes, etc.): n/a

Date of Birth: 01/26/1963 SSN or ITIN: 217-82-1619 Sex: ☒ M ☐ F ☐ X

Mailing Address: 7246 Conley Aly

City: Sykesville State: MD Zip: 21784

Telephone: 443-506-8269 Email: dan.herlihy@rxphs.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)
Andover High School Linthicum		1979 - 1981
Address	**City**	**State** / **Zip**
	Maryland	
Diploma/Degree obtained, if any		
High School diploma – School has since closed		

School Name		From - To (MM/YY – MM/YY)
Address	**City**	**State** / **Zip**
Diploma/Degree obtained, if any		

School Name		From - To (MM/YY – MM/YY)
Address	**City**	**State** / **Zip**
Diploma/Degree obtained, if any		

School Name		From - To (MM/YY – MM/YY)
Address	**City**	**State** / **Zip**
Diploma/Degree obtained, if any		

School Name		From - To (MM/YY – MM/YY
Address	**City**	**State** / **Zip**
Diploma/Degree obtained, if any		

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2022 - present	[redacted]	Sykesville	MD	[redacted]
07/2018-08/2022		Ellicott City	MD	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Premium Health Services, Inc.			1998 to present	
Business Address		**City**	**State**	**Zip**
9121 Red Branch Road, Suite A		Columbia	MD	21045
Phone	**Title**		**Number of Employed Hours**	
877-73-4747	President		160,000	
Description of Duties				
Responsible for all purchasing, storage, sales and distribution matters. Point of Contact and Designated Representative.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # n/a . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Daniel C. Herlihy, **certify that as the designated representative for**

Premium Health Services, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DH I am at least 21 years of age;
3. DH I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. DH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DH I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. DH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Daniel C. Herlihy

Print Name (First, Last)

Daniel C. Herlihy

Original Signature (electronic, copies or stamps not accepted)

10-1-2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel C. Herlihy

Print Name (First, Last)

Daniel C. Herlihy 9/22/2025

Original Signature (electronic, copies or stamps not accepted) Date

---

Please have this section completed in the presence of a Notary Public.

State of Maryland, ss. County of Howard

I, Daniel C. Herlihy, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Daniel C. Herlihy 9/22/2025

Original Signature **Date**

Subscribed and Sworn to before me this 22nd day of September 2025.

Diane Cosgrove

Notary Public Signature

DIANE COSGROVE
Notary Public - State of Maryland
Anne Arundel County
My Commission Expires Feb 27, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Premium Health Services, Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): D07722

Physical Address: 9121 Red Branch Road, Suite A

City: Columbia State: MD Zip: 21045

Mailing Address (if different from physical address): n/a

City: State: Zip:

Telephone: 877-730-4747 Website: www.rxphs.com

Licensing Company Email: compliance@rxphs.com

Section 2: Personal Information

First: Jessica Middle: S. Last: Wolf

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: 2601 S. Bayshore Drive, 18th Floor

City: Coconut Grove State: FL Zip: 33133

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
La Salle High School		08/04-08	
Address	City	State	Zip
	Miami	FL	
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Miami Dade College			
Address	City	State	Zip
	Miami	FL	
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Jessica Wolf P.A.			From - To (MM/YY – MM/YY): 08/15 / Current	
Business Address: 55 Merrick Way Suite 402	City: Coral Gables		State: FL	Zip: 33134
Phone: 3053016800	Title: Owner			
Description of Duties: Real Estate Duties				

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations, etc.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # n/a . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jessica S. Wolf

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/2/25

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami-Dade

I, Jessica S. Wolf, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/2/25

Date

Subscribed and Sworn to before me this 2 day of October 2025.

Notary Public Signature

ALICIA BLANCO
MY COMMISSION # HH 616675
EXPIRES: December 1, 2028

(Seal)

From: Dan Herlihy <dan.herlihy@rxphs.com>
Sent: Thursday, February 5, 2026 12:25 PM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>; Compliance <compliance@rxphs.com>
Subject: RE: Nevada Out-of-State Wholesaler Application-Premium Health Services, Inc.

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.
Hi Maria,

As per our conversation, please see below the list of employees at the site to be licensed.

Daniel C. Herlihy President

Christopher Layton Sales Manager

Dylan Herlihy Operations manager

Duane Layton Purchasing Manager

Thank you and kind regards,

Dan Herlihy
President
Premium Health Services (PHS)
dan.herlihy@rxphs.com
Office: 877-730-4747
[redacted]

4KKK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	■ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: pending
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☐ Other:	■ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
			☐ Hospital
	* Current license #:		☐ Other:
	PH_____		

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	■ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Carson Tahoe Regional Healthcare DBA: Carson Tahoe Pharmacy

Physical Address: 1600 Medical Parkway

City: Carson City State: NV Zip: 89703

Mailing Address (if different from physical address): same as above

City: _____ State: _____ Zip: _____

Telephone: 775-245-6169 Toll Free # (NAC 639.708, NRS 639.23286): 833-548-1044

Fax: 775-350-1184 Contact Email: licensing@vytlone.com

Website: CarsonTahoePharmacy.com

Nevada Business License # (if applicable) BL-010226-2026

Supervising/Managing Pharmacist Name (NRS 639.220): Graham Brown

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19803

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Graham Brown	NV Pharmacist Registration #: 19803
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): N/A

Corporation/Organization Name: Carson Tahoe Regional Healthcare

Mailing Address: 1600 Medical Parkway

City: Carson City State: NV Zip: 89703

Telephone: 775-445-8000 Email: info@CarsonTahoe.org

Contact Person Name: Michelle Joy, President & CEO

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President & CEO (title) for Carson Tahoe Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Michelle Joy, President & CEO

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

5/1/2026

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Michelle Joy hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President & CEO (title) for Carson Tahoe Regional Healthcare (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 1st day of May, 20 26

Rita Stephanie Halewyn
Notary Public

RITA STEPHANIE HALEWYN
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 25-0004-02
My Appt. Expires January 8, 2029

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Graham Brown Pharmacist Registration #: 19803

Pharmacy Name: Carson Tahoe Pharmacy

Initial each statement below to indicate you have read and agree with the following:

GB I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

GB I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

GB I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

GB I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

GB I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

4/23/26
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michelle Joy, President & CEO

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

5/1/2026

Date

Board Use Only	Date Received: 5/7/20	Amount: CK $500 10146093 ✓

Carson Tahoe Regional Healthcare
DBA: Carson Tahoe Pharmacy



Members of the Health System Board include:

President & CEO	Michelle Joy
Acting Chair	Brian Duffrin
Secretary	James Manning
Treasurer	Meg Jack, M.D.
Chief of Staff	David Johnson, M.D.
Director	Alma Faulstich
Director	Bob Sewell
Director	Philip O'Neil
Director	Johnny Olivas
Director	Sandy Wartgow

SECRETARY OF STATE



STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational or qualification, as applicable, documents on file in this office for

CARSON TAHOE REGIONAL HEALTHCARE

Organizational Documents on File	Filing Date
Amendment	09/01/2005
Amendment	06/06/2002
Articles of Incorporation	06/28/2001

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence CARSON TAHOE REGIONAL HEALTHCARE, as a DOMESTIC NONPROFIT CORPORATION (82) duly organized or formed and existing, or duly qualified or registered, as applicable, and by virtue of the laws of the State of Nevada since 06/28/2001, and is in good standing in this state.

SECRETARY OF STATE

STATE OF NEVADA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/10/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202606106742518
You may verify this certificate online at
https://www.nvsilverflume.gov/home

Entity Information

Entity Information

Entity Name:	CARSON TAHOE REGIONAL HEALTHCARE	**Entity Number:**	C17196-2001
Entity Type:	Domestic Nonprofit Corporation (82)	**Entity Status:**	Active
Formation Date:	06/28/2001	**NV Business ID:**	NV20011348582
Termination Date:		**Annual Report Due Date:**	6/30/2026
Compliance Hold:			
		Solicits Charitable Contribution:	No

Registered AGENT INFORMATION

Name of Individual or Legal Entity:	ALLISON MACKENZIE, LTD.	**Status:**	Active
CRA Agent Entity Type:		**Registered Agent Type:**	Commercial Registered Agent
NV Business ID:		**Office or Position:**	
Jurisdiction:	NEVADA		

Street Address: 402 NORTH DIVISION STREET, Carson City, NV, 89703, USA

Mailing Address:

OFFICER INFORMATION View Historical Data

Title	Name	Address	Last Updated	Status
Secretary	James Manning	1600 Medical Parkway, Carson City, NV, 89703, USA	04/14/2025	Active
Director	Johnny Olivas	1600 Medical Parkway, Carson City, NV, 89703, USA	04/14/2025	Active
Director	Wartgow Sandy	1600 Medical Parkway, Carson City, NV, 89703, USA	04/14/2025	Active
President	Michelle Joy	1600 Medical Parkway, Carson City, NV, 89703, USA	04/11/2024	Active
Treasurer	Meg Jack, M.D.	1600 Medical Parkway, Carson City, NV, 89703, USA	04/11/2024	Active

< Previous ... 1 2 3 ... Next > Page 1 of 3, records 1 to 5 of 13 Go to Page

CURRENT SHARES

Class/Series	Type	Share Number	Value

No records to view.

Number of No Par Value Shares: **0**

Total Authorized Capital:

Filing History Name History Mergers/Conversions

Return to Search Return to Results

Will relocate to Nevada

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Carson Tahoe Regional Healthcare DBA: Carson Tahoe Pharmacy

Pharmacy/Wholesaler License # (if applicable) pending

Physical Address 1600 Medical Parkway

City Carson City State NV Zip 89703

Mailing Address (if different from physical address) same as above

City _____ State _____ Zip _____

Telephone (775) 245-6169 Website CarsonTahoePharmacy.com

Licensing Company Email licensing@vytlone.com

Section 2: Personal Information

First Graham Middle Benjamin Last Brown

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephon[redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Washington School of Pharmacy		07/05 - 06/09	
Address	**City**	**State**	**Zip**
Box 357239, F463 Health Science Building	Seattle	WA	98195
Diploma/Degree obtained, if any			
Pharm.D.			

School Name		From - To (MM/YY – MM/YY)	
University of Nevada Las Vegas		01/02 - 06/05	
Address	**City**	**State**	**Zip**
4505 S Maryland Pkwy	Las Vegas	NV	89154
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Silverado High School		01/99 - 05-01	
Address	**City**	**State**	**Zip**
1650 Silver Hawk Ave	Las Vegas	NV	89123
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/22 - Current	[redacted]	Woodway	[redacted]	
02/17 - 01/22		Henderson		
07/14 - 02/17		Los Angeles		
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Maxor National Pharmacy Services, DBA VytlOne			07/18 - Current	
Business Address		City	State	Zip
320 S Polk, Ste 200		Amarillo	TX	79101
Phone	Title		Number of Employed Hours	
866-629-6779	Director of Operational Performance		14,880	
Description of Duties				
Operations, clinical specialty patient management, accreditation, staff management, performance improvement, etc.				

Business Name			From - To (MM/YY – MM/YY)	
Walgreens			07/01 - 05/18	
Business Address		City	State	Zip
108 Wilmot Rd		Deerfield	IL	60015
Phone	Title		Number of Employed Hours	
847-315-2922	Pharmacy Manager, Staff Pharmacist, Intern, Technician		30,940	
Description of Duties				
Prescription entry, patient management, prescription verification, workflow optimization, immunization, specialty patient management, prescription fulfillment, staff management, hazardous non-sterile compounding, pediatrics, etc.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Graham Brown, **certify that as the designated representative for**

Carson Tahoe Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. GB I am at least 21 years of age;
3. GB I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. GB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. GB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. GB I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. GB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Graham Brown

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/23/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Graham Brown

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/23/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of McLennan

I, Jace Horst, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/23/26

Date

Subscribed and Sworn to before me this 23rd day of April 2026

Notary Public Signature

JACE HORST
Notary Public
STATE OF TEXAS
ID# 134402902
My Comm. Exp. June 5, 2027

(Seal)

4LLL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada ☐ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH_____	☐ Retail/Community ☒ Hospital (# beds 12) ☐ Internet ☐ Nuclear ☒ Other: Free-standing ER, Department of Southern Hills Hospital	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☒ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☒ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☒ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☒ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: ER at Inspirada

Physical Address: 2475 Via Inspirada

City: Henderson State: NV Zip: 89044

Mailing Address (if different from physical address): 9300 West Sunset Rd

City: Las Vegas State: NV Zip: 89148

Telephone: 702 916 7125 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702 916 7169 Contact Email: NamDavid.Nguyen@HealthTrustPG.com

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Bruce Thielke

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 14061

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Bruce Thielke	NV Pharmacist Registration #: 14061
Name: Nam Nguyen	NV Pharmacist Registration #: 19048
Name: Deborah Liechty	NV Pharmacist Registration #: 23826
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): HCA Healthcare

Corporation Name: HCA Healthcare Inc.

Mailing Address: One Park Plaza

City: Nashville State: TN Zip: 37203

Telephone: 615 344 9551 Email:

Contact Person Name: Nicholas Johnson, CEO Southern Hills Hospital

Date of SEC Registration: September 1993	SEC Registration Number: 333-145054	Stock Exchange Symbol: HCA

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☒ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:

Parent Company (if any):

Corporation/Organization Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name:

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Director of Pharmacy (title) for ER at Inspirada (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Nam Nguyen

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

5/18/26

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Nam Nguyen hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Director of Pharmacy (title) for ER at Inspirada (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 18th day of May, 2026

Notary Public

DANIA AWADA
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 25-1036-01
My Appt. Expires June 06, 2029

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Bruce Thielke Pharmacist Registration #: 14061

Pharmacy Name: ER at Inspirada

Initial each statement below to indicate you have read and agree with the following:

BT I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

BT I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

BT I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

BT I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

BT I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✔

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

BT

Original signature of Managing Pharmacist (copies or stamps not accepted)

5/18/26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

NICHOLAS JOHNSON

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

5/19/2026

Date

Board Use Only	Date Received: 5/27/26	Amount: $800

SOUTHERN HILLS.
HOSPITAL & MEDICAL CENTER
A Sunrise Health System Hospital

May 18, 2026

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy
Ste 206
Reno, NV 89521

To whom it may concern,

As part of the Nevada State Board of Pharmacy application for a new pharmacy for ER at Inspirada, please see the information below regarding the company's Officers and Directors.

HCA Healthcare Officers

Title	Name
Director and Chief Executive Officer	Samuel Hazen
Executive Vice President and Chief Financial Officer	Michael Marks
Executive Vice President and Chief Operating Officer	Jon Foster
Executive Vice President and Chief Legal and Administrative Officer	Michael McAlevey
Executive Vice President and Chief Clinical Officer	Michael Cuffe
Principal Accounting Officers, Senior Vice President and Controller	Christopher Wyatt
Senior Vice President and Chief Human Resources Officers	Jennifer Berres
Senior Vice President and Chief Nurse Executive	Erica Rossitto

HCA Healthcare Board of Directors

Title	Name
Chairman of the Board	Thomas Frist
Director	John Chidsey
Director	Nancy-Ann Deparle
Director	William Frist
Director	Hugh Johnston
Director	Michael Michelson
Director	Wayne Riley
Director	Andrea Smith
Director	Samuel Hazen

Southern Hills Hospital & Medical Center Officers

Title	Name
Chief Executive Officer	Nicholas Johnson
Chief Financial Officer	Jason Schwan
Chief Operating Officer	Jason Desai
Chief Operating Officers – Behavioral Health	Allison Zednicek
Chief Nursing Officer	Courtney Ogle
Chief Medical Officer	Sanaz Siran

SOUTHERN HILLS.
HOSPITAL & MEDICAL CENTER
A Sunrise Health System Hospital

May 18, 2026

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy
Ste 206
Reno, NV 89521

To whom it may concern,

As part of the Nevada State Board of Pharmacy application for a new pharmacy for ER at Inspirada, please see the information below regarding the company's Officers and Directors.

HCA Stockholder Information

Stockholder	Percent Ownership
Frisco Holding II	16.43%
Hercules Holding II	14.51%
Vanguard Capital Management LLC	9.86%
Blackrock Advisors LLC	4.51%

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational or qualification, as applicable, documents on file in this office for

SOUTHERN HILLS MEDICAL CENTER, LLC

Organizational Documents on File	Filing Date
Amendment	07/31/2002
Articles of Organization	06/14/2002

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence SOUTHERN HILLS MEDICAL CENTER, LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, and by virtue of the laws of the State of Nevada since 06/14/2002, and is in good standing in this state.

SECRETARY OF STATE

STATE OF NEVADA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/02/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202606026720614
You may verify this certificate online at
https://www.nvsilverflume.gov/home

4MMM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevxada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ■ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH 04645	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: FD4919859 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Vita Pharmacy 2

Physical Address: 1807 W. Charleston Blvd, Ste 110

City: Las Vegas State: NV Zip: 89102

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 702-757-1599 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-757-1598 Contact Email: districtpharmacylv@gmail.com

Website: N/A

Nevada Business License # (if applicable) NV20243070654

Supervising/Managing Pharmacist Name (NRS 639.220): Martha Oppong

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24431

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Martha Oppong	NV Pharmacist Registration #: 24431
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials: NA	%: NA
Name: NA	Credentials: NA	%: NA
Name: NA	Credentials: NA	%: NA
Name: NA	Credentials: NA	%: NA
Name: NA	Credentials: NA	%: NA

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: NA

Parent Company (if any): NA

Corporation Name: NA

Mailing Address: NA

City: NA State: Zip:

Telephone: NA Email:

Contact Person Name: NA

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): N/A

Corporation/Organization Name: District Pharmacy Corporation

Mailing Address: 1807 W. Charleston Blvd, Ste 110

City: Las Vegas State: NV Zip: 89102

Telephone: 702-757-1599 Email: districtpharmacylv@gmail.com

Contact Person Name: Ramy Massoud

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: NA

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: NA

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Owner (title) for Vita Pharmacy 2 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Ramy Massoud

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

4/27/2026

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Ramy Massoud hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Owner (title) for Vita Pharmacy 2 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

State of Nevada
County of Clark

SUBSCRIBED AND SWORN TO
Before me, a notary public this 7th day of May, 2026 by Ramy Massoud.

Notary Public

FELICE TOUCHARD
Notary Public, State of Nevada
No. 21-1867-01
My Appt. Exp. April 16, 2029

FELICE TOUCHARD
Notary Public, State of Nevada
No. 21-1867-01
My Appt. Exp. April 16, 2029

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Martha Oppong Pharmacist Registration #: 24431

Pharmacy Name: Vita Pharmacy 2

Initial each statement below to indicate you have read and agree with the following:

MO — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

MO — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

MO — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

MO — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

MO — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

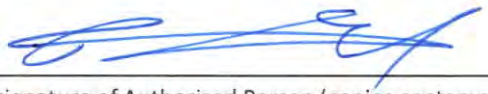
Original signature of Managing Pharmacist (copies or stamps not accepted)

04/27/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ramy Massoud

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

04/27/2026

Date

Board Use Only	Date Received: 5/26/26	Amount: $500-cc ✓

List of Officers and Directors:

- Ramy Massoud

List of top four stockholders and their percent ownership:

- Ramy Massoud 100%

Stockholders who hold 10% or more of the shares:

- Ramy Massoud 100%

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **District Pharmacy Corporation** as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 03/11/2024, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 04/20/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202604206630802
You may verify this certificate online at https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler VITA PHARMACY 2

Pharmacy/Wholesaler License # (if applicable) PH04645

Physical Address 1807 W CHARLESTON BLVD, STE 110

City LAS VEGAS State NV Zip 89102

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (702)757-1519 Website _____

Licensing Company Email DISTRICTPHARMACYLV@GMAIL.COM

Section 2: Personal Information

First MARTHA Middle YAA Last OPPONG

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted]

City [redacted] State NV Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520; NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
MARSHALL B. KETCHUM UNIVERSITY		08/17-05/21	
Address	**City**	**State**	**Zip**
2575 YORBA LINDA BLVD	FULLERTON	CA	92831
Diploma/Degree obtained, if any			
DOCTORATE DEGREE			

School Name		From - To (MM/YY – MM/YY)	
NEVADA STATE COLLEGE		08/13-05/17	
Address	**City**	**State**	**Zip**
1300 NEVADA STATE DR	HENDERSON	NV	89002
Diploma/Degree obtained, if any			
BIOLOGY			

School Name		From - To (MM/YY – MM/YY)	
		08/15-05/16	
Address	**City**	**State**	**Zip**
6375 W. CHARLESTON	LAS VEGAS	NV	89146
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF NEVADA LAS VEGAS		08/15-08/16	
Address	**City**	**State**	**Zip**
4505 S MARYLAND PKWY	LAS VEGAS	NV	89154
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
OKLAHOMA STATE UNVERSITY		08/07-05/10	
Address	**City**	**State**	**Zip**
900 N PORTLAND AVE	OKLAHOMA CITY	OK	73107
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2014-PRESENT	[redacted]	N. LAS VEGAS	[redacted]	
10/24-03/25		FORT IRWIN		
01/24-9/24		TWIN FALLS		
03/23-11/23		OWHYEE		

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name	From - To (MM/YY – MM/YY)
DISTRICT PHARMACY	03/26-PRESENT

Business Address	City	State	Zip
1807 W CHARLESTON BLVD	LAS VEGAS	NV	89102

Phone	Title	Number of Employed Hours
702-757-1599	PHARMACIST IN CHARGE	231

Description of Duties
OVERSEES ALL ASPECTS OF PHARMACY OPERATIONS, ENSURING COMPLIANCE OF STATE AND FEDERAL LAWS, SAFE DISPENSING OF MEDICATIONS, AND EFFECTIVE MANAGEMENT OF STAFF AND INVENTORY.

Business Name	From - To (MM/YY – MM/YY)
ADECO GROUP	11/25-01/26

Business Address	City	State	Zip
10151 DEERWOOD PARK BLVD	JACKSONVILLE	FL	32256

Phone	Title	Number of Employed Hours
818-692-2623	PHARMACIST	320

Description of Duties
REVIEW AND EVALUATE PRIOR AUTH REQUEST FOR MEDICATIONS BASED ON CLINICAL APPROPRIATENESS AND INSURANCE CRITERIA

Business Name	From - To (MM/YY – MM/YY)
ROYSTER GROUPS/MIKE O'CALLAGHAN MILLITARY MEDICAL CENTER	4/25-10/25

Business Address	City	State	Zip
4700 LAS VEGAS BLVD	LAS VEGAS	NV	89102

Phone	Title	Number of Employed Hours
702-653-3212	CLINICAL PHARMACIST	1180

Description of Duties
COLLABORATE WITH PHYSICIANS, NURSES AND OTHER HEALTHCARE PROVIDERS TO OPTIMIZE MEDICATION THERAPY FOR PATIENTS

Business Name	From - To (MM/YY – MM/YY)
BELMONT PHARMACY	09/25-PRESENT

Business Address	City	State	Zip
3050 E BONAZA RD	LAS VEGAS	NV	89101

Phone	Title	Number of Employed Hours
7027788087	STAFF PHARMACIST	420

Description of Duties
Provide expert guidance on drug therapy, monitor for interaction for interactions and contraindications, and educate patients and healthcare professionals about proper medication use while complying with legal and regulatory standards.

Business Name	From - To (MM/YY – MM/YY)
DEPARTMENT OF HEALTH AGENCY	10/24-04/25

Business Address	City	State	Zip
BLDG, 390 N LOOP RD	FORT IRWIN	CA	9231

Phone	Title	Number of Employed Hours
866 957 9224	STAFF PHARMACIST	1780

Description of Duties
Provide expert guidance on drug therapy, monitor for interaction for interactions and contraindications, and educate patients and healthcare professionals about proper medication use while complying with legal and regulatory standards.

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
KURT'S PHARMACY			01/24-09/24	
Business Address		City	State	Zip
		TWIN FALLS	ID	83301
Phone	Title		Number of Employed Hours	
208-734-8177	STAFF PHARMACIST		1280	
Description of Duties				
REVIEW AND VERIFY PRESCRITIONS FOR ACCURACY AND LEGALITY. PERFORM DRUG UTILIZATION REVIEWS TO IDENTIFY INTEREACTIONS, ALLERGIES. ENSURE PROPER LABELING, PACKAGING AND DOCUMENTATION.				

Business Name			From - To (MM/YY – MM/YY)	
RPH on the go			04/23-11/23	
Business Address		City	State	Zip
1623 HOSPITAL LOOP		OWYHEE	NV	89832
Phone	Title		Number of Employed Hours	
775-757-2415	PHARMACIST		960	
Description of Duties				
PROVIDE THOROUGH MEDICATION MANAGEMENT IN A CLINIC SETTING WORK COLABORATELY WITH HEALTH CARE PROVIDERS TO OPTIMIZE PATIENT OUTCOME AND FOCUS ON CHRONIC DISEASE MANAGEMENT				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

BusIness Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MARTHA OPPONG

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/01/2026

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, MARTHA OPPONG, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

05/01/2026

Date

Subscribed and Sworn to before me this 1 day of MAY 2026.
BY MARTHA YAA OPPONG.

Notary Public Signature

Jeffrey Oliver
Notary Public - State of Nevada
County of Clark
Appt. No. 20-1881-01
My Appt. Expires: April 20, 2029

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Vita Pharmacy 2

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 1807 W. Charleston Blvd, Ste 110

City: Las Vegas State: NV Zip: 89102

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-757-1599 Website: N/A

Licensing Company Email: districtpharmacylv@gmail.com

Section 2: Personal Information

First: Ramy Middle: Last: Massoud

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: CA Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Keller Graduate School		08/01-06/03	
Address	**City**	**State**	**Zip**
3880 Kilroy Airport Way	Long Beach	CA	90806
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Devry University		08/97-06/01	
Address	**City**	**State**	**Zip**
3880 Kilroy Airport Way	Long Beach	CA	90806
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)			State	
06/13-Present	[redacted]	[redacted]	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Gano Excel USA			03/13-Present	
Business Address		**City**	**State**	**Zip**
8652 Kimballe Ave		Chino	CA	91708
Phone	**Title**			
626-480-7550	Director of accounting and Human Resources			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
J & R Pharmacy PC			10/14-10/25	
Business Address		**City**	**State**	**Zip**
770 Magnolia Ave. Suite 1G		Corona	CA	92879
Phone	**Title**			
951-531-8041	Owner			
Description of Duties				
Owner				

Business Name			From - To (MM/YY – MM/YY)	
Eliana Pharmacy Inc			10/14-10/25	
Business Address		**City**	**State**	**Zip**
13641 Central Ave, unit E		Chino	CA	91710
Phone	**Title**			
	President/Owner			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ramy Massoud

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5-7-2026

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5-7-2026

Date

State of Nevada
County of Clark

Subscribed and Sworn to before me this 7th day of May 2026 by Ramy massoud.

Notary Public Signature

FELICE TOUCHANE
Notary Public, State of Nevada
No. 21-1867-01
My Appt. Exp. April 16, 2029

(Seal)

4NNN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	■ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: [redacted]
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☐ Other:	■ Non-sterile Compounding
			■ Sterile Compounding
			■ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
			☐ Hospital
	* Current license #: PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Cedar Pharmacy LLC

Physical Address: 1309 Blue Lakes Blvd N

City: Twin Falls State: ID Zip: 83301

Mailing Address (if different from physical address): Same as Above

City: _____ State: _____ Zip: _____

Telephone: 208-329-7811 Toll Free # (NAC 639.708, NRS 639.23286): 888-970-3784

Fax: 866-291-0552 Contact Email: info.cedarrx@gmail.com

Website: www.cedarrx.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Bryan Horne

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23963

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Bryan Horne	NV Pharmacist Registration #: 23963
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Idaho

Parent Company (if any): _____

Corporation/Organization Name: Cedar Pharmacy, LLC

Mailing Address: 1309 Blue Lakes Blvd N

City: Twin Falls State: ID Zip: 83301

Telephone: 208-329-7811 Email: info.cedarrx@gmail.com

Contact Person Name: Bryan Horne

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Managing member (title) for Cedar Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Bryan Horne
Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

3/5/26
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bryan Horne

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

3/6/26

Date

Board Use Only	Date Received: 3/10/26	Amount: $500 Ck 142 ✓

Officers

Cedar Pharmacy LLC

Bryan Horne - CEO

[redacted]

Jason Lang- Manager

[redacted]

Jack Boren - Manager

[redacted]

STATE OF IDAHO

Phil McGrane | Secretary of State
Business Office
450 North 4th Street
PO Box 83720
Boise, ID 83702

January 27, 2026

Request Type: Certificate of Existence/Filing
Request #: 0006626631
Receipt #: 001268553

Issuance Date: 01/27/2026
Copies Requested: 0

Regarding: **Cedar Pharmacy LLC**
Filing Type: Limited Liability Company (D)
Formation/Qualification Date: 04/27/2023
Status: Active-Existing
Duration Term: Perpetual

File # : 5213651
Delayed Effective Date:
Formation Locale: IDAHO
Inactive Date:

Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

Cedar Pharmacy LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

Phil McGrane
Idaho Secretary of State

Processed By: Business Division

Verification #: 038086631

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Cedar Pharmacy LLC

Pharmacy/Wholesaler License # (if applicable): _____

Physical Address: 1309 Blue Lakes Blvd N

City: Twin Falls State: ID Zip: 83301

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 208-329-7811 Website: cedarrx.com

Licensing Company Email: licensing.cedarrx@gmail.com

Section 2: Personal Information

First: Bryan Middle: Christopher Last: Horne

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: UT Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Midwestern University College of Pharmacy		08/0 to 06/9	
Address	City	State	Zip
19555 N 59th Ave	Glendale	AZ	85308
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of Utah		01/02 to 05/06	
Address	City	State	Zip
201 Presidents' Cir	Salt Lake City	UT	84112
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Murray High School		09/96 to 06/99	
Address	City	State	Zip
5440 State St.	Murray	UT	84107
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2016 to Present	[redacted]	[redacted]	UT	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Cedar Pharmacy			04/24 to Present	
Business Address		**City**	**State**	**Zip**
1309 Blue Lakes Blvd. N		Twin Falls	ID	83301
Phone	**Title**		**Number of Employed Hours**	
208-329-7811	CEO/PIC		40 hours per week	
Description of Duties				
Owner and pharmacist overseeing all compounding activities				

Business Name			From - To (MM/YY – MM/YY)	
Genoa Pharmacy			12/22 to 04/24	
Business Address		**City**	**State**	**Zip**
154 E Myrtle Ave #101		Murray	UT	84107
Phone	**Title**		**Number of Employed Hours**	
801-809-2656	Pharmacist-in-Charge		40 hours per week	
Description of Duties				
Overseeing all compounding activities and pharmacy operations				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Bryan Horne, **certify that as the designated representative for**

Cedar Pharmacy LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. BH I am at least 21 years of age;
3. BH I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. BH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. BH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. BH I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. BH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Bryan Horne

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/18/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bryan Horne

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/18/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Salt Lake

I, Paden D. Mecham, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/18/2026

Date

Subscribed and Sworn to before me this 18 day of March 2026.

Notary Public Signature

NOTARY PUBLIC
Paden D Mecham
724903
My Commission Expires
05.24.2026
STATE OF UTAH

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Cedar Pharmacy LLC

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 1309 Blue Lakes Blvd. N

City: Twin Falls State: ID Zip: 83301

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 208-329-7811 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 866-291-0552 Contact Email: info.cedarrx@gmail.com

Website: cedarrx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Bryan Horne

Supervising/Managing Pharmacist NV Pharmacist Registration #: _____

Name of Designated Person(s) as defined by revised USP-797 guidelines: Bryan Horne

Email of Designated Person(s): Bryan@cedarrx.com

Telephone of Designated Person(s): 801-809-2656

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

   Category 1 ■ Category 2 ■ Category 3

If you marked "**Category 3**", you must also complete **section 4**.

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ■ Yes No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic ■ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes No

5. When was the most recent certification for the ISO classified areas? _____

6. What is the frequency of the recertification for the ISO classified areas? Every 6 months

7. Were there any follow-up items required from the most recent certification report? Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Weekly

10. Will you be performing sterile hazardous drug compounding? ■ Yes No

If you marked "**Yes**", you must also complete **section 3**.

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

See Attached.

12. What laboratory performs your sterility or endotoxin testing?

Name: ARL BioPharma

Address: 840 Research Pkwy #546

City: Oklahoma City State: OK Zip: 73104

Telephone: _____

13. What is your procedure for visual inspection of compounded sterile products?
See attached SOP.

14. How often do you perform glove fingertip and medial fill testing?
Quarterly

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
Initial and annual didactic training which includes reading USP <797> and all sterile compounding SOPs, completing ACPE sterile certification coursework, and completing acknowledgments and quizzes as applicable.

Initial and annual hands-on training which includes observation and performance with and without assistance of hand washing, garbing, setting up, compounding, cleaning, performing compounding with assistance, and performing compounding without assistance.

All compounders must complete Media Fill testing and gloved fingertip testing as part of competency quarterly.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
PEC(s) are cleaned at the beginning of each shift on days when compounding occurs, after spills, and when surface contamination is known or suspected between compounding CSPs with different components using Peridox RTU followed by 70% IPA.

Pass-through chambers and work surfaces outside the PEC are cleaned daily on days when compounding occurs, after spills, and when surface contamination is known or suspected using 70% IPA.

Floors are deactivated, decontaminated, cleaned and disinfected daily using DECON-QUAT 200C (following the labeled contact time).

Walls, doors, door frames, ceilings, storage shelving and bins, and equipment outside the PEC are cleaned weekly or after spills, when visibly soiled, and when surface contamination is known or suspected using Peridox RTU followed by 70% IPA.

17. Who performs the sterile compounding process at your facility?

Compounding Pharmacists and registered Pharmacy Technicians

18. Who is responsible and accountable for the sterile compounding process at your facility?
Bryan Horne, PIC

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
All shipments are sent in boxes or mailers where items contained in the shipment are bubble wrapped or placed with vial dividers to ensure safe shipping. Cold products are shipped overnight, with ice and a temperature tag to ensure the item is cold upon arrival.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility?		
2. Are you complying with all USP 800 guidelines?	■ Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	■ Yes	No
4. Is your BSC or CACI vented 100% to the outside?	■ Yes	No
5. Do you have a negative pressure buffer room at your facility?	■ Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	■ Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	■ Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	■ No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

A drug information sheet is printed and sent with all hazardous drug prescriptions explaining proper handling and disposal of the hazardous item provided.

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Initial and ongoing didactic training which includes reading USP <800>, all hazardous drug sterile compounding SOPs, disposal and spill clean-up practice guidelines, and completing acknowledgments and quizzes as applicable.

Initial and ongoing hands-on training which includes observation and performance of hand washing, garbing for hazardous drug compounding, setting up compounding within the biological safety cabinet, compounding to minimize contamination and exposure, deactivating, decontaminating, and cleaning finished preparations, BSC, all work surfaces, floors, walls, ceilings, doors, and pass throughs.

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

See attached.

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

quarterly

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? ■ Yes No

4. What is the frequency for completing volumetric active air sampling?

monthly

5. What is the frequency for completing surface sampling? Daily after each batch		
6. What is the frequency for using sporicidal agents? Daily		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	■ Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	■ Yes	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bryan Horne

Name of Person who Completed the Form

CEO/PIC

Title

Signature (copies or stamps not accepted)

3/5/26

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES
DOPL
Brad Little
Governor
Russell Barron
Administrator

State of Idaho
Division of Occupational and Professional Licenses

11341 W Chinden Blvd.
PO Box 83720
Boise, ID 83720-0063
(208) 334-3233 dopl.idaho.gov

Date: July 1, 2025
Letter ID: L0000479657
License ID: RDO70846

CEDAR PHARMACY
1309 BLUE LAKES BLVD N
TWIN FALLS ID 83301-3310

Facility Name: CEDAR PHARMACY
Facility Address: 1309 BLUE LAKES BLVD N TWIN FALLS ID 83301-3310
License No: RDO70846
License Type: Resident Drug Outlet Registration

Inspection Type: Annual
Inspection Date: 16-Apr-2025
Inspection Result: Completed

Notes: Sales of controlled substances to other registrants must be reported to the Board of Pharmacy's PDMP ARCOS reporting system.

Observation - pharmacy is compounding semaglutide and tirzepitide based on a patient specific prescription with additives. No office-use compounding.

Checklist Results

BOARD INSPECTIONS AND INVESTIGATIONS

Question	Answer
24.36.01.103.01. Records Subject to Board Inspection. Records created, maintained, or retained by Board licensees or registrants in compliance with statutes or rules enforced by the Board must be made available for inspection upon request by Board inspectors or authorized agents. It is unlawful to refuse to permit or to obstruct a Board inspection.	Yes
24.36.01.103.02. Inspections. Prior to the commencement of business, as applicable, and thereafter at regular intervals, registrants and licensees must permit the Board or its compliance officers to enter and inspect the premises and to audit the records of each drug outlet for compliance with laws enforced by or under the Board's jurisdiction	Yes
24.36.01.300. DRUG OUTLETS: MINIMUM FACILITY STANDARDS.	Yes
24.36.01.300.01. Security and Privacy. A drug outlet must be constructed and equipped with adequate security to protect its equipment, records and supply of drugs, devices and other restricted sale items from unauthorized access, acquisition or use. All protected health information must be stored and maintained in accordance with HIPAA.	Yes
24.36.01.300.02. Controlled Substance Storage. Drug outlets that dispense prescription drugs must store controlled substances in accordance with federal law.	Yes

24.36.01.300.03. Authorized Access to the Restricted Drug Storage Area. Access to the restricted drug storage area must be limited to authorized personnel.	Yes
24.36.01.300.05. Electronic Recordkeeping System. A drug outlet that dispenses more than twenty (20) prescriptions per day must use an electronic recordkeeping system to establish and store patient medication records and prescription drug order, refill, transfer information, and other information necessary to provide safe and appropriate patient care. The electronic recordkeeping system must have audit trail functionality that documents for each prescription drug order the identity of each individual involved at each step of its processing, filling, and dispensing or, alternatively, the identity of the pharmacist or prescriber responsible for the accuracy of these processes.	Yes
24.36.01.104.10. Substandard, Misbranded, Adulterated, or Expired Products. Manufacturing, compounding, delivering, distributing, dispensing, or permitting to be manufactured, compounded, delivered, distributed or dispensed substandard, misbranded, or adulterated drugs or preparations or those made using secret formulas. Failing to remove expired drugs from stock.	Yes
24.36.01.501.02 Individual Information Changes. Changes in employment or changes to information provided on or with the initial or renewal application must be reported to the Board within ten (10) days of the change.	
24.36.01.301.01. Valid Prescription Drug Order. Prescription drugs must only be dispensed pursuant to a valid prescription drug order as set forth in Subchapter E of these rules.	
24.36.01.301.03. Labeling. Each drug must bear a complete and accurate label as set forth in these rules	Yes
24.36.01.301.04. Verification of Dispensing Accuracy. Verification of dispensing accuracy must be performed to compare the drug stock selected to the drug prescribed. If not performed by a pharmacist or prescriber, and electronic verification system must be used that confirms the drug stock selected to fill the prescription is the same as indicated on the prescription label. A compounded drug may only be verified by a pharmacist or prescriber.	Yes
24.36.01.408. DESTRUCTION OR RETURN OF DRUGS OR DEVICES: RESTRICTIONS. A drug outlet registered with the DEA as a collector may collect controlled and non-controlled drugs for destruction in accordance with applicable federal law. Otherwise a dispensed drug or prescription device may only be accepted for return as follows: 01. Potential Harm. When the pharmacist determines that harm could result if the drug is not returned. 02. Did Not Reach Patient. Non-controlled drugs that have been maintained in the custody and control of the institutional facility, dispensing pharmacy, or their related clinical facilities may be returned if product integrity can be assured. Controlled substances may only be returned from a hospital daily delivery system under which a pharmacy dispenses no more than a seventy-two (72) hour supply for a drug order. 03. Donation. Those that qualify for return under the provisions of the Idaho Legend Drug Donation Act as specified in Section 54-1762, Idaho Code.	
24.36.01.500.01. Records Maintenance and Retention Requirement. Unless an alternative standard is stated for a specified record type, form, or format, records required to evidence compliance with statutes or rules enforced by the Board must be maintained and retained in a readily retrievable form and location for at least three (3) years from the date of the transaction.	Yes
24.36.01.500.02. Prescription Retention. A prescription drug order must be retained in a readily retrievable manner by each drug outlet and maintained in accordance with federal law.	Yes
24.36.01.500.03. Inventory Records. Each drug outlet must maintain a current, complete and accurate record of each controlled substance manufactured,	Yes

imported, received, ordered, sold, delivered, exported, dispensed or otherwise disposed of by the registrant. Drug outlets must maintain inventories and records in accordance with federal law. An annual inventory must be conducted at each registered location no later than seven (7) days after the date of the most recent inventory in a form and manner that satisfies the inventory requirements of federal law. Drugs stored outside a drug outlet in accordance with these rules must be regularly inventoried and inspected to ensure that they are properly stored, secured, and accounted for. Additional inventories are necessary when required by federal law.

Date of Inventory Completed — March 27, 2025

Open or Closed — Closed

Name of Pharmacist — Bryan Horne

24.36.01.303 DRUGS STORED OUTSIDE OF A DRUG OUTLET FOR RETRIEVAL BY A LICENSED HEALTH PROFESSIONAL. Drugs may be stored in an alternative designated area outside the drug outlet, including, but not limited to, floor stock, in an emergency cabinet, in an emergency kit, or as emergency outpatient drug delivery from an emergency room at a registered institutional facility, provided the following conditions are met: 03. Controlled Substances. Controlled substances may only be stored in an alternative designated area as permitted by, and in accordance with, federal law.

37-3303A PSE Electronic Tracking System in use.

24.36.01.350. PHARMACIST PRESCRIBING: GENERAL REQUIREMENTS. In accordance with Section 54-1704, Idaho Code, a pharmacist may independently prescribe drugs, drug categories and devices provided the following general requirements are met:
24.36.01.350.07. Documentation. The pharmacist must maintain documentation adequate to justify the care provided, including, but not limited to the information collected as part of the patient assessment, the prescription record, and the follow-up care plan.

Does Facility have CLIA WAIVER for Point of Care Testing?

24.36.01.103.03. Inspection Deficiencies. Deficiencies noted must be promptly remedied, and if requested, the Board office notified of corrective measures. One (1) follow-up inspection may be performed by the Board at no cost. For additional follow up inspections, the drug outlet will be charged actual travel and personnel costs incurred in the inspection to be paid within ninety (90) days of inspection. — December 31, 9999

24.36.01.103.04. Inspection Reports. Inspection reports must be reviewed with the Board inspector and signed by an agent of the drug outlet upon completion of the exit interview. [Discussed with] — Bryan Horne

Remote Dispensing Requirements Reviewed

Compounding Inspection Conducted

Deficiencies- Education of Code and Rule provided?

Deficiencies- Issued Warning to Drug Outlet -Possible Discipline?

Disclaimer - Any items not discussed specifically by compliance officer on this inspection does not constitute compliance nor approval.

24.36.01.700. COMPOUNDING DRUG PREPARATIONS. Any compounding that is not permitted herein is considered manufacturing.	
24.36.01.700.02.c. Equipment. Equipment and utensils must be of suitable design and composition and cleaned, sanitized, or sterilized as appropriate prior to use.	Yes
24.36.01.700.02.d. Disposal of Compromised Drugs. When the correct identity, purity, strength, and sterility of ingredients and components cannot be confirmed (in cases of, for example, unlabeled syringes, opened ampoules, punctured stoppers of vials and bags, and containers of ingredients with incomplete labeling) or when the ingredients and components do not possess the expected appearance, aroma, and texture, they must be removed from stock and isolated for return, reclamation, or destruction.	Yes
24.36.01.700.05.c. Non-Patient Specific Records. Except for drug products that are being compounded or sterile prepackaged for direct administration, a production record of drug products compounded or sterile prepackaged in anticipation of receiving prescription drug orders or distributed in the absence of a patient specific prescription drug order ("office use") solely as permitted in these rules, must be prepared and kept for each drug product prepared, including: i. Production date; ii. Beyond use date; iii. List and quantity of each ingredient; iv. Internal control or serial number; and v. Initials or unique identifier of all persons involved in the process or the compounder responsible for the accuracy of these processes.	Yes
24.36.01.700.04.c. Anticipatory Compounding. Limited quantities of a drug product may be compounded or sterile prepackaged prior to receiving a valid prescription drug order based on a history of receiving valid prescription drug orders for the compounded or sterile prepackaged drug product.	Yes
24.36.01.700.05. Drug Compounding Controls. a. Policies and Procedures. In consideration of the applicable provisions of USP Chapter 795 concerning pharmacy compounding of non-sterile preparations, USP Chapter 797 concerning sterile preparations, Chapter 1075 of the USP-NF concerning good compounding practices, and Chapter 1160 of the USP-NF concerning pharmaceutical calculations, policies and procedures for the compounding or sterile prepackaging of drug products must ensure the safety, identity, strength, quality, and purity of the finished product, and must include any of the following that are applicable to the scope of compounding practice being performed: i. Appropriate packaging, handling, transport, and storage requirements; ii. Accuracy and precision of calculations, measurements, and weighing; iii. Determining ingredient identity, quality, and purity; iv. Labeling accuracy and completeness; v. Beyond use dating; vi. Auditing for deficiencies, including routine environmental sampling, quality and accuracy testing, and maintaining inspection and testing records; vii. Maintaining environmental quality control; and viii. Safe limits and ranges for strength of ingredients, pH, bacterial endotoxins, and particulate matter.	Yes
24.36.01.230.08. Sterile Preparation Endorsement. A drug outlet engaged in sterile preparation must obtain a single endorsement for one (1) or more hood or aseptic environmental control devices.	Yes
24.36.01.701.03. Compounder Responsibilities. i. Opened or entered (such as needle-punctured) single-dose containers, such as bags, bottles, syringes, and vials of sterile products and compounded sterile preparations are to be used within one (1) hour if opened in non-sterile conditions, and any remaining contents must be discarded; ii. Single-dose vials needle-punctured in a sterile environment may be used up to six (6) hours after initial needle puncture; iii. Opened single-dose ampules may not be stored for any time period; and iv. Multiple-dose containers (for example, vials) that are formulated for removal of portions on multiple occasions because they contain antimicrobial preservatives, may be used for up to twenty-eight (28) days after initial	Yes

opening or entering, unless otherwise specified by the manufacturer;	
24.36.01.701.03.b. Water-containing compounded sterile products that are non-sterile during any phase of the compounding procedure must be sterilized within six (6) hours after completing the preparation in order to minimize the generation of bacterial endotoxins.	
24.36.01.701.04. Environmental Controls. Except when prepared for immediate administration, the environment for the preparation of sterile preparations in a drug outlet must be in an isolated area, designed to avoid unnecessary traffic and airflow disturbances, and equipped to accommodate aseptic techniques and conditions. a. Hoods and aseptic environmental control devices must be certified for operational efficiency as often as recommended by the manufacturer or at least every six (6) months or if relocated.	Yes
24.36.01.701.05. Sterile Preparation Equipment. A drug outlet in which sterile preparations are prepared must be equipped with at least the following: a. Protective apparel including gowns, masks, and sterile (or the ability to sterilize) non-vinyl gloves, unless written documentation can be provided from the aseptic isolator manufacturer that any component of garbing is not necessary; b. A sink; c. A refrigerator for proper storage of additives and finished sterile preparations prior to delivery when necessary; and d. An appropriate laminar airflow hood or other aseptic environmental control device such as a laminar flow biological safety cabinet, or a comparable compounding area when authorized by USP Chapter 797.	Yes
24.36.01.701.06. Documentation Requirements. The following documentation must also be maintained by a drug outlet in which sterile preparations are prepared: a. Justification of beyond use dates assigned, pursuant to direct testing or extrapolation from reliable literature sources; b. Training records, evidencing that personnel are trained on a routine basis and are adequately skilled, educated, and instructed; d. Temperature, logged daily; e. Beyond use date and accuracy testing, when appropriate; and f. Measuring, mixing, sterilizing, and purification equipment inspection, monitoring, cleaning, and maintenance to ensure accuracy and effectiveness for their intended use.	Yes
24.36.01.701.07. Policies and Procedures. Policies and procedures appropriate to the practice setting must be adopted by a drug outlet preparing sterile pharmaceutical preparations and must include a continuous quality improvement program for monitoring personnel qualifications and training in sterile technique, including: a. Antiseptic hand cleansing; b. Disinfection of non-sterile compounding surfaces; c. Selecting and appropriately donning protective garb; d. Maintaining or achieving sterility of sterile preparations while maintaining the labeled strength of active ingredients; e. Manipulating sterile preparations aseptically, including mixing, diluting, purifying, and sterilizing in the proper sequence; f. Choosing the sterilization method, pursuant to the risk of a contamination of particular compounded sterile preparation; and g. Inspecting for quality standards before dispensing or distributing.	Yes
24.36.01.702.01. Ventilation. Ensure the storage and compounding areas have sufficient general exhaust ventilation to dilute and remove any airborne contaminants.	Yes
24.36.01.702.02. Ventilated Cabinet. Utilize a ventilated cabinet designed to reduce worker exposures while preparing hazardous drugs.	Yes
24.36.01.702.05. Protective Equipment and Supplies. Provide and maintain appropriate personal protective equipment and supplies necessary for handling hazardous drugs, spills and disposal.	Yes
24.36.01.702.06. Contamination Prevention. Unpack, store, prepackage, and compound hazardous drugs separately from other inventory in a restricted	

area in a manner to prevent contamination and personnel exposure until hazardous drugs exist in their final unit-of-use packaging.

24.36.01.702.07. Compliance With Laws. Comply with applicable local, state, and federal laws including for the disposal of hazardous waste.

24.36.01.702.09. Policy and Procedures Manual. Maintain a policy and procedures manual to ensure compliance with this rule.

24.36.01.103.04. Inspection Reports. Inspection reports must be reviewed with the Board inspector and signed by an agent of the drug outlet upon completion of the exit interview.

Yes

Division of Occupational and Professional Licenses
11341 W Chinden Blvd. Boise, ID 83720-0063
dopl.idaho.gov

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Idaho Board of Pharmacy statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

CEDAR PHARMACY

Resident Drug Outlet Registration
RDO70846

Issued: 29-Dec-2025 Expires: 31-Dec-2026

Renewal Required

Russell S. Barron
Administrator

Printed: 29-Dec-2025

Board of Pharmacy

CEDAR PHARMACY
Resident Drug Outlet Registration
RDO70846

Expires: 31-Dec-2026

Russell S. Barron
Administrator

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES
DOPL
Brad Little
Governor
Russell S. Barron
Administrator

State of Idaho
Division of Occupational and Professional Licenses

11341 W Chinden Blvd.
PO Box 83720
Boise, ID 83720-0063
(208) 334-3233 dopl.idaho.gov

License ID: RDO70846

CERTIFICATION OF RECORD

Date of Certification: 22-Jan-2026

Public Record

Licensee Name: CEDAR PHARMACY

License Type: Resident Drug Outlet Registration

License Number: RDO70846

Date of License Issuance: 15-Nov-2023

Expiration Date: 31-Dec-2026

Hours of CE (at the time of request): 0

License Status: Active

If you have any questions, please contact the Division at edopl.idaho.gov or by calling (208) 334-3233.

NOTE: The information contained on this letter is being made available as a public service by the Division of Occupational and Professional Licenses. The information on this letter is made public pursuant to the Idaho Public Records Law. The data is derived directly from individual license applications entered into the database. Licensing credentials are primary-source verified and thus can be considered primary source license verification. None of the content contained on this letter is intended to constitute legal or professional advice. Please note that some disciplinary actions against licensees may not appear immediately. Appeals, effective dates of orders and other administrative processes may delay posting on the information.

Russell S. Barron
Division Administrator

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Cedar Pharmacy LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 1309 Blue Lakes Blvd N

City Twin Falls State ID Zip 83301

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 208-329-7811 Website cedarrx.com

Licensing Company Email info.cedarrx@gmail.com

Section 2: Personal Information

First Jack Middle _____ Last Boren

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State Utah Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Utah		09/09 to 04/16	
Address	**City**	**State**	**Zip**
201 Presidents' Cir	Salt Lake City	UT	84112
Diploma/Degree obtained, if any			
Bachelor's of Science, Finance			
School Name		**From - To (MM/YY – MM/YY)**	
Boise High School			
Address	**City**	**State**	**Zip**
1010 W Washington St.	Boise	ID	83702
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/25 to Present	[redacted]	[redacted]	UT	[redacted]
09/20 to 04/25			UT	
04/17 to 09/20			UT	
01/16 to 04/17			UT	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Wasatch Management Partners LLC			01/15 to Present
Business Address	**City**	**State**	**Zip**
1338 Foothill Drive #282	Salt Lake City	UT	84108
Phone	**Title**		
801-524-8939	Managing Partner		
Description of Duties			
Venture Capital Investing			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jack Boren

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/27/26

Date

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Salt Lake

I, Jack Reed Boren, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/27/26

Date

Subscribed and Sworn to before me this 27th day of February, 2026.

Notary Public Signature

JAMES WALSMAN
Notary Public - State of Utah
Commission # 742569
My Commission Expires
April 16, 2029

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Cedar Pharmacy LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 1309 Blue Lakes Blvd N

City: Twin Falls State: ID Zip: 83301

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 208-329-7811 Website: cedarrx.com

Licensing Company Email: info.cedarrx@gmail.com

Section 2: Personal Information

First: Jason Middle: Last: Lang

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Addres[redacted]

City: [redacted] State: Utah Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Midwestern University			06/06 to 06/09
Address	**City**	**State**	**Zip**
19555 N. 59th Avenue	Glendale	AZ	85308
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name			From - To (MM/YY – MM/YY)
University of Utah			05/03 to 06/06
Address	**City**	**State**	**Zip**
201 Presidents' Cir	Salt Lake City	UT	84112
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name			From - To (MM/YY – MM/YY)
Murray High School			09/97 to 06/00
Address	**City**	**State**	**Zip**
5440 State St.	Murray	UT	84107
Diploma/Degree obtained, if any			
High School Diploma			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2016 to Present	[redacted]	[redacted]	Utah	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Cedar Pharmacy LLC			10/25 to Present
Business Address	**City**	**State**	**Zip**
1309 Blue Lakes Blvd/ N	Twin Falls	ID	83301
Phone	**Title**		
208-329-7811	Manager		
Description of Duties			
Managing Partner			

Business Name			From - To (MM/YY – MM/YY)
Wellgistics			01/25 to 10/25
Business Address	**City**	**State**	**Zip**
358 Eagles Landing Dr	Lakeland	FL	33810
Phone	**Title**		
863-333-9700	President		
Description of Duties			
Led Pharmacy Distribution Business			

Business Name			From - To (MM/YY – MM/YY)
Wellgistics			07/23 to 03/25
Business Address	**City**	**State**	**Zip**
358 Eagles Landing Dr	Lakeland	FL	33810
Phone	**Title**		
863-333-9700	VP Sales and Business Development		
Description of Duties			
Develop and currently manage a successful sales team providing qualitygeneric pharmaceuticals directly to Wholesalers, Institutional, Specialty,and Independent Pharmacies nation-wide.			

Business Name			From - To (MM/YY – MM/YY)
CRx Pharmacy, LLC			06/18 to 07/23
Business Address	**City**	**State**	**Zip**
206 West County Line Road Suite 100	Highlands Ranch	CO	80129
Phone	**Title**		
720-328-5767	Co-Founder/ CEO		
Description of Duties			
Founded an independent retail pharmacy, specializing in dermatology.Focused on marketing and developing relationships with practitioners, manufacturers, and pharmaceutical reps.			

Business Name			From - To (MM/YY – MM/YY)
Highland Wholesale, LLC			10/15 to 06/18
Business Address	**City**	**State**	**Zip**
4227 S HIGHLAND DR.	Salt Lake City	UT	84124
Phone	**Title**		
(801) 870-8073	Co-Founder/ CEO		
Description of Duties			
Founded and operated a pharmaceutical wholesaler start up.			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jason Lang

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2-13-2026

Date

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Salt Lake

I, Jason Lang, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2-13-2026

Date

Subscribed and Sworn to before me this 13 day of February, 2026.

Maryam Radpour

Notary Public Signature

NOTARY PUBLIC
MARYAM RADPOUR
745133
MY COMMISSION EXPIRES
SEPTEMBER 16, 2029
STATE OF UTAH

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Cedar Pharmacy LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 1309 Blue Lakes Blvd N

City Twin Falls State ID Zip 83301

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 208-329-7811 Website cedarrx.com

Licensing Company Email info.cedarrx@gmail.com

Section 2: Personal Information

First Bryan Middle Christopher Last Horne

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State _____ Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Midwestern University College of Pharmacy		08/06 to 06/09	
Address	**City**	**State**	**Zip**
19555 N 59th Ave	Glendale	AZ	85308
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of Utah		01/02 to 5/06	
Address	**City**	**State**	**Zip**
201 Presidents' Cir	Salt Lake City	UT	84112
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Murray High School		09/96 to 06/99	
Address	**City**	**State**	**Zip**
5440 State St.	Murray	UT	84107
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2016 to Present	[redacted]	[redacted]	UT	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Cedar Pharmacy LLC			04/24 to Present
Business Address	**City**	**State**	**Zip**
1309 Blue Lakes Blvd/ N	Twin Falls	ID	83301
Phone	**Title**		
208-329-7811	CEO		
Description of Duties			
Owner and pharmacist. Overseeing all compounding activities.			

Business Name			From - To (MM/YY – MM/YY)
Genoa Pharmacy			12/22 to 04/24
Business Address	**City**	**State**	**Zip**
154 E Myrtle Ave #101	Murray	UT	84107
Phone	**Title**		
(801) 809-2656	Pharmacist-in-Charge		
Description of Duties			
Overseeing all compounding activities.			

Business Name			From - To (MM/YY – MM/YY)
CRx Pharmacy, LLC			05/18 to Present
Business Address	**City**	**State**	**Zip**
206 West County Line Road Suite 100	Highlands Ranch	CO	80129
Phone	**Title**		
720-328-5767	Owner		
Description of Duties			
Founded an independent retail pharmacy, specializing in dermatology.Focused on marketing and developing relationships with practitioners, manufacturers, and pharmaceutical reps.			

Business Name			From - To (MM/YY – MM/YY)
Highland Wholesale, LLC			01/16 to 05/18
Business Address	**City**	**State**	**Zip**
4227 S HIGHLAND DR.	Salt Lake City	UT	84124
Phone	**Title**		
(801) 870-8073	Co-Owner Operator		
Description of Duties			
Founded and operated a pharmaceutical wholesaler start up.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bryan Horne

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/6/26

Date

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Salt Lake

I, Bryan Horne, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/6/26

Date

Subscribed and Sworn to before me this 6 day of March 2026

Notary Public Signature

NOTARY PUBLIC
ASHTON W KELSON
747233
MY COMMISSION EXPIRES
JANUARY 29, 2030
STATE OF UTAH

(Seal)

4000

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	■ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: FE1314032
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	■ Non-sterile Compounding
			■ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH_____		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	■ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: East Coast Compounding and Pharmacy LLC

Physical Address: 1617 Atlantic Boulevard

City: Jacksonville State: Florida Zip: 32207

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 904-6498-2262 Toll Free # (NAC 639.708, NRS 639.23286): 800.291-0892

Fax: 888-626-5869 Contact Email: admin@eastcoastcompounding.com

Website: EastCoastCompounding.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Kyle Davis, PharmD

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): _____

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Doyle Sims	NV Pharmacist Registration #: 24990
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: East Coast Compounding and Pharmacy LLC

Mailing Address: 1617 Atlantic Boulevard

City: Jacksonville State: Florida Zip: 32207

Telephone: 904-648-2262 Email: admin@eastcoastcompounding.com

Contact Person Name: Kyle Davis, PharmD

Please check type of partnership (NAC 639.214) ☐ General ☒ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☒ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Co-Owner/Manager (title) for East Coast Compounding and Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Kyle Davis, PharmD

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

3/9/26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kyle Davis, PharmD

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

Date 3/9/26

Board Use Only	Date Received: 3/11/26	Amount: MO $500 9591103096

Limited Partners for East Coast Compounding and Pharmacy LLC are:

Kyle Davis, PharmD 50%
Max McDaniel, PharmD 50%

Personal History Application for each is included.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: East Coast Compounding and Pharmcy, LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 1617 Atlantic Blvd

City: Jacksonville State: Florida Zip: 32207

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 904-648-2262 Website: EastCoastCompounding.com

Licensing Company Email: admin@eastcoastcompounding.com

Section 2: Personal Information

First: Kyle Middle: Janson Last: Davis

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Jacksonville State: Florida Zip: [redacted]

Telephone: [redacted] Email: kdavis@eastcoastcompounding.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Florida School of Pharmacy		05/2017-05/2021	
Address	**City**	**State**	**Zip**
12225 Center Drive	Gainesville	Florida	32610
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
University of Florida		05/2013-05/2017	
Address	**City**	**State**	**Zip**
12225 Center Drive	Gainesville	Florida	32610
Diploma/Degree obtained, if any			
Bachelor of Microbiology and Cell Science			

School Name		From - To (MM/YY – MM/YY)	
Merritt Island High School		05/2009 -05-2013	
Address	**City**	**State**	**Zip**
100 Mustang Way	Merritt Island	Florida	32610
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2025 - present	[redacted]	Jacksonville	Florida	[redacted]
From - To (MM/YY – MM/YY)		City	State	
01/2015 - 01/2025		Jacksonville	Florida	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
East Coast Compounding and Pharmacy LLC			12/21 - Present	
Business Address		**City**	**State**	**Zip**
1617 Atlantic Blvd		Jacksonville	Florida	32207
Phone	**Title**		**Number of Employed Hours**	
904-648-2262	Co-Owner, Co-Manager		9000	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Roberts Pharmacy			6/19 - 12/21	
Business Address		**City**	**State**	**Zip**
1625 Atlantic Blvd		Jacksonville	Florida	32207
Phone	**Title**		**Number of Employed Hours**	
out of service	Intern, Staff Pharmacis, Assistent Manager		500 as pharmacist	
Description of Duties				
Provided pharmaceutical services as Intern and Pharmacist. Assistent Manager duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Not applicable

Original Signature (electronic, copies or stamps not accepted)

3/9/26
Date

I, Kyle Davis, PharmD, **certify that as the designated representative for**

East Coast Compounding and Pharmacy LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. KD I am at least 21 years of age;
3. KD I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. KD I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. KD I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. KD I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. KD I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Kyle Davis

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/9/26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kyle Davis

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/9/26

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Duval

I, Kyle Davis, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/9/26

Date

Subscribed and Sworn to before me this 9 day of March. 2026

Notary Public Signature

Notary Public State of Florida
Allison R. Doerr
My Commission HH 744939
Expires 12/1/2029

(Seal)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
NOVEMBER 23, 2024	**PH 33940**	**144908**

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Special Sterile Compounding

EXPIRATION DATE: **FEBRUARY 28, 2027**

EAST COAST COMPOUNDING AND PHARMACY, LLC
EAST COAST COMPOUNDING AND PHARMACY, LLC
1617 ATLANTIC BOULEVARD
JACKSONVILLE, FL - 32207

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

Scan QR Code for
License Authentication

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
NOVEMBER 23, 2024	**PH 33726**	**144905**

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

EXPIRATION DATE: **FEBRUARY 28, 2027**

EAST COAST COMPOUNDING & PHARMACY, LLC
EAST COAST COMPOUNDING & PHARMACY, LLC
1617 ATLANTIC BLVD
JACKSONVILLE, FL - 32207

7628

March 3, 2026

Dewayne Sims
East Coast Compounding And Pharmacy
1617 Atlantic Blvd
Jacksonville, FL 32207

RE: License Certification for East Coast Compounding & Pharmacy, Llc

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH33726
ORIGINAL CERTIFICATION:	12/17/2021
EXPIRATION DATE:	02/28/2027
CURRENT STATUS OF LICENSE:	Clear,
AGENCY ACTION:	No
LICENSE GRANTED BY:	N/A
OTHER CERTIFICATIONS:	Community Pharmacy, Schedule Ii & Iii

To expedite the verification process, the above format is the standard format for all license certifications. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Michelle Burns
Michelle Burns
Operations and Management Consultant Manager

EAST COAST COMPOUNDING AND PHARMACY, LLC

EAST COAST COMPOUNDING AND PHARMACY, LLC

License Number: PH33940

Data As Of 3/9/2026

Profession	Pharmacy
License	PH33940
License Status	Clear/
Qualifications	Special Sterile Compounding
License Expiration Date	2/28/2027
License Original Issue Date	04/28/2022
Address of Record	1617 ATLANTIC BOULEVARD JACKSONVILLE, FL 32207
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:
1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a $25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
DAVIS, KYLE J	PHARMACY AFFILIATE	PHARMACIST	63109	04/28/2022
DAVIS, KYLE J	RX DPT MGR/COR/POR	PHARMACIST	63109	06/01/2022
EAST COAST COMPOUNDING & PHARMACY, LLC	PHARMACY	PHARMACY	33726	04/19/2022

Name	Relationship	Profession	License	Effective Date
MCDANIEL, MAX	PHARMACY AFFILIATE	PHARMACIST	63114	04/28/2022

Click on the License Number to view License Details for that Practitioner

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	08-31-2027	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	07-08-2024

EAST COAST COMPOUNDING & PHARMACY, LLC
1617 ATLANTIC BLVD
JACKSONVILLE, FL 322073300

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY. AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site East Coast Compounding and Pharmacy, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PH 33726

Physical Address 1617 Atlantic Boulevard

City Jacksonville State Florida Zip 32207

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 904-648-2262 Website EastCoastCompounding.com

Licensing Company Email admin@eastcoastcompounding.com

Section 2: Personal Information

First Kyle Middle Janson Last Davis

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]

City Jacksonville State Florida Zip [redacted]

Telephone [redacted] Email kdavis@eastcoastcompounding.com

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of Florida School of Pharmacy			05/2017-05/2021	
Address		City	State	Zip
12225 Center Drive		Gainesville	Florida	32610
Diploma/Degree obtained, if any				
PharmD				
School Name			From - To (MM/YY – MM/YY)	
University of Florida			05/2013-05/2017	
Address		City	State	Zip
12225 Center Drive		Gainesville	Florida	32610
Diploma/Degree obtained, if any				
Bachelor of Microbiology and Cell Science				
School Name			From - To (MM/YY – MM/YY)	
Merritt Island High School			05/2009-05/2013	
Address		City	State	Zip
100 Mustang Way		Merritt Island	Florida	32953
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2025 - present	[redacted]	Jacksonville	Florida	[redacted]
01/2015 - 01/2025		Jacksonville	Florida	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
East Coast Compounding and Pharmacy, LLC			12/21-present	
Business Address	**City**		**State**	**Zip**
1617 Atlantic Boulevard	Jacksonville		Florida	32207
Phone	**Title**			
904-648-2262	Co-Owner, Co-Manager			
Description of Duties				
Pharmacist in Charge for the Florida Pharmacy license. Co-manage business affairs of pharmacy. Engage in pharmacist related production activities				

Business Name			From - To (MM/YY – MM/YY)	
Roberts Pharmacy			06/19-12/21	
Business Address	**City**		**State**	**Zip**
1625 Atlantic Boulevard	Jacksonville		Florida	32207
Phone	**Title**			
no longer in business	Staff Pharmacist and Assistent Manager			
Description of Duties				
Provided pharmaceutical services and helped manage day to day activities of the pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kyle Davis

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/19/26

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Duval

I, Kyle Davis, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/19/26

Date

Subscribed and Sworn to before me this 19 day of February.

Notary Public Signature

Notary Public State of Florida
Allison R. Doerr
My Commission HH 744939
Expires 12/1/2029
(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: East Coast Compounding and Pharmacy, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH33726

Physical Address: 1617 Atlantic Boulevard

City: Jacksonville State: Florida Zip: 32207

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 904-648-2262 Website: EastCoastCompounding.com

Licensing Company Email: admin@eastcoastcompounding.com

Section 2: Personal Information

First: Max Middle: Peyton Last: McDaniel

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: 1617 Atlantic Boulevard

City: Jacksonville State: Florida Zip: 32207

Telephone: 904-648-2262 Email: mmcdaniel@eastcoastcompounding.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Florida - Jacksonville Campus		08/17-04/12	
Address	**City**	**State**	**Zip**
580 8th Street West - Tower II	Jacksonville	Florida	32209
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
University of North Florida		08/12-12/16	
Address	**City**	**State**	**Zip**
1 UNF Drive	Jacksonville	Florida	32224
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Gulf Breeze High School		08/10-04/12	
Address	**City**	**State**	**Zip**
675 Gulf Breeze Parkway	Gulf Breeze	Florida	32561
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/25-present	[redacted]	Ponte Vedra	Florida	[redacted]
02/21-02/25		Jacksonville Beach	Florida	
02/18-02/25		Jacksonville Beach	Florida	
01/16-01/18		Jacksonville	Florida	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
East Coast Compounding and Pharmacy, LLC			04/22-Present	
Business Address		**City**	**State**	**Zip**
1617 Atlantic Boulevard		Jacksonville	Florida	32207
Phone	**Title**			
904-648-2262	Owner - Manager			
Description of Duties				
Maintained compliance with business and Board of Pharmacy requirements. Managed staff and worked as pharmacist				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Max McDaniel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/3/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Duval

I, Max McDaniel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/3/2026

Date

Subscribed and Sworn to before me this 3 day of March.

Notary Public Signature

Notary Public State of Florida
Allison R. Doerr
My Commission HH 744939
Expires 12/1/2029

(Seal)

East Coast Compounding and Pharmacy LLC
1617 Atlantic Boulevard
Jacksonville, Florida 32207
904-648-2262

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy
Suite 206
Reno, Nevada 89521

March 6, 2026

We request that a representative of East Coast Compounding and Pharmacy LLC be allowed to be present at the Board meeting for the review of our non-resident pharmacy application. We wish to request written authorization to sell and ship compounded sterile products based on patient specific prescriptions into Nevada.

Kyle Davis, PharmD Co-Owner

Max McDaniel, PharmD Co-Owner

SUMMARY OF UNSATISFACTORY CONDITIONS

	DEFICIENCY	CHECK IF *
1)	PIC stated there were goggles stocked but they were not in use and not shown to the inspector.	
2)	Facility meets Category 2 requirements, but are dispensing preparations with Category 3 BUD. They are performing media fill simulation every 6 months versus every 3 months.	
3)	The pharmacy is using the sporicidal disinfectant monthly versus weekly for all surfaces.	
4)		
5)		
6)		
7)		
8)		
9)		
10)		

***IMMEDIATE CORRECTIVE ACTION IS REQUIRED (I.E., CONTINUING OPERATION WOULD CONSTITUTE A THREAT TO PUBLIC HEALTH AND WELFARE)**

3/1/0202	East Coast Compounding and Pharmacy	
Pharmacy Address:	1617 Atlantic Blvd, Jacksonville, Florida 32207	
NABP Business e-Profile ID:	1637241	
VPP Inspection Date(s):	10/29/2024 and 10/30/2024	
Sharing Acknowledgment:	Yes	By typing "Yes" you acknowledge that all response documentation will be made available to the Boards of Pharmacy and state regulators upon their request

Facility Response to Verified Pharmacy Program® (VPP®) Inspection

Type of Response (Choose from Drop Down)	VPP Page No.	VPP Item No.	Facility Response/Corrective Action/Comments	Estimated Date of Action Taken	Attachment (Y/N)	Title of Document (Must be indicated at top of document attachment)
Clarification or Further Explanation	13	15.00	The licenses will be posted in view of the public in a manner that addresses the safety concerns for staff (e.g., addresses may be hidden from view) while informing the public of staff licensure	12/01/2024		
Clarification or Further Explanation	13	17.00	Compounding and Pharmacy aggressively pursued correcting all deficiencies before the enforceable date of November 25, 2025 for the new USP 797 standards in the State of Florida. It was decided to utilize the NABP VPP inspection as a means of determining the success of those efforts. The VPP inspection has allowed us to see that we have 3 deficiencies to quickly address: (1) Goggles will be incorporated into the garbing process for all sterile compounding (2) Media Fill simulations will be done every 3 months for compounding personnel (3) Performing (1) and (2) will provide the means to meet Category 3 BUDs. The VPP report refers to sporicidal disinfectants being used monthly versus weekly for all surfaces when East Coast Compounding and Pharmacy uses sterile Peridox RTU daily on all surfaces as part of all deactivating, decontaminating, cleaning and disinfecting processes which also has	12/02/2024		
Clarification or Further Explanation	16	37.03	A Reverse Distributor has been and will continue to be utilized when there is a need for the destruction of medications (e.g. expired, damaged, recalled)	Currently utilized and will continue		
Clarification or Further Explanation	17	39.01	Daily min/max temperatures were and are being used for detection of excursions and records maintained indefinitely in 797Tools documenting software. It was recommended that we go to continuous monitoring. Continuous monitoring of refrigerators, freezers and rooms will begin January 2025 using Safety Culture software and services.	1/1/2025		
Clarification or Further Explanation	17	41.00	Refrigerator temperatures were and are being monitored using daily min/max temperatures to detect excursions outside of the 2C-8C temperatures. It was recommended that continuous monitoring of the refrigerators be implemented. Continous monitoring of the refrigerator temperatures will begin January 2025 using Safety Culture software and services	1/1/2025		
Clarification or Further Explanation	17	42.00	Freezer temperatures were and are being monitored using daily min/max temperatures to detect excusions outside of the -28C to -10C freezer temperatures. It was recommended that continuous monitoring of the freezers be implemented. Continuous monitoring of the freezer temperatures will begin January 2025 using Safety Culture software and services	1/1/2025		
Clarification or Further Explanation	17	44.00	The NABP inspector explained that garbing procedures did not include goggles for Category 3 compounding. All other parameters for media-fill testing was appropriate. The lack of goggles was considered an element that could potentially affect the sterility of the CSP.	12/2/2024		
Clarification or Further Explanation	30	91.00	No adverse effects have been reported in quality event reports. When such events occur, they will be reported to the appropriate agency (e.g. State Board of Pharmacy, MedWatch, FDA, VAERS)	No Action Required		

Clarification or Further Explanation	30	93.00	A consumer survey will be developed using industry standards for a compounding pharmacy. This will include determining the best format (e.g. web based, paper, etc), the method of sampling, the process for providing notice and receiving information, the collating of results and the interpretation of the results against anticipated benchmarks.	3/1/2025		
Clarification or Further Explanation	143	43.0	Sufficient quantities of goggles ans sterile garb to be incorporated for all sterile compounding.	12/2/2024		
Clarification or Further Explanation	144	43.8	The use of goggles in the garbing process will be implemented no later than Monday, December 2, 2024 to ensure no skin is exposed during sterile compounding	12/2/2024		
Clarification or Further Explanation	153	48.00	DAILY sporicidal agents are applied to PECs, the equipment inside PECs, Pass Throughs, Work Surfaces outside the PEC and floors which exceeds the required weekly application for Category 3 sterile compounding. This was done to simplify the cleaning processes and concern for patient safety. Documentation in 797Tools, recorded daily	No Action Required		
Clarification or Further Explanation	154	48.1	Sporicidal disinfectant is applied DAILY to all interior surfaces of the PEC which exceeds the requirement of weekly appplication for Category 3 sterile compounding. Documentation in 797Tools, recorded daily	No Action Required		
Clarification or Further Explanation	154	48.2	Sporicidal disinfectant is applied DAILY to equipment inside the PEC which exceeds the requirement of weekly application for Category 3 sterile compounding. Documentation in 797Tools, recorded daily	No Action Required		
Clarification or Further Explanation	154	48.3	Sporicidal disinfectant is applied DAILY to work surfaces outside the PEC (e.g. , counters, work tables) which exceeds the requirement of weekly application for Category 3 sterile compounding. Documentation in 797Tools, recorded daily	No Action Required		
Clarification or Further Explanation	155	48.4	Sporicidal disinfectant is applied DAILY to surfaces in the pass-through chambers which exceeds the requirement of weekly application for Category 3 sterile compounding. Documentation in 797Tools, recorded daily	No Action Required		
Clarification or Further Explanation	155	48.5	Sporicidal disinfectant is applied DAILY to floors in the buffer rooms and ante room which exceeds the requirement of weekly application for Category 3 Sterile compounding. Documentation in 797Tools, recorded daily	No Action Required		
Clarification or Further Explanation	155	48.6	Sporicidal disinfectant has been and continues to be applied monthly to walls, doors and door frames of the buffer rooms and ante room MONTHLY. Documentation is in 797Tools as each room is completed.	No Action Required		
Clarification or Further Explanation	169	56.0	Wearing goggles for all sterile compounding will be included in the policy and procedures, teaching, and assessments for Proper Garbing for Sterile Non Hazardous Compounding and Proper Garbing for Sterile Hazardous	12/2/2024		
Clarification or Further Explanation	169	56.1	Wearing goggles for all sterile compounding will be included in the policy and procedures, teaching, and assessments for Proper Garbing for Sterile Non Hazardous Compounding and Proper Garbing for Sterile Hazardous Compounding	12/2/2024		
Clarification or Further Explanation	169	56.2	Wearing goggles for all sterile compounding will be included in the policy and procedures, teaching, and assessments for Proper Garbing for Sterile Non Hazardous Compounding and Proper Garbing for Sterile Hazardous Compounding	12/2/2024		
Clarification or Further Explanation	169	56.3	Wearing goggles for all sterile compounding will be included in the policy and procedures, teaching, and assessments for Proper Garbing for Sterile Non Hazardous Compounding and Proper Garbing for Sterile Hazardous Compounding	12/2/2024		
Clarification or Further Explanation	170	56.4	Wearing goggles for all sterile compounding will be included in the policy and procedures, teaching, and assessments for Proper Garbing for Sterile Non Hazardous Compounding and Proper Garbing for Sterile Hazardous Compounding	12/2/2024		
Clarification or Further Explanation	170	56.5	Wearing goggles for all sterile compounding will be included in the policy and procedures, teaching, and assessments for Proper Garbing for Sterile Non Hazardous Compounding and Proper Garbing for Sterile Hazardous Compounding	12/2/2024		
Clarification or Further Explanation	170	56.7	Wearing goggles for all sterile compounding will be included in the policy and procedures, teaching, and assessments for Proper Garbing for Sterile Non Hazardous Compounding and Proper Garbing for Sterile Hazardous Compounding	12/2/2024		

Clarification or Further Explanation	172	58.0	The NABP inspector observed the lack of goggles being used. Wearing goggles for all sterile compounding will be included in the policy and procedures, teaching, and assessments for Proper Garbing for Sterile Non Hazardous Compounding and Proper Garbing for Sterile Hazardous Compounding	12/2/2024		
Clarification or Further Explanation	174	58.6	NABP inspector noted the reason for the no was the lack of goggles being used. Personnel were compounding in the DCA, not interrupting first air during compounding, properly set up equipment, supplies, and components while not interupting first air, handles syringess in a manner not to introduce contaminants, proper entry and exit of materials into the PEC, and frequient sanitation of gloves. Wearing goggles for all sterile compounding will be included in the policy and procedures, teaching, and assessments for Proper Garbing for Sterile Non Hazardous Compounding and Proper Garbing for Sterile Hazardous Compounding	12/2/2024		
Clarification or Further Explanation	178	62.0	The NABP inspector had stated that the weekly use of sporicial disinfectant was being used monthly instead of weekly for the PEC, equipment inside the PEC, work surfaces outside the PEC, Pass-throughs, and the floor. In fact, a sporicidal disinfectant is being applied daily to those areas which is more frequently than required. Walls, Ceilings, Storage Shelves, Bins and equipment outside the PEC are done monthly. Documentation is in 797Tools.	No Action Required		
Clarification or Further Explanation	179	62.1	NABP inspector noted that goggles were not worn for cleaning and disinfecting. Wearing goggles for for cleaining and disinfecting will be included in the policy and procedures, teaching, and assessments for Proper Garbing for Sterile Non Hazardous Compounding and Proper Garbing for Sterile Hazardous Compounding	12/2/2024		
Clarification or Further Explanation	179	62.2	The NABP inspector had stated that the weekly use of sporicial disinfectant was being used monthly instead of weekly for the PEC, equipment inside the PEC, work surfaces outside the PEC, Pass-throughs, and the floor. In fact, a sporicidal disinfectant is being applied daily to those areas which is more frequently than required. Walls, Ceilings, Storage Shelves, Bins and equipment outside the PEC are done monthly. Documentation is in 797Tools.	No Action Required		
Clarification or Further Explanation	180	62.8	The NABP inspector had stated that the weekly use of sporicial disinfectant was being used monthly instead of weekly for the PEC, equipment inside the PEC, work surfaces outside the PEC, Pass-throughs, and the floor. In fact, a sporicidal disinfectant is being applied daily to those areas which is more frequently than required. Walls, Ceilings, Storage Shelves, Bins and equipment outside the PEC are done monthly. Documentation is in 797Tools. Cleaning does take place cleanest to dirtiest, sterile 70% IPA is used last to remove residue of Peridox RTU after 3 minute dwell time, and allowed to dry (1 minute).	No Action Required		
Clarification or Further Explanation	199	73.0	We are moving forward with implementing all required elements of Category 3 sterile preparations	3/1/2025		
Clarification or Further Explanation	199	73.2	Stability studies currently in progress and will be completed for all Category 3 CSPs	3/1/2025		
Clarification or Further Explanation	203	75.0	Sporicidal agents are used daily in areas that are required to be weekly. The use of goggles is being implemented.	12/2/2024		
Clarification or Further Explanation	222	85.0	While here, the NABP inspector stated the "no" was because the garbing process prior to the aseptic manipulation competency did not include goggles. The aseptic manipulation compentency documentation will demonstrate that it represented the most difficuld preparation currently compounded and has all other required documentation. The use of goggles in the garbing process are being implemented	12/2/2024		

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Business e-Profile ID:	1637241		**Inspection Information**
Legal Business Name:	East Coast Compounding and Pharmacy, LLC	**Conference Call Date:**	10/28/2024
Doing Business As (DBA):	N/A	**Start Time: 24-hour format (13:00)**	16:45
Address:	1617 Atlantic Blvd	**End Time: 24-hour format (13:00)**	17:45
City:	Jacksonville	**Onsite Inspection Date(s):**	10/29/2024 10/30/2024
State:	Florida	**Start Time(s): 24-hour format (13:00)**	10:15:00 AM 09:00
Zip Code:	32207	**End Time(s): 24-hour format (13:00)**	16:45:00 PM 12:00
Telephone number:	904-648-2262	**Inspector Name(s):**	Leo R. Blais, R.Ph
Toll free number:	N/A	**Inspection performed by (NABP, State, etc):**	NABP
Fax number:	888-626-5869	**Observer Name/Affiliation (if applicable):**	N/A
Website:	www.eastcoastcompounding.com	**Observer Name/Affiliation (if applicable):**	N/A

Focused Information

The following items are specific questions or areas the facility may want or consider further research. The facility is encouraged to read the inspection report in its entirety and carefully review the Focused Information section. Not all matters, items, or questions listed below may apply to the facility and may want to consider further research.

General Pharmacy: 15.20, 17.02, 29.21, 41.03, 42.00, 91.20, 91.05

Sterile: 43.10, 43.05, 44.00, 46.20, 46.21, 46.3, 46.5, 46.7, 46.8, 46.9, 52.2, 52.3, 52.4, 52.5, 52.6, 55.1, 55.2

Additional Information on NABP's Inspection Process

NABP Disclaimer: NABP can only verify the authenticity of an inspection Report if it is received directly from NABP or an inspector or system. NABP cannot verify the authenticity of an inspection Report received from any other party.

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Pharmacy Hours of Operation	Check if 24/7 ☐		
	Open		Closed
	Start Time: (24-hour format)	End Time: (24-hour format)	(X)
Sunday			X
Monday	9:00	18:00	
Tuesday	9:00	18:00	
Wednesday	9:00	18:00	
Thursday	9:00	18:00	
Friday	9:00	15:00	
Saturday	9:00	13:00	

Key Pharmacy Personnel	Name	Contact (e-mail)	e-Profile ID
Pharmacist in Charge	Kyle Janson Davis	kdavis@eastcoastcompounding.com	1326022
Nonsterile Designated person(s)	Doyle Sims	dsims@eastcoastcompounding.com	198536
Sterile Designated person(s)	Doyle Sims	dsims@eastcoastcompounding.com	198536
Hazardous Designated person(s)	Doyle Sims	dsims@eastcoastcompounding.com	198536

Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	Kyle Janson Davis	PIC	Y
2	Doyle Sims	Compliance Officer	Y
3	Max Mc Daniel	Owner	Y
4	Bren Griner	Pharmacy Tech	Y
5	Lindsey Barrelsman	Pharmacist	Y
6	Jessica Hoffman	Pharmacist	Y
7	Rachel Kelly	Technician	Y
8	Ava Homer	Technician	Y
9	Allison Doerr	Technician	Y
10	Logan Ortega	Technician	Y

If more than 10, list the first 10 below, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present. Additional personnel: 2 technicians, 1 pharmacy intern

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Business Licensure Information for State of Residence and Federal

(board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	Registration/License Type	Registration/License Number & Expiration Date
Florida Board of Pharmacy	East Coast Pharmacy and Compounding, LLC	Pharmacy	PH33726 & exp - 02-28-2025
Florida Board of Pharmacy	East Coast Pharmacy and Compounding, LLC	Sterile Compounding	PH33940 & exp - 02-28-2025
Drug Enforcement Administration	East Coast Pharmacy and Compounding, LLC	Pharmacy	FE1314032 & exp - 08-31-2027

List of states with nonresident licenses: GA, NC, TN, IL, IN, RI, NY, PA. They are also shipping to MA - no nonresident license is required.

Documents collected as part of the inspection.
To obtain a copy of these documents please contact the facility directly. They are not included in the final report.

Document Name	Description
Doc01_PI	CR's
Doc02_PI	MFR's
Photo01_PI; Photo02_PI	Photos Semaglutide Base
Photo03_PI; Photo04_PI	Photos - Tirzepatide Base

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	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail	X	Central Fill/Processing/Shared Services	
Open to the Public	X	Nuclear Pharmacy	
Closed Door		Specialty Pharmacy	
Drive-through window		White bagging/ clear bagging	
Mail- in state (eg prescriptions are mailed through USPS or through common carrier) *See table below*	X	Outsourcing Facility	
Mail- out of state (eg prescriptions are mailed through USPS or through common carrier) *See table below*	X	FDA Registered Drug Establishment (eg Manufacturer, repackager, relabeler)	
Local Delivery (if out of state describe in note)		Wholesale Distributor	
Veterinary Pharmacy (occasionally dispenses prescriptions for animals)	X	Provide prescription drugs for "Office Use" (eg distributes)	
Institutional (hospital or correctional facility)		Handles Medical Marijuana	
Long-Term Care (nursing home, residential care)		Nonsterile Compounding	X
Investigational Drugs, Clinical Trials/Research		Nonsterile Hazardous Drug Compounding	X
Telepharmacy		Sterile Compounding	X
Internet Pharmacy		Sterile Hazardous Drug Compounding	X

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Compounded Nonsterile Preparations (CNSPs) Type "X" for all that apply		Compounded Sterile Preparations (CSPs) Type "X" for all that apply	
CNSPs with controlled substance(s)	X	CSPs with controlled substance(s)	X
CNSPs with vitamins or nutritional supplements	X	CSPs with vitamins or nutritional supplements (includes total parenteral nutrition)	
CNSPs sold to other pharmacies - If so, list to whom – instate, out of state, under common ownership/shared services – central fill agreement; and state if patient specific or distributed	X	CSPs sold to other pharmacies - If so, list to whom - in state, out of state, under common ownership/shared services - central fill agreement; and state if patient specific or distributed	X
Patient specific (compounded preparation labeled for an individually identified patient):		**Patient specific** (compounded preparation labeled for an individually identified patient):	
CNSPs for animals	X	CSPs for animals	X
CNSPs for human patients	X	CSPs for human patients	X
Distributed (compounded preparation leaves the pharmacy without a patient-specific label eg non patient-specific):		**Distributed** (compounded preparation leaves the pharmacy without a patient-specific label eg non patient-specific):	
CNSPs for animals		CSPs for animals	
CNSPs for human patients		CSPs for human patients	
CNSPs to practitioners for office use		CSPs to practitioners for office use	
CNSPs to hospitals, clinics, or surgery centers		CSPs to hospitals, clinics, or surgery centers	

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Types of CNSPs:		Categories of CSPs:	
Aqueous	X	Category 1 CSPs	
Nonaqueous	X	Category 2 CSPs	X
Specific types:		Category 3 CSPs	X
Solid oral preparations	X	Types of CSPs:	
Liquid oral preparations	X	Allergenic extracts	
Otic preparations		Allergenic extracts in addition to prescription patient sets	
Rectal preparations	X	Immediate Use	
Vaginal preparations	X	Proprietary bag and vial systems	
Topical preparations:	X	Blood-derived or other biological material (eg autologous serum)	
Nasal and sinus preparations:		Sterile injections/ sterile infusions	X
Other (please list):		Ophthalmic dosage forms	X
		Baths and soaks for live organs and tissues	
		Implants/ Pellets	
		Other (please list):	X Irrigations

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Facility Size in Square Feet *(can be approximated)* and Number of PECs		Personnel	
Total Pharmacy size:	2960	Total Pharmacists:	5
Nonsterile Compounding Room size:	0	Number of Compounding Pharmacists:	5
Nonsterile Compounding powder hoods number:	1	Total Student Interns:	4
Nonsterile Hazardous Drugs (HD) Compounding Room size:	220	Total Technicians:	7
Nonsterile HD Compounding CVE/BSC/CACI hoods number:	2	Number of Compounding Technicians:	7
Sterile Compounding Ante Room size:	145	Of technicians, how many are nationally certified?	0
Sterile Compounding Clean/Buffer Room size:	86	Of technicians, how many are techs-in-training?	1
Sterile Compounding Number LAFW hoods/areas:	1	Total Other Unlicensed Personnel:	0
Sterile Compounding Number BSC hoods:	0	Ratio #Technician(s) : #Pharmacist(s) present at time of inspection:	3:1
Sterile Compounding Number CAI/CACI hoods:	0	If multiple compounding suites are present under this licensed location (eg outsourcing facilities or hospital health systems), describe in notes other spaces where compounding occurs (eg location name, approximate size of space, and number and type of PECs:	N/A
Negative Pressure Sterile HD Room size:	86		
Sterile HD Compounding Number of BSC hoods:	1		
Sterile HD Compounding Number of CACI hoods:	0		

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Indicate the drug name, dosage or strength, and the size of the CSP sample obtained for testing. (N/A if no sample)	N/A
Indicate the areas/rooms of the pharmacy entered to perform the CSP inspection. If the inspector did not fully garb and enter buffer room(s), indicate reason.	Inspector entered all ISO classified rooms.

Volume Dispensed		Volume Distributed	
Total Prescriptions Dispensed/day:	160	Total Orders Distributed/day:	0
% Veterinary Prescriptions	<1%	% Veterinary Orders	0%
% Controlled Substance Prescriptions	6%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	20%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	80%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	9%	% Hazardous Drugs (HD) Orders	0%

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Definitions: DISPENSE means to provide a prescription drug or compounded preparation pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription drug or compounded preparation to a prescriber, another pharmacy, or health care entity for office use or stock and is NOT patient-specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription drugs and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
Alabama (AL)			
Alaska (AK)			
Arizona (AZ)			
Arkansas (AR)			
California (CA)			
Colorado (CO)			
Connecticut (CT)			
Delaware (DE)			
District of Columbia (DC)			
Florida (FL)	1045	0	MONTH
Georgia (GA)	273	0	MONTH
Hawaii (HI)			
Idaho (ID)			
Illinois (IL)	51	0	MONTH
Indiana (IN)	578	0	MONTH
Iowa (IA)			
Kansas (KS)			
Kentucky (KY)			
Louisiana (LA)			
Maine (ME)			
Maryland (MD)			
Massachusetts (MA)	97	0	MONTH
Michigan (MI)			
Minnesota (MN)			
Mississippi (MS)			
Missouri (MO)			
Montana (MT)			

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Definitions: DISPENSE means to provide a prescription drug or compounded preparation pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription drug or compounded preparation to a prescriber, another pharmacy, or health care entity for office use or stock and is NOT patient-specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription drugs and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
Nebraska (NE)			
Nevada (NV)			
New Hampshire (NH)			
New Jersey (NJ)			
New Mexico (NM)			
New York (NY)	12	0	MONTH
North Carolina (NC)	93	0	MONTH
North Dakota (ND)			
Ohio (OH)			
Oklahoma (OK)			
Oregon (OR)			
Pennsylvania (PA)	5	0	MONTH
Rhode Island (RI)	69	0	MONTH
South Carolina (SC)			
South Dakota (SD)			
Tennessee (TN)	1	0	MONTH
Texas (TX)			
Utah (UT)			
Vermont (VT)			
Virginia (VA)			
Washington (WA)			
West Virginia (WV)			
Wisconsin (WI)			
Wyoming (WY)			
Other:			

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding, Sterile Compounding Inspections, and Hazardous Drug Compounding are based on USP Chapters <795>, <797>, and <800>.

An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: East Coast Compounding and Pharmacy, LLC

e-Profile ID: 1637241

Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Notes
	General Pharmacy		
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	40
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	No	
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	No	
4.01	Does the pharmacy hold .pharmacy verification?	No	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	No	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	No	
8.00	Are photographs allowed during the inspection (no PHI)?	Yes	
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**		N/A

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		Observation	Notes
Types of Practice Additional Questions **If any part of a question is no, enter "No" and explain the observation.**			
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	Yes	20% In state and 3% out of state
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	No	
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	No	
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	

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		Observation	Notes
General Operations and Licensure	**If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	No	Licenses are posted in Mr. Sims office and not in view of the customers.
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	04/03/2024-no set schedule.
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	Yes	Various minor labeling issues, minor drug storage issues, using non-sterile PPE for sterile products, lack of documented review of environmental certification report, Dispensing BUDs in excess of category 2 limits, and not performing the requisite testing, no goggles in use while compounding. Lack of stability data for extended BUDs, terminal sterilization of pellets not meeting standards, batch size of 500 exceeds USP limit for CSP, lack of stability indicating assays, lack of potency testing per batch, lack of testing for antimicrobial effectiveness, container closure, staff blocking first air, certification report for viable air and surface sampling did not document test was conducted under dynamic conditions, frequency of testing not to standards, cleaning frequency not to standards, documentation issues on the compounding record, filter selection documentation on the compounding, documentation issues on the MFR for components, documentation of sterilization cycle. Lack of documentation of QA on the CR, quarantine process not well defined. Investigation of OOS results. unsatisfactory media fill, inadequate labeling of drug storage areas, lack of dedicated refrigerated drug storage areas, lack of hazardous garbing assessment, lack of trace hazard disposal, lack of spill kit.
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	No	

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		Observation	Notes
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	No	
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.*	No	
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	Yes	Initial visit upon opening. No scheduled frequency of visits
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	No	
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	No	
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? ***Verify that the lab director is current (usually the PIC is the lab director named).*** *If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	No	
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	Yes	10 year retention

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		Observation	Notes
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	Yes	
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronically retained
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronically retained
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Pioneer system does not allow a dispensed order to be deleted.
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	N/A	
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	PIC will Inservice staff on more stringent regulations.
	Personnel **If any part of a question is no, enter "No" and explain the observation.**		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	Monitored by the CO, individual practitioners are responsible.
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	Monitored by the CO, who is also responsible for renewals
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	N/A	
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time*	Yes	Florida ratio 3:1

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		Observation	Notes
	Facility and Security If any part of a question is no, enter "No" and explain the observation.		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	Doors and windows are contacted, motion sensors, CCTV
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	Yes	
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	Staff will remain onsite until secured.
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	No	
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	Yes	RXRD
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	Yes	Universal Waste Management, pick up monthly
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	Yes	

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		Observation	Notes
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	Yes	The temperature at the time of inspection is 70 degrees F.
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	No	
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	No	No continuous monitoring
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	Yes	Frig 1: 3 degrees C Frig 2: 6 degrees C Frig3: 8 degrees C
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	No	No continuous monitoring
42.01	Is the temperature in the freezer within the USP range (between −25° to −10°C or −13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	Yes	-12 degrees Celsius
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	Portable generator available to power the refrigerators
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	No	

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		Observation	Notes
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.*	No	
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	N/A	
Product Receipt and Inventory **If any part of a question is no, enter "No" and explain the observation.**			
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	Yes	Vetting process to validate source is NABP inspected wholesaler or an FDA registered facility
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	No	
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	ANDA, IPD
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	Yes	The facility only utilizes NABP inspected wholesalers
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	No	

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		Observation	Notes
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	Yes	ANDA
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	Yes	The facility only utilizes NABP inspected wholesalers
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	Yes	Product would be quarantined and the supplier contacted.
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	No	None to date.
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	Yes	Present on invoices and website.
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	Yes	
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	No	
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	Yes	Max is the only POA
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	Yes	
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	Yes	

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52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	Yes	
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	Yes	Perpetual inventory in place.
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	Yes	Local law enforcement and the Board of Pharmacy
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	Yes	
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	Yes	Continuous reconciliation, product is back counted.
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	Yes	Last inventory 12/14/2023, biennially taken.
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	Yes	
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	No	
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	

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59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	N/A	
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	Inventory is reviewed monthly RX and OTC
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	
60.02	How often is active-stock examined for drugs past the expiration date?		Inventory is reviewed monthly RX and OTC
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	No	
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	Yes	
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	Yes	
	Prescription Processing **If any part of a question is no, enter "No" and explain the observation.**		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	All pharmacy staff can enter into the system. Changed and/or updated as reported by the patient.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: East Coast Compounding and Pharmacy, LLC
e-Profile ID: 1637241
Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Notes
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	Yes	Species field in the computer
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	Contact the prescriber and verify the order
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	Yes	Prescription orders are reviewed and geographic location is considered. Staff are familiar with the prescribers that refer to the pharmacy.
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	Both controlled and noncontrolled.
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	Yes	
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	Verified at QV2 by the pharmacist
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	Performed at QV2 by the pharmacist

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		Observation	Notes
67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	No	
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	Yes	The facility reports to all the states in which they are licensed.
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	Yes	PMP is accessed with each controlled dispensing.
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	Pharmacists only in the computer system
67.07	Is the DUR process performed electronically by the computer system? *Identify integrated drug database used.*	Yes	First Data Bank
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	N/A	

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		Observation	Notes
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	Unknown	
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	Pharmacist verifies at QV2, the drug is barcoded for verification.
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	Labels appear to be in compliance with Florida Pharmacy regulations.
70.00	**Confidentiality:** Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? ***Password protected, access limited by job type, access revoked as appropriate such as upon termination.*** *Record name/brand of pharmacy computer system used.*	Yes	Password protected, access controlled by job description. Pioneer RX is the system used.
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	No	
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	N/A	
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	N/A	
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	N/A	

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		Observation	Notes
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	
74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
	Patient Counseling and Communication **If any part of a question is no, enter "No" and explain the observation.**		
75.00	Does the pharmacist provide counseling for all <u>new</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	No	
75.01	Is an "offer" to counsel made for all <u>new</u> prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	Yes	Pharmacy staff
76.00	Does the pharmacist provide counseling for all <u>refilled</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	No	
76.01	Is an "offer" to counsel made for all <u>refilled</u> prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	Yes	Pharmacy staff.

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		Observation	Notes
77.00	Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	No	
77.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	Yes	Pharmacy staff
78.00	Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Each patient is contacted for all orders that are shipped.
79.00	Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Each patient is contacted for all orders that are shipped.
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how*	Yes	Included in the patient packet
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	Yes	Included in the patient packet
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	N/A	No REMS drugs dispensed.
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	Yes	Electronically at POS
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	No	
85.00	Are processes in place to handle a drug recall?	Yes	

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		Observation	Notes
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	No	
86.02	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	
	Quality Assurance/Quality Improvement Program **If any part of a question is no, enter "No" and explain the observation.**		
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	Dewayne Sims
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	Both hard copy and electronic
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	

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		Observation	Notes
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	Quarterly CQI meeting of all staff.
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	Hard copy form
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	
88.03	Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	

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		Observation	Notes
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).*	Yes	Dewayne Sims reviews with each incident.
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	N/A	
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	

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		Observation	Notes
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported.including if the pharmacy reports QREs to the board of pharmacy.*	No	
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	Yes	
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	Yes	
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	No	
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

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Verified Pharmacy Program Inspection Form

Nonsterile Compounding Inspection for USP <795>

Facility Name: East Coast Compounding and Pharmacy, LLC

e-Profile ID: 1637241

Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Inspector Notes	USP Reference(s)
	Standard Operating Procedures for Compounded Nonsterile Preparations (CNSPs)		**Please note NABP did not review each SOP for alignment on USP <795>. The SOP(s) described below is/are a reflection of any self-assessment completed by the pharmacy and/or shared with the inspector during the onsite inspection.**	
1.0	Does the pharmacy have standard operating procedures (SOPs) on all aspects of the compounding operation that cover the minimum topic requirements in USP <795> standards? ***If no, document "missing" in Inspector Notes*** ***If yes, document the name, number, and version of each SOP in the Inspector Notes.***	Yes		11
1.1	**Buildings and Facilities:** The pharmacy has an SOP for the compounding facility. ***Inspector note: Per USP <795>, there is a written SOP for "the method of designation" for the area designated specifically for nonsterile compounding and processes for maintaining, cleaning, and sanitizing the compounding area and equipment.***			4.1, 5, 11
1.2	**Personnel Training and Evaluation:** The pharmacy has an SOP describing the training program, the frequency of training, and the process for evaluating the competency of personnel. ***Inspector note: Per USP <795>, "Facility SOPs must describe procedures for monitoring and observing of compounding activities and personnel."***			2, 11
1.3	**Personal Hygiene and Garbing:** The pharmacy has an SOP regarding personal hygiene, glove, and garbing requirements consistent with compounding activities. ***Inspector note: Per USP <795>, "Garbing requirements and frequency of changing garb must be determined by the facility and documented in the facility's SOPs."***			3.3, 11

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		Observation	Inspector Notes	USP Reference(s)
1.4	**Components:** The pharmacy has an SOP describing selection, handling, storage, and inventory control of all components used in compounding. ***Inspector note: Per USP <795>, "The compounding facility must have written SOPs for the selection and inventory control of all components from receipt to use in a CNSP."***			6.2, 11
1.5	**Temperature Monitoring:** The pharmacy has an SOP regarding temperature monitoring and handling of excursions. ***Inspector note: Per USP <795>, "The compounding facility must adhere to SOPs to detect and reduce the risk of temperature excursions within the storage area(s)."***			4.2, 11
1.6	**Equipment:** The pharmacy has an SOP for assessment of need for closed system processing devices (based on the types of CNSPs prepared). ***Inspector note: Per USP <795>, "Weighing, measuring, or otherwise manipulating components that could generate airborne chemical particles (e.g., active pharmaceutical ingredients [API(s], added substances, and conventionally manufactured products) must be evaluated to determine if these activities must be performed in a closed-system processing device to reduce the potential exposure to personnel or contamination of the facility or CNSPs. Examples of closed-system processing devices include containment ventilated enclosures (CVEs), biological safety cabinets (BSCs), and single-use containment glove bags. The process evaluation must be carried out in accordance with the facility's SOPs, and the assessment must be documented."***			6.1, 11

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		Observation	Inspector Notes	USP Reference(s)
1.7	**Safety Data Sheet (SDS)/Spill Management:** The pharmacy has an SOP describing spill management and disposal. ***Inspector note: Per USP <795>, "The management and documentation of nonhazardous component spills and disposal must be described in the facility's SOPs."***			6.2.5, 11
1.8	**Master Formulation Records (MFR):** The pharmacy has an SOP on the process for MFR creation and content. ***Inspector note: Per USP <795>, "Any changes or alterations to a Master Formulation Record are approved and documented in accordance with the facility's written SOP."***			7.1, 11
1.9	**Labeling:** The pharmacy has an SOP on the processes for labeling, label verification (confirming against the prescription or medication order, the MFR, and the compounding record (CR)) in order to prevent errors and CNSP mix-ups and required displayed information. ***Inspector note: Per USP <795>, "Labeling procedures must be followed as described in the facility's SOPs to prevent labeling errors and CNSP mix-ups."***			9, 11
1.10	**Quality Assurance (QA)/Quality Control (QC) Program:** The pharmacy has an SOP regarding its QA and QC program, including roles of the designated person(s), trainers, compounding personnel; adherence to procedures; and prevention and detection of errors and quality issues. ***Inspector note: Per USP <795>, "QA and QC programs must be formally established and documented in SOPs that ensure that all aspects of the preparation of CNSPs are conducted in accordance with this chapter, and laws and regulations of the applicable regulatory jurisdiction."***			11, 12 USP <1163>

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		Observation	Inspector Notes	USP Reference(s)
1.11	**QA/QC Program Complaint Handling and Adverse Event Reporting:** The pharmacy has an SOP for evaluation of complaints and adverse events, including investigations and corrective actions. ***Inspector note: Per USP <795>, the pharmacy, "must develop and implement SOPs for complaint handling." SOPs are to include any state or federal requirements for reporting to government agencies (example adverse event reporting). Further, "Consider whether to initiate a recall of potentially affected CNSPs and whether to cease compounding until problems have been identified and corrected."***			1.1.3, 11, 12.1, 12.2, 12.3
1.12	**Packaging:** The pharmacy has an SOP describing packaging CNSPs. ***Inspector note: Per USP <795>, "SOPs must describe packaging of CNSPs."***			11, 13.1
1.13	**Transporting:** The pharmacy has an SOP describing transporting CNSPs. ***Inspector note: Per USP <795>, there must be "written SOPs to describe the mode of transportation, any special handling instructions, and whether temperature monitoring devices are needed."*** ***If the pharmacy does not transport CNSPs, inspector should answer statement as N/A.***			11, 13.2

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National Association of Boards of Pharmacy®
Verified Pharmacy Program Inspection Form

Nonsterile Compounding Inspection for USP <795>

Facility Name: East Coast Compounding and Pharmacy, LLC

e-Profile ID: 1637241

Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Inspector Notes	USP Reference(s)
1.14	**Recalls:** The pharmacy has an SOP describing minimum requirements for recalls. ***Inspector note: Per USP, "The facility must have procedures in place to:*** ***- Determine when recalls must be initiated, which should include procedures to immediately notify the prescriber of a failure of specifications with the potential to cause patient harm (eg, strength, purity, or other quality attributes)*** ***- Recall any unused dispensed CNSPs and quarantine any stock remaining in the pharmacy*** ***- Investigate if other lots are affected and recall if necessary*** ***An SOP for recall of dispensed CNSPs must contain:*** ***- Procedures to determine the severity of the problem and the urgency for implementation and completion of the recall*** ***- Procedures to determine the distribution of any affected CNSP, including the data and quantity of distribution*** ***- Procedures to identify patients who have received the CNSP*** ***- Procedures for disposal and documentation of the recalled CNSP (and)*** ***- Procedures to investigate and document the reason for recall."***			12.1
	Designated Person(s) and Personnel Training Program **Inspector must complete the <795> Records Review module to complete this section.**			
2.0	Does the pharmacy have a designated person(s) who meets the requirements in USP <795> standards? ***Inspector note: Per USP, "The compounding facility must designate one or more individuals to be responsible and accountable for the performance and operation of the facility and personnel in the preparation of CNSPs."*** ***If no, go to compliance statements.***	Yes		1.1.4

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		Observation	Inspector Notes	USP Reference(s)
2.1	The designated person(s) (for the QA program) has the training, experience, responsibility, and authority to perform the duties required of them.	Yes		1.1.4, 12
2.2	The designated person(s) reviews facility SOPs at least every 12 months to ensure that they reflect current practice and such review is documented. ***Inspector note: Per USP, "The facility's SOPs must describe the roles, duties, and training of the personnel responsible for each aspect of the QA program... The overall QA and QC program must be reviewed at least once every 12 months by the designated person(s). The results of the review must be documented, and appropriate action must be taken if needed."***	Yes		1.1.4, 12
2.3	The designated person(s) is responsible for overseeing a training program to ensure competency of personnel involved in compounding, handling, and preparing CNSPs.	Yes		1.1.4, 2
2.4	The designated person(s) is responsible for selecting components used by the pharmacy.	Yes		1.1.4, 6.2.1
2.5	The designated person(s) is responsible for monitoring and observing compounding activities and taking immediate corrective action if deficient practices are observed.	Yes		1.1.4
2.6	The designated person(s) is responsible for ensuring SOPs are fully implemented and following up if problems, deviations, or errors are identified.	Yes		1.1.4, 11

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		Observation	Inspector Notes	USP Reference(s)
2.7	The designated person(s) is responsible for establishing, monitoring, and documenting procedures for the handling and storage of CNSPs and/or components of CNSPs.	Yes		1.1.4
3.0	Has the pharmacy created and implemented a training program that is in compliance with USP <795> standards? ***Inspector note: Per USP, "Training and competency of personnel must be documented."*** ***Inspector is to review a minimum of five personnel records and document their observations (see <795> Records Review module).*** ***If no, go to compliance statements.***	Yes		2, 14
3.1	All personnel who compound CNSPs have been initially trained and qualified before being allowed to independently compound (eg, perform their job functions). ***Inspector note: Per USP, compounding personnel are defined as "Personnel trained to compound or oversee compounding of preparations."*** ***If questions 1.0-1.12 in the records review tab for compounding personnel are answered "no" or "missing," this statement should be answered as no. For details, see Records Review module.***	Yes		2, 14
3.2	All personnel who have direct oversight, perform in-process checks, final verification of a CNSP, and/or dispense a CNSP have been initially trained and qualified (according to SOPs) being allowed to independently perform their job functions. ***If questions 1.0-1.12 in the records review tab for compounding personnel are answered "no" or "missing," this statement should be answered as no. For details, see Records Review module.***	Yes		2, 14

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		Observation	Inspector Notes	USP Reference(s)
3.3	All compounding personnel, including those who have direct oversight of compounding personnel, have completed an initial training and at least every 12 months thereafter. ***Inspector note: Per USP, "Other personnel, who do not compound and only perform functions such as in-process checks, final verification, or dispensing of CNSPs must undergo training as required by the facility's SOPs."*** ***If questions 2.0-2.12 in the records review tab for compounding personnel or personnel who have direct oversight over compounding personnel are answered "no" or "missing," this statement should be answered no. For details, see the Records Review module.***	Yes		2, 14
4.0	Does the designated person(s) have a documented (periodic) evaluation of their direct observations for compounding activities and documentation of any deficiencies in the record? ***Inspector note: Per USP, this is a recommendation, "the designated person(s) should monitor and observe compounding activities and must take immediate corrective action if deficient practices are observed. Facility SOPs must describe procedures for monitoring and observing compounding activities and personnel."*** ***Inspector should complete the <795> Records Review module question 3.0.***	Yes		2, 14
	Compounding Personal Hygiene and Garbing			
5.0	Does the pharmacy have a process to ensure all personnel entering the compounding area adhere to restrictions intended to minimize the risk of contamination in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		3
5.1	Compounding personnel are required to report to the designated person(s)conditions that may contaminate the compounding preparation area. ***Inspector note: Per USP <795>, examples of conditions that have a higher risk of contaminating the CNSP include: rashes, recent tattoos, open sores, conjunctivitis, and active respiratory infection.***	Yes		

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		Observation	Inspector Notes	USP Reference(s)
5.2	The designated person(s) is responsible for evaluating whether compounding personnel should be excluded from working in the compounding areas before their conditions have resolved.	Yes		3
5.3	Personnel removes any unnecessary items (outer garments, jewelry that could interfere with garbing, and earbuds/headphones) before entering the compounding area. ***Inspector note: Inspector should also observe compounding area to identify any items stored that do not belong (ie, dirty garments, jackets, or electronics).***	Yes		3.1
5.4	If personnel do not remove an item, the designated person has determined that the quality of the environment and CNSPs are not adversely affected by the accommodation.	Yes		3.1
6.0	Do personnel perform hand hygiene, wear required garb and gloves, and follow requirements in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		3.3
6.1	All personnel entering the compounding area complete hand hygiene procedures.	Yes		3.2 Box 1
6.2	Garb is used for all compounding activities. ***Inspector note: Per USP <795>, gloves are mandatory garb for all compounding activities.***	Yes		3.2, 3.3 Box 1
6.3	Pharmacy uses SDS to determine other garb requirements for the components and compounding activity.	Yes		3.3

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		Observation	Inspector Notes	USP Reference(s)
6.4	Additional garb (shoe covers, hair and facial hair covers, face masks, gowns) is worn as needed for protection of the personnel/CNSPs. ***If no, please list the garb worn for the type of component and compounding activity.***	Yes		3.3
6.5	The garb purchased by the pharmacy is appropriate for the type of compounding being performed.	Yes		3.3
6.6	Garb is stored in manner that minimizes risk of contamination (away from sinks to avoid splashing, etc).	Yes		3.3
6.7	Gowns that are reused do not leave the compounding area.	Yes		3.3
6.8	Visibly soiled garb or garb with tears or punctures are changed immediately (are not reused).	Yes		3.3
6.9	Soiled garb is disposed of or sent for laundering.	Yes		3.3
6.10	Shoe covers, hair and facial hair covers, face masks, and head covers are not reused once personnel have left the compounding area.	Yes		3.3
7.0	Are non-disposable garb such as goggles cleaned then sanitized with 70% isopropyl alcohol before re-use?	N/A		3.3
	Buildings and Facilities			
8.0	Does the compounding area meet the facility requirements in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		4.1
8.1	The pharmacy has a designated compounding space for nonsterile compounding.	Yes		4.1

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		Observation	Inspector Notes	USP Reference(s)
8.2	The compounding area is well lit.	Yes		4.1
8.3	The compounding area is clean and sanitary.	Yes		4.1
8.4	The compounding area is orderly (eg, clutter free, no tripping hazards).	Yes		4.1
8.5	The compounding area is in a good state of repair.	Yes		4.1
8.6	The compounding area is designed for orderly placement of equipment and materials to prevent mix- ups among components, containers, labels, in-process materials, and finished CNSPs.	Yes		4.1
8.7	The compounding area is not being used for other activities at the same time that it is used for compounding.	Yes		4.1
8.8	The compounding area is designed, arranged, and used in a manner that minimizes cross contamination from non-compounding areas.	Yes		4.1
9.0	Is the compounding area free of carpet?	Yes		4.1

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		Observation	Inspector Notes	USP Reference(s)
10.0	Does the pharmacy's storage area (for CNSPs, components, equipment, and containers) meet requirements in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		4.2
10.1	The pharmacy records the temperature of the compounding storage area on days when the pharmacy is open. ***Inspector note: Per USP, "Compounding personnel must monitor temperatures in the storage area(s) either manually at least once daily on days that the facility is open, or continuously with a temperature recording device to ensure the temperature remains within the appropriate range for the CNSPs and components."*** ***If pharmacy does not use a continuous recording system, describe the frequency of temperature recording in the notes.***	Yes		4.2
10.2	The pharmacy's temperature monitoring records are readily retrievable. ***Inspector note: Per USP, "The results of the temperature readings must be documented on a temperature log or stored in the continuous temperature recording device and must be retrievable."***	Yes		4.2
10.3	Temperature monitoring devices are verified for accuracy at least every 12 months or as required by the manufacturer. ***Inspector note: Per USP, "All temperature monitoring equipment must be calibrated or verified for accuracy as recommended by the manufacturer or every 12 months if not specified by the manufacturer." USP reports that these devices may be verified against a calibrated device.*** ***Monitoring devices are typically calibrated or replaced.***	Yes		4.2

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		Observation	Inspector Notes	USP Reference(s)
10.4	Pharmacy has a process to evaluate temperature excursions. ***Inspector note: Per USP, "When it is known that a CNSP or component has been exposed to temperatures either below or above the storage temperature limits for the CNSP or component, personnel must determine whether the CNSP or component integrity or quality has been compromised and if so, the CNSP or component must be discarded."***	Yes		4.2
10.5	CNSPs, components, equipment, and containers are stored off the floor.	Yes		4.2
10.6	CNSPs, components, equipment, and containers are stored in a manner that permits inspection and cleaning of the storage area(s).	Yes		4.2
10.7	CNSPs, components, equipment, and containers are stored in a clean environment (free of dirt, dust, and debris, and rodent/pest/insect free) to prevent contamination.	Yes		4.2
11.0	What is the current temperature of the nonsterile compounding storage area? ***Record in the Inspector Notes.***		Temperature at the time of inspection is 20.5 degrees Celsius	4.2
12.0	Are plumbing fixtures, water sources, and cleanliness of sink in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		4.3
12.1	The pharmacy staff can easily access a sink within or nearby the nonsterile compounding area.	Yes		4.3
12.2	There is hot and cold running water available at the sink within or nearby the nonsterile compounding area.	Yes		4.3

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		Observation	Inspector Notes	USP Reference(s)
12.3	The sink is emptied of all items unrelated to compounding and before being used to clean any equipment used in nonsterile compounding.	Yes		4.3
12.4	The sink is cleaned when visibly soiled (before being used to clean equipment used in nonsterile compounding).	Yes		4.3
12.5	The plumbing system is free of any defects that may contribute to contamination of CNSPs.	Yes		4.3
13.0	Is purified water, distilled water, or reverse osmosis water used for rinsing equipment and utensils used in nonsterile compounding? ***Inspector note: This is a USP recommendation.***	Yes		4.3 USP <1231>
	Cleaning and Sanitizing			
14.0	What agent(s) are used for cleaning and sanitizing the nonsterile compounding area? ***Inspector note: Per USP <795>, "agents must be selected and used with consideration of compatibilities, effectiveness, and minimal potential to leave residues."*** ***List the agents in the Inspector Notes.***		Water, Peridox RTU, IPA	5
15.0	Does the pharmacy perform cleaning and sanitizing activities on all surfaces at the minimum frequency per Table 1 and documented in a log or other record in compliance with USP <795> standards? ***Review compounding cleaning logs.*** ***If no, go to compliance statements.***	Yes		5 Table 1
15.1	All work surfaces are cleaned and sanitized at the **beginning of each shift** on days when compounding occurs.	Yes		5 Table 1
15.2	All work surfaces are cleaned and sanitized at the **end of each shift** on days when compounding occurs.	Yes		5 Table 1

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		Observation	Inspector Notes	USP Reference(s)
15.3	All work surfaces are cleaned and sanitized **between compounding CNSPs with different components.**	Yes		5 Table 1
15.4	Floors are cleaned and sanitized daily on days when compounding occurs.	Yes		5 Table 1
15.5	Walls and ceilings are cleaned and sanitized when visibly soiled. ***Inspector note: No specific frequency is specified by USP. View compounding area walls and ceilings. If inspector observes soiled walls or ceilings, inspector should answer statement as no.***	Yes		5 Table 1
15.6	All work surfaces, floors, walls, ceilings and storage shelving are cleaned and sanitized when surface contamination (eg, splashes) or spills are known or suspected.	Yes		5 Table 1
15.7	Storage shelving is cleaned and sanitized at least every three months.	Yes		5 Table 1
16.0	Are floors in the compounding area easily cleanable, non-porous, and non-particle generating? ***Inspector note: This is a USP recommendation. Per USP, "Surfaces should be resistant to damage by cleaning and sanitizing agents."***	Yes		5

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		Observation	Inspector Notes	USP Reference(s)
	Equipment and Components FDA defines manufacturer... as used in section 510 of the Federal Food, Drug, and Cosmetic Act, includes the activities of relabelers, repackers, and salvagers. When not modified by "domestic" or "foreign," the term includes both domestic manufacturers and foreign manufacturers.			
17.0	Does the pharmacy use a closed-system processing device (eg, CVE, BSC, and single-use containment glove bags)? ***Inspector note: Per USP, examples of closed-system processing devices include: containment ventilated enclosures (CVEs), biological safety cabinets (BSCs), and single-use containment glove bags.*** ***If yes, list the type(s) in the Inspector Notes.***	No		6.1
18.0	Does the pharmacy select, store, clean, and maintain equipment in compliance with USP <795> standards? ***Inspector note: Per USP <795>, "Equipment surfaces that contact components are not reactive, additive, or sorptive, and must not alter the quality of CNSPs."*** ***Review certification reports, calibration records, and cleaning logs.*** ***If no, go to compliance statements.***	Yes		6.1
18.1	Equipment and supplies are readily available at the pharmacy for the types of CNSPs prepared. ***Inspector note: For example, if the pharmacy compounds with API as a component, which must be weighed, a scale or balance would be expected.***	Yes		6.1

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		Observation	Inspector Notes	USP Reference(s)
18.2	Pharmacy has evaluated and documented the nonsterile compounding pharmacy activities for weighing, measuring, and otherwise manipulating for an assessment of risk. ***Inspector note: Per USP, "components that could generate airborne chemical particles (eg, active pharmaceutical ingredients [APIs], added substances, and conventionally manufactured products) must be evaluated to determine if these activities must be performed in a closed-system processing device to reduce the potential exposure to personnel or contamination of the facility or CNSPs."*** ***If no, inspector should describe observations.***	Yes		6.1
18.3	The equipment and devices used for compounding CNSPs are clean and stored in a manner and frequency that minimizes the risk of contamination. ***Inspector note: Per USP <795>, "After compounding, the equipment must be cleaned to prevent cross contamination of the next preparation." Additionally, per Table 2:*** ***- CVE/BSC are cleaned and sanitized at the beginning and end of each shift when compounding occurs, after spills, and when surface contamination (e.g., from splashes) is known or suspected;*** ***- CVE/BSC horizontal surfaces are cleaned and sanitized between compounding of different components;*** ***- Under the work surface of a BSC is cleaned and sanitized at least monthly; and*** ***- Other devices and equipment used in compounding are cleaned before initial use, in between compounding CNSPs with different components, and following manufacturer recommendations.*** ***If no, inspector should describe observations.***	Yes		6.1 Table 2
18.4	Equipment and devices used in compounding or testing of CNSPs are inspected prior to use (to ensure they are in good working order). ***Inspector note: For example, the pharmacy may need to tare a scale and/or balance prior to use.***	Yes		6.1

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		Observation	Inspector Notes	USP Reference(s)
18.5	Equipment and devices are verified for accuracy as recommended by the manufacturer (at the frequency recommended by the manufacturer or at least every 12 months, whichever is more frequent). ***If the pharmacy does not compound CNSPs that require equipment or devices that must be calibrated for accuracy (such as ones needed for weighing or measuring), the inspector should answer this statement as N/A.***	Yes		6.1
18.6	If a CVE or BSC is used by the pharmacy, it is certified at least every 12 months, according to the manufacturer specifications or regulations of the applicable regulatory jurisdiction. ***If the pharmacy does not have the record or documentation of the certification and maintenance of the CVE/BSC, the inspector should answer this statement as no. If the pharmacy does not have a CVE or BSC, the inspector should answer this statement as N/A.***	N/A		6.1
19.0	Does the pharmacy compounding CNSPs use APIs?	Yes		6.2
20.0	Does the pharmacy select APIs that comply with the requirements in USP <795> standards? ***Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products.*** ***If no, go to compliance statements.***	Yes		6.2.1
20.1	APIs comply with criteria in the USP-NF monograph, if one exists. ***If the pharmacy does not compound any CSPs that have an available USP monograph, the inspector should answer this statement as N/A.***	Yes		6.2.1

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		Observation	Inspector Notes	USP Reference(s)
20.2	All APIs used have a COA that includes the specifications (eg, compendial requirements for quality) and that the test results for the component show the API meets expected quality. ***Inspector note: Per USP, the API should be checked to ensure it is pharmaceutical grade and meets the requirements in the chemical monograph. COA will report an assay has been performed and will include water content (so any corrections/calculations can be performed).***	Yes		6.2.1
20.3	All APIs used are manufactured by an FDA-registered facility. ***Inspector note: This is a Federal Food, Drug, and Cosmetic Act, Section 503A, requirement as well. Inspector should verify the pharmacy looks up the name of the manufacturer listed on the COA to determine if they are registered as an FDA drug establishment https://dps.fda.gov/decrs.***	Yes		6.2.1
21.0	When formulations indicate the inclusion of water, is purified water or better quality (eg, sterile water for irrigation) used in compliance with USP <795> standards?	Yes		6.2.1
22.0	What type(s) of water is used for compounding CNSP? ***List the type(s) in the Inspector Notes.***		Sterile water for irrigation	6.2.1
23.0	Do the pharmacy's component receipt processes comply with the requirements in USP <795> standards? ***If no, go to compliance statements.***	Yes		6.2.2

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National Association of Boards of Pharmacy®
Verified Pharmacy Program Inspection Form

Nonsterile Compounding Inspection for USP <795>

Facility Name: East Coast Compounding and Pharmacy, LLC

e-Profile ID: 1637241

Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Inspector Notes	USP Reference(s)
23.1	For non-conventionally manufactured components, the COA is reviewed upon receipt. ***Inspector note: Per USP, "the COA must be reviewed to ensure that the component has met the acceptance criteria in an appropriate USP–NF monograph, if one exists." Pharmacy's review should be documented. Alternatively, the pharmacy can demonstrate how it's been reviewed (for example, there are notes to show a water content calculation back to 100% based on the specific COA). Inspector can verify the COA is retrievable.***	Yes		6.2.2
23.2	The pharmacy documents specific information according to the facility's SOP, including: receipt date, quantity received, supplier name, lot number, expiration date, and the results of any testing performed (whether performed in-house or through a third-party).	Yes		6.2.2, 14
23.3	For all components that lack a vendor expiration date, the pharmacy clearly and indelibly marks on each packaging system received the date the component must no longer be used by the pharmacy. ***Inspector note: Per USP, "Packaging systems of components (i.e., API and added substances) that lack a vendor's expiration date must not be used by the compounding facility after 3 years from the date of receipt. A shorter expiration date must be assigned according to Pharmaceutical Compounding—Sterile Preparations 797 , 9.3.2 Component receipt if the same component container is also used in sterile compounding or if the ingredient is known to be susceptible to degradation."***	Yes		6.2.2
23.4	Any component found to be of unacceptable quality upon receipt or reinspection prior to use is promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal.	Yes		6.2.2

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		Observation	Inspector Notes	USP Reference(s)
23.5	Any other lots of that (rejected) component from that vendor are examined to determine whether other lots have the same defect.	Yes		6.2.2
24.0	Does the pharmacy re-inspect all components before use and handle them in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		6.2.3, 6.2.4
24.1	Compounding personnel visually re-inspect each component, including packaging system (any evidence of container breakage, looseness of cap or closure) and deviation from the expected appearance or texture of the contents (that might have changed during storage).	Yes		6.2.3
24.2	Compounding personnel ascertain before use that components are the correct identity based on labeling, that they have been stored under required conditions, and there is no evidence of deterioration or other aspects of unacceptable quality before use of component.	Yes		6.2.3
24.3	Components where correct identity, strength, purity, and quality cannot be confirmed (eg, containers with damaged or incomplete labeling), are immediately rejected and if not immediately discarded, labeled as rejected and segregated from active stock.	Yes		6.2.3
24.4	Compounding personnel handle all components following facility SOPs, manufacturer's instructions/labeling, and laws/regulations of the applicable regulatory jurisdiction.	Yes		1.1.3, 6.2.4
24.5	All components are handled in a manner that minimizes the risk of contamination, mix-ups, and deterioration.	Yes		6.2.4

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		Observation	Inspector Notes	USP Reference(s)
25.0	When components are removed from the original container and not used in compounding (eg, excess after weighing), are they discarded and not returned to the original container (to minimize risk of contamination of the original component container)? ***Inspector note: This is a USP recommendation.***	Yes		6.2.4
26.0	Does the pharmacy maintain a chemical hazard, spill management, and disposal information program in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		6.2.5
26.1	Pharmacy staff have access to safety data sheets (SDS).	Yes		6.2.5
26.2	Pharmacy staff have documented, annual training for those who might have to clean up a spill.	Yes		6.2.5, 14
26.3	The pharmacy has a readily accessible spill kit in the compounding area.	Yes		6.2.5
26.4	The pharmacy has a process to manage and document any nonhazardous spills and disposal.	Yes		6.2.5
26.5	Waste of any component is disposed of in accordance with laws and regulations of the applicable regulatory jurisdiction.	Yes		1.1.3, 6.2.5

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		Observation	Inspector Notes	USP Reference(s)
	Master Formulation Records (MFR) and Compounding Records (CR) **Inspector should review a minimum of five (5) MFRs and five (5) CRs.**			
27.0	Is an MFR created for each unique formulation of a CNSP in compliance with USP <795> standards? ***Inspector note: Per USP, an MFR is a detailed record of procedures that describes how the CNSP is to be prepared.*** ***If no, go to compliance statements.***	Yes		7.1
27.1	An MFR is created for each unique formulation.	Yes		7.1 Box2
27.2	Any changes or alterations to the MFR are approved and documented.	Yes		7.1
27.3	Does the designated person(s) or designee evaluate CNSP's characteristics when considering the assigned BUD for an MFR? ***Inspector note: Per USP, "When establishing a BUD for a CNSP, compounders must consider parameters that may affect quality, including but not limited to the following:*** ***- Chemical and physical stability properties of the API and any added substances in the preparation (e.g., if the API and added substances in the preparation are known to rapidly degrade over time and/or under certain storage conditions, reduce the strength of the preparation, or produce harmful impurities)*** ***- Compatibility of the container closure system with the finished preparation (e.g., leachables, interactions, adsorption, and storage conditions)*** ***- Degradation of the container closure system, which can lead to a reduction in integrity of the CNSP*** ***- Potential for microbial proliferation in the CNSP (and)*** ***- Significant deviations from essential compounding steps and procedures; changes to essential compounding steps may have an impact on the stability of the formulation."***	Yes		7.1, 10.2 Table 4

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		Observation	Inspector Notes	USP Reference(s)
28.0	Does the pharmacy's MFRs contain all requirements in compliance with USP <795> standards? ***If no, go to compliance statements. Additionally, collect a copy of the MFR and include as an attachment.***	Yes		7.1
28.1	MFR includes the name, strength or activity, and dosage form of the CNSP.	Yes		7.1
28.2	MFR identifies the identities and amounts of all components and, if applicable, relevant characteristics of components (eg, particle size, salt form, purity grade, solubility).	Yes		7.1
28.3	MFR includes the type of container–closure system(s).	Yes		7.1
28.4	MFR has complete instructions for preparing the CNSP, including equipment, supplies, and a description of the compounding steps. ***Inspector note: Per USP, the MFR will also include, "Other information needed to describe the compounding process and ensure repeatability (e.g., adjusting pH, temperature)." MFRs will include the detailed instructions necessary for an experienced compounder. Some examples of other details to ensure repeatability include, but are not limited to: speed duration, settings on equipment, and specific order of mixing (if applicable).*** ***Inspector should review several MFRs for completeness of instructions.***	Yes		7.1
28.5	MFR has a physical description of the final CNSP.	Yes		7.1
28.6	MFR includes the assigned beyond-use date (BUD) and storage requirements.	Yes		7.1
28.7	MFR contains the reference source to support the assigned BUD.	Yes		7.1

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		Observation	Inspector Notes	USP Reference(s)
28.8	Labeling requirements (eg, shake well) are described on the MFR.	Yes		7.1
28.9	If applicable, the MFR contains the calculations to determine and verify quantities and/or concentrations of components and strength or activity of APIs.	Yes		7.1
28.10	An MFR has QC procedures (eg, pH testing, visual inspection) and expected results.	Yes		7.1
29.0	Does the pharmacy complete a Compounding Record (CR) for all CNSPs in compliance with USP <795> standards? ***If no, go to compliance statements. Additionally, collect a copy of the MFR and the CR (no PHI or PII is to be collected).***	Yes		7.2, 14
29.1	A CR is completed for each CNSP prepared.	Yes		7.2, 14
29.2	The CR includes the name, strength or activity, and dosage form of the CNSP.	Yes		7.2, 14
29.3	The CR includes the date (or date and time) the CNSP was prepared.	Yes		7.2, 14
29.4	The CR includes the assigned internal identification number (eg, prescription, order, or lot number).	Yes		7.2, 14
29.5	The CR has a method to identify the individuals involved in the compounding process of the CNSP.	Yes		7.2, 14
29.6	The CR has a method to identify the individual who completed the review and verified the final CNSP.	Yes		7.2, 14
29.7	The CR includes: name, vendor or manufacturer, lot number, and expiration date of each component.	Yes		7.2, 14

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		Observation	Inspector Notes	USP Reference(s)
29.8	The CR includes the weight or measurement of each component.	Yes		7.2, 14
29.9	The CR identifies the total quantity compounded.	Yes		7.2, 14
29.10	The CR lists the assigned BUD and storage requirements.	Yes		7.2, 14
29.11	If applicable, the CR contains the calculations to determine and verify quantities and/or concentrations of components and strength or activity of API.	Yes		7.2, 14
29.12	The CR has a physical description of the final CNSP.	Yes		7.2, 14
29.13	The CR includes the results of quality control procedures (eg, pH testing, visual inspection).	Yes		7.2, 14
29.14	The CR contains a MFR reference for the CNSP.	Yes		7.2, 14
29.15	Each CR is reviewed for completeness before the CNSP is released.	Yes		7.2, 8
29.16	The CR shows traceability of all components in the case of a recall or known quality issue.	Yes		7.2, 12.1, 14
30.0	Are there procedures for in-process checks performed by a pharmacist? ***Inspector note: In-process checks are safety steps for complex, multi-step compounding processes. These checks indicate that appropriate procedures for measuring/mixing are followed for each step, including pharmacist verification of steps performed by non-pharmacists and visual inspection of preparation.*** ***Inspector should describe their observations in the Inspector Notes.***	Yes		2, 7.2, 8

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		Observation	Inspector Notes	USP Reference(s)
	Labeling			
31.0	Are the pharmacy's labels for CNSPs in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		9
31.1	Information on the label is prominently and legibly displayed. ***Inspector note: Per USP, labeling includes other accompanying materials along with the CSP, which is defined as "All labels and other written, printed, or graphic matter on the immediate container or on or inside any packaging system or wrapper in which the article is enclosed, except for any outer shipping container."***	Yes		9
31.2	The labeling meets any state or federal regulatory requirements.	Yes		1.1.3, 9
31.3	The label on the immediate container includes an assigned internal identification number (eg, barcode, prescription, order, or lot number).	Yes		9
31.4	The label on the immediate container includes the active ingredients and their amount(s), activity(ies), or concentration(s).	Yes		9
31.5	The label on the immediate container includes the storage conditions, if other than controlled room temperature.	Yes		9
31.6	The label on the immediate container includes the BUD. ***If no, please describe whether the pharmacy instead used the term "expiration date" or similar language or if this information was not included on the label.***	Yes		9
31.7	The label on the immediate container includes the dosage form.	Yes		9
31.8	The label on the immediate container includes the total amount or volume, if it is not obvious from the container.	Yes		9

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		Observation	Inspector Notes	USP Reference(s)
32.0	Does the labeling on the dispensed CNSP include the route of administration? ***Inspector note: This is a USP recommendation.***	Yes		9
33.0	Does the labeling contain information identifying the CNSP as a compounded preparation? ***Inspector note: Per USP, this is a recommendation.***	Yes		9 USP <7>
34.0	Does the labeling on the dispensed CNSP display any applicable special handling instructions or warning statements? ***Inspector note: This is a USP recommendation.***	Yes		9
35.0	Does the labeling on the dispensed CNSP display the name of the compounding facility and contact information if the CNSP was to be sent outside of the facility or health care system? ***Inspector note: This is a USP recommendation.*** ***If the pharmacy only compounds CNSPs for patient use onsite (eg, a health care facility), inspector should answer this question as N/A.***	Yes		9
	Establishing Beyond Use Dating (BUDs)			
36.0	Is each CNSP assigned and labeled with a BUD in compliance with USP <795> standards? ***Inspector note: Per USP, the BUD is defined as, "The date, or hour and date, after which a CNSP must not be used, stored, or transported. The date is determined from the date or time the preparation is compounded." This is not the same term as "expiration date." If no, go to compliance statements.***	Yes		10 USP <7>
36.1	CNSP label has a BUD that specifies the date, or the hour and date, beyond which the preparation cannot be used and must be discarded.	Yes		10.1
36.2	CNSP labels do not list an "expiration date" or equivalent language.	Yes		10.1

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		Observation	Inspector Notes	USP Reference(s)
36.3	BUDs are assigned from the date (and time) of preparation.	Yes		10.1
36.4	BUDs are assigned based on dispensing in tight, light resistant containers/overpacks. ***Inspector note: Per USP, the Table 4 maximum limits for BUD are, "based on the ability of the CNSP to maintain chemical and physical stability and to suppress microbial growth. These BUDs represent the limit for CNSPs that are packaged in tight, light-resistant containers unless conditions in 10.4 CNSPs Requiring Shorter BUDs or 10.5 Extending BUDs for CNSPs apply."***	Yes		10.3
36.5	The BUD assigned to the CNSP does not exceed the shortest remaining expiration date of any of the commercially available starting components.	Yes		10.4
37.0	Does the pharmacy ensure the assigned BUD does not exceed the shortest BUD of any individual compounded components? ***Inspector note: Per USP, "For CNSPs prepared from one or more compounded components, the BUD should generally not exceed the shortest BUD of any of the individual compounded components. However, there may be acceptable instances when the BUD of the final CNSP exceeds the BUD assigned to compounded components (e.g., pH-altering solutions). If the assigned BUD of the final CNSP exceeds the BUD of the compounded components, the physical, chemical, and microbiological quality of the final CNSP must not be negatively impacted." Another example of these "acceptable instances" (similar to pH-altering components mentioned above) inspectors may see are stock solutions (and other formulas within a formula) such as methocel 1%.*** ***If no, inspector should describe the observations, including the name of the component whose BUD was shorter than the assigned BUD of the final CSP.***	Yes		10.4

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		Observation	Inspector Notes	USP Reference(s)
38.0	Does the designated person(s) evaluate a CNSP formulation to establish the maximum BUD? ***If no, who establishes the maximum BUD for a MFR?***	Yes		7.1, 10.2, 10.3
39.0	Does the pharmacy compound CNSPs with a USP monograph?	No		10.5
40.0	Does the pharmacy compound CNSPs following the USP monograph precisely? ***If no, go to compliance statements.***	N/A		10.5
40.1	Pharmacy staff have access to the USP monograph for reference.	N/A		10.5
40.2	CNSPs are prepared in accordance with the USP monographs. ***If no, inspector to collect a copy of the compounding record, label, and describe what specific steps of the monograph were not followed.***	N/A		10.5
40.3	Components used by the compounder match those listed in the monograph. ***If no, describe the source of the component in monograph and the source that the pharmacy used.***	N/A		10.5
40.4	The maximum BUD specified in the USP monograph is not exceeded. ***If no, identify the drug, monograph-stated BUD, and the BUD used by the pharmacy.***	N/A		10.5
41.0	Does the pharmacy compound CNSPs that are not available from a USP monograph?	Yes		10.4

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		Observation	Inspector Notes	USP Reference(s)
42.0	Does the pharmacy adhere to the BUD (maximum) limits established in Table 4 for CNSPs in compliance with USP <795> standards? ***Inspector note: This question is for the CNSPs compounded that are <u>not</u> following a USP monograph or those CNSPs where extending BUD requirements were applied (where pharmacy has completed or has access to CNSP-Specific Stability Information). Per USP, the pharmacy is not required to measure water activity (A_w) for a CNSP.*** ***If no, go to compliance statements.*** ***If <u>all</u> CNSPs compounded at the pharmacy are following a USP monograph or the pharmacy is following a stability study that used a stability-indicating assay analytical method for the API, CNSP formulation, and material of composition of the container closure system, then the inspector should answer this question as N/A.***	Yes		10.4
42.1	**Non-preserved, Aqueous Dosage Forms:** The non-preserved, aqueous dosage form CNSP is labeled with a BUD that does not exceed 14 days with refrigerated storage temperature. ***Inspector note: Per USP <795>, Aqueous dosage forms are ones that have a Aw > 0.6, eg, emulsions, gels, creams, solutions, sprays, or suspensions.*** ***If pharmacy does not compound non-preserved aqueous dosage forms, inspector should answer statement as N/A.*** ***If no, describe your observations including but not limited to: the name of the compounded preparation, the labeled BUD, and the storage environment. Additionally, collect a copy of the master formulation record, the compounding record, and a copy of a label without PHI.***	Yes		10.4 Table 4 USP <659>

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		Observation	Inspector Notes	USP Reference(s)
42.2	**Preserved, Aqueous Dosage Forms:** The preserved, aqueous dosage form CNSP is labeled with a BUD that does not exceed 35 days with controlled room temperature or refrigerated storage temperature. ***Inspector note: Per USP <795>, Aqueous dosage forms are ones that have a Aw ≥ 0.6, eg, emulsions, gels, creams, solutions, sprays, or suspensions.*** ***If pharmacy does not compound preserved aqueous dosage forms, inspector should answer statement as N/A.*** ***If no, describe your observations including but not limited to: the name of the compounded preparation, the labeled BUD, and the storage environment. Additionally, collect a copy of the master formulation record, the compounding record, and a copy of a label without PHI.***	Yes		10.4 Table 4 USP <659>
42.3	**Nonaqueous, Oral Liquid Dosage Forms:** The nonaqueous, oral liquid dosage form CNSP is labeled with a BUD that does not exceed 90 days with controlled room temperature or refrigerated storage temperature. ***Inspector note: Per USP <795>, Nonaqueous oral liquid dosage forms are ones that have a A_w < 0.6. Some examples of oral liquids that are nonaqueous include: oil-based oral solution or suspension.*** ***If pharmacy does not compound nonaqueous dosage forms, inspector should answer statement as N/A.*** ***If no, describe your observations including but not limited to: the name of the compounded preparation, the labeled BUD, and the storage environment. Additionally, collect a copy of the master formulation record, the compounding record, and a copy of a label without PHI.***	Yes		10.4 Table 4 USP <659>

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		Observation	Inspector Notes	USP Reference(s)
42.4	**Nonaqueous Dosage Forms:** The nonaqueous dosage form CNSP is labeled with a BUD that does not exceed 180 days with controlled room temperature or refrigerated storage temperature. ***Inspector note: Per USP <795>, Nonaqueous (Solid) dosage forms are ones that have a A_w < 0.6. Some examples include capsules, tablets, granules, powders, nonaqueous topicals, suppositories, and troches or lozenges.*** ***If pharmacy does not compound other nonaqueous solid dosage forms, inspector should answer statement as N/A.*** ***If no, describe your observations including but not limited to: the name of the compounded preparation, the labeled BUD and the storage environment. Additionally, collect a copy of the master formulation record, the compounding record, and a copy of a label without PHI.***	Yes		10.4 Table 4 USP <659>
43.0	Does the pharmacy label any CNSPs with BUDs that extend beyond the maximum limits in Table 4 USP <795>?	No		10.5 Table 4
44.0	Does the pharmacy follow the requirements for labeling a CNSP with a BUD that exceeds Table 4 in compliance with USP <795> standards? ***If no, go to compliance statements.***	N/A		10.5
44.1	The labeled BUD for an aqueous dosage form does not exceed 180 days. ***If no, collect a copy of the MFR, the CR, and a copy of a label without PHI.***	Yes		10.5

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National Association of Boards of Pharmacy®
Verified Pharmacy Program Inspection Form

Nonsterile Compounding Inspection for USP <795>

Facility Name: East Coast Compounding and Pharmacy, LLC

e-Profile ID: 1637241

Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Inspector Notes	USP Reference(s)
44.2	The labeled BUD for a nonaqueous dosage form does not exceed 180 days. ***If no, collect a copy of the MFR, the CR, and a copy of a label without PHI.***	Yes		10.5
44.3	Pharmacy is following the results of their own stability study. ***If the pharmacy only follows cited stability studies (does not conduct their own stability studies) for extending BUDs, answer this question as N/A.*** ***If pharmacy is following a bracketed study, inspector may mark this statement as yes if concentrations of CNSPs are at or within the concentrations specified within the study.*** ***If pharmacy is following a bracketed study and is using a concentration outside the study, answer this question as a no and describe observations.***	N/A		10.5
44.4	The pharmacy has a copy of the cited stability study, which used a stability-indicating analytical method, for extending BUDs. ***Per USP, any stability study that meets the requirements of a stability-indicating assay method can be used (whether it is published or unpublished, such as a study provided by a chemical supplier) to extend BUDs up to 180 days for a CNSP.*** ***If pharmacy only conducts their own stability studies (does not use published or unpublished study performed by another entity) for extending BUDs, inspector should answer this question as N/A.*** ***If no, please describe the inspector observations.***	N/A		10.5

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		Observation	Inspector Notes	USP Reference(s)
44.5	The cited stability study (which uses a stability-indicating analytical method for extending BUDs) describes the API(s), CNSP formulation, and material composition of the container closure used. ***If pharmacy only conducts their own stability studies (does not use published or unpublished study performed by another entity) for extending BUDs, inspector should answer this question as N/A.*** ***If no, please describe the inspector observations.***	N/A		10.5
44.6	If the cited stability study (which uses a stability-indicating analytical method for extending BUDs) is bracketed, the pharmacy's CNSP formulation is at or within the low and high concentration of each active ingredient within the stability study. ***If no, describe the concentrations cited in the stability study and the concentration of the CNSP compounded by the pharmacy.*** ***If pharmacy only conducts their own stability studies (does not use published or unpublished study performed by another entity) for extending BUDs, inspector should answer this question as N/A.***	N/A		10.5
44.7	Aqueous CNSPs whose labeled BUDs are extended beyond Table 4, have: - been tested for antimicrobial effectiveness at least once for each formulation in the type of (with the same material composition of the) container closure system that will be used; - received study results from an FDA-registered facility (for the same CNSP formulation using the same material composition of the container closure system); or - a study published from peer-reviewed literature (for the same CNSP formulation using the same material composition of the container closure system). ***Inspector note: Pharmacy may rely on a bracketed study from the above options as long as the bracketed study information includes the low and high concentration of each active ingredient in the formulation. Per USP, this is "to establish preservative effectiveness across various strengths of the same formulation (e.g., bracketing). The concentration of all other ingredients (including preservatives) must fall within the bracketed range.***	N/A		10.5

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		Observation	Inspector Notes	USP Reference(s)
	Quality Assurance (QA), Quality Control (QC), and Quality Management (QM) Inspector to review at least one complaint, one adverse event, and one recall (if applicable).			
45.0	Does the pharmacy have a QA/QC program to ensure that CNSPs are prepared per the requirements in USP <795> standards and any applicable regulatory requirements? ***If no, go to compliance statements.***	Yes		1.1.3, 12
45.1	The pharmacy has a formal QA/QC program with documented activities. ***Inspector note: Per USP, "A facility's QA and QC programs must be formally established and documented in the facility's SOPs that ensure that all aspects of the preparation of CNSPs are conducted in accordance with the requirements in this chapter (<795>) and the laws and regulations of the applicable regulatory jurisdiction."***	Yes		12
45.2	The QA/QC programs address adherence to procedures.	Yes		12
45.3	The QA/QC programs address prevention and detection of errors and other quality problems.	Yes		12
45.4	The QA/QC programs address evaluation of complaints and adverse events. ***Review at least one complaint and one adverse event. If there are no complaints or adverse events, review the process that the pharmacy would follow in the event of a complaint or adverse event.***	Yes		12
45.5	The QA/QC programs address appropriate investigations and corrective actions.	Yes		12
46.0	Has the pharmacy received any complaints related to CNSPs within the past year?	No		12
47.0	Does the pharmacy follow complaint handling requirements in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		12.2

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		Observation	Inspector Notes	USP Reference(s)
47.1	The pharmacy has a complete written or electronic record of each complaint made. ***Inspector note: Per USP, "The record must contain the name of the complainant or other unique identifier, the date the complaint was received, the nature of the complaint, and the response to the complaint. In addition, to the extent that the information is known, the following should be recorded: the name and strength of the CNSP and the assigned internal identification number (e.g., prescription, order, or lot number). The record must also include the findings of any investigation and any follow-up. Records of complaints must be easily retrievable for review and evaluation for possible trends and must be retained."***	Yes		12.2
47.2	Complaints are reviewed in accordance with SOPs by the designated person for the QA program.	Yes		12.2
47.3	Complaints are reviewed to determine whether it indicates a potential quality problem with the CNSP.	Yes		12.2
47.4	Complaints are fully investigated.	Yes		12.2
47.5	Complaint investigations consider whether the quality problem extends to other CNSPs.	Yes		12.2
47.6	Corrective action, if necessary, is implemented for all potentially affected CNSPs. ***Inspector note: Per USP, the pharmacy is to, "Consider whether to initiate a recall of potentially affected CNSPs and whether to cease nonsterile compounding processes until all underlying problems have been identified and corrected."***	Yes		12, 14
47.7	A CNSP that is returned in connection with a complaint is quarantined until it is destroyed after the completion of the investigation and in accordance with the laws and regulations of the applicable regulatory jurisdiction.	Yes		1.1.3, 12.2

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		Observation	Inspector Notes	USP Reference(s)
48.0	Has the pharmacy initiated any recalls of CNSPs within the past two years? ***Inspector note: Per USP <795> requires all records to be readily retrievable for two years, including recalls; However, the state/jurisdictional regulator may require records to be kept for a longer period of time.*** ***Review most recent recall and describe in the Inspector Notes.*** ***If the pharmacy has not had any recalls within the past two years, inspector should answer the question as No.***	No		12.1, 14
49.0	Does the pharmacy follow recall and adverse event procedures for CNSPs in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		12.1, 12.2, 12.3
49.1	The pharmacy has procedures to determine when recalls must be initiated.	Yes		12.1
49.2	The pharmacy documents the implementation of the recall.	Yes		12.1
49.3	Pharmacy reports recalled CNSPs to the appropriate regulatory bodies (as required by laws and regulations of the applicable regulatory jurisdiction).	N/A	No recalls	1.1.3, 12.1
49.4	Investigations into an adverse event that reveals a quality problem with a CNSP that is likely to affect other patients are reported to both patients and their prescribers.	N/A	No recalls	12.3
50.0	Does the pharmacy procedures include a step to immediately notify the prescriber of a failure of specifications with potential to cause harm (eg, strength, purity, or other quality attributes)? ***Inspector note: This is a USP recommendation.***	Yes		12.1

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		Observation	Inspector Notes	USP Reference(s)
	CNSP Packaging			
51.0	Does the pharmacy's packaging processes and materials meet the requirements in USP <795>? ***If no, go to compliance statements.***	Yes		13.1
51.1	The packaging materials protect CNSPs from damage, leakage, contamination, and degradation.	Yes		13.1
51.2	The packaging materials used protects personnel from exposure (from the packaged CNSP).	Yes		13.1
52.0	The packaging materials selected by the pharmacy maintain the physical and chemical integrity and stability needed for CNSPs (eg, protect from light).	Yes		13.1
	Compounding Personnel Observations - *Inspector must observe personnel performing compounding and related activities. This section will require the inspector to observe the staff while performing compounding and related activities. It is acceptable for pharmacy staff to perform mock compounding activities (with two creams or other drugs) as long as all observations can be viewed.*			
53.0	**Personal Preparation Observation:** Before entering the compounding area, do personnel remove any items that are not easily cleanable or are not necessary for compounding in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		
53.1	Personnel removed all outer garments (eg, hats, scarves, bandanas, vests, coats, and jackets).	Yes		3.1
53.2	Personnel removed all items that are not easily cleanable and that might interfere with garbing.	Yes		3.1

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		Observation	Inspector Notes	USP Reference(s)
53.3	Personnel removed all hand, wrist, and other exposed jewelry, including piercings, that could interfere with the effectiveness of garbing and hand hygiene (eg, watches, rings that may tear gloves).	Yes		3.1
53.4	Personnel removed earbuds or headphones.	Yes		3.1
53.5	Any accommodations permitted by the designated person(s) should be documented. ***Inspector note: Per USP <795>, accommodations may be permitted as long as the quality of the CSP and environment will not be affected.***	Yes		3.1
54.0	**Hand Hygiene Observation:** Were personnel who enter the compounding area to compound observed performing the appropriate hand washing procedures in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		3.2, Box 1
54.1	All personnel who enter the compounding area to compound performed hand hygiene.	Yes		3.2 Box 1
54.2	Personnel wash hands with soap and water for at least 30 seconds.	Yes		3.2
54.3	Personnel dry their hands completely with disposable towels or wipers.	Yes		3.2
54.4	Personnel do not solely rely on the use of alcohol hand sanitizers.	Yes		3.2
55.0	***Garbing Observation:*** Were compounding personnel observed following the appropriate garbing procedures in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		3.3 Box 1

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		Observation	Inspector Notes	USP Reference(s)
55.1	All personnel entering the compounding area are fully garbed (with the required garb as determined by the facility SOPs).	Yes		3.3 Box 1
55.2	All personnel who perform compounding activities don gloves. ***Inspector note: Per USP, "Gloves must be worn for all compounding activities."***	Yes		3.2, 3.3 Box 1
55.3	Gloves are inspected periodically for holes, punctures, or tears and replaced immediately if a defect is detected.	Yes		3.3 Box 1
56.0	Are gloves wiped or replaced before beginning compounding a CNSP with a different component or when other objects were touched (eg, pens, keyboards) to minimize risk of cross contamination with other CNSPs? ***Inspector note: This is a USP recommendation.***	Yes		3.3
57.0	List the name(s) of the CNSPs observed by the inspector as part of live compounding demonstration.			
58.0	**Compounding Observation:** Are compounding personnel using appropriate nonsterile compounding techniques for CNSPs in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		2 Box 3
58.1	The compounding personnel enter the nonsterile compounding area in accordance with the SOPs.	Yes		3.1, 4.1
58.2	The compounding personnel started with a clean compounding area for CNSPs.	Yes		4.1, 4.3, 5 Table 1
58.3	The compounding personnel selected the correct MFR for the CNSP to be prepared.	Yes		7, 7.1 Box 2

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		Observation	Inspector Notes	USP Reference(s)
58.4	The compounding personnel performed hand hygiene. ***Inspector note: Per USP <795>, Box 1, personnel are to: wash hands with soap and water for at least 30 seconds, dry hands completely with disposable towels or wipers, and then don gloves.***	Yes		3.2 Box 1
58.5	The compounding personnel are appropriately garbed for the type of CNSP prepared.	Yes		3.3
58.6	The compounding personnel obtained the proper ingredients (APIs and/or components). ***Inspector note: All ingredients must be within date and match what is listed in the MFR. If the ingredient is an API, the COA must have already been reviewed and approved for use.***	Yes		6.2 (6.2.1 - 6.2.5)
58.7	The compounding personnel gathered all necessary materials, equipment, and supplies necessary and/or specified in the MFR and is in good working order prior to use for the CNSP. ***Inspector note: All items must be clean prior to use. If equipment requires calibration and/or certification, compounder must ensure the equipment or device is within proper specifications (eg, tare scales and/or balances).***	Yes		6.1 Table 2
58.8	The compounding personnel have knowledge of and access to any SDS.	Yes		6.2
58.9	The compounding personnel only compound one CNSP at a time (to proactively prevent mix-ups, errors, and cross contamination).	Yes		1.1.3
58.10	The compounding personnel compound the CNSP according to the MFR. ***If no, inspector needs to describe in detail their observations in the Inspector Notes and collect a copy of the MFR and CR (no PHI or PII to be collected).***	Yes		7.1, 7.2 Box 2

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		Observation	Inspector Notes	USP Reference(s)
58.11	The compounding personnel document any required steps listed in the MFR on the CR. ***Inspector note: This would include any weights, volume, and any in-process checks needed.***	Yes		7.2, 14 Box 3
58.12	Documentation in the CR is legible. ***If no, collect copy of record that is illegible. Redact any PHI on record.***	Yes		14
58.13	The compounding personnel verify the correct BUD in accordance with the MFR requirements in USP <795>.	Yes		10 Table 3, Table 4
58.14	The compounding personnel performed any quality control steps specified in the MFR. ***Inspector note: Examples of this include, but are not limited to: testing of pH for a suspension, weighing of capsules, and visual inspection against product description specifications.*** ***If no, describe observations in Inspector Notes.***	Yes		7.2, 8, 8.1, 12 Box 3
58.15	The compounding personnel placed the CNSP into the proper container closure system.	Yes		8.1 Box 2

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		Observation	Inspector Notes	USP Reference(s)
58.16	The compounding personnel labeled the CNSP. ***Inspector note: Storage requirements must be included on the label if refrigerated or frozen (so patient can identify the storage temperature requirements).***	Yes		9
58.17	The compounding personnel completed any documentation on the CR. ***If no, describe observations of what was missing or omitted in Inspector Notes.***	Yes		7.2, 8, 14 Box 3
58.18	The compounding personnel cleaned and sanitized the compounding area before the next CNSP (with differing ingredients) is prepared.	Yes		5
59.0	**Final CNSP check observation:** Does the visual inspection of the CNSP by the pharmacist confirm all USP <795> requirements? ***Observe a pharmacist check several CNSP prescriptions. List the name of CNSPs release inspection observed in the Inspector Notes.*** ***If no, go to compliance statements.***	Yes		8, 8.1, 9
59.1	CNSP was visually inspected to determine the physical appearance of the CNSP is as expected (eg, color, texture, physical uniformity), including any special characteristics listed in the MFR (eg, emulsions must be checked for phase separation).	Yes		8, 8.1
59.2	Visual inspection included checking for container closure integrity (eg, leakage, cracks, improper seals).	Yes		8, 8.1

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		Observation	Inspector Notes	USP Reference(s)
59.3	CNSP label was verified against the prescription or medication order.	Yes		8, 8.1, 9
59.4	CNSP label was verified against the MFR.	Yes		8, 8.1, 9
59.5	CNSP label was verified against the CR.	Yes		8, 8.1, 9
59.6	If a CNSP will not be released or dispensed on the day the preparation was made, a visual inspection was conducted immediately before it is released or dispensed to make sure the CNSP did not develop any defects during storage.	Yes		8, 8.1
59.7	All checks and inspection that are performed are properly documented.	Yes		8.1, 14
59.8	CNSP that do not meet requirements, are promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before disposal	Yes		8.1
60.0	Inspect several different finished compounded nonsterile preparations. Are all the finished compounded preparations free from any evidence of signs of contamination? ***Inspector note: If found, request the compounded preparation to be quarantined and notify NABP immediately.*** ***Additionally, list the name(s) of the compounded preparation(s) observed; description of type of contamination suspected (eg, particulates, dirt/debris/(suspected) mold within container closure); number of preparations affected (eg, two of the five containers on the shelf); lot or batch information; BUD assigned; and collect photographs, copy of MFR, and CR.***	Yes		12

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		Observation	Inspector Notes	USP Reference(s)
61.0	**Cleaning and Disinfection Observation:** Does the pharmacy perform cleaning and sanitizing activities in the compounding area in compliance with USP <795> standards? ***Document observations while pharmacy staff are performing live compounding activities in Inspector Notes.*** ***If no, go to compliance statements.***	Yes		5
61.1	Pharmacy staff starts with a clean and sanitized work surface prior to compounding a CNSP.	Yes		5 Table 1
61.2	Pharmacy staff perform cleaning and sanitizing between compounding CNSPs with different components. ***Inspector note: Per USP, "If cleaning and sanitizing are performed as separate steps, cleaning must be performed first."***	Yes		5 Table 1
61.3	Pharmacy staff ensure equipment and devices used in compounding activities are clean and sanitized after use (to prevent cross contamination of the next preparation).	Yes		6.1 Table 2
61.4	Pharmacy staff perform cleaning and sanitizing on work surfaces when visibly soiled, after spills, and/or when surface contamination is known or suspected.	Yes		5 Table 1

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Nonsterile <795> Employee File Records Review

Select the PIC, designated person, a staff pharmacist that checks compounded preparations, and two to three compounding pharmacy technicians. *Do not record the employee name, list only their title or position.
From the drop-down List:
*Mark as "Yes" if the document is present in the records and the competency evaluation was conducted in compliance with USP <795> requirements.
*Mark as "No" if the document is present in the records but is not in compliance with USP <795> requirements.
*Mark as "Missing" if any part of the record is missing and explain in Notes column.
*Mark as "N/A" if the training does not apply (eg, long-term employee may not have initial training available). Document further in the Notes column.

		Employee Records #1	Employee Records #2	Employee Records #3	Employee Records #4	Employee Records #5	
	Employee Title	**Pharmacist**	**Technician**	**Pharmacist**	**Technician**	**Technician**	**Notes**
1.0	The training program provides initial training, evaluation, and documentation on the core competencies listed below:						
1.1	Compounding personnel are trained on facility SOPs.	Yes	Yes	Yes	Yes	Yes	
1.2	Compounding personnel are trained on USP <795> standards.	Yes	Yes	Yes	Yes	Yes	
1.3	The training record for hand hygiene is complete.	Yes	Yes	Yes	Yes	Yes	
1.4	The training record for garbing is complete.	Yes	Yes	Yes	Yes	Yes	
1.5	The training record for cleaning and sanitizing is complete.	Yes	Yes	Yes	Yes	Yes	
1.6	The training record for handling and transporting components and CNSPs is complete.	Yes	Yes	Yes	Yes	Yes	

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	Employee Title	Pharmacist	Technician	Pharmacist	Technician	Technician	Notes
1.7	The training record for measuring and mixing is complete.	Yes	Yes	Yes	Yes	Yes	
1.8	The training record for proper use of equipment is complete.	Yes	Yes	Yes	Yes	Yes	
1.9	The training record for documentation of compounding processes (eg, Master Formulation Records or Compounding Records) is complete.	Yes	Yes	Yes	Yes	Yes	
1.10	The training record for interpreting a Certification of Analysis (COA) is complete.	Yes	Yes	Yes	Yes	Yes	
1.11	The training record for how to read/interpret a Safety Data Sheet (SDS) is complete.	Yes	Yes	Yes	Yes	Yes	
1.12	The training record for spill management is complete.	Yes	Yes	Yes	Yes	Yes	Facility treats any spill as a hazardous spill.
2.0	The annual competency assessment was evaluated and documented on the following topics:						
2.1	Compounding personnel are re-trained on facility SOPs.	N/A	N/A	N/A	N/A	Yes	Staff employed less than 1 year.
2.2	Compounding personnel are re-trained on USP <795> standards.	N/A	N/A	N/A	N/A	Yes	Staff employed less than 1 year.
2.3	The annual competency assessment for hand hygiene is complete.	N/A	N/A	N/A	N/A	Yes	Staff employed less than 1 year.
2.4	The annual competency assessment for garbing is complete.	N/A	N/A	N/A	N/A	Yes	Staff employed less than 1 year.

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	Employee Title	Pharmacist	Technician	Pharmacist	Technician	Technician	Notes
2.5	The annual competency assessment for cleaning and sanitizing is complete.	N/A	N/A	N/A	N/A	Yes	Staff employed less than 1 year.
2.6	The annual competency assessment for handling and transporting components and CNSPs is complete.	N/A	N/A	N/A	N/A	Yes	Staff employed less than 1 year.
2.7	The annual competency assessment for measuring and mixing is complete.	N/A	N/A	N/A	N/A	Yes	Staff employed less than 1 year.
2.8	The annual competency assessment for proper use of equipment is complete.	N/A	N/A	N/A	N/A	Yes	Staff employed less than 1 year.
2.9	The annual competency assessment for documentation of compounding processes (eg, Master Formulation Records or Compounding Records) is complete.	N/A	N/A	N/A	N/A	Yes	Staff employed less than 1 year.
2.10	The annual competency assessment for interpreting a COA is complete.	N/A	N/A	N/A	N/A	Yes	Staff employed less than 1 year.
2.11	The annual competency assessment for how to read/interpret a SDS is complete.	N/A	N/A	N/A	N/A	Yes	Staff employed less than 1 year.
2.12	The annual competency assessment for spill management is complete.	N/A	N/A	N/A	N/A	Yes	Staff employed less than 1 year.
3.0	The designated person(s) has documented a (periodic) evaluation of their direct observations for compounding activities and documented any deficiencies in the record. *Inspector note: if there are not observations documented, the inspector should answer this question as N/A. Per USP, "the designated person(s) should monitor and observe compounding activities and must take immediate corrective action if deficient practices are observed. Facility SOPs must describe procedures for monitoring and observing compounding activities and personnel."*	Yes	Yes	Yes	Yes	Yes	

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Glossary & References	USP <795>
Active Pharmaceutical Ingredient (API)	Any substance or mixture of substances intended to be used in the compounding of a preparation, thereby becoming the active ingredient in that preparation and furnishing pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals or affecting the structure and function of the body. Also referred to as a bulk drug substance. A conventionally manufactured drug product is not an API but is typically manufactured from an API(s).
Added Substance	An ingredient that is necessary to compound a preparation but is not intended or expected to cause a pharmacologic response if administered alone in the amount or concentration contained in a single dose of the compounded preparation. The term is used synonymously with inactive ingredient, excipient, and pharmaceutical ingredient.
Administration	The preparation of a nonsterile pharmacologic or other therapeutic agent for ingesting, inserting, applying, or otherwise providing a nonsterile medication in its final form to a single patient. This includes crushing a tablet(s) or opening a capsule(s) to mix with food or liquids to facilitate patient dosing.
Alcohol-based hand rub	An alcohol-containing preparation (liquid, gel, or foam) designed for application to the hands of health care personnel to inactivate microorganisms and/or temporarily suppress their growth. Such preparations may contain one or more types of alcohol, other active ingredients, excipients, and humectants.
Assigned trainer	One or more individuals assigned by the designated person(s) to be responsible and accountable for directly providing the training, observation, and/or evaluation of personnel for the preparation of CNSPs.
Beyond-use date (BUD)	The date, or hour and date, after which a CNSP must not be used, stored, or transported. The date is determined from the date or time the preparation is compounded.
Biological Safety Cabinet (BSC)	A ventilated cabinet that may be used for compounding. These cabinets are divided into three general classes (Class I, Class II, and Class III). Class II BSCs are further divided into types (Type A1, Type A2, Type B1, Type B2, and Type C1).
Bulk drug substance	See the entry for Active Pharmaceutical Ingredient.
Certificate of analysis (COA)	A report from the supplier of a component, container, or closure that accompanies the supplier's material and contains the specifications and results of all analyses and a description of the material.
Cleaning	The process of removing substances (eg, organic and inorganic material) from objects and surfaces, normally accomplished by manually or mechanically using water with detergents or enzymatic products.
Cleaning agent	An agent, usually containing a surfactant, used for the removal of substances (eg, dirt, debris, microbes, and residual drugs or chemicals) from surfaces.
Closed-system processing device	A device designed to reduce the potential exposure to personnel or contamination of the facility or CNSPs. Examples include CVEs, BSCs, or single-use containment glove bags.

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Glossary & References	USP <795>
Component	Any ingredient used in the compounding of a preparation, including any API, added substance, or conventionally manufactured product.
Compounded nonsterile preparation (CNSP)	A preparation not intended to be sterile that is created by combining, admixing, diluting, pooling, reconstituting other than as provided in the manufacturer's labeling, or otherwise altering a drug product or bulk drug substance.
Compounding	The process of combining, admixing, diluting, pooling, reconstituting other than as provided in the manufacturer's labeling, or otherwise altering a drug product or bulk drug substance to create a nonsterile preparation.
Compounding area	An area that is specifically designated for nonsterile compounding.
Compounding personnel	Personnel trained to compound or oversee compounding of preparations.
Compounding record (CR)	Documents the compounding of each CNSP.
Container closure system	Packaging system components that together contain and protect the dosage form. This includes primary packaging system components and secondary packaging system components if the latter are intended to provide additional protection.
Containment glove bag	A single-use disposable glove bag that is capable of containing airborne chemical particles.
Containment ventilated enclosure (CVE)	A full or partial enclosure that uses ventilation principles to capture, contain, and remove airborne contaminants through high-efficiency particulate air (HEPA) filtration and to prevent their release into the work environment.
Conventionally manufactured product	A pharmaceutical dosage form, usually the subject of an application approved by the applicable national regulatory agency, that is manufactured under current good manufacturing practice conditions.
Designated person(s)	One or more individuals assigned to be responsible and accountable for the performance and operation of the facility and personnel as related to the preparation of CNSPs.
FDA	US Food and Drug Administration
Formulation	The specific qualitative and quantitative composition of the final CNSP.
Hazardous Drug (HD)	Any drug identified by at least one of the following criteria: carcinogenicity, teratogenicity or developmental toxicity; reproductive toxicity in humans; organ toxicity at low dose in humans or animals; genotoxicity or new drugs that mimic existing HDs in structure or toxicity. See <800>.
Label	The part of the labeling on the immediate container.
Labeling	All labels and other written, printed, or graphic matter on the immediate container or on or inside any packaging system or wrapper in which the article is enclosed, except for any outer shipping container.

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Glossary & References	USP <795>
Master formulation record (MFR)	A detailed record of procedures that describes how the CNSP is to be prepared.
Monograph	A quality documentary standard within USP–NF that articulates the quality expectations for a medicine including for its identity, strength, purity, and performance. It also describes the tests to validate that a medicine and its ingredients meet these criteria.
Oversight	The review, monitoring, and supervision of actions taken by personnel, bearing responsibility for those actions, and being available if and when needed for consultation, even if not physically present.
Preservative	A substance added to inhibit microbial growth.
Purified water	The minimal quality of source water for the production of Purified Water is drinking water whose attributes are prescribed by the US Environmental Protection Agency (EPA), the European Union, Japan, or the World Health Organization (WHO). This source water may be purified using unit operations that include deionization, distillation, ion exchange, reverse osmosis, filtration, or other suitable purification procedures. (See <1231>, 3.1.1 Purified Water.)
Quality Assurance (QA)	A system of procedures, activities, and oversight that ensures that the compounding process consistently meets quality standards.
Quality Control (QC)	The sampling, testing, and documentation of results that, taken together, ensure that specifications have been met for the CNSP.
Reconstitution	The process of adding a diluent to a conventionally manufactured product to prepare a solution or suspension.
Release inspection and testing	Visual inspection and testing performed to ensure that a preparation meets appropriate quality characteristics.
Sanitizing agent	An agent for reducing, on inanimate surfaces, the number of microorganisms (eg, 70% isopropyl alcohol).
SDS	Safety data sheet.
SOP	Standard operating procedure.
Specification	The tests, analytical methods, and acceptance criteria to which any components, CNSP, container closure system, equipment, or other material used in the compounding of CNSPs must conform to be considered acceptable for its intended use.
Stability	The extent to which a product or preparation retains physical and chemical properties and characteristics within specified limits throughout its expiration or BUD.
Verify	To confirm that a method, process, system, or equipment will perform as expected under the conditions of actual use.
Water activity (a_w)	A measure of the fraction of total water that is unbound and freely available to participate in chemical, biochemical, or physicochemical reactions or provide an environment that can support microbial growth. Note that a_w is not water content.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: East Coast Compounding and Pharmacy, LLC

e-Profile ID: 1637241

Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Inspector Notes	USP Reference(s)
	Standard Operating Procedures (SOPs) for Compounded Sterile Preparations (CSPs)		**Please note NABP did not review each SOP for alignment on USP <797>. The SOP(s) described below is/are a reflection of any self-assessment completed by the pharmacy and/or shared with the inspector during the onsite inspection.**	
1.0	Does the pharmacy have a designated person(s) who meets the requirements in compliance with USP <797> standards? ***Inspector note: Per USP, "The compounding facility must designate one or more individuals (ie, the designated person(s)) to be responsible and accountable for the performance and operation of the facility and personnel in the preparation of CSPs and for performing other functions." If no, go to compliance statements.***	Yes		1.1.3, 2
1.1	The designated person(s) (for the QA program) has the training, experience, responsibility, and authority to perform the duties required of them.	Yes		18

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		Observation	Inspector Notes	USP Reference(s)
1.2	The designated person(s) is responsible and accountable for the performance and operation of the facility. ***Per USP, "The designated person(s) is responsible for ensuring that each area related to CSP preparation meets the classified air quality standard appropriate for the activities conducted in that area. The designated person(s) must also ensure that the ISO Class 5 areas are located, operated, maintained, monitored, and certified to have appropriate air quality."***	Yes		2, 4.2, 4.5
1.3	The designated person(s) is responsible for personnel performing sterile compounding or other related functions (eg, quality checks and prescription dispensing of compounded preparations).	Yes		2, 17
1.4	The designated person(s) reviews facility SOPs at least every 12 months to ensure that they reflect current practice and such review is documented.	Yes		2, 17
1.5	The designated person(s) ensures that SOP revisions are implemented.	Yes		2, 17

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		Observation	Inspector Notes	USP Reference(s)
1.6	The designated person(s) communicates all SOP revisions to all impacted personnel. ***Inspector note: USP <797> recommends that personnel should also document acknowledgment and communication of SOP changes and revisions.***	Yes		2, 17
1.7	The designated person(s) ensures that personnel demonstrate competency in performing every procedure that relates to their job function.	Yes		2, 17
1.8	The designated person(s) ensures that corrective actions are taken if problems, deviations, out-of-range results, failures, or errors are identified. ***Inspector note: Per USP, "Data collected in response to corrective actions must be reviewed to confirm that the actions taken have been effective."***	Yes		2, 5, 12
2.0	Has the pharmacy developed and implemented SOPs that describe sterile compounding processes and other support activities in compliance with USP <797> standards? ***Inspector note: In order for this to be answered yes, all topics must be addressed if applicable to their business practices.*** ***If no, document "missing" in Inspector Notes*** ***If yes, document the name, number, and version of each SOP in the Inspector Notes.***	Yes		17

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		Observation	Inspector Notes	USP Reference(s)
2.1	**Scope of Practice:** Types of CSPs that are prepared (eg, immediate use, allergenic extracts, Category 1, Category 2, Category 3). Roles and responsibilities of the designated person(s).		8.1.1.1 8.1.1.3	1.5
2.2	**Personnel Training and Evaluation:** Description of initial and ongoing training and competency for the designated person(s), compounding personnel, personnel with direct oversight of compounding personnel, and personnel who only perform restocking or cleaning, and disinfecting duties outside of the primary engineering control (PEC). Description of media-fill testing procedures, hand hygiene and garbing competency, and aseptic manipulation competency. Training and competency assessment of personnel on all sterilization methods and equipment used by the facility. Frequency of training is defined.		8.2.0.0 Addendum 2; 8.2.3.0 ;8.2.0.0(1)(2)	2, 2.2, 10 Box 1, Box 2, Table 2, Table 3
2.3	**Personal Hygiene and Garbing:** Description of the required garb, manner of storage, and order of garbing, including disinfection procedures for reusing goggles, respirators, and other reusable equipment. ***Inspector note: Per USP, the RABS (or pharmaceutical isolator) sleeve and glove changes should (not required) be changed per the manufacturer's recommendations and defined in the facility's SOPs.***		8.2.2.0; 3.3.3.1	3, 3.3

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		Observation	Inspector Notes	USP Reference(s)
2.4	**Facility Design and Engineering Controls:** Description of design requirements to maintain air quality standards and procedures for evaluating, maintaining, and certifying the areas used for compounding.		8.4.00;8.4.2.0;8.4.2.4;8.4.2.5;8.4.2.6; 8.4.3.0	4, 4.2
2.5	**Certification and Recertification:** Description of sampling sites and procedures.		8.5.0.0	5, 5.1
2.6	**Microbiological Air and Surface Monitoring:** Description of the pharmacy's microbiological air and surface monitoring program which includes a diagram of the sampling locations, procedures for collecting samples, frequency of sampling, size of samples (eg, surface area, volume of air), time of day of sampling in relation to activities in the compounding area, and action levels that will trigger corrective actions and documentation requirements.		8.6.1.0;8.6.2.0;8.6.3.0	6, 6.1, 6.2, 6.3
2.7	**Cleaning, Disinfection, and Application of Sporicidal Disinfectants and Sterile 70% IPA:** Description of procedures for cleaning, disinfecting, and applying sporicidal disinfectants and include the frequency, methods, locations of cleaning, and documentation requirements.		8.7.0.0;6.15.0.0	7, 7.2 Box 7, Box 8

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		Observation	Inspector Notes	USP Reference(s)
2.8	**Equipment:** Description of procedures for the calibration, maintenance, cleaning, use of the equipment, and documentation requirements.		8.9.1.0	9.1, 10, 20
2.9	**Components:** Description of procedures that address the selection, receipt, evaluation, handling, storage, and documentation of all CSP components, including all ingredients and container closures.		8.9.3.0(1),(2),(3),(4)	9.3
2.10	**Master Formulation and Compounding Records:** Description of procedures for developing and maintaining MFRs and required information, documentation, and record-keeping requirements for MFRs and CRs.		8.11.1.0;8.11.2.0	11.1, 11.2, 20
2.11	**Release Inspections and Testing:** Description of release testing procedures (eg, visual inspections and/or sterility and endotoxin testing), out-of-specification procedures, corrective action procedures, and documentation requirements.		8.12.1.0;8.12.2.0;8.12.3.0;8.20.0.0	12, 18, 20
2.12	**Labeling:** Procedures for labeling and label verification (confirming against the prescription or medication order, the MFR, and the CR) in order to prevent errors, CSP mix-ups, and required displayed information.		8.13.0.0	13

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		Observation	Inspector Notes	USP Reference(s)
2.13	**CSP handling, storage, packaging, shipping, and transport:** Processes and techniques for handling, storing, packaging, and transporting CSPs that include temperature monitoring, excursions, shipping containers, packaging requirements, and selected transportation modes.		8.19.1.0;8.19.2.0;8.19.3.0	19
2.14	**Documentation:** Record keeping requirements and procedures for documentation maintenance and storage. ***Inspector note: USP requires readily retrievable records for two years; however, it is acknowledged that state or accreditation organizations may require records for a longer period of time.***		8.20.0.0	20
2.15	**Sterilization and Depyrogenation:** Description of methods used for establishing and verifying the effectiveness of the terminal sterilization and depyrogenation methods selected, as well as the methods for maintaining and cleaning the sterilizing and depyrogenation equipment. ***If not applicable to their business practices, inspector should answer statement as N/A.***		8.10.1.0;8.10.2.0;8.10.3.0	10

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		Observation	Inspector Notes	USP Reference(s)
2.16	**Immediate Use CSPs:** Description of processes followed to meet all conditions of exemption from the requirements for Category 1, Category 2, and Category 3 CSPs. ***If not applicable to their business practices, inspector should answer statement as N/A.***		N/A	1.3
2.17	**Blood/Biological Handling:** Description of processes used to avoid cross-contamination and meet applicable regulatory requirements. ***If not applicable to their business practices, inspector should answer statement as N/A.***		N/A	1.1.2
2.18	**Allergenic Extracts:** Description of procedures for training, competency assessments, personnel hygiene and garbing, facility requirements, cleaning and disinfecting, beyond use dates (BUDs), labeling, storage, shipping and transporting, and documentation. ***If applicable to their business practices, please complete the Allergenic Extracts module.*** ***If not applicable to their business practices, inspector should answer statement as N/A.***		N/A	21

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		Observation	Inspector Notes	USP Reference(s)
	CSPs - Immediate Use, Proprietary Vial/Bag Systems, and Blood-Derived			1
3.0	Does the pharmacy prepare and dispense compounded sterile preparations for direct and immediate use? ***If the pharmacy does not prepare and dispense compounded sterile preparations for direct and immediate use, the inspector should answer question as N/A.***	N/A		1.3
4.0	Does the pharmacy meet all conditions specified in USP <797> for CSPs compounded for direct and immediate use? ***Inspector note: Per USP <797>, all conditions must be met to qualify for exemptions of the requirements for Category 1, Category 2, and Category 3 CSPs.*** ***If no, go to compliance statements.*** ***If the pharmacy does not prepare and dispense compounded sterile preparations for direct and immediate use, the inspector should answer question as N/A.***	N/A		1.3
4.1	Aseptic techniques, processes, and procedures are followed. ***Inspector note: Per USP <797>, facility SOPs must describe procedures followed "to minimize the potential for contact with nonsterile surfaces, introduction of particulate matter or biological fluids, and mix-ups with other conventionally manufactured products or CSPs."***	N/A		1.3

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		Observation	Inspector Notes	USP Reference(s)
4.2	Personnel are trained and demonstrate competency in aseptic processes as they relate to assigned tasks and the facility's SOPs. ***Review personnel records to verify.***	N/A		1.3
4.3	Preparation is performed in accordance with evidence-based information for physical and chemical compatibility of the drugs. ***Inspector note: Examples of this include approved labeling and/or published or unpublished stability and compatibility studies.***	N/A		1.3
4.4	Preparation involves not more than three (3) different sterile products (eg, ingredients and/or components in a single container).	N/A		1.3
4.5	Unused components from a single-use container are discarded after the preparation for one individual patient is complete (ie, single-dose containers are not used for more than one patient).	N/A		1.3

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		Observation	Inspector Notes	USP Reference(s)
4.6	Administration begins within four hours of the start of the preparation, and if not, the preparation is discarded. ***If administration is not performed within the same facility/campus of the pharmacy and/or is outside the pharmacy's control, inspector should answer statement as N/A.***	N/A		1.3
4.7	Unless the person preparing the preparation is administering or witnessing administration, the preparation is labeled with names and amounts of all active ingredients, name or initials of preparer, and exact four-hour time period in which administration must begin. ***If administration is not performed within the same facility/campus of the pharmacy and/or is outside the pharmacy's control, inspector should answer statement as N/A.***	N/A		1.3
5.0	Does the pharmacy prepare proprietary bag and vial systems (ex. addEASE, ADD-Vantage, Mini Bag Plus, Vial2Bag) in compliance with USP <797> standards? ***Inspector note: Docking and activation of proprietary bag and vial systems for immediate administration to an individual patient is out of scope of USP <797> and may be performed outside of an ISO Class 5 environment.*** ***If no, go to compliance statements.*** ***If the pharmacy does not stock, prepare, and/or dispense any proprietary vial and bag systems, inspector should answer statement as N/A.***	N/A		1.4

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: East Coast Compounding and Pharmacy, LLC

e-Profile ID: 1637241

Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Inspector Notes	USP Reference(s)
5.1	Docking for *future activation* and administration is performed in an ISO Class 5 environment and in accordance with requirements of USP <797>, with the exception of BUD assignment.	N/A		1.4
5.2	BUD assignment is not longer than specified in the manufacturer's labeling.	N/A		1.4
6.0	Does the pharmacy meet the conditions specified in USP <797> for CSPs to be prepared per approved labeling? ***Inspector note: Preparing a conventionally manufactured sterile product in accordance with the directions in the manufacturer's approved labeling is considered outside the scope of the USP chapter.*** ***If no, go to compliance statements.*** ***If the pharmacy only <u>compounds</u> sterile preparations (eg, does <u>not</u> prepare sterile preparations that strictly adheres to the conventionally manufactured approved labeling for preparation), inspector should answer statement as N/A.***	N/A		1.4
6.1	The product is prepared as a single dose for an individual patient.	N/A		1.4
6.2	The approved labeling includes information for the diluent, the resultant strength, the container closure system, and the storage time.	N/A		1.4

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		Observation	Inspector Notes	USP Reference(s)
7.0	Does the pharmacy perform compounding activities that require the manipulation of a patient's blood-derived or other biological material (eg, autologous serum)?	No		1.1.2
8.0	For compounding activities that require the manipulation of a patient's blood-derived or other biological material, does the pharmacy perform manipulations that are clearly separated from other compounding activities and equipment used in CSP preparation activities and are controlled by specific SOPs to avoid any cross-contamination? ***Inspector note: Per USP, a separate cart could be used for blood-derived or other biological materials (a separate area is not required by the chapter). Pharmacy should change garb. Pharmacy to have cleaning processes as part of SOPs to avoid cross-contamination.*** ***If the pharmacy does not compound with blood products or other biological materials, inspector should answer statement as N/A. If the inspector answers the compliance question as "no", please describe your observations.***	N/A		1.1.2

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		Observation	Inspector Notes	USP Reference(s)
	Facility Design and Engineering Controls			4
9.0	**Segregated Compounding Area (SCA):** Does the pharmacy use an SCA as an SEC in compliance with USP <797> standards for facility design and environmental control? ***Inspector note: Per USP, only Category 1 CSPs may be compounded in a SCA.*** ***If no, go to compliance statements.*** ***If pharmacy only uses a cleanroom suite for sterile compounding preparations, inspector should answer question as N/A.***	N/A		4.1, 4.1.1, 4.1.2, 4.2.1 Table 5
9.1	The facility is designed to afford a well-lighted and comfortable working environment.	N/A		4.2, 4.2.1
9.2	Only Category 1 CSPS are prepared in a SCA. ***If pharmacy is compounding Category 2 or Category 3 CSPs in a SCA, inspector should answer this statement as no and collect photographs and copies of the MFR, CR, and provide a description of their observations in the Inspector Notes.***	N/A		4.2.1, 4.2.3 Table 5

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		Observation	Inspector Notes	USP Reference(s)
9.3	The SCA is located away from unsealed windows, doors that connect to outdoors, and traffic flow. ***Inspector note: Per USP, "strong air currents from opened doors, personnel traffic, or air streams from the HVAC system can disrupt the unidirectional airflow of an open-faced PEC."***	N/A		4.2.1
9.4	The SCA is located away from environmental control challenges and separate from areas not related to compounding (ie, restrooms, warehouses, food preparation areas).	N/A		4.2.1
9.5	A visible perimeter establishes the boundaries of the SCA. ***Inspector note: Per USP, the SCA is defined as "a designated space, area, or room that is not required to be classified and is defined with a visible perimeter. The SCA must contain a PEC and is suitable for preparation of Category 1 CSPs only." USP further defines a perimeter as "a visible demarcation (such as a door, walls, or visible marking on the floor) that defines the SCA or AECA." The perimeter will be defined in the pharmacy's SOPs. Tape or an alternative method may be used to define this visible perimeter, since this is not a classified space.***	N/A		4.2.1 Glossary

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		Observation	Inspector Notes	USP Reference(s)
9.6	Access to the SCA is restricted to authorized personnel. ***Inspector note: Per USP, authorized personnel includes personnel involved in compounding processes, maintenance, and cleaning.***	N/A		4.2.1
9.7	Free-standing humidifiers/dehumidifiers and air conditioners are not located within the perimeter of the SCA.	N/A		4.2
9.8	Only furniture, equipment, and other materials necessary for performing compounding activities are permitted in the compounding area. ***Inspector note: Per USP, these items should be low-shedding, easily cleaned, and disinfected. This applies to items within the perimeter around the Primary Engineering Control (PEC).***	N/A		4.5
9.9	Shipping cartons or other corrugated or uncoated cardboard are not allowed in the SCA.	N/A		4.5
9.10	The SCA and all surfaces (walls, floors, counters, equipment) are clean, uncluttered, and dedicated to compounding.	N/A		4.2.1, 4.3.2
9.11	The sink is located inside the SCA or in close proximity and is located at least one meter away from the PEC.	N/A		4.4
9.12	The area within one meter of the PEC is dedicated only for sterile compounding (eg, not storage, hand hygiene, donning and doffing garb, or other highly particle-generating activities, such as patient care).	N/A		4, 4.2.1

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		Observation	Inspector Notes	USP Reference(s)
9.13	If overhangs or ledges are present in the SCA, are they easily cleanable? ***If no, describe observations in Inspector Notes.***	N/A		4.2.1, 4.3.2
10.0	Are surfaces smooth, impervious, free from cracks and crevices, and non-shedding so they can be cleaned and disinfected? ***Inspector note: this is a recommendation by USP.*** ***If no, describe in comments Inspector Notes (eg, peeling of Formica countertops).***	Yes		4.3.2
11.0	Are surfaces resistant to damage from cleaning, sanitizing, and sporicidal agents used? ***Inspector note: this is a recommendation by USP.*** ***If no, describe in comments inspector observations (ie observed rust on preparation cart or flaking of particle board on shelving).***	Yes		4.2.1, 4.3.2
12.0	**Cleanroom Suite:** Does the pharmacy use a Cleanroom Suite (ISO-classified anteroom and buffer room) as a SEC in compliance with USP <797> standards for facility design and environmental control? ***Inspector note: Per USP <797>, a cleanroom suite is required if compounding any Category 2 and Category 3 CSPs.*** ***If no, go to compliance statements.*** ***If pharmacy only uses an SCA for Category 1 CSPs, inspector should answer question as N/A.***	Yes		4.1, 4.1.1, 4.1.2, 4.2.1, 4.3.1 Table 5

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		Observation	Inspector Notes	USP Reference(s)
12.1	Access to the cleanroom suite is restricted to authorized personnel. ***Inspector note: Per USP, authorized personnel includes personnel involved in compounding processes, maintenance, and cleaning. Some examples pharmacies may use to demonstrate compliance with this statement (but are not specifically required by the chapter) include posting a sign or creating a badge access point for authorized personnel to enter the cleanroom suite.***	Yes		4.2.1
12.2	The facility is designed to afford a well-lit environment.	Yes		4.2, 4.2.1
12.3	The facility provides a comfortable working environment (eg, temperature and humidity settings so appropriate garb can be donned).	Yes		4.2.1
12.4	The anteroom and buffer room are separated from surrounding unclassified areas by fixed walls and doors.	Yes		4, 4.2.1
12.5	Controls are in place to minimize the flow of lower-quality air into the more-controlled areas. ***Inspector note: Per USP, "strong air currents from opened doors, personnel traffic, or air streams from the HVAC system can disrupt the unidirectional airflow of an open-faced PEC."***	Yes		4.2.1

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		Observation	Inspector Notes	USP Reference(s)
12.6	Anterooms providing access to only positive pressure buffer rooms meet at least ISO Class 8 specifications. ***If the pharmacy has a negative pressure room, inspector should answer statement as N/A.***	N/A		4.1.2, 4.2.1
12.7	The anteroom provides access to a negative pressure room and meets at least ISO Class 7 specifications. ***If the pharmacy does not compound hazardous drugs, inspector should answer statement as N/A.***	Yes		4.1.2, 4.2.1
12.8	The buffer room, where the PEC is placed, meets ISO Class 7 or better air quality specifications. ***Inspector note: If the PEC is a pharmaceutical isolator, the buffer room must be at least ISO Class 8 air quality or better and an anteroom is not required.*** ***Per USP <797>, a pharmaceutical isolator is defined as an enclosure that provides HEPA-filtered ISO Class 5 unidirectional air operated at a continuously higher pressure than its surrounding environment and is decontaminated using an automated system. It uses only decontaminated interfaces or rapid transfer ports for materials transfer. A CAI or CACI is not a pharmaceutical isolator.***	Yes		4.1.2, 4.2.1, 4.2.3

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		Observation	Inspector Notes	USP Reference(s)
12.9	Air supply to the anteroom and buffer room is introduced through HEPA filters in the ceiling.	Yes		4.2.1
12.10	Air returns are located low on the wall. ***If the pharmacy has a visual smoke study (as described in the USP chapter and compliance statement below), inspector should answer statement as N/A.***	Yes		4.2.1
12.11	A visual smoke study demonstrates an absence of stagnant air where particles can accumulate and is repeated if any equipment/placement changes when air returns are not located low on the wall. ***Inspector note: Per USP, "the smoke study, along with environmental monitoring, must be repeated whenever a change is made to the placement of equipment within the room or any other alteration is performed within the cleanroom suite that affects the quality of the air (eg, HVAC alterations, chapter of HEPA filter units)."*** ***If air returns are low on the wall, inspector should answer statement as N/A.***	Yes		4.2.1

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		Observation	Inspector Notes	USP Reference(s)
12.12	The anteroom has a line of demarcation to separate the dirty side from the clean side or has two separate anterooms, a dirty anteroom and a clean anteroom. ***Describe observations for the type of line of demarcation in the Inspector Notes.***	Yes		4.2.1
12.13	Personnel enter the dirty side/room first from the unclassified area and the clean side/room is located closest to the buffer room.	Yes		4.2.1
12.14	All surfaces (ceilings, walls, floors, doors, door frames, fixtures, shelving, work surfaces, counters, and cabinets) are smooth, impervious, free from cracks and crevices, and non-shedding.	Yes		4.2.1, 4.3.1
12.15	Junctures between ceilings and walls and between the walls and floors are sealed.	Yes		4.2.1, 4.3.1
12.16	If the ceiling consists of inlaid panels, the panels are caulked to seal them to the support frame. ***If the ceiling does not consist of inlaid panels, inspector should answer statement as N/A.***	Yes		4.2.1, 4.3.1
12.17	Walls are constructed of, or covered with, a durable material (eg, epoxy paint, heavy gauge polymer) and integrity of surface maintained.	Yes		4.2.1, 4.3.1

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		Observation	Inspector Notes	USP Reference(s)
12.18	Walls, if paneled, are joined together and sealed to the support structure. ***If walls are not paneled, inspector should answer statement as N/A.***	Yes		4.2.1, 4.3.1
12.19	Floors include coving to the sidewall or the juncture between floor and wall is caulked.	Yes		4.2.1, 4.3.1
12.20	If overhangs or ledges are present, they are easily cleanable. ***If there are no overhangs, ledges, utility pipes, windowsills, etc, inspector should answer statement as N/A.***	Yes		4.2.1, 4.3.1
12.21	Exterior lens surfaces of the ceiling light fixtures are smooth, mounted flush, and sealed.	Yes		4.2.1, 4.3.1
12.22	All other penetrations through the ceiling or walls (eg, camera domes) are sealed.	Yes		4.2.1, 4.3.1
12.23	The buffer room does not contain plumbed water sources (eg, sinks, eyewashes, showers, or floor drains).	Yes		4.4
12.24	The anteroom does not contain floor drains.	Yes		4.4

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		Observation	Inspector Notes	USP Reference(s)
13.0	Are **PEC**s used to prepare CSPs located in the appropriate space (eg, buffer room or SCA) for category types prepared in compliance with USP <797> standards? ***Inspector to review certification reports and observe compounding area(s) to evaluate.*** ***If no, go to compliance statements.***	Yes		4.2.1, 4.2.2, 4.2.3 Table 4, Table 5
13.1	All compounded sterile preparations (that are not for immediate use) are compounded in a PEC.	Yes		1.3, 4, 4.1.2
13.2	PEC is certified to maintain ISO 5 classification or better conditions during dynamic operating conditions. ***The inspector should only answer yes if the PEC has been certified within the past six months.***	Yes		4.2.2, 4.2.3, 5
13.3	The PEC is located out of traffic patterns and away from room air currents that could disrupt the intended airflow patterns inside the PEC. ***Review certification report.***	Yes		4, 4.2.2, 4.2.3
13.4	Placement of the PEC allows for cleaning around the PEC.	Yes		4.2.3

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		Observation	Inspector Notes	USP Reference(s)
13.5	**Category 2 and Category 3**: PEC(s) are located in a cleanroom suite. ***If pharmacy only compounds Category 1 CSPs, inspector should answer this statement as N/A.***	Yes		4.2.3 Table 5
14.0	Does the pharmacy have any CAIs/CACIs used for sterile compounded preparations? ***If the pharmacy does not use any CAI/CACIs for compounding CSPs, inspector should answer question as N/A.***	N/A		4.2.3 Table 5
15.0	Are **CAIs/CACIs** (RABS) used for compounding sterile preparations operated in compliance with manufacturer specifications **and** USP <797> standards? ***If no, go to compliance statements.*** ***If the pharmacy does not use any CAI/CACIs for compounding CSPs, inspector should answer question as N/A.***	N/A		4.2.3
15.1	The documented recovery time is followed after opening the CAI/CACI transfer chamber to maintain ISO Class 5 air quality. ***Inspector note: The recovery time should come from the manufacturer of the CAI/CACI.***	N/A		4.2.3
15.2	Staff ensures that adequate recovery time is allowed after closing the CAI/CACI during compounding operations. ***Inspector note: The recovery time should come from the manufacturer of the CAI/CACI.***	N/A		4.2.3

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		Observation	Inspector Notes	USP Reference(s)
15.3	Sterile gloves are worn over the gloves attached to the CAI/CACI sleeve. ***Inspector note: Per USP, if using a RABS (ie, a CAI or CACI), disposable gloves should be (not required) worn inside the gloves attached to the RABS sleeves.***	N/A		3.3
16.0	Are there controls in place to minimize the influx of contaminants from materials (supplies and equipment) and personnel as they move from areas of lower quality to those of higher quality in compliance with USP <797> standards? ***Inspector note: An example of material movement from lower quality air to higher quality air includes movement from a non-classified area to an ISO Class 8 anteroom, ISO Class 8 anteroom to an ISO Class 7 buffer room, or from an ISO Class 7 buffer room to an ISO Class 5 PEC.*** ***If no, go to compliance statements.***	Yes		4.5
16.1	Before any item is introduced into the SEC, placed into the pass-through chamber, or brought into the SCA (providing that packaging integrity will not be compromised), it is wiped with a sporicidal disinfectant, EPA-registered disinfectant, or sterile 70% isopropyl alcohol (IPA) using low-lint wipers by personnel wearing gloves.	Yes		4.5

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		Observation	Inspector Notes	USP Reference(s)
16.2	Before any item is introduced into the PEC, it is wiped with sterile 70% IPA using sterile low-lint wipers and allowed to dry before use.	Yes		4.5
17.0	Does the pharmacy have the appropriate facility design and controls (including the fixtures, types of equipment, materials, and supplies that are stored) in the classified areas in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		4, 9.1, 19.1
17.1	The sink used for hand hygiene, located outside of the anteroom, is placed in an appropriate area and clean space to minimize the risk of bringing contaminants into the anteroom. ***Inspector note: Inspector should evaluate the sink location in relation to the activities that occur where the sink is located as well as the distance between the sink and the entrance to the compounding suite/SCA. Examples that may not be considered appropriate include but are not limited to: sink is located in the bathroom, an adjacent suite or property, or in an employee breakroom where food is prepared.*** ***If the sink is located in the anteroom, inspector should answer statement as N/A.***	N/A		4.4

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		Observation	Inspector Notes	USP Reference(s)
17.2	The sink used for hand hygiene, located inside of the anteroom, is placed in an appropriate area to minimize the risk of bringing contaminants into the buffer room. ***Inspector note: Inspector should evaluate the sink location in relation to the doors and compounding activities. For example, the sink is where compounders perform hand hygiene close to where garb is stored (where it can easily get wet/splashed).*** ***If the sink is located outside the anteroom, inspector should answer statement as N/A.***	Yes		4.4
17.3	The doors into the anteroom from the general pharmacy area and from the anteroom into the clean/buffer room are prevented from both being open at the same time (eg, by interlocking, training of personnel, or signage).	Yes		4.2.1
17.4	The inside and outside doors of a pass-through are prevented from both being open at the same time (eg, by interlocking, training of personnel, or signage).	Yes		4.2.1

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: East Coast Compounding and Pharmacy, LLC

e-Profile ID: 1637241

Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Inspector Notes	USP Reference(s)
17.5	Only furniture, equipment, and other materials necessary for performing compounding activities are permitted in a classified area or SCA. ***Inspector note: Per USP, items necessary for performing compounding activities are low-shedding and can be easily cleaned and disinfected. If no, describe the types of items that are observed. If appropriate, submit a photograph with inspection report.***	Yes		4.5, 9.1
17.6	Tacky mats are not used in the classified areas. ***Inspector note: Per USP <797>, "Tacky mats must not be placed within ISO-classified areas."***	Yes		4.2.1
17.7	Shipping cartons or other corrugated or uncoated cardboard are not permitted in the classified areas.	Yes		4.5
17.8	Carts used to transport components or equipment into classified areas are constructed from nonporous materials with cleanable casters and wheels.	Yes		4.5
17.9	Carts (including casters) are cleaned and disinfected prior to moving from the dirty side to the clean side of the anteroom.	Yes		4.5

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		Observation	Inspector Notes	USP Reference(s)
18.0	Does the pharmacy's facility design for maintaining (eg, recording, monitoring, and controlling) temperature and humidity (eg, HVAC) comply with USP <797> standards? ***Inspector note: Compounded preparations that are finished and stored will be addressed in the general pharmacy module. Inspector should be aware that USP cleanroom temperature recommendations may not be harmonized with USP, FDA, or manufacturer/supplier temperature requirements for drug storage.*** ***If no, go to compliance statements.***	Yes		4.2, 19.1 USP <659>
18.1	The compounding area temperature and humidity is maintained by a heating, ventilation, and air conditioning (HVAC) system. ***If inspector finds a free-standing air conditioner, humidifier, or dehumidifier within the classified area or the SCA, the inspector should answer statement as "No." Additionally, inspector should describe what they observed, where the equipment was located, and collect/submit photographs.***	Yes		4.2, 9.3.4, 19.1
18.2	The pharmacy records the temperature of the cleanroom suite on days when sterile compounding occurs. ***If pharmacy does not use a continuous recording system, describe the frequency of temperature recording in the notes.***	Yes		4.2, 9.3.4, 19.1

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		Observation	Inspector Notes	USP Reference(s)
18.3	The pharmacy records the humidity of the cleanroom suite on days when sterile compounding occurs. ***If pharmacy does not use a continuous recording system, describe the frequency of humidity recording in the notes.***	Yes		4.2, 9.3.4, 19.1
18.4	The pharmacy maintains records of temperature and humidity that are specific to the cleanroom suite. ***Temperature and humidity for drug storage areas will be documented in the general pharmacy module.*** ***If the pharmacy only uses an SCA, inspector should answer statement as N/A.***	Yes		4.2, 9.3.4, 19.1
18.5	The pharmacy can readily retrieve temperature and humidity records. ***If the electronic monitoring system is only capable of providing text message alerts for excursions alone (eg, a report cannot be generated for ongoing temperature conditions), inspector should answer statement as "No."***	Yes		4.2, 9.3.4, 19.1

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		Observation	Inspector Notes	USP Reference(s)
18.6	The pharmacy controls temperature and humidity to maintain appropriate working conditions if no overnight drug storage occurs and/or is following the most restrictive drug label. ***Inspector note: Per USP <797>, the cleanroom suite should be maintained at a temperature of 20°C or cooler and a relative humidity of 60% or below to minimize the risk of microbial proliferation and to provide comfortable conditions for compounding personnel attired in the required garb. CRT is defined as 20°C-25°C per USP <659>.***	Yes		4.2, 9.3.4, 19.1
18.7	The placement of the HVAC unit does not cause cross contamination or interfere with the functioning of the classified area. ***Inspector note: Air streams from the HVAC system(s) can disrupt the unidirectional airflow of an open faced PEC such as a laminar airflow workbench (LAFW).***	Yes		4, 4.2
18.8	Temperature monitoring devices are verified for accuracy at least every 12 months or as required by the manufacturer. ***Inspector note: Monitoring devices are typically calibrated or replaced.***	Yes		4.2, 9.3.4
18.9	Humidity monitoring devices are verified for accuracy at least every 12 months or as required by the manufacturer. ***Inspector note: Monitoring devices are typically calibrated or replaced.***	Yes		4.2, 9.3.4

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		Observation	Inspector Notes	USP Reference(s)
19.0	Does the pharmacy store drugs in the cleanroom suite overnight and/or for long periods of time? ***Inspector note: Long periods of time is not defined as pre-compounding preparation right before compounding activities are commenced.***	No		4.2, 9.3.4, 19.1
20.0	If the pharmacy is storing drugs inside the cleanroom suite overnight and/or long periods of time, are any of the drugs stored unable to tolerate temperature excursions?	N/A		4.2, 9.3.4, 19.1
21.0	What is the current temperature of the cleanroom suite/SCA? ***Record in the Inspector Notes.***		Temperature at the time of inspection is 20 degrees Celsius	4.2, 9.3.4, 19.1
22.0	What is the current relative humidity percentage of the cleanroom suite/SCA? ***Record in the Inspector Notes.***		Humidity at the time of inspection is: 55%	4.2, 9.3.4, 19.1
23.0	Is the humidity maintained at less than 60% relative humidity (RH) in the compounding area to minimize risk of microbial proliferation?	Yes		4.2, 9.3.4, 19.1

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		Observation	Inspector Notes	USP Reference(s)
24.0	Is differential positive pressure maintained in compliance with USP <797> standards? ***Inspector note: Per USP <797>, no pressure differential is required between the SCA and the surrounding area.*** ***If no, go to compliance statements.*** ***Inspector should view logs and current status (while observing compounding) to verify.*** ***If the pharmacy uses an SCA for sterile compounding environment, inspector should answer statement as N/A.***	Yes		4.2.1, 4.2.5, 5
24.1	The facility design creates room separation to allow positive pressure differentials between spaces (rooms) for movement of air from higher quality air to lower quality air. ***Inspector should review a graphic of the airflow contained in the certification report.***	Yes		4.2.1, 4.2.5, 5
24.2	The facility has a system in place to continuously monitor pressure differentials (eg, magnehelic gauge). ***Per USP, pressure differentials need to be monitored continuously, but personnel are not specifically required to visually monitor pressure during compounding activities.***	Yes		4.2.1, 4.2.5, 5

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		Observation	Inspector Notes	USP Reference(s)
24.3	The facility has a record system to record pressure differentials on days when compounding occurs. ***Inspector note: Per USP, the quantitative results from the pressure monitoring device must be reviewed and documented at least daily on the days when compounding is occurs.***	Yes		4.2.1, 4.2.5, 5
24.4	The differential positive pressure between unclassified and the first space in the compounding suite is at least 0.020 inch water column. ***Inspector note: Per USP, certifiers should confirm (this is a USP recommendation) positive pressure around doorways, pass-throughs and any opening in the cleanroom suite with smoke testing (to confirm positive pressure is maintained) with initial certification of the cleanroom suite.*** ***If no, record the observed pressure differential between the two identified spaces (eg, ISO Class 8 anteroom and the general pharmacy area).***	Yes		4.2.1, 4.2.5, 5
24.5	The differential positive pressure between adjacent classified areas is at least 0.020 inch water column. ***If no, record the observed pressure differential between the two identified spaces (eg, ISO Class 8 anteroom and the ISO Class 7 buffer room).***	Yes		4.2.1, 4.2.5, 5
24.6	Pressure differential monitoring and quantitative results are reviewed and documented at least daily on days when compounding occurs.	Yes		4.2.1, 4.2.5, 5

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		Observation	Inspector Notes	USP Reference(s)
25.0	Does the pharmacy have a policy in place to cease compounding when the pharmacy is unable to maintain positive pressure differentials (outside of anticipated variations due to opening and closing of doors)?	Yes		4.2.1, 4.2.5, 5
26.0	Are pressure differential monitoring procedures in place that include an alarm or alert when there is an excursion? ***Inspector note: USP <797> does not require there to be an alarm or an alert.***	No		4.2.5
27.0	Does the facility perform both sterile and nonsterile compounding?	Yes		4.2.1
28.0	If the pharmacy performs nonsterile compounding and sterile compounding, are the designated areas separate and distinct from each other?	Yes		4.2.1

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		Observation	Inspector Notes	USP Reference(s)
29.0	If PECs are placed into the same room that are used for both sterile and nonsterile compounding, is the pharmacy in compliance with USP <797> standards? ***Inspector note: Per USP <797>, PECs used for both sterile and nonsterile compounding may be placed in the same room only if the PECs are sufficiently effective that the room can continuously maintain ISO Class 7 classification.*** ***If no, go to compliance statements.*** ***If the pharmacy does not perform nonsterile compounding in the same room as sterile compounding, inspector should answer this question as N/A.***	N/A		4.2.1, 4.2.6
29.1	PECs used for nonsterile compounding are placed at least one meter away from PECs used for sterile compounding.	N/A		4.2.1
29.2	Particle-generating activity must not be performed while sterile compounding is in process.	N/A		4.2.1
29.3	PECs are sufficiently effective that the room can continuously maintain ISO Class 7 classification air quality during nonsterile compounding.	N/A		4.2.1

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		Observation	Inspector Notes	USP Reference(s)
30.0	Does the pharmacy prepare Category 2 and Category 3 CSPs from nonsterile components? ***Inspector note: Category 1 CSPs can be made from nonsterile components.*** ***If the pharmacy does not compound using nonsterile components, the inspector should answer question as N/A.***	Yes		4.2.1, 4.2.6
31.0	Does the pharmacy's presterilization procedures comply with USP <797> standards? ***If no, go to compliance statements.*** ***If the pharmacy does not compound using nonsterile components, the inspector should answer question as N/A.***	Yes		4.2.6
31.1	Presterilization procedures, such as weighing and mixing, are completed in an ISO Class 8 or better environment (eg, anteroom or buffer room). ***Inspector note: This statement only applies for Category 2 and Category 3.***	Yes		4.2.6
31.2	Presterilization procedures, such as weighing and mixing, are performed in a single-use containment glove bag, CVE, BSC, or CACI to minimize the risk of airborne contamination. ***Inspector note: This statement only applies for Category 2 and Category 3.*** ***CVEs, BSCs, or CACIs used for presterilization procedures must be certified at least every six months.***	Yes		4.2.6

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Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Inspector Notes	USP Reference(s)
	Certification and Environmental Monitoring Inspector to review past two (2) Certification reports for the SEC and all PECs.			5
32.0	Does the pharmacy ensure that each area related to CSP preparation is certified to meet the classified air quality standard appropriate for the activities conducted in that area in compliance with USP <797> standards? ***If no, go to compliance statements.*** ***Inspector is to review current certification reports.***	Yes		5
32.1	The most recent PEC and SEC certification reports are available for review.	Yes		4.2, 5, 20
32.2	Certification of all classified areas, including PECs, is performed at least every six months.	Yes		4.2.3, 5
32.3	Certification of all classified areas, including PECs, is performed whenever a device is relocated or a major service to the facility is performed. ***Inspector note: Classified areas must be recertified if there are changes to the area such as redesign, construction, replacement or relocation of any PEC, or alteration in the configuration of the room that could affect airflow or air quality.***	Yes		5

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		Observation	Inspector Notes	USP Reference(s)
32.4	Certification reports are reviewed by the designated person(s). ***Inspector note: If the designated person(s) review is not documented, describe how it is ensured that the review occurred.***	Yes		4.2, 5
32.5	All ISO Class 5 PECs (laminar airflow workbenches or areas, BSCs, CAIs, CACIs, pharmaceutical isolators, IVLFZ, and robotic enclosures) have been certified within the last six months. ***If no, record the date of the last certification and include a copy of the certification report with the inspection report.***	Yes		4.2.3, 5
32.6	All PECs meet ISO Class 5 air quality requirements with (total, nonviable) particle counts documented within the report. ***Inspector note: Per ISO definition, ISO Class 5 areas are certified as having less than 3,520 particles per cubic meter of air under dynamic operating conditions.*** ***If no, describe what occurred and the pharmacy's response to total airborne particle sampling results, data evaluation, and action level (eg, pharmacy took PEC out of service, pharmacy ordered new HEPA filter, PEC was repaired and re-certified).***	Yes		4.1.1, 5.1 Table 4

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		Observation	Inspector Notes	USP Reference(s)
32.7	All ISO Class 7 and 8 SECs (clean/buffer rooms and anterooms) have been certified within the last six months. ***Inspector note: Per ISO definition, ISO Class 7 areas are certified as having less than 352,000 particles per cubic meter of air under dynamic operating conditions and ISO Class 8 areas are certified as having less than 3,520,000 particles per cubic meter of air under dynamic operating conditions.*** ***If no, record the date of the last certification and include a copy of the certification report with the inspection report.***	Yes		4.1.1, 4.1.2, 5.1 Table 4
32.8	All SECs meet ISO Class 7 air quality requirements and ISO Class 8 air quality requirements where permitted, with particle counts documented within the report. ***If no, describe what occurred and the pharmacy's response (eg, pharmacy reduced BUD, pharmacy used an alternative facility, pharmacy followed mitigation strategies, and/or disaster planning processes).***	Yes		4.1.1, 5.1 Table 4
33.0	Does the certification report received by the pharmacy have all required elements documented for the pharmacy's designated person(s) to make an informed decision related to functionality of PEC and SEC environments in compliance with USP <797> standards? ***Inspector note: It is recommended that the designated person review the certification report in its entirety.*** ***If no, go to compliance statements.***	Yes		5, 20

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		Observation	Inspector Notes	USP Reference(s)
33.1	The certification report includes information about the equipment used for performing each test including last calibration date (or date when next calibration is due). ***Inspector note: Per USP, "total particle count testing must be performed under dynamic operating conditions using calibrated electronic equipment" and "all impaction air samplers must be serviced and calibrated as recommended by the manufacturer."***	Yes		5.1, 6.1, 20
33.2	The certification report includes the name of the certifier. ***Inspector note: Per USP <797>, a qualified certifier may have received training and education from professional organizations such as the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) and Controlled Environment Testing Association (CETA). Both organizations provide certification (Registered Certification Professional – Sterile Compounding Facilities), education, and resources.***	Yes		5
33.3	The certification report describes the "dynamic conditions" including the number of personnel in the cleanroom suite. ***Inspector note: Compounders can perform mock compounding activities and/or performing media-fill while the certifier is conducting testing. Number of personnel present in the SEC must be documented.***	Yes		5, 20

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		Observation	Inspector Notes	USP Reference(s)
33.4	**SEC: Airflow testing** is performed and documented on the certification report to determine acceptability of the **air volume and room air exchange rate (ACPH)**. ***Inspector note: Per USP <797>, unclassified SCAs have no ACPH requirement.*** ***If pharmacy only compounds in an SCA, inspector should answer statement as N/A.***	Yes		4.2.4, 5 Table 6
33.5	**SEC:** All of the following ACPH required elements were documented on the certification report: the ACPH from HVAC, the ACPH contributed from the PEC, and the total ACPH. ***If pharmacy only compounds in an SCA, inspector should answer statement as N/A.***	Yes		4.2.4, 5
33.6	**The ISO Class 8 anteroom** is certified and documented as having a minimum of 20 ACPH with at least 15 ACPH of the total air change rate coming from HVAC through HEPA filters located in the ceiling. ***If the pharmacy has an ISO Class 7 anteroom, inspector should mark as N/A.***	N/A		4.2.4, 5 Table 6

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		Observation	Inspector Notes	USP Reference(s)
33.7	**The ISO Class 7 buffer room and ISO Class 7 anteroom (if required)** is certified and documented as having a minimum of 30 ACPH with at least 15 ACPH of the total air change rate in a room coming from the HVAC through HEPA filters located in the ceiling. ***Inspector note: If the PEC is used to meet the minimum total ACPH requirements, the PEC must not be turned off, except for maintenance.***	Yes		4.2.4, 5 Table 6
33.8	**SEC: Airflow testing** is performed and documented on the certification report to determine acceptability of the **room pressure differential** in doorways between adjacent rooms.	Yes		4.2.5, 5
33.9	**SEC:** The differential pressure measured was at least 0.020 inch water column positive from the cleanroom to the anteroom and between the anteroom and all adjacent spaces with the doors closed. ***Inspector note: No pressure differential is required between the SCA and the surrounding area.***	Yes		4.2.1, 4.2.5, 5
33.10	**SEC:** All SEC HEPA filters were leak tested (to confirm **HEPA filter integrity**).	Yes		5

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		Observation	Inspector Notes	USP Reference(s)
33.11	**SEC:** All SEC HEPA filters with leaks were repaired. ***If leaks were not repaired, describe what actions pharmacy took (eg, pharmacy implemented mitigation strategies such as reduced BUD or used alternative pharmacy location).*** ***If no repairs were needed, inspector should answer statement as N/A.***	N/A		5
33.12	**PEC: (Dynamic airflow) Smoke pattern tests** are performed for each PEC during dynamic operating conditions to demonstrate unidirectional airflow and sweeping action over and away from the CSPs. ***Inspector note: Per USP, "HEPA-filtered air must be supplied by the PEC at a velocity sufficient to sweep particles away from critical sites and maintain unidirectional airflow during operations. Proper design, control, and use minimizes turbulence and creation of eddies or stagnant air in the PEC."*** ***Describe if smoke pattern testing of PEC was documented thoroughly in the report or through video.***	Yes		4.2.2, 4.2.3, 5

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: East Coast Compounding and Pharmacy, LLC

e-Profile ID: 1637241

Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Inspector Notes	USP Reference(s)
33.13	**PEC: Dynamic airflow smoke pattern** confirms equipment and supplies necessary for performing compounding activities in the PEC do not disrupt unidirectional airflow. ***Inspector note: Per USP, "Proper placement of equipment in a PEC must be initially verified by a dynamic airflow smoke pattern test to demonstrate minimal disruption in airflow. The dynamic airflow smoke pattern test must be repeated if equipment is placed in a different location."***	Yes		4.2.2, 4.2.3, 4.5, 5, 9.1
33.14	**PEC: Total (nonviable) particle count** testing was performed under dynamic operating conditions using calibrated electronic equipment. ***Inspector note: Per USP, "Measurements of total airborne particles must be taken in each PEC at locations where there is greatest risk to the exposed CSPs, containers, and closures...Measurements of total airborne particles in other classified areas, including the buffer room(s) and anteroom(s), should be taken at representative locations that reflect the quality of air in the room(s)."***	Yes		5, 5.1
33.15	**PEC:** All PEC HEPA filters were leak tested (to confirm **HEPA filter integrity**). ***Inspector note: The certification report for each PEC should show air velocities within the PEC.***	Yes		5

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		Observation	Inspector Notes	USP Reference(s)
33.16	**PEC:** All PEC HEPA filters with leaks identified were repaired. ***If leaks were not repaired, describe what actions pharmacy took (example: PEC taken out of service until HEPA filter could be replaced).*** ***If no repairs were needed, inspector should answer statement as N/A.***	Yes		5
33.17	**PEC-IVLFZ:** Pharmacy's integrated vertical laminar flow zone (IVLFZ) meets design, functional requirements, and certification requirements under USP <797>. ***Inspector note: Per USP <797>, "Strategic location of air returns in addition to full coverage of HEPA-filters above the work surface is required. Both static and dynamic smoke studies of air returns in addition to full coverage of HEPA-filtered air void of turbulence, dead air zones, and refluxing from the HEPA filters to and across the entire work area and to the air returns must be documented (eg, with video)."*** ***If pharmacy does not use an IVLFZ, inspector should answer statement as N/A.***	N/A		4.2.3

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		Observation	Inspector Notes	USP Reference(s)
33.18	If a **robotic enclosure is used as the PEC**, or placed within the PEC, a dynamic airflow smoke pattern test must be performed initially and at least every 6 months thereafter to ensure that: 1) it is properly integrated into the facility, 2) there is no turbulence or refluxing at any critical site(s), 3) room air does not enter the PEC where sterile products and/or preparations may be exposed, and 4) all processes can be performed without introducing contamination to the direct compounding area(s). ***If pharmacy does not use a robotic enclosure, inspector should answer statement as N/A.***	N/A		4.2.3
34.0	Was smoke testing performed in SEC to confirm all particle generating equipment (eg, computers, printers, refrigerators, PECs) do not disrupt airflow? ***Inspector note: This question will be N/A <u>unless</u> the pharmacy is new, has recently completed construction, or equipment has been moved within SEC since last certification.***	N/A		5

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		Observation	Inspector Notes	USP Reference(s)
35.0	Does the pharmacy have an established environmental monitoring (eg, microbiological air and surface monitoring) program in compliance with USP <797> standards? ***Inspector note: Per USP, "The goals of a microbiological air and surface monitoring program are to determine whether contamination is present at unacceptable levels and to assess whether proper personnel practices are being followed, cleaning and disinfecting agents are effective, and environmental quality is maintained."*** ***If no, go to compliance statements.***	Yes		6, 6.1, 6.2
35.1	Environmental monitoring program (eg, viable air and/or surface monitoring) is performed initially in the selected sampling sites to establish a baseline level of environmental quality for each classified area, ie, each ISO Class 5 PEC, each ISO Class 7, and ISO Class 8 room.	Yes		6, 6.1, 6.2
35.2	Environmental monitoring program (eg, viable air and/or surface monitoring) is performed in conjunction with the certification of new facilities and equipment.	Yes		6, 6.1, 6.2

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		Observation	Inspector Notes	USP Reference(s)
35.3	Environmental monitoring program (eg, viable air and/or surface monitoring) is performed after any servicing of facilities or equipment.	Yes		6, 6.1, 6.2
35.4	Environmental monitoring program (eg, viable air and/or surface monitoring) is performed in response to identified problems (eg, positive growth in sterility tests of sterile compounded preparation).	Yes		6, 6.1, 6.2
35.5	Environmental monitoring program (eg, viable air and/or surface monitoring) is performed in response to identified trends (eg, repeated positive gloved fingertip and thumb sampling results, failed media fill testing, or repeated observations of air or surface contamination).	Yes		6, 6.1, 6.2

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		Observation	Inspector Notes	USP Reference(s)
35.6	Results from the environmental monitoring program (eg, viable air and/or surface monitoring) are reviewed in response to changes that could impact the sterile compounding environment (eg, change in cleaning agents) and in conjunction with personnel data (ie, training records, visual observations, competency assessments) to assess the state of control and to identify potential risks of contamination. ***Inspector note: Per USP, the program is reviewed to "assess risks for contamination, potential routes of contamination, and the adequacy of cleaning and disinfecting agents and procedures. Regular review of the sampling data must be performed to detect trends and the results of the review must be documented."***	Yes		6, 6.1, 6.2, 20 Table 4, Table 7, Table 8
35.7	The pharmacy ensures that viable air and surface sampling is performed by a trained and competent individual who is familiar with the methods and procedures for air sampling and surface testing. ***If sampling is conducted by internal personnel, inspector should verify that documented training and competencies are located in the employee file.***	Yes		6, 6.1, 6.2
35.8	Environmental monitoring program (eg, viable air and/or surface monitoring) describes/identifies corrective actions to minimize the risk of CSP contamination and that these corrective actions are documented.	Yes		6, 20

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		Observation	Inspector Notes	USP Reference(s)
36.0	Is surface sampling performed at the end of a compounding activity or shift but before the area has been cleaned and disinfected (to obtain a sample that is representative of the typical compounding conditions at the pharmacy)? ***Inspector note: this is a USP recommendation.***	Yes		6.1, 6.3
37.0	Does the pharmacy send out all air quality for viable airborne samples to an external lab (third party) for incubation and processing? ***If pharmacy exclusively does internal incubation and results processing, inspector should answer statement as N/A.***	N/A		6.2.2
38.0	Does the pharmacy send out all surfaces for viable particle samples to an external lab (third party) for incubation and processing? ***If pharmacy exclusively does internal incubation and results processing, inspector should answer statement as N/A.***	N/A		6.3

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		Observation	Inspector Notes	USP Reference(s)
39.0	For any samples that are sent to an external lab (third party), does the pharmacy receive a report from the third party confirming incubation parameters meet USP <797> requirements (eg, the correct temperature and the correct length of incubation time are documented in the report)? ***Inspector note: Incubation parameters are the same as seen in statements 40.6-40.7 and 41.4-41.5.*** ***This question applies for any air or surface sample sent to an external lab. If no, describe observations.***	N/A		6.2.2
40.0	Are processes for sampling and monitoring **air quality for viable airborne** particles in compliance with USP <797> standards? ***Inspector note: Per USP <797>, facilities performing any Category 3 compounding must adhere to the increased environmental monitoring requirements for all classified areas where Category 3 CSPs are compounded and increased environmental monitoring requirements apply at all times regardless of whether Category 3 CSPs are being compounded on a given day.*** ***Review six months of air sampling data to verify. If no, go to compliance statements.***	Yes		6.2, 6.2.1, 6.2.2, 6.2.3, 14.4.2 Box 5, Table 7

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		Observation	Inspector Notes	USP Reference(s)
40.1	All classified areas are sampled using a volumetric active air sampling device (impaction air sampler). ***Inspector note: This sampling must be performed during dynamic operating conditions (to obtain a sample that is representative of the typical compounding conditions at the pharmacy).***	Yes		6.1, 6.2.1
40.2	All classified areas are sampled at the **frequencies** specified by USP for volumetric active air sampling. ***Inspector note: Per USP <797>, Category 1 and Category 2 compounding frequency is every six months and Category 3 compounding frequency is monthly.*** ***For facilities compounding any Category 3 CSPs, this must be completed within 30 days prior to the commencement of any Category 3 compounding and at least monthly thereafter regardless of the frequency of compounding Category 3 CSPs.***	Yes		6.2.1, 14.4.2
40.3	At least one cubic meter (1000 L) of air is tested using the volumetric active air sampling device from each sample location.	Yes		6.2.2 Box 5

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		Observation	Inspector Notes	USP Reference(s)
40.4	All impaction air samplers are serviced and calibrated as recommended by the manufacturer.	Yes		6.1
40.5	The pharmacy uses an appropriate microbiological growth media for sampling. ***Inspector note: An appropriate microbiological growth media means a media that supports the growth of bacteria and fungi (eg, TSA), accompanied by a COA that verifies that the media meets expected growth promotion, pH, and sterilization requirements.***	Yes		6.2.2 Box 5
40.6	The pharmacy incubates all air samples for time and temperature in compliance with USP <797> following the one media device method. ***Inspector notes: Per USP <797> (Box 5), when using the one media device method, sampling media is to be covered, inverted, and incubated at 30°C–35°C for no less than 48 hours. Then, after examination and recording of results, further incubated at 20°C–25°C for no less than five additional days.*** ***If the pharmacy does not utilize this method or sends offsite, inspector should answer statement as N/A.***	Yes		6.2.2 Box 5

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		Observation	Inspector Notes	USP Reference(s)
40.7	The pharmacy incubates all air samples for time and temperature in compliance with USP <797> following the alternative two media device method. ***Inspector note: Per USP <797> (Box 5), two samples may be collected for each sample location and incubated concurrently to shorten the overall incubation period. Both samples are TSA, or one sample is TSA and the other fungal media (eg, malt extract agar [MEA] or sabouraud dextrose agar [SDA]). Each sample is incubated in a separate incubator, one sample at 30°C-35°C for no less than 48 hours the other sample at 20°C-25°C for no less than five days. If fungal media is used, incubate at 20°C-25°C for no less than five days.*** ***If the pharmacy does not utilize this method or sends offsite, inspector should answer statement as N/A.***	Yes		6.2.2 Box 6
40.8	Results for all plates are recorded for each sample and did not exceed USP <797> Table 7 action levels (or internal action levels if more restrictive). **ISO Class 5: >1 cfu/m^3/device** **ISO Class 7: >10 cfu/m^3/device** **ISO Class 8: > 100 cfu/m^3/device** ***Inspector note: Per USP <797>, if two sampling media devices are collected at a single location, all recovered growth on each must be documented and action levels applied to each sampling media separately.***	Yes		6.2.3 Table 7

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		Observation	Inspector Notes	USP Reference(s)
40.9	For any air sample locations exceeding action levels, pharmacy works with the assistance of a microbiologist to identify any microorganisms recovered to the genus level. ***Inspector note: Per USP <797>, an attempt must be made (meaning the lab attempted to identify the microorganisms and was unsuccessful).***	Yes		6.2.3
40.10	For any areas that exceed action levels, an investigation is conducted to attempt to determine cause and a corrective action plan is implemented.	Yes		6.2.3
41.0	Are processes for sampling and monitoring **surfaces for viable particles** in compliance with USP <797> standards? ***Review six months of surface sampling data to verify. If no, go to compliance statements.***	Yes		6.3
41.1	**Surfaces** and pass-through chambers in the cleanroom suite and SCA are sampled for microbial contamination for each classified area. ***Inspector note: Sampling locations must include work surfaces in each classified room, the interior of each ISO Class 5 PEC, and all pass-through chambers connecting to classified areas. USP recommends samples be taken from: equipment contained within the PEC, staging or working area near the PEC, and frequently touched surfaces.***	Yes		6.3, 6.3.1

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		Observation	Inspector Notes	USP Reference(s)
41.2	**Surfaces** within the cleanroom suite and SCA are sampled at the **frequencies** specified by USP for viable particle surface sampling. ***Inspector note: Category 1 and Category 2 CSP surface sampling frequency is monthly and Category 3 compounding is weekly, regardless of the frequency of compounding Category 3 CSPs.*** ***Additionally, surface sampling is to be performed within the PEC used to prepare Category 3 CSPs, at the end of each batch, before cleaning and disinfection occurs unless a self-enclosed robot is used. If a self-enclosed robot is used, frequency is at least once daily at the end of compounding operations.*** ***For facilities compounding any Category 3 CSPs, a surface sampling must be completed prior to assigning BUDs longer than the limits established in Table 13.***	Yes		6.3, 6.3.1, 14.4.2

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		Observation	Inspector Notes	USP Reference(s)
41.3	The pharmacy uses an appropriate microbiological growth media for sampling. ***Inspector note: An appropriate microbiological growth media means a surface sampling device with a raised convex surface for sampling flat surfaces is used that contain general microbial growth media that supports the growth of bacteria and fungi (eg, TSA supplemented with additives that neutralize effects of any disinfecting agent, eg, lecithin and polysorbate 80), accompanied by a COA that verifies that the media meets expected growth promotion, pH, and sterilization requirements. Per USP, "sterile swabs wetted with sterile water or a sterile neutralizing buffer may be used when sampling irregular surfaces and difficult-to-reach locations such as crevices, corners, and spaces between surfaces."***	Yes		6.3.2 Box 6
41.4	The pharmacy incubates all surface samples in compliance with USP <797> following the one media device method. ***Inspector notes: Per USP <797>, when using the one media device method, sampling media is to be covered, inverted, and incubated at 30°C-35°C for no less than 48 hours. Then, after examination and recording of results, further incubated at 20°C-25°C for no less than five additional days.*** ***If the pharmacy does not utilize this method or sends offsite, inspector should answer statement as N/A.***	Yes		6.3.2 Box 6

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		Observation	Inspector Notes	USP Reference(s)
41.5	The pharmacy incubates all surface samples in compliance with USP <797> following the alternative two media device method. ***Inspector note: Per USP <797>, two samples may be collected for each sample location and incubated concurrently to shorten the overall incubation period. Both samples are TSA, or one sample is TSA and the other fungal media (eg, MEA or SDA). Media must be supplemented with neutralizing additives (eg, lecithin and polysorbate 80). Each sample is incubated in a separate incubator, one sample at 30°C-35°C for no less than 48 hours the other sample at 20°C-25°C for no less than five days. If fungal media is used, incubate at 20°C-25°C for no less than five days. If the pharmacy does not utilize this method or sends offsite, inspector should answer statement as N/A.***	Yes		6.3.2 Box 7
41.6	Results for all plates are recorded for each sample and did not exceed USP <797> Table 8 action levels (or internal action levels if more restrictive). **ISO Class 5: >3 cfu/media device** **ISO Class 7: >5 cfu/media device** **ISO Class 8: > 50 cfu/media device** ***Inspector note: Per USP <797>, if two sampling media devices are collected at a single location, all recovered growth on each must be documented and action levels applied to each sampling media device separately.***	Yes		6.3.3 Table 8

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		Observation	Inspector Notes	USP Reference(s)
41.7	For any surface sample locations exceeding action levels, pharmacy works with the assistance of a microbiologist to identify any microorganisms recovered to the genus level. ***Inspector note: Per USP <797>, an attempt must be made (meaning the lab attempted to identify the microorganisms and was unsuccessful).***	Yes		6.3.3
41.8	For any areas that exceed action levels, an investigation is conducted to determine cause, and a corrective action plan is implemented.	Yes		6.3.3
	Compounding Personal Hygiene and Garbing			
42.0	Does the pharmacy have a process to ensure all personnel entering the compounding area adhere to restrictions intended to minimize the risk of contamination in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		3.1
42.1	Compounding personnel are required to report conditions that may contaminate the sterile preparation and environment to the designated person(s). ***Inspector note: Per USP <797>, examples of conditions that have a higher risk of contaminating the CSP and sterile environment includes: rashes, recent tattoos, oozing sores, conjunctivitis, or active respiratory infections.***	Yes		3, 3.1

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		Observation	Inspector Notes	USP Reference(s)
42.2	The designated person(s) is responsible for evaluating whether compounding personnel should be excluded from working in compounding areas before their conditions have been resolved. ***Inspector note: Per USP <797>, the designated person(s) may permit accommodations as long as the quality of the CSP and environment will not be affected.***	Yes		3, 3.1
42.3	Any accommodations permitted by the designated person(s) are documented.	Yes		3.1
42.4	Food (including mints, gum, etc) and drinks are not permitted in anterooms, buffer rooms, or segregated compounding areas.	Yes		3.1
43.0	Does the pharmacy stock the necessary garb to ensure minimum garbing requirements are continuously met in compliance with USP <797> standards? ***If no, go to compliance statements.***	No		3.3
43.1	The pharmacy stocks gowns and/or coveralls that are low-lint with sleeves that fit snugly around the wrists and an enclosed neck.	Yes		3.3
43.2	The pharmacy stocks shoe covers that are low lint.	Yes		3.3
43.3	The pharmacy stocks head covers that are low lint and cover the hair and ears.	Yes		3.3

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: East Coast Compounding and Pharmacy, LLC

e-Profile ID: 1637241

Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Inspector Notes	USP Reference(s)
43.4	The pharmacy stocks facial hair covers (not masks) that are low-lint. ***If the pharmacy does not have personnel with beards, inspector should answer this statement as N/A.***	Yes		3.3
43.5	The pharmacy stocks masks that are low lint.	Yes		3.3
43.6	The pharmacy stocks sterile, powder-free gloves.	Yes		3.3
43.7	**Category 1 and Category 2:** All non-disposable garb used to prepare Category 1 and Category 2 CSPs is laundered before reuse. ***If only disposable items are used, inspector should mark as N/A.***	N/A		3.3
43.8	**Category 3 only:** The pharmacy stocks low lint face and neck coverings that ensure no skin is exposed. ***Inspector note: This is an additional garbing requirement for facilities preparing any Category 3 CSPs.*** ***If the pharmacy does not prepare Category 3 CSPs, inspector should answer statement as N/A.***	No	PIC stated there were goggles stocked but they were not in use and not shown to the inspector.	3.3, 14.4.2

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		Observation	Inspector Notes	USP Reference(s)
43.9	**Category 3 only:** The pharmacy stocks sterile, low lint outer garb (including sterile sleeves over gauntlet sleeves when a RABS is used). ***Inspector note: This is an additional garbing requirement for facilities preparing any Category 3 CSPs.*** ***If the pharmacy does not prepare Category 3 CSPs, inspector should answer statement as N/A.***	Yes		3.3
43.10	**Category 3 only:** All non-disposable garb used to prepare Category 3 CSPs is **laundered and resterilized** with a validated cycle before each use. ***Document whether laundering and sterilization is performed in-house or by an outside vendor.*** ***If only disposable items are used, inspector should answer statement as N/A.***	N/A		3.3, 14.4.2
	Media-Fill			
44.0	Is the media-fill testing simulation performed by the pharmacy in compliance with USP <797> standards? ***Inspector note: Per USP, "When performing a media-fill test, simulate the most difficult and challenging aseptic compounding procedures encountered by the person replacing all the components used in the CSPs with soybean-casein digest media. The simulation must capture elements that could potentially affect the sterility of the CSP."*** ***If no, go to compliance statements.***	No	Facility meets Category 2 requirements, but are dispensing preparations with Category 3 BUD. They are performing media fill simulation every 6 months versus every 3 months.	2.3

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		Observation	Inspector Notes	USP Reference(s)
44.1	The simulation captures factors associated with the length of the process that can pose contamination risk (eg, operator fatigue, quality of equipment).	Yes		2.3
44.2	The simulation captures number of aseptic additions or transfers.	Yes		2.3
44.3	The simulation captures number, type, and complexity of manipulations.	Yes		2.3
44.4	The simulation captures number of personnel in the buffer room or SCA.	Yes		2.3
44.5	Does the facility define "the most difficult and challenging procedures" and the rationale for how they are the most challenging? ***Inspector note: Best practice is for this to be documented in an SOP. Inspectors may also find this information documented on a training/competency assessment checklist. For complex/variety of compounding practices, inspectors may find additional media fills are completed (more than what is required by the USP chapters).***	Yes		2.3, 20
45.0	Are the pharmacy's media-fill storage, review, and preparation processes in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		2.3

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		Observation	Inspector Notes	USP Reference(s)
45.1	If pharmacy uses commercial sterile microbial growth media, a COA was obtained. ***If pharmacy does not use commercial sterile microbial growth media, inspector should answer statement as N/A.***	Yes		2.3
45.2	The COA for the commercial sterile microbial growth media includes statements from the supplier that the lot of the growth media will support the growth of microorganisms. ***If pharmacy does not use commercial sterile microbial growth media, inspector should answer statement as N/A.***	Yes		2.3
45.3	Storage of commercial sterile microbial growth media is in accordance with manufacturer instructions. ***If pharmacy does not use commercial sterile microbial growth media, inspector should answer statement as N/A.***	Yes		2.3
45.4	Commercial sterile microbial growth media is stored and used before its expiration date. ***Inspector note: Media is to be inoculated by the expiration date, meaning that the test needs to be started (not that incubation needs to be completed before the expiration date).*** ***If pharmacy does not use commercial sterile microbial growth media, inspector should answer statement as N/A.***	Yes		2.3

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		Observation	Inspector Notes	USP Reference(s)
45.5	Sterile-to-sterile media-fill testing microbial growth media (non-commercial) was prepared and growth promotion capability was demonstrated prior to use, following USP <71>. ***If pharmacy only uses commercial sterile microbial growth media, inspector should answer statement as N/A.***	N/A		2.3
45.6	Nonsterile starting components (commercially available nonsterile soybean-casein digest powder) are dissolved to make a 3% nonsterile solution, manipulated in a manner that simulates nonsterile-to-sterile compounding activities, with a minimum of one positive control container. ***If pharmacy does not perform sterile compounding using nonsterile ingredients, inspector should answer statement as N/A.***	Yes		Box 2
	Cleaning and Disinfection			7
46.0	Is the pharmacy equipped with the necessary cleaning and disinfecting equipment and supplies that comply with USP <797> standards? ***If no, go to compliance statements.***	Yes		7, 7.1.1, 7.1.2 <1072>
46.1	All cleaning and disinfecting supplies (eg, wipers, sponges, pads, and mop heads), with the exception of tool handles and holders, are low lint (and sterile if used within PEC).	Yes		7.1.2

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		Observation	Inspector Notes	USP Reference(s)
46.2	Reusable cleaning tools are made of cleanable materials (no wood handles or any other porous material).	Yes		7.1.2
46.3	Reusable cleaning tools are dedicated for use in the classified areas or SCA and are not removed from these areas except for disposal.	Yes		7.1.2
46.4	The pharmacy has the appropriate cleaners **EPA-registered disinfecting agent(s)** to adequately perform cleaning and disinfection. ***Inspector note: Examples of EPA-registered disinfectants include, but are not limited to: phenolics; oxidizers, such as peroxyacetic acid and sodium hypochlorite; quaternary ammonium; and hydrogen peroxide. If the agent is EPA-registered, a registration number will be on the label. Compounding personnel should have access to SDS and information/knowledge on dwell times. Per USP, Box 7, the pharmacy is to ensure the contact time specified by the manufacturer is achieved.***	Yes		7.1.1 Box 7 <1072>

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		Observation	Inspector Notes	USP Reference(s)
46.5	The pharmacy has the appropriate **EPA-registered sporicidal agent(s)** to adequately perform sporicidal disinfection. ***Inspector notes: Examples of EPA-registered agents include but are not limited to: oxidizers such as peroxyacetic acid, sodium hypochlorite, and hydrogen peroxide.*** ***Compounding personnel should have access to SDS and information/knowledge on dwell times. Per USP, Box 8, the pharmacy is to ensure the contact time specified by the manufacturer is achieved.*** ***Per USP, Inspector should check to see if agent is effective against Clostridium difficile.***	Yes		7.1.1 Box 7 <1072>
46.6	All cleaning and disinfectant agents are appropriately labeled including expiration dates. ***Inspector should verify that no expired agents are present.***	Yes		7.1.1
46.7	When used in the PEC, any cleaning and disinfecting agents that are not "ready-to-use" sterile formulations are diluted using sterile water. ***If only ready-to-use sterile formulations are used, inspector should answer statement as N/A***	N/A	Only RTU agents are used	7.1.1
47.0	Does the pharmacy's documented **cleaning and disinfection** activities for surfaces in the classified areas and/or SCA comply with the **frequencies** specified in USP <797> Table 10? ***Review cleaning logs to verify. If no, go to compliance statements.***	Yes		7.2 Table 10

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		Observation	Inspector Notes	USP Reference(s)
47.1	All interior surfaces of the PEC are cleaned and disinfected on days when compounding occurs.	Yes		7.2 Table 10
47.2	All interior surfaces of the PEC are cleaned and disinfected when surface contamination is known or suspected.	Yes		7.2 Table 10
47.3	The removable work tray inside the PEC is cleaned and disinfected on days when compounding occurs. ***If the PEC is not equipped with a removeable work tray, inspector should answer statement as N/A.***	Yes		7.2 Table 10
47.4	All equipment inside the PEC is cleaned and disinfected on days when compounding occurs.	Yes		7.2, 9.1 Table 10
47.5	All work surfaces outside of the PEC (eg, counters, work tables) are cleaned and disinfected on days when compounding occurs.	Yes		7.2 Table 10
47.6	All pass-through chambers are cleaned and disinfected on days when compounding occurs. ***If the pharmacy is not equipped with a pass-through chamber, inspector should answer statement as N/A.***	Yes		7.2 Table 10

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		Observation	Inspector Notes	USP Reference(s)
47.7	Floors in the buffer room, anteroom, and/or SCA are cleaned and disinfected on days when compounding occurs.	Yes		7.2 Table 10
47.8	Sinks used for hand hygiene are cleaned and disinfected on each day of use.	Yes		4.4, 7.2, Table 10
47.9	Walls, doors, and door frames are cleaned and disinfected monthly.	Yes		7.2 Table 10
47.10	Storage and shelving bins are cleaned and disinfected monthly.	Yes		7.2 Table 10
47.11	All equipment outside the PEC are cleaned and disinfected monthly. ***Inspector note: Equipment in the SEC/SCA may include, but is not limited to: carts, refrigerators, computers, barcode readers, and label printers.***	Yes		7.2 Table 10
47.12	Ceilings in the buffer room and anteroom are cleaned and disinfected monthly. ***If the pharmacy performs compounding only in a SCA, inspector should answer statement as N/A.***	Yes		7.2 Table 10

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		Observation	Inspector Notes	USP Reference(s)
47.13	Ceilings in the SCA are required to be cleaned and disinfected only when visibly soiled and when surface contamination is suspected. ***If the pharmacy performs compounding only in a cleanroom suite, inspector should answer statement as N/A.***	Yes		7.2 Table 10
47.14	The surface of the removable work tray and the area underneath the removable work tray of the PEC is cleaned and disinfected monthly. ***If the PEC is not equipped with a removable work tray, inspector should answer statement as N/A.***	Yes		7.2 Table 10
48.0	Does the pharmacy's documented application of **sporicidal disinfectant** on surfaces comply with the **frequencies** specified for each CSP category in USP <797> Table 10? ***Inspector note: Per USP <797>, If the pharmacy prepares any Category 3 CSPs, the cleaning requirements for Category 3 must be followed at all times regardless of whether a Category 3 CSPs is prepared on any given day.*** ***Review cleaning logs to verify. If no, go to compliance statements.***	No	The facility complies with Category 2 standards, but are dispensing products with Category 3 BUD. The pharmacy is using the sporicidal disinfectant monthly versus weekly for all surfaces.	7.2, 14.4.2 Table 10

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		Observation	Inspector Notes	USP Reference(s)
48.1	**Sporicidal disinfectant** is applied to all interior surfaces of the PEC at the specified frequency. ***Inspector note: For Category 1 and Category 2 compounding only, the application frequency is monthly. For any Category 3 compounding, the application frequency is weekly.***	No		7.2, Table 10
48.2	Sporicidal disinfectant is applied to equipment inside the PEC at the specified frequency. ***Inspector note: For Category 1 and Category 2 compounding only, the application frequency is monthly. For any Category 3 compounding, the application frequency is weekly.***	No		7.2 Table 10
48.3	Sporicidal disinfectant is applied to work surfaces outside the PEC (eg, counters, work tables) at the specified frequency. ***Inspector note: For Category 1 and Category 2 compounding only, application frequency is monthly. For any Category 3 compounding, application frequency is weekly.***	No		7.2 Table 10

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		Observation	Inspector Notes	USP Reference(s)
48.4	Sporicidal disinfectant is applied to surfaces in the pass-through chambers at the specified frequency. ***Inspector note: For Category 1 and Category 2 compounding only, the application frequency is monthly. For any Category 3 compounding, the application frequency is weekly.*** ***If the facility is not equipped with a pass-through chamber, inspector should answer statement as N/A.***	No		7.2 Table 10
48.5	Sporicidal disinfectant is applied to the floors in the buffer room, anteroom, and SCA at least monthly. ***Inspector note: For Category 1 and Category 2 compounding only, the application frequency is monthly. For any Category 3 compounding, the application frequency is weekly.***	No		7.2 Table 10
48.6	Sporicidal disinfectant is applied to walls, doors, and door frames at least monthly. ***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.***	No		7.2 Table 10
48.7	Sporicidal disinfectant is applied to storage shelving and bins at least monthly. ***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.***	Yes		7.2 Table 10

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		Observation	Inspector Notes	USP Reference(s)
48.8	Sporicidal disinfectant is applied to equipment stored outside the PEC at least monthly. ***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.***	Yes		7.2 Table 10
48.9	Sporicidal disinfectant is applied to ceilings in the buffer room, anteroom, and SCA at least monthly. ***Inspector note: Per USP <797>, Table 10, the application frequency is monthly for all category types. Per USP, ceilings of the SCA are required to be cleaned, disinfected, and applied with sporicidal disinfectant only when visibly soiled and when surface contamination is suspected. The SCA may not have an accessible ceiling.***	Yes		7.2 Table 10
48.10	Sporicidal disinfectant is applied to sinks used for hand hygiene at least monthly. ***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.***	Yes		4.4, 7.2 Table 10

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		Observation	Inspector Notes	USP Reference(s)
48.11	Sporicidal disinfectant is applied to the work surface of the removable tray in the PEC and area underneath the removable work tray at least monthly. ***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.*** ***If the PEC is not equipped with a removable work tray, inspector should answer statement as N/A.***	Yes		7.2 Table 10
	Components FDA defines manufacturer... as used in section 510 of the Federal Food, Drug, and Cosmetic Act, includes the activities of relabelers, repackers, and salvagers. When not modified by "domestic" or "foreign," the term includes both domestic manufacturers and foreign manufacturers.			9
49.0	Does the pharmacy compound CSPs using active pharmaceutical ingredients (APIs) and non-API components? ***Inspector note: Per USP <797>, non-API components may include pharmaceutical excipients, sterile containers, and container closure systems.*** ***If the pharmacy does not compound using API or non-API components, inspector should answer this question as N/A.***	Yes		9.3
50.0	Is the pharmacy's selection of active API and non-API components in compliance with USP <797> standards? ***Verify by selecting products from the shelf of different suppliers and ask to see the COAs for those products. If no, go to compliance statements.*** ***If the pharmacy does not compound using API or non-API components, inspector should answer this question as N/A.***	Yes		9.3

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		Observation	Inspector Notes	USP Reference(s)
50.1	**APIs:** APIs used are compliant with the criteria in the USP–NF monograph, if one exists. ***If pharmacy does not compound CSPs that have a USP monograph, inspector should answer this statement as N/A.***	Yes		9.3.1
50.2	**APIs:** All APIs used have a COA that includes the specifications (eg, compendial requirements for quality) and that test results for the component show that the API meets expected quality.	Yes		9.3.1
50.3	**APIs:** All APIs used are manufactured by an FDA-registered facility. ***Inspector note: This is a Federal Food, Drug, and Cosmetic Act, Section 503A, requirement as well. Inspector should verify the pharmacy looks up the name of the manufacturer listed on the COA to determine if they are registered as an FDA drug establishment https://dps.fda.gov/decrs.***	Yes		9.3.1
50.4	All **non-API components** comply with the criteria in the USP–NF monograph, if one exists.	Yes		9.3.1
50.5	All **non-API components** are accompanied by documentation (eg, COA, labeling) that include the specifications and test results and shows that the component meets the specifications.	Yes		9.3.1

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50.6	All **non-API components** used are manufactured by an FDA-registered facility. ***Inspector note: Per USP <797>, "If a component cannot be obtained from an FDA-registered facility, the designated person(s) must select an acceptable and reliable source (see USP <1197> Good Distribution Practices for Bulk Pharmaceutical Excipients). The compounding facility must establish the identity, strength, purity, and quality of the ingredients obtained from that supplier by reasonable means. Reasonable means may include but are not limited to visual inspections, evaluation of a COA supplied by the manufacturer, and/or verification by analytically testing a sample to determine conformance with the COA or other specifications."***	Yes		9.3.1
51.0	Does the pharmacy have processes in place to evaluate API and non-API components upon receipt and before use in compliance with USP <797> standards? ***Inspector note: Non-API components may be defined as excipients, containers, and container closure systems.*** ***If no, go to compliance statements.*** ***If the pharmacy does not compound with API or other non-API components, inspector should answer question as N/A.***	Yes		9.3.2, 9.3.3

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		Observation	Inspector Notes	USP Reference(s)
51.1	APIs or other components have been evaluated for use in sterile drug preparation. ***Inspector note: Per USP <797>, "Components labeled with 'not for pharmaceutical use,' 'not for injectable use,' 'not for human use' or an equivalent statement must not be used to compound for these purposes." If no, photograph and describe in the notes column. Request copies of the invoices for products with these types of labels.***	Yes		9.3.2, 9.3.3
51.2	Upon receipt of each lot of a component, personnel verify the labeling and condition of each component and examine the external packaging for evidence of deterioration and other aspects of unacceptable quality (eg, outer packaging is damaged, temperature-sensing indicators show that the component has been exposed to excessive temperatures).	Yes		9.3.2, 9.3.3
51.3	Each lot of commercially available sterile, depyrogenated containers and container-closure systems are accompanied by a COA or other documentation showing conformance with established specifications for sterility and depyrogenation requirements.	Yes		9.3.1, 9.3.2, 9.3.3

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: East Coast Compounding and Pharmacy, LLC

e-Profile ID: 1637241

Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Inspector Notes	USP Reference(s)
51.4	The date of receipt by the pharmacy is clearly marked on each API or component package that lacks a vendor expiration date and are assigned and labeled with an expiration date not to exceed one year after receipt by the pharmacy.	Yes		9.3.2, 9.3.3
51.5	All components are reinspected before use. ***Inspector note: Per USP <797>, all packages must be inspected to detect container breaks, looseness of the cap or closure, and deviation from the expected appearance, aroma, and/or texture of the contents that might have occurred during storage. Sterile container closures are visually reinspected to ensure that they are free from defects that could compromise sterility and that they are otherwise suitable for their intended use.***	Yes		9.3.2, 9.3.3
51.6	Any component found to be of unacceptable quality upon receipt or reinspection prior to use is promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal.	Yes		9.3.2, 9.3.3
51.7	Any other lots of that component from that vendor are examined to determine whether other lots have the same defect.	Yes		9.3.2, 9.3.3

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		Observation	Inspector Notes	USP Reference(s)
	Equipment and Supplies			9
52.0	Is the pharmacy equipped with the appropriate supplies and equipment used for compounding in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		9, 9.1, 9.2
52.1	Supplies (eg, beakers, utensils, needles, syringes, filters, and tubing sets) that contact components are not reactive, additive, sorptive, and do not alter the quality of sterile compounded preparation. ***Inspector note: The appropriate supplies are available as applicable to the type of CSPs prepared (eg, non-PVC, silicone-free, able to withstand high heat, able to be sterilized).***	Yes		9.2
52.2	Any supplies that are in direct contact with CSPs are sterile and/or depyrogenated.	Yes		9.2
52.3	The equipment must be able to be cleaned using the required agents and tools without damaging the equipment and/or contaminating the compounded preparation. ***Inspector note: Equipment used in compounding are of suitable composition and the surfaces that contact components are not reactive or sorptive.***	Yes		9.1

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		Observation	Inspector Notes	USP Reference(s)
52.4	When nonsterile ingredients, products, components, or devices (eg, non-sterile APIs and nonsterile vials and closures) are used for compounding, the pharmacy has the appropriate equipment to sterilize the finished product. Per USP, "Injectable compounded preparations that contain nonsterile components or that come into contact with nonsterile devices (eg, containers, tubing) during any phase of the compounding procedure must be sterilized within 6 hours after completing the preparation to minimize the generation of bacterial endotoxins in CSPs." ***If the pharmacy does not perform compounding that requires sterilization, inspector should answer statement as N/A.***	Yes		9.1, 9.3.1, 10
53.0	Does the pharmacy operate and maintain records for all equipment used for compounding in accordance with manufacturer specifications and USP <797> standards? ***If no, go to compliance statements.***	Yes		9.1, 20
53.1	Automated, mechanical, or electronic equipment (monitoring equipment, autoclaves, ovens, etc) are periodically inspected and calibrated yearly or in accordance with the equipment manufacturer guidelines.	Yes		9.1, 9.3.4

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		Observation	Inspector Notes	USP Reference(s)
53.2	Automated compounding devices (ACDs) and other similar equipment (single channel or multi-channel) are assessed for accuracy and calibrated daily, prior to initial use, and a daily record is maintained. ***Inspector note: Per USP, "The precision of the equipment can be monitored based on an assessment of day-to-day variations in its accuracy measures. Compounding personnel must maintain a daily record of the accuracy measurements on the days the equipment is in use. Corrective actions must be implemented if accuracy measurements are outside the manufacturer's specification."***	Yes		9.1
53.3	Incubators used for environmental and personnel monitoring are placed in a location outside of the sterile compounding area and calibrated in accordance with manufacturer's instructions. ***If the pharmacy does not incubate samples and or/media-fills in-house, inspector should answer statement as N/A.***	Yes		6.1, 6.2.2, 6.3.2

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		Observation	Inspector Notes	USP Reference(s)
53.4	Incubators used for environmental and personnel monitoring are monitored for temperature during incubation periods either manually or by use of a continuous recording device. ***Inspector note: Incubators store media at 20˚C-25˚C and 30˚C-35˚C. If the pharmacy has more than one incubator, review records for both incubators.*** ***View incubator temperature records to verify. Evaluate the size of the incubator and volume of media it can store. If the pharmacy does not incubate samples and/or media-fills in-house, inspector should answer statement as N/A.***	Yes		6.2.2, 6.3.2 Box 5
	Compounding Personnel Observation - Inspector ***must*** observe personnel performing compounding and related activities. This section will require the inspector to observe the staff while performing compounding and related activities. If the inspector is unable to view activities from a window or other observation area, it is expected they will gown/garb into compounding area. It is acceptable for pharmacy staff to perform mock compounding activities (with sterile saline or other drug) as long as all observations can be viewed.			
54.0	**Personnel Preparation Observation:** Before entering the compounding area, do compounding personnel remove any items that are not easily cleanable or are not necessary for compounding in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		3.1

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		Observation	Inspector Notes	USP Reference(s)
54.1	All outer garments such as hats, scarves, sweaters, bandanas, vests, coats, and jackets are removed.	Yes		3.1
54.2	Makeup and/or cosmetics are removed.	Yes		3.1
54.3	All hand, wrist, and other exposed jewelry, including piercings such as earrings, lip or eyebrow piercings, etc. are removed and any jewelry that cannot be removed is covered.	Yes		3.1
54.4	Earbuds or headphones are removed.	Yes		3.1
54.5	Electronic devices that are not necessary for compounding or other required tasks are prohibited from entering the compounding areas.	Yes		3.1
54.6	Nails are kept clean and neatly trimmed.	Yes		3.1
54.7	Any nail polish, artificial nails, or extenders are removed.	Yes		3.1
54.8	If worn, eyeglasses are wiped. ***If none of the pharmacy staff wear glasses, inspector should answer statement as N/A.***	N/A		3.1

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		Observation	Inspector Notes	USP Reference(s)
54.9	Any accommodations permitted by the designated person(s) have been documented. ***Inspector note: Per USP <797>, accommodations may be permitted as long as the quality of the CSP and environment will not be affected.***	Yes		3.1
55.0	**Hand Hygiene Observation:** Were compounding personnel entering the compounding area observed performing the appropriate hand washing procedures in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		3.2 Box 3
55.1	All personnel entering the compounding area performed hand hygiene.	Yes		3.2 Box 3
55.2	The order of hand washing was performed in the appropriate sequence in relation to the placement of the sink. ***Inspector note: If hand hygiene is completed outside of a classified area, alcohol-based hand rub must be used prior to donning garb.***	Yes		3.2 Box 3

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		Observation	Inspector Notes	USP Reference(s)
55.3	Fingernails are cleaned under warm running water using a disposable nail cleaner (eg, nail pick). ***Inspector note: During observations, inspect whether nail picks are available for use when performing hand hygiene.***	Yes		3.2 Box 3
55.4	Brushes are not used for hand hygiene.	Yes		3.2 Box 3
55.5	Hands and forearms are washed up to the elbows with soap and warm water for at least 30 seconds. ***Inspector note: Compounding personnel describe method for ensuring they have washed for 30 seconds (example: clock or timer is available near the sink).***	Yes		3.2 Box 3
55.6	Soap containers are not refilled or topped off.	Yes		3.2
55.7	Hands and forearms are completely dried up to the elbows with low-lint disposable towels or wipers.	Yes		3.2 Box 3
55.8	Hand dryers are not used for hand hygiene.	Yes		3.2 Box 3

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		Observation	Inspector Notes	USP Reference(s)
56.0	**Garbing Observation:** Were compounding personnel observed following the appropriate garbing procedures in compliance with USP <797> standards? ***If no, go to compliance statements.***	No		3.3
56.1	All personnel entering the compounding area are fully garbed (with the required garb as determined by the facility SOPs).	No	Facility is preparing category 3 drugs, staff do not wear goggles.	3.3
56.2	Compounding personnel entering the cleanroom suite and/or SCA adhere to the minimum garbing requirements in USP <797>. ***Inspector note: Per USP <797>, additional garbing requirements must be continuously met in the buffer room where Category 3 CSPs are prepared, regardless of whether Category 3 CSPs are compounded on a given day.***	No	Facility is preparing category 3 drugs, staff do not wear goggles.	3.3
56.3	Donning procedures are performed in an order that reduces the risk of contamination. ***Inspector note: USP recommends (not requires) the donning procedure to be performed in the anteroom.*** ***If no, inspector must describe in the notes column why a risk of contamination is a concern.***	No		3.3

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		Observation	Inspector Notes	USP Reference(s)
56.4	Doffing procedures are performed in an order that reduces the risk of contamination.	No		3.3
56.5	The order of garbing was performed in the appropriate sequence in relation to the placement of the sink. ***Inspector note: If hand hygiene is completed outside of a classified area, alcohol-based hand rub must be used prior to donning garb.***	No		3.2, 3.3
56.6	Sterile gloves are donned in a classified room or SCA. ***Inspector note: If hand hygiene is completed outside of a classified area, alcohol-based hand rub must be used prior to donning garb and again before sterile gloves are donned, see USP <797> FAQ #97.***	Yes		3.2
56.7	Skin is not exposed inside the ISO Class 5 PEC.	No	No goggles are worn.	3.3
56.8	Garb is replaced immediately if it becomes visibly soiled or if its integrity is compromised.	Yes		3.3

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		Observation	Inspector Notes	USP Reference(s)
56.9	**Category 1 and Category 2 only:** Upon exit of the compounding area, all garb (except for gowns) is discarded or laundered prior to reuse. ***Inspector note: Gowns (disposable and non-disposable) may be reused within the same shift by the same person only if stored appropriately. If the facility prepares any Category 3 CSPs, additional garbing requirements must be followed and gowns must not be reused, inspector should answer statement as N/A.***	N/A		3.3
56.10	**Category 1 and Category 2 only:** Gowns reused within the same shift and by the same person are maintained in a manner that prevents contamination. ***Inspector note: Per USP <797>, gowns stored for reuse must be maintained in a classified area or adjacent to or within the SCA in a manner that prevents contamination (eg, away from sinks to avoid splashing). If the facility prepares any Category 3 CSPs, additional garbing requirements must be followed and gowns must not be reused; inspector should answer statement as N/A.***	N/A		3.3

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		Observation	Inspector Notes	USP Reference(s)
57.0	List the name(s) of the CSPs observed by the inspector as part of live compounding demonstration.		Testosterone 20mg/ml Injection.	
58.0	**Compounding Observation:** Are compounding personnel observed using the appropriate aseptic technique that ensures the quality of the CSP and the environment is maintained in compliance with USP <797> standards? ***If no, go to compliance statements.***	No		1, 2.1, 2.3
58.1	All sterile compounding is performed in a PEC with ISO Class 5 conditions or better. ***If the pharmacy only performs immediate use compounding, inspector should answer this statement as N/A.***	Yes		4.1.2

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		Observation	Inspector Notes	USP Reference(s)
58.2	**Category 2 and Category 3 only:** All PECs are placed in a cleanroom suite. ***Inspector note: Per USP, "If compounding only Category 1 CSPs, the PEC may be placed in an unclassified SCA."*** ***If the pharmacy only prepares Category 1 CSPs, inspector should answer this statement as N/A.***	Yes		4.1.2
58.3	Compounding personnel ascertain before use that components are of the correct identity, appropriate quality, within the expiration date, and have been stored under the proper conditions.	Yes		9.3.3
58.4	All items are wiped with a sporicidal disinfectant, EPA-registered disinfectant, or sterile 70% IPA prior to being introduced into the clean side of the anteroom, placed into a pass-through chamber, and/or brought into the SCA. ***Inspector note: The wiping procedure or agents used should not compromise the packaging integrity or render the product label unreadable. Disinfectant dwell time minimums, as specified by the manufacturer, are to be followed.***	Yes		8.1

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		Observation	Inspector Notes	USP Reference(s)
58.5	Before any item is introduced into the PEC, it is wiped with sterile 70% IPA using sterile low-lint wipers and allowed to dry before use. ***Inspector note: Per USP, "When sterile items are received in sealed containers designed to keep them sterile until opening, the sterile items may be removed from the covering as the supplies are introduced into the ISO Class 5 PEC without the need to wipe the individual sterile supply items with sterile 70% IPA. The wiping procedure must not render the product label unreadable."***	Yes		8.2
58.6	Aseptic processes and manipulations are performed in a manner intended to minimize the risk of contamination. ***Inspector note: Observe the compounder's technique to ensure proper aseptic technique is utilized such as: preparation occurs in the direct compounding area (DCA); the compounder does not interrupt first air during the compounding process; proper set up of equipment, supplies, and components that ensure first air is not interrupted; the compounder handles the syringe in a manner that does not introduce contaminates (touch contamination on the plunger rod); proper entry and exit of materials in ISO Class 5 PEC; and frequent sanitization of gloves.***	No	Personnel were not wearing goggles and were compounding preparations with category 3 BUDs.	2.3
58.7	All critical sites (eg, vial stoppers, ampule necks, and IV bag septums) are wiped with sterile 70% IPA in the PEC and allowed to dry before puncturing.	Yes		7, 8.3

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		Observation	Inspector Notes	USP Reference(s)
58.8	Gloves are disinfected with sterile 70% IPA immediately before compounding and regularly throughout the compounding process. ***Inspector note: Per USP, best practice is to re-sanitize each time hands re-enter the PEC. This may not occur when compounder is staging the next batch.***	Yes		3.3
58.9	Gloves are regularly inspected for holes, punctures, or tears, and are replaced immediately if such defects are detected.	Yes		3.3
59.0	Do compounding personnel adhere to the USP established time limits for components after initial puncture or entry in compliance with USP <797> standards? ***Look at punctured, stored containers and confirm if puncture time or BUD is noted on the container and stored within time limits. If no, go to the compliance statements.***	Yes		15

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		Observation	Inspector Notes	USP Reference(s)
59.1	Single dose containers (entered or punctured only in an ISO Class 5 air or cleaner air) are not used beyond 12 hours after initial puncture or entry or assigned BUD, whichever is shorter. ***Inspector note: This applies to conventionally manufactured single-dose vials, compounded single-dose CSPs used as components, and CSP stock solutions. The labeled storage requirements during that 12-hour period must be maintained. Additionally, per USP, "This time limit for entering or puncturing (a single-dose CSP or CSP stock solution) is not intended to restrict the BUD of the final CSP."***	Yes		15.1, 16.2
59.2	Multiple-use containers are not used for more than 28 days after initial puncture or entry, manufacturer specifications, or assigned BUD, whichever is shorter. ***Inspector note: This applies to conventionally manufactured multiple-dose vials and compounded multiple-dose CSPs used as components. Multiple-dose CSPs are required to meet the criteria for antimicrobial effectiveness testing (USP <51>) and must be stored under the conditions upon which its BUD is based (eg, refrigerator or controlled room temperature).***	Yes		14.5, 15.2, 16.1

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59.3	The remaining contents of opened single-dose ampules (or vials where container closure system has been removed) are discarded immediately. ***Inspector note: Ampules or vials where the container closure system has been removed must not be stored for any time period.***	Yes		15.1
59.4	Pharmacy bulk package containers of sterile drugs for parenteral use are only entered or punctured in an ISO Class 5 PEC. ***Inspector note: Per USP, the pharmacy bulk package system must be used according to the manufacturer's labeling.***	Yes		15.3
60.0	**Inspect several different finished compounded sterile preparations.** Are all the finished compounded sterile preparations free from any evidence of particulates, filaments, floaters, or signs of contamination? ***Inspector note: If found, request the compounded preparation to be quarantined and notify NABP immediately. Additionally, list the name(s) of the compounded preparation(s) observed; description of type of contamination suspected (eg, filament or floater); number of preparations affected (eg, two of the five vials on the shelf); lot or batch information; BUD assigned; and collect photographs, copy of MFR, and CR.***	Yes		12

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		Observation	Inspector Notes	USP Reference(s)
61.0	Are there procedures for in-process checks performed by a pharmacist? ***Inspector note: In-process checks are safety steps for complex, multi-step compounding processes or high risk drugs or high risk populations (eg, neonates).*** ***These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists and visual inspection of product. Documentation of the compounding accuracy is recommended to be performed by someone other than the compounder to ensure proper measurement, reconstitution, and component usage. Some checks may be done retrospectively and with the assistance of technology.***	Yes		2 Table 2, Table 3
62.0	**Cleaning and Disinfection Observation:** Does the pharmacy perform cleaning and disinfection activities in compliance with USP <797> standards? ***If inspector is unable to observe cleaning activities (due to timing of compounding activities observed), inspector should interview compounder(s) to have them walk through their normal process. If this occurs, inspector should record in notes column "process only."*** ***If no, go to compliance statements.***	No		7

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: East Coast Compounding and Pharmacy, LLC

e-Profile ID: 1637241

Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Inspector Notes	USP Reference(s)
62.1	All cleaning and disinfection activities are performed by appropriately garbed personnel.	No	No goggles are worn.	7
62.2	Cleaning and disinfection are performed on all surfaces in the classified area and SCA.	No	Incorrect frequency for sporicidal agent.	7
62.3	Cleaning is performed in the direction of clean to dirty areas.	Yes		7
62.4	Reusable cleaning tools are disinfected prior to and after each use.	Yes		7.1.2
62.5	Only sterile cleaning, disinfecting, and sporicidal agents are permitted for use in the PEC. ***Inspector note: If pharmacy utilizes non-ready to use (RTU) agents, they must be diluted with sterile water. Per USP, "Once opened, sterile cleaning and disinfecting agents and supplies (eg, closed containers of sterile wipers) and sterile 70% IPA may be reused for a time period specified as by the manufacturer and/or described in the facility written SOPs."***	Yes		7.1.1, 7.1.2

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		Observation	Inspector Notes	USP Reference(s)
62.6	Only sterile supplies and equipment are permitted for use in the PEC. ***Inspector notes: Non-disposable cleaning tools or handles must be properly disinfected prior to entering the PEC and prior to use.***	Yes		7.1.1, 7.1.2
62.7	Compounding personnel are using the appropriate sterile cleaning, disinfecting, and sporicidal agents within the PEC.	Yes		7.1.1
62.8	Compounding personnel are using the appropriate cleaning and disinfecting procedures and techniques within the PEC. ***Inspector note: Per USP, "All cleaning, disinfecting, and application of sporicidal disinfectants must be documented according to the facility's SOPs"; "Cleaning must be performed in the direction of clean to dirty areas"; and when 70% sterile IPA is used, it is used last and allowed to dry. There are differing opinions on the best order of cleaning. Procedure includes using a sterile low-lint wiper to all surfaces. Allow surfaces to dry completely before beginning compounding.***	No	Incorrect frequency for sporicidal agent.	7.1.2 Box 7, Box 8
62.9	The manufacturer's directions or published data for the minimum contact time is followed for each of the cleaning, disinfecting, and sporicidal disinfectant used. ***Per USP, contact times should be included in the SOP based on the agent used.***	Yes		7.1.1 Box 7, Box 8

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		Observation	Inspector Notes	USP Reference(s)
62.10	Sterile 70% IPA is applied to all surfaces in the ISO Class 5 PEC at the frequencies specified by USP during active compounding. ***Inspector note: Per USP <797>, sterile 70% IPA must be applied: immediately before initiating compounding procedures, to the work surface of the PEC at least every 30 minutes (if the compounding process takes 30 minutes or less), to the work surface of the PEC immediately after compounding (when the compounding process takes more than 30 minutes), after each batch or lot is completed, and after cleaning and disinfecting.***	Yes		7
	Sterilization and Depyrogenation			10
63.0	Does the pharmacy compound preparations with any nonsterile starting components? ***If the pharmacy does not compound preparations with any nonsterile starting components, inspector should answer question as N/A.***	Yes		10

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		Observation	Inspector Notes	USP Reference(s)
64.0	Are injectable compounded preparations that contain nonsterile components or that come into contact with nonsterile devices (eg, containers, tubing) during any phase of the compounding procedure, sterilized within six hours after completing the preparation? ***If no, describe observations and collect a copy of the master formulation record, a copy of the compounding record, and a copy of the process for sterilization.*** ***If the pharmacy does not compound with nonsterile components or devices, or they only compound sterile ophthalmic and/or sterile drugs administered by inhalation, inspector should answer question as N/A.***	Yes		10
65.0	**Filter Sterilization:** Does the pharmacy use the appropriate type of sterilization method, equipment, documentation, and testing in compliance with USP <797> standards? ***View compounding records for CSPs sterilized by filtration to verify.*** ***Inspector note: The sterilization method used must sterilize the CSP without degrading its physical and chemical stability (eg, affecting its strength, purity, or quality) or the packaging integrity.*** ***If no, go to compliance statements.*** ***If the pharmacy does not use this sterilization method, inspector should answer question as N/A.***	Yes		10.2 USP <1229.4>

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		Observation	Inspector Notes	USP Reference(s)
65.1	Sterilization by filtration is performed in an ISO 5 environment.	Yes		4.1.2, 10.2
65.2	Filters used have enough capacity to filter the required volumes. ***Inspector note: Per USP, "The filter dimensions and the CSP to be sterilized by filtration should permit the sterilization process to be completed without the need for replacement of the filter during the process."***	Yes		10.2
65.3	The 0.2 micron sterile micro-porous membrane filter used to sterilize CSP solutions is chemically and physically compatible with the CSP. Inspector note: Per USP <797>, sterilizing filters must be appropriate for pharmaceutical use. Sterilizing filters labeled "for laboratory use" or equivalent must not be used. "Sterilizing filters must be certified by the manufacturer to retain at least 107 microorganisms of a strain of Brevundimonas diminuta per square centimeter of upstream filter surface area under conditions similar to those in which the CSPs will be filtered (ie, pressure, flow rate, and volume filtered)."	Yes		10.2

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		Observation	Inspector Notes	USP Reference(s)
65.4	Confirmation of filter integrity (bubble testing) is performed and documented for each filter used with each batch sterilized by filtration. ***Inspector note: If multiple filters are required for the compounding process, each of the filters must be tested.*** ***If no, collect a copy of the master formulation record and compounding record.***	Yes		10.2
65.5	A prefiltration step is performed for any CSPs that are known to contain excessive particulate matter. ***Inspector note: The prefiltration step consists of using a filter with a larger nominal pore size (eg, 1.2 micron) or a separate filter of larger nominal pore size should be placed upstream of (ie, prior to) the sterilizing filter to remove gross particulate contaminants before the CSP is passed through the sterilizing-grade filter.***	Yes		10.2
65.6	CSPs that are prepared using a filter that failed integrity tests are either discarded or, after investigating the cause of the failure and selection of an appropriate filter, refiltered for sterilization not more than one additional time. ***If no, collect a copy of the master formulation record and compounding record.***	Yes		10.2
65.7	Single-use filters are only used once.	Yes		4.1.2, 10.2

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		Observation	Inspector Notes	USP Reference(s)
66.0	**Steam Sterilization:** Does the pharmacy use the appropriate type of sterilization method, equipment (autoclave), documentation, and testing in compliance with USP <797> standards? ***Inspector note: The sterilization method used must sterilize the CSP without degrading its physical and chemical stability (eg, affecting its strength, purity, or quaiity) or the packaging integrity.*** ***View documentation on compounding records for CSPs sterilized by steam to confirm. If no, go to compliance statements.*** ***If the pharmacy does not use this sterilization method, inspector should answer question as N/A.***	N/A		10.3 USP <1229.1>
66.1	The pharmacy has evaluated if steam sterilization would cause degradation of the drug. ***Inspector note: Per USP, compounded preparations that are degraded by moisture, pressure, or temperatures used may not be sterilized by steam heat.***	N/A		10.3
66.2	Steam supplied is free of contaminants and generated using water per manufacturer's specifications.	N/A		10.3
66.3	Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization.	N/A		10.3

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		Observation	Inspector Notes	USP Reference(s)
66.4	Items are placed in the autoclave in a manner that allows steam to reach them without entrapment of air. ***Inspector note: The pharmacy should have the autoclave cycle validated for the size of the batch, sterilization temperature, and sterilization time to ensure the load will be sterile.***	N/A		10.3 USP <1229.1>
66.5	Sealed containers used are able to generate steam internally (eg, small amount of water in empty crimped vials).	N/A		10.3
66.6	The appropriate biological indicators (USP <1229>) are used to verify the effectiveness of each sterilization run or load and documented in the compounding record. ***Inspector note: Per USP <797>, "The effectiveness of steam sterilization must be verified and documented with each sterilization run or load by using appropriate biological indicators, such as spores of Geobacillus stearothermophilus (ATCC 12980, ATCC 7953, or equivalent; see Biological Indicators for Sterilization USP <1229.5>), and other confirmation methods such as physicochemical indicators (see Physicochemical Integrators and Indicators for Sterilization USP <1229.9>). The date, run, and load numbers of the steam sterilizer used to sterilize a CSP is documented in the compounding record."***	N/A		10.3 USP <1229.5> USP <1229.9>

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		Observation	Inspector Notes	USP Reference(s)
66.7	All items are directly exposed to steam under adequate pressure for the length of time necessary as determined by use of appropriate biological indicators to render the items sterile. ***Inspector note: Per USP <797>, the duration of the exposure period must include sufficient time for the entire contents of the CSP and other items to reach the sterilizing temperature. The CSP and other items must remain at the sterilizing temperature for the duration of the sterilization period (an example provided in the chapter is 20-60 minutes at 121°C saturated steam under a pressure of 15 psi, depending on the volume or size of the CSP being sterilized).*** ***Any parameters for the autoclave must be set through validation.***	N/A		10.3 USP <1229.1>
66.8	A calibrated data recorder or chart is used to monitor each cycle and to examine for cycle irregularities (eg, deviations in temperature or pressure) and results documented on the CR.	N/A		10.3, 20

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		Observation	Inspector Notes	USP Reference(s)
67.0	**Dry Heat Sterilization:** Does the pharmacy use the appropriate type of sterilization method, equipment, documentation, and testing in compliance with USP <797> standards? ***Inspector note: The sterilization method used must sterilize the CSP without degrading its physical and chemical stability (eg, affecting its strength, purity, or quality) or the packaging integrity. USP <1229.8> also applies.*** ***View documentation on compounding records for CSPs sterilized by dry heat to confirm. If no, go to compliance statements.*** ***If the pharmacy does not use this sterilization method, inspector should answer question as N/A.***	N/A		10.4 USP <1229.8>
67.1	The pharmacy has the appropriate dry heat sterilization equipment. ***Inspector note: Dry heat sterilization is usually performed in an oven designed for sterilization at 160°C or higher. The dry heat oven should be able to get to the appropriate temperature and pressure, for example, not be a toaster oven.***	N/A		10.4
67.2	Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization.	N/A		10.4
67.3	During sterilization, sufficient space is left between materials to allow for circulation of hot air.	N/A		10.4

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		Observation	Inspector Notes	USP Reference(s)
67.4	CSPs and other items are exposed to dry heat for the length of time necessary for all items to reach sterilizing temperature of 160°C or higher. ***Inspector note: Per USP <797>, if lower temperatures are used, they are validated by biological indicators (see USP <1229.8>, Validation of Dry Heat Sterilization, Biological Indicators). The calibrated oven must be equipped with temperature controls and a timer.***	N/A		10.4
67.5	The appropriate biological indicators are used to verify the effectiveness each sterilization run or load and documented in the compounding record. ***Inspector note: Per USP <797>, "The effectiveness of dry heat sterilization must be verified and documented with each sterilization run or load by using appropriate biological indicators, such as spores of Bacillus atrophaeus (ATCC 9372; see Biological Indicators for Sterilization USP <1229.5>) and other confirmation methods (e.g., temperature-sensing devices). The date, run, and load numbers of the dry heat oven used to sterilize a CSP must be documented in the CR."***	N/A		10.4 USP <1229.5>
67.6	A calibrated data recorder or chart is used to monitor each cycle and the data is reviewed to identify cycle irregularities (eg, deviations in temperature or exposure time) and results documented on the CR.	N/A		10.4, 20

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		Observation	Inspector Notes	USP Reference(s)
68.0	**Dry Heat Depyrogenation:** Is the appropriate depyrogenation method used and documented in compliance with USP <797> standards? ***View documentation records of items depyrogenated to confirm.*** ***If the pharmacy does not use this method, inspector should answer question as N/A.***	Yes		10.1 USP <1228.1>
68.1	Glassware, metal, and other thermostable containers are exposed to dry heat for the length of time necessary for all items to be rendered pyrogen free.	Yes		10.1
68.2	The effectiveness of the dry heat depyrogenation cycle is established and documented. ***Inspector note: Per USP <797>, this must be done initially, re-established any time there are changes made to the cycle (eg, load conditions, duration, temperature), and verified at least annually by using endotoxin challenge vials (ECVs) to demonstrate that the cycle is capable of achieving a ≥ 3-log reduction in endotoxins (see Bacterial Endotoxins Test USP <85>). The verification must be documented.***	Yes		10.1 USP <1228.1> USP <85>
68.3	Items that are not thermostable are depyrogenated by multiple rinses with sterile, nonpyrogenic water (eg, sterile water for injection or sterile water for irrigation) and then thoroughly drained or dried immediately before use in compounding. ***Inspector note: USP <1228.4> Depyrogenation by Rinsing also applies.***	Yes		10.1 USP <1228.4>

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		Observation	Inspector Notes	USP Reference(s)
	Master Formulation and Compounding Records **Inspector should review a minimum of five (5) master formulation records and five (5) compounding records.**			11
69.0	Are **Master Formulation Records (MFRs)** created and maintained in compliance with USP <797> standards? ***If no, go to the compliance statements.***	Yes		11.1
69.1	The pharmacy creates and maintains MFRs for CSPs that are prepared for more than one patient.	Yes		11.1, 20
69.2	MFR changes and alterations are approved and documented according to the pharmacy's SOPs.	Yes		11.1
69.3	The pharmacy creates and maintains MFRs for CSPs that are prepared from nonsterile ingredients.	Yes		11.1, 20
69.4	The MFR includes the name, strength or activity, and dosage form of the sterile compounded preparation.	Yes		11.1, 20

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		Observation	Inspector Notes	USP Reference(s)
69.5	The MFR includes the identities and amounts of all ingredients.	Yes		11.1, 20
69.6	The MFR includes the type and size of container closure.	Yes		11.1, 20
69.7	The MFR includes complete instructions for preparing the sterile compounded preparation, including equipment, supplies, a description of the compounding steps, and any special precautions.	Yes		11.1, 20
69.8	The MFR includes a physical description of the final CSP.	Yes		11.1, 20
69.9	The MFR includes the BUD and storage requirements.	Yes		11.1, 14.2, 20
69.10	The MFR includes the reference source to support the stability of the CSP.	Yes		11.1, 20
69.11	The MFR includes quality control procedures (eg, pH testing, filter integrity testing).	Yes		11.1, 20

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69.12	The MFR includes other information as needed to describe the compounding process and ensure repeatability (eg, adjusting pH and tonicity, sterilization method).	Yes		11.1, 20
69.13	The MFR includes all required release tests, and if applicable, sterility test methods, process, number and endotoxin test and limits.	Yes		11.1, 12, 20
70.0	Are **Compounding Records (CR)** created and maintained in compliance with USP <797> standards? ***Inspector note: Per USP, a prescription or medication order or label may serve as the CR. Also, a copy of the MFR can be made that contains spaces for recording the information needed to complete the CR (eg, both the MFR and CR are on the same document/form). A CR may be kept electronically, if readily retrievable, as long as it contains all required information.*** ***If no, go to compliance statements.***	Yes		11.2 Box 10
70.1	The pharmacy creates and maintains CRs for all for immediate-use CSPs prepared for more than one patient. ***Inspector note: if pharmacy does not prepare any CSPs for immediate-use, inspector should answer compliance statement as N/A.***	Yes		11.2 Box 10

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		Observation	Inspector Notes	USP Reference(s)
70.2	The pharmacy creates and maintains CRs for all Category 1, Category 2, and Category 3 CSPs.	Yes		11.2 Box 10
70.3	The CR includes the name, strength or activity, dosage form of the CSP, and (if applicable) the MFR reference.	Yes		11.2 Box 10
70.4	The CR includes the date and time of preparation.	Yes		11.2 Box 10
70.5	The CR includes an assigned internal identification number (eg, prescription, order, or lot number).	Yes		11.2 Box 10
70.6	The CR includes the identity of the individual(s) involved in the compounding process.	Yes		11.2 Box 10
70.7	The CR includes identity of the individual(s) verifying the final CSP.	Yes		11.2 Box 10
70.8	The CR includes the name of each component.	Yes		11.2 Box 10

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		Observation	Inspector Notes	USP Reference(s)
70.9	The CR includes the vendor/manufacturer, lot number, and expiration date for each component. ***Inspector note: this is required for CSPs prepared for more than one patient and for CSPs prepared from nonsterile ingredient(s).***	Yes		11.2 Box 10
70.10	The CR includes the weight or volume of each component.	Yes		11.2 Box 10
70.11	The CR includes the strength or activity of each component.	Yes		11.2 Box 10
70.12	The CR includes the total quantity compounded.	Yes		11.2 Box 10
70.13	The CR includes the final yield (eg, quantity, containers, number of units).	Yes		11.2 Box 10
70.14	The CR includes the assigned BUD and storage requirements.	Yes		11.2 Box 10
70.15	The CR includes results of quality-control procedures (eg, visual inspection, filter integrity testing, pH testing).	Yes		11.2, 12 Box 10

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Sterile Compounding Inspection for USP <797>

Facility Name: East Coast Compounding and Pharmacy, LLC

e-Profile ID: 1637241

Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Inspector Notes	USP Reference(s)
70.16	The CR includes calculations made to determine and verify quantities and/or concentrations of components. ***Inspector note: Per USP, "If applicable, the CR must also include...Calculations."***	Yes		11.2 Box 10
70.17	The CR is verified by the pharmacist for appropriateness and accuracy with in-process and final checks. ***Inspector note: "Documentation must comply with all laws and regulations of the applicable regulatory jurisdiction."***	Yes		2, 11.2, 12.1, 13, 20 Box 10
71.0	Are the pharmacy's labels for CSPs in compliance with USP <797> standards and display all required information? ***If no, go to compliance statements.***	Yes		13 USP <7>
71.1	Information on the label is prominently and legibly displayed. ***Inspector note: Definition of labeling includes other accompanying materials with the CSP, which includes, "written, printed, or graphic matter on the immediate container or on or inside any package or wrapper in which it is enclosed." The shipping container is not included in the definition of the "label."***	Yes		13
71.2	Labeling meets any state or federal regulatory requirements.	Yes		13

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		Observation	Inspector Notes	USP Reference(s)
71.3	Labeling on the immediate container includes an assigned internal identification number (eg, barcode, prescription, order, or lot number).	Yes		13
71.4	Labeling on the immediate container includes the active ingredients and their amounts, activity, or concentration.	Yes		13
71.5	Labeling on the immediate container includes the storage conditions, if other than controlled room temperature.	Yes		13
71.6	Labeling on the immediate container includes the BUD. Per USP, "Each CSP label must state the date, or the hour and date, beyond which the preparation must not be used and must be discarded (ie, the BUD)."	Yes		13, 14.1
71.7	The compounded CSP label does not use the term "expiration date" or equivalent.	Yes		13, 14.1 USP <7>
71.8	Labeling on the immediate container includes the dosage form.	Yes		13
71.9	Labeling on the immediate container includes the total amount or volume when not obvious from the container.	Yes		13

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		Observation	Inspector Notes	USP Reference(s)
71.10	Labeling on the immediate container states that the CSP is a single-dose container (when space permits).	Yes		13
71.11	Labeling on the immediate container states that the CSP is a multiple-dose container.	Yes		13
71.12	Labeling includes the route of administration, as applicable.	Yes		13
71.13	Labeling includes any special handling instructions and/or warning statements, as applicable.	Yes		13
71.14	Labeling includes the compounding facility name and contact information if the CSP is to be sent outside of the facility or health care system in which it was compounded.	Yes		13
72.0	Does the label contain information identifying the CSP is a compounded preparation? ***Inspector note: Per USP, this is a recommendation/should.***	Yes		13 USP <7>

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		Observation	Inspector Notes	USP Reference(s)
	Establishing BUDs			14
73.0	**Category 1 and Category 2 CSPs:** Does the pharmacy assign BUDs for Category 1 and Category 2 CSPs in compliance with USP <797> standards? ***If no, go to compliance statements.***	No	Facility meets Category 2 requirements, but are dispensing preparations with Category 3 BUD.	14, 14.1, 14.2
73.1	The assigned BUD does not exceed the shortest expiration date of any of the individual commercially available starting components.	Yes		14.3
73.2	When assigning BUDs, the pharmacy ensures that the CSP formulation remains chemically and physically stable and that its packaging maintains its integrity for the duration of the assigned BUD.	Unknown	Facility meets Category 2 requirements, but are dispensing preparations with Category 3 BUD.	14.3
73.3	**Category 1 CSPs:** BUDs for **Category 1 CSPs** prepared in an SCA do not exceed the limits established in Table 12. ***Inspector note: Per USP <797> Table 12, BUD maximum limits for Category 1 CSPs are defined as 12 hours at controlled room temperature (CRT 20°C-25°C) or 24 hours refrigerated (2°C-8°C). If no Category 1 CSPs are prepared, inspector should answer statement as N/A.***	N/A		14.3, Table 12

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		Observation	Inspector Notes	USP Reference(s)
73.4	**Category 2 CSPs:** BUDs for **aseptically processed (by filtration) Category 2 CSPs** that **do not** undergo sterility testing do not exceed the limits established in Table 13. ***Inspector note: Per USP <797> Table 13, BUD maximum limits for aseptically processed Category 2 CSPs using one or more nonsterile starting components are defined as: one day CRT; four days refrigerator; and 45 days freezer. Aseptically processed Category 2 CSPs using only sterile starting components are defined as: four days CRT; 10 days refrigerator; and 45 days freezer.*** ***If no aseptically processed Category 2 CSPs are prepared, inspector should answer statement as N/A.***	N/A		14.3, Table 13
73.5	**Category 2 CSPs:** BUDs for **aseptically processed (by filtration) Category 2 CSPs** where **sterility testing and endotoxin testing (if applicable) are performed** and passed do not exceed the limits established in Table 13. ***Inspector note: Per USP <797> Table 13, BUD maximum limits for aseptically processed Category 2 CSPs, that were sterility tested and passed, regardless of starting components being sterile or nonsterile, are defined as: 30 days CRT; 45 days refrigerator; and 60 days freezer.*** ***If no aseptically processed Category 2 CSPs are prepared, inspector should answer statement as N/A.***	N/A		14.3, 14.2.1, 14.2.3, Table 13

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		Observation	Inspector Notes	USP Reference(s)
73.6	**Category 2 CSPs:** BUDs for **terminally sterilized Category 2 CSPs** that **do not** undergo sterility testing do not exceed the limits established in Table 13. ***Inspector note: Per USP <797> Table 13, BUD maximum limits for terminally sterilized to probability of nonsterile unit (PNSU) of 10^{-6} (eg, dry heat, steam, irradiation) Category 2 CSPs are defined as: 14 days CRT; 28 days refrigerator; and 45 days freezer.*** ***If no terminally sterilized Category 2 CSPs are prepared, inspector should answer statement as N/A.***	N/A		14.3, 14.2.1, Table 13
73.7	**Category 2 CSPs:** BUDs for **terminally sterilized Category 2 CSPs** where **sterility testing and endotoxin testing (if applicable) are performed** and passed do not exceed the limits established in Table 13. ***Inspector note: Per USP <797> Table 13, BUD maximum limits for terminally sterilized to PNSU of 10^{-6} (eg, dry heat, steam, irradiation) Category 2 CSPs are defined as: 45 days CRT; 60 days refrigerator; and 90 days freezer. Endotoxin testing is required for Category 2 injectable CSPs compounded from one or more nonsterile component(s) and assigned a BUD that requires sterility testing.*** ***USP <797> recommends that all injectable Category 2 CSPs made from one or more nonsterile components are also endotoxin tested.*** ***If no terminally sterilized Category 2 CSPs are prepared, inspector should answer statement as N/A.***	N/A		14.3, 14.2.1, 14.2.3, Table 13

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		Observation	Inspector Notes	USP Reference(s)
74.0	Does the pharmacy ensure the assigned BUD does not exceed the shortest beyond use date of any individual compounded components? ***Inspector note: Per USP, "the BUD should generally not exceed the shortest BUD of any of the individual compounded components. However, there may be acceptable instances when the BUD of the final CSP exceeds the BUD assigned to compounded components (eg, pH-altering solutions). If the assigned BUD of the final CSP exceeds the BUD of the compounded components, the physical, chemical, and microbiological quality of the final CSP must not be negatively impacted." Other examples where this may occur: formula within a formula, preservative-free compounded component used in a preserved final CSP, "in-use" times for pharmacy bulk packages, and cyclosporine ophthalmic stock solution.*** ***If no, inspector should describe the observations, including the name of the component whose BUD was shorter than the assigned BUD of the final CSP.***	Yes		14.3

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		Observation	Inspector Notes	USP Reference(s)
75.0	Are BUDs for **Category 3 CSPs** assigned in compliance with all conditions outlined in USP <797> standards and do not exceed the maximum limits established in Table 14? ***Inspector note: If all of the conditions described for Category 3 CSPs are not met, the applicable BUD must not exceed the established maximum limits in Table 13 for Category 2 CSPs.*** ***If no, go to compliance statements.*** ***If the pharmacy does not prepare Category 3 CSPs, inspector should answer question as N/A.***	No	Facility does not comply with Category 3 garbing and sporicidal usage.	14.3, 14.4., 14.4.1, 14.4.2, 14.4.3, 14.4.4, Table 14
75.1	The assigned BUD does not exceed the shortest expiration date of any of the individual starting components.	Yes		14.3 Table 14
75.2	When assigning BUDs, the pharmacy ensures that the CSP formulation remains chemically and physically stable and its packaging maintains its integrity for the duration of the assigned BUD.	Yes		14.3 Table 15
75.3	BUDs for **Category 3 CSPs** do not exceed the maximum limits for aseptically processed (eg, filtered) established in Table 14. ***Inspector note: Per USP <797> Table 14, BUD maximum limits for aseptically processed Category 3 CSPs where sterility testing (and endotoxin testing, if applicable) had been performed and passed are defined as: 60 days CRT; 90 days refrigerator; and 120 days frozen.***	Yes		14.4.1 Table 14

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		Observation	Inspector Notes	USP Reference(s)
75.4	BUDs for **Category 3 CSPs** do not exceed the maximum limits for terminally sterilized established in Table 14. ***Inspector note: Per USP <797> Table 14, BUD maximum limits terminally sterilized Category 3 CSPs where sterility testing (and endotoxin testing, if applicable) had been performed and passed are defined as: 90 days CRT; 120 days refrigerator; and 180 days frozen.***	Yes		14.4.1 Table 14
75.5	**Category 3 CSPs** are supported by stability data obtained using methods described in USP <1225> or a validated noninferior stability-indicating analytical method. ***Inspector note: Per USP <797>, Category 3 CSPs must prepared according to the EXACT formulation (API and other ingredients of identical grade and procedures) from which the stability data is derived. Category 3 CSPs must be packaged and stored in container closure of the same materials of composition as used in study and the facility must have documentation of the stability study.*** ***View records to verify the preparation exactly matches the preparation cited in the documentation including concentration of all active ingredients, excipients, etc.***	Yes		14.4.3 Table 14 USP <1225>
75.6	**Category 3 CSPs** undergo sterility testing. ***Inspector note: Sterility testing is performed on all Category 3 CSPs.***	Yes		14.4.4 Table 14 USP <71>

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		Observation	Inspector Notes	USP Reference(s)
75.7	**Category 3 CSPs** undergo bacterial endotoxin testing. ***If all compounds prepared are ophthalmics and/or drug administered by inhalation, bacterial endotoxin is not required, inspector should answer statement as N/A.***	Yes		12.3, 14.4.4 Table 14 USP <85>
75.8	**Category 3 CSPs** undergo particulate matter testing. ***Inspector note: If the Category 3 CSP is an injection or an ophthalmic solution, particulate matter testing is also conducted once per formulation with acceptable results (See USP <788> Particulate Matter in Injections and USP <789> Particulate Matter in Ophthalmic Solutions).***	Yes		14.4.3 Table 14 USP <788>, <789>
75.9	**Category 3 CSPs** undergo an evaluation for the container closure system. ***Inspector note: The container closure system used is evaluated for and conforms to container closure integrity to the end of the BUD (see USP <1207> Package Integrity Evaluation— Sterile Products). Evaluation must be done once for each formulation and for each container closure system in which it will be packaged.***	Yes		14.4.3 Table 14 USP <1207>

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		Observation	Inspector Notes	USP Reference(s)
76.0	Are **multiple-dose CSPs prepared** in compliance with USP <797> standards? ***If no, go to compliance statements.*** ***If the pharmacy does not prepare multiple-dose CSPs, inspector should answer question as N/A.***	Yes		14.5
76.1	Multiple-dose CSPs are prepared as a Category 2 or Category 3 CSP only.	Yes		14.5
76.2	When preservatives are used, they are appropriate for the CSP formulation and the route of administration. Inspector note: Per USP <797>, "The preservative must not be inactivated by any ingredients in the CSP, and some preservatives are not always appropriate for the patient (eg, neonates) or route of administration (eg, intrathecal or ophthalmic injection)."	Yes		14.5

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		Observation	Inspector Notes	USP Reference(s)
76.3	Aqueous multiple-dose CSPs pass antimicrobial effectiveness testing in accordance with USP <51>. ***Inspector note: Per USP <797>, a test can be one test done for each formulation in the particular container-closure system in which it will be packaged, or test results provided by an FDA-registered facility or in appropriate peer-reviewed literature,, provided the sterile compounded preparation formulation and container-closure system used are exactly the same as those tested, unless a bracketing study is performed. The concentration of all other ingredients (including preservatives) must be the same throughout the bracketing study.*** ***Additionally, multiple-dose, nonpreserved, aqueous topical, and topical ophthalmic CSPs prepared as a Category 2 or Category 3 CSP are not required to pass antimicrobial effectiveness testing if the preparation is: For use by a single patient, labeled (in the label or labeling) to indicate that, once opened, it must be discarded after 24 hours when stored at controlled room temperature and/or that, once opened, it must be discarded after 72 hours when stored under refrigeration.***	Yes		14.5 USP <51>

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		Observation	Inspector Notes	USP Reference(s)
76.4	Multiple-dose CSPs are labeled to indicate the beyond use date of the CSP once it is opened or punctured. ***Inspector note: Labeling on the CSP should indicate that once the CSP container is entered or punctured, it must not be used for longer than the assigned BUD or 28 days (if supported by antimicrobial effectiveness testing results), whichever is shorter.*** ***Inspector should review the CR or final compounded preparation to verify the label contains this information.***	Yes		14.5
76.5	Container-closure systems used are evaluated for maintaining integrity (USP <1207>) for each formulation and fill volume. ***Inspector note: Per USP <797>, the container closure integrity test needs to be conducted only once on each formulation and on fill volume in the particular container closure system in which the multiple-dose CSP will be packaged.***	Yes		14.5 USP <1207>
	Finished Preparation Release Checks and Tests			12
77.0	Are all CSPs visually inspected for quality prior to release or dispensing in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		12.1

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		Observation	Inspector Notes	USP Reference(s)
77.1	The CSP label is visually inspected to confirm that the CSP and its labeling match the prescription or medication order.	Yes		12.1
77.2	CSPs are visually inspected for quality characteristics such as discoloration, visible particulates, or cloudiness.	Yes		12.1
77.3	CSPs are visually inspected to verify container closure integrity (eg, checking for leakage, cracks in the container, or improper seals).	Yes		12.1

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		Observation	Inspector Notes	USP Reference(s)
77.4	A visual inspection is also repeated prior to release or dispense for CSPs that have been stored in the pharmacy and not released or dispensed on the day of preparation.	Yes		12.1
77.5	Any CSPs found to be of unacceptable quality (eg, observed defects) are promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal.	Yes		12.1
78.0	For any CSPs assigned beyond use dates that require sterility testing, does the pharmacy ensure that all testing is performed, evaluated, and documented in accordance with USP <71> or a validated alternative method that is noninferior to USP <71> testing and USP <797> standards? ***Inspector note: Alternative testing methods may not be accepted in all regulatory jurisdictions that the pharmacy conducts business.*** ***If no, go to compliance statements.*** ***If the pharmacy does not prepare any CSPs that require sterility testing, inspector should mark as N/A.***	Yes		12.2

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		Observation	Inspector Notes	USP Reference(s)
78.1	The required number of sterile compounded preparation units, as described in USP <71> and USP <797>, are tested. ***Inspector note: Per USP <71> Table 3, the minimum number of items to be tested for each medium is:*** ***Parenterals*** ***Not more than 100 containers = 10% or four containers, whichever is greater*** ***More than 100, but not more than 250 containers = 10 containers*** ***Large volume parenterals*** ***2% or 10 containers, whichever is less*** ***Non-parenterals (eye drops, inhalation, pellets, etc.)*** ***Not more than 200 containers = 5% or two containers, whichever is greater*** ***More than 200, but not more than 250 containers = 10 containers.*** ***Per USP <797>, if the number of CSPs compounded in a single batch is less than what is needed for testing as specified in USP <71> Table 3, additional units must be compounded to be able to perform testing as follows:*** ****If 1-39 CSPs are compounded in a single batch, the sterility testing must be performed on a number of units equal to 10% of the number of CSPs prepared, rounded up to the next whole number.*** ****If more than 40 CSPs are prepared in a single batch, the sample sizes specified in USP <71> Table 3 must be used.***	Yes		12.2, 14.2.3 USP <71>

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		Observation	Inspector Notes	USP Reference(s)
78.2	Batch sizes of sterile CSPs do not exceed 250. ***Inspector Note: Per USP <797>, the maximum batch size for all sterile compounded preparation requiring sterility testing is limited to 250 final yield units.***	Yes		12.2, 14.2.3
78.3	Pharmacy is utilizing an alternative method for sterility assurance testing (other than USP <71>). ***Inspector note: Per USP, "If an alternative method is used for sterility testing, the method must be validated (see USP <1223>) and demonstrated to be suitable for that CSP formulation."*** ***If an alternative method is used, describe the method used and how the pharmacy ensures they are compliant with state-specific regulations.***	Yes		12.2 USP <71>, <1223>

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: East Coast Compounding and Pharmacy, LLC

e-Profile ID: 1637241

Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Inspector Notes	USP Reference(s)
78.4	When sterility testing identifies a failure, the pharmacy has processes to investigate and identify any contributing factors. ***Inspector note: Per USP, "Sterility tests resulting in failures must prompt an investigation into the possible causes and must include identification of the microorganism, as well as an evaluation of the sterility testing procedure, compounding facility, process, and/or personnel that may have contributed to the failure. The source(s) of the contamination, if identified, must be corrected, and the facility must determine whether the conditions causing the sterility failure affect other CSPs. The investigation and resulting corrective actions must be documented."*** ***Additionally, some rapid sterility test methods do not allow for the identification of the recovered microorganisms. If one of these methods is used, the pharmacy is not in compliance with the chapter, as the investigation must include identification of the recovered microorganism.***	Yes		12.2

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		Observation	Inspector Notes	USP Reference(s)
79.0	For any CSPs assigned BUDs that require **bacterial endotoxin testing**, does the pharmacy ensure that all testing is performed and documented in compliance with USP <85> and USP <797> standards? ***Inspector note: Endotoxin limits reflect limits in an official monograph, or calculated as described in USP Chapter <85> for the route of administration for humans, and for animals based on weight.*** ***Although USP <797> refers to USP <85> Bacterial Endotoxins Test for calculating endotoxin limits for the appropriate route of administration, it does not address products administered epidurally or administered directly into the central nervous system. CSPs administered epidurally should have the same endotoxin limit as that of intrathecally administered CSPs.*** ***If no, go to compliance statements.*** ***If the pharmacy does not prepare CSPs that require bacterial endotoxin testing, inspector should answer question as N/A.***	Yes		12.3 USP <85>

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		Observation	Inspector Notes	USP Reference(s)
79.1	The pharmacy has an appropriate procedure for calculating/determining endotoxin limits. ***Per USP, there are endotoxin limits listed in USP product and compounded preparation monographs. The laboratory may be performing the calculation rather than the pharmacy; however, if done in house, this should be included in the pharmacy SOPs.*** ***If the dosage form does not require, inspector should answer statement as N/A.***	Yes		12.3
79.2	The pharmacy collects patient weight to make bacterial endotoxin calculation for an animal patient. ***If the dosage form does not require or the pharmacy does not compound sterile preparations for animals, inspector should answer statement as N/A.***	N/A		12.3
79.3	Bacterial endotoxins testing (USP <85>) is performed on all **injectable Category 2 CSPs** compounded from one or more nonsterile components that are assigned a BUD requiring sterility testing per Table 13. ***Inspector note: USP <797> recommends that all injectable Category 2 CSPs made from one or more nonsterile components is also endotoxin tested.***	Yes		12.3 Table 13 USP <85>

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		Observation	Inspector Notes	USP Reference(s)
79.4	Bacterial endotoxins testing (USP <85>) is performed on all **injectable Category 3 CSPs** compounded from one or more nonsterile components.	Yes		12.3 Table 13 USP <85>
79.5	Any CSPs with failed endotoxin testing are quarantined, not further released, and action is taken for any product released prior to receipt of failed test results. ***View testing records and note any products with failed results and actions taken.***	Yes		12.2, 12.3
	CSP Packaging, Shipping and Transport			19
80.0	Are processes and techniques for packaging and transporting CSPs in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		19.1, 19.2, 19.3
80.1	The pharmacy uses the appropriate shipping containers and packaging materials (eg, coolers and light-resistant packaging) based on the product specifications.	Yes		19.2

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		Observation	Inspector Notes	USP Reference(s)
80.2	CSPs are appropriately packaged to protect against damage, leakage, contamination, degradation, and adsorption during storage and transport. ***Inspector should look at packaging materials used to ensure cushioning to prevent breakage of glass vials and ensure that container is generally clean without non-microbial growth that would come in direct contact with CSPs.***	Yes		19.2
80.3	Specific handling instructions when applicable, are included on the exterior of the container.	Yes		19.3
80.4	The pharmacy selects transport modes that ensure CSPs are delivered properly in undamaged, sterile, and stable conditions (eg, no undue exposure to heat, cold, or light). ***Inspector note: Transport modes include pneumatic tube transport systems and should not be used if the CSP is sensitive to shaking.***	Yes		19.3
	Quality Assurance and Quality Control			18
81.0	**Quality Assurance and Quality Control (QA/QC):** Does the pharmacy's SOP on quality assurance and quality control meet the requirements in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		18 USP <1163>

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		Observation	Inspector Notes	USP Reference(s)
81.1	Description of procedures for complaint handling, adverse events, and recalls that include corrective action, investigation, reporting, and documentation requirements.	Yes		18.1, 18.2
81.2	**QA/QC Out-Of-Specification (OOS) SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process to determine the severity of the problem and the urgency for implementation and completion of the recall.	Yes		18.1
81.3	**QA/QC OOS SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process to determine the distribution of any affected CSP, including the date and quantity of distribution.	Yes		18.1
81.4	**QA/QC OOS SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process to identify patients who have received the CSP.	Yes		18.1
81.5	**QA/QC OOS SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process for the disposal and documentation of the recalled CSP.	Yes		18.1

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		Observation	Inspector Notes	USP Reference(s)
81.6	**QA/QC OOS SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process to investigate and document the reason for failure.	Yes		18.1
82.0	Does the pharmacy ensure that QA and QC programs are conducted in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		18, 20
82.1	The pharmacy has a formal QA/QC program with documented activities: ***Inspector note: Per USP, "Designated person(s) must ensure that the facility has formal, written QA and QC programs that establish a system of: adherence to procedures; prevention and detection of errors and other quality problems; evaluation of complaints and adverse events; and appropriate investigations and corrective actions."***	Yes		18
82.2	The pharmacy's QA/QC program is reviewed at least once every 12 months by the designated person(s) and the results of the review are documented.	Yes		18
82.3	The designated person(s) reviews all complaints to determine whether the complaint indicates a potential quality problem with the CSP.	Yes		18.2, 20

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		Observation	Inspector Notes	USP Reference(s)
82.4	All complaints and adverse events are thoroughly investigated. ***Inspector note: Per USP <797>, the timeframe is specified in the facility SOP. Additionally, USP states, "The investigation must consider whether the quality problem extends to other CSPs."*** ***If facility SOP permits a long investigation period, include in the inspector notes the SOP's expected time frame to complete an investigation. State may have a more aggressive time frame to complete an investigation and report quality events to the state.***	Yes		18.2, 18.3, 20
82.5	The record of each complaint is maintained by the pharmacy regardless of the source of the complaint (eg, email, telephone, or mail) and includes the minimum required information. ***Inspector note: Per USP <797>, the complaint record must contain the following information:*** ***-Name of the complainant or other unique identifier;*** ***-Date the complaint was received;*** ***-Nature of the complaint;*** ***-The response to the complaint; and*** ***-Results of any investigation and any follow-up.*** ***In addition, to the extent that the information is known, the following should be recorded:*** ***-The name and strength of the CSP and the assigned internal identification number (eg, prescription, order, or lot number).*** ***If no, inspector should document what is missing in the notes column.***	Yes		18.2, 20

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		Observation	Inspector Notes	USP Reference(s)
82.6	The pharmacy's QA/QC program includes documentation of steps necessary for completing a recall, including reporting the recall to appropriate regulatory agencies. ***Inspector note: Per USP, "The recall must be reported to appropriate regulatory bodies as required by laws and regulations of the applicable regulatory jurisdiction."***	Yes		18.1, 18.2
83.0	If a CSP is dispensed or administered **before the results of release testing are known**, does the pharmacy ensure procedures for recalls and out-of-specification notifications are conducted and documented in compliance with USP <797> standards? ***Inspector note: Per USP <797>, if a CSP is dispensed or administered before the results of release testing are known, the facility must have procedures in place to notify, recall, and investigate.*** ***If no, go to the compliance statements.***	N/A	No products are released before testing is completed.	18.1, 20
83.1	The pharmacy has a process in place to immediately notify the prescriber of a failure of specifications with the potential to cause patient harm (eg, sterility, strength, purity, bacterial endotoxin, or other quality attributes).	N/A		18.1
83.2	The pharmacy has a process in place to recall any unused dispensed CSPs and quarantine any stock remaining in the pharmacy.	N/A		18.1
83.3	The pharmacy has a process in place to investigate if other lots are affected and recall if necessary.	N/A		18.1

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Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Inspector Notes	USP Reference(s)
	Personnel Training and Evaluation - Verify records of all compounding personnel (up to 10). Use the records tab to document records reviewed.			2
84.0	Is the pharmacy's documented hand hygiene and garbing competency evaluations compliant with USP <797> standards? ***Inspector note: Only "No" or "Missing" documents would cause this question to be answered no.*** ***If no, refer to the records review worksheet for details.***	Yes		2.2, 20 Box 1, Table 1
85.0	Is the pharmacy's documented aseptic manipulation competency evaluation compliant with USP <797> standards? ***Inspector note: Only "No" or "Missing" documents would cause this question to be answered no.*** ***If no, refer to the records review worksheet for details.***	No		2.3, 20 Box 2, Table 1
86.0	Is the pharmacy's documented training program and ongoing competency evaluation compliant with USP <797> standards? ***Inspector note: Only "No" or "Missing" documents would cause this question to be answered no.*** ***If no, refer to the records review worksheet for details.***	Yes		2, 2.1, 17 Table 2, Table 3

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Sterile Compounding Personnel Records Review

Select personnel with compounding responsibilities for your records review; preferably select staff performing compounding duties at time of inspection or staff identified during CR review.

- Recommend also pulling supervising personnel file.
- Inspector can consider pulling non-compounder employee file ("Other") who cleans and stocks compounding area but who does not compound.

(Note: frequency of competency assessment will be defined by pharmacy SOPs).

Review log of personnel files and document your observations. (For applicants seeking a Class 7 or Non-Resident Sterile Compounding inspection (mail sampling), review a total of 10 personnel records.)

- Note: long-term employees may not have initial training evidence. If that is the case, you may select an alternate file if an alternate file is not available, recommend length of service of long-term employee, supervisor check, positive current aligned medium and expectation may attach on the case details.

Inspector Instructions

1. Use the drop-down list and make the appropriate selection for the Employee Title, Personnel Function, and CSP Category Type for the files reviewed. Do not record the employee name, only the title or position.
2. Review the selected files to verify that the required training and competency records are present in the personnel file and comply with state and/or standard for training and demonstrated competency.
3. Select the appropriate response for each item reviewed:
-Select "Yes" if the document is present in the records and the competency evaluation was conducted in compliance USP <797> standards.
-Select "No" if the document is present but is not compliant with USP <797> standards (eg, incorrect frequency of test, SOP and perform sample was not considered play media-fill, failed media did not include a corrective action, etc.). Document the details of non-compliance in the notes column.
-Select "Missing" if the document is not present in the file.
-Select "N/A" if the training item not apply, eg, low-risk personnel may not have initial training evaluation. Document further in the notes column.
4. Use the notes column to document any pertinent information.

Demonstrating Knowledge and Competency of Core Skills (Section 3.1)

USP requirements:
1. Personnel who perform or oversee compounding or aseptic activities must be trained in the SOPs and trained on maintaining the quality of the environment (see Table 2).
2. Compounding personnel and supervising personnel must complete training periods to demonstrate knowledge of principles and competency of skills for performing sterile manipulations and achieving and maintaining appropriate environmental conditions (See Table 2 and Table 3). This must be completed initially and every 12 months or at least the following areas:
-Hand hygiene
-Gowning
-Cleaning and disinfection
-Calculations, measuring, and mixing
-Aseptic technique
-Achieving and maintaining sterility (and appropriately if compounding with terminally compromised)
-Use of equipment
-Documentation of the compounding process (eg, media-fill simulation and compounding records)
-Principles of applicable key components of USP<71>/Pharmacopoeial performance for ISO Class 5 area
-Proper use of PECs
-Principles of movement of materials and personnel within the compounding area
3. Personnel who only perform restocking or cleaning and disinfecting duties outside of the primary engineering control (PEC) must complete ongoing training as required by the facility's SOPs (See Table 3).
4. Personnel compounding only beyond-use-date (BUD) must complete training as required by the facility's SOPs (See Table 3).
5. All training and evaluations must be documented.

Compounding SOPs	Initial Training and Competency in Maintaining the Quality of the Environment	Initial Training and Competency in Sterile Compounding Principles and Practices	Ongoing Training and Competency in Sterile Compounding Principles and Practices	Notes

Employee Record #	Employee Title	Personnel Function	CSP Category Type	Competency and Supervising Personnel - Initially and at least every 12 months Other Personnel (examples: persons who do not compound but clean/disinfect and restock or who perform interpersonal checks; persons who only compound immediate-use; Initially and as defined by pharmacy SOPs				
#1	Pharmacy Technician	Compounder	Category 1&2 only	Yes	Yes	Yes	Yes	

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#2	Pharmacy Technician	Compounder	Category 2&3 only	Yes	Yes	Yes	Yes	
#3	Pharmacist	Supervising/Direct Oversight	Category 2&3 only	Yes	Yes	Yes	Yes	
#4	Pharmacist	Supervising/Direct Oversight	Category 2&3 only	Yes	Yes	Yes	Yes	
#5	Pharmacist	Supervising/Direct Oversight	Category 2&3 only	Yes	Yes	Yes	Yes	
#6	Pharmacist	Supervising/Direct Oversight	Category 2&3 only	Yes	Yes	Yes	Yes	
#7	Pharmacist	Supervising/Direct Oversight	Category 2&3 only	Yes	Yes	Yes	Yes	
#8								
#9								
#10								

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Inspector Instructions	Hand Hygiene and Garbing Competency Evaluation (Section 2.2)
1. Use the drop-down list and make the appropriate selection for the Employee Title, Personnel Function, and CSP Category Type for the files reviewed. *Do not record the employee name, only the title or position. 2. Review the selected files to verify that the required training and competency records are present in the personnel file and comply with USP <797> standards for training and demonstrated competency. 3. Select the appropriate response for each item reviewed. -Select "Yes" if the document is present in the records and the competency evaluation was conducted in compliance USP <797> standards. -Select "No" if the document is present but is not compliant with USP <797> standards (eg, incorrect frequency of test, GFT and surface sample was not conducted after media-fill, failed tests did not include a corrective action, etc). Document the area(s) of non-compliance in the notes column. -Select "Missing" if the document is not present in the file. -Select "N/A" if the training does not apply, eg, long-term employees may not have initial training available. Document further in the notes column. 4. Use the notes column to document any pertinent information.	USP requirements: 1. The garbing and hand hygiene competency evaluation consists of a visual observation and gloved fingertip and thumb sampling (GFT) of both hands. 2. The initial competency evaluation consists of three (3) separate and complete hand hygiene observation, followed by a full garbing procedure and a GFT after garbing. The initial three (3) successful completions must be in succession—failure of any of the three (3) initial garbing competency evaluations requires repeat testing until personnel successfully complete three (3) evaluations in a row. 3. The pharmacy uses a microbiological growth media device (eg, plates, paddles, or slides) containing general microbial growth agar (eg, trypticase soy agar [TSA]) supplemented with neutralizing additives (eg, lecithin and polysorbate 80) that supports both bacterial and fungal growth. 4. The media device is incubated at 30°C-35°C for no less than 48h and then at 20°C-25°C for no less than an additional five days. 5. Failure is indicated by visual observation of improper hand hygiene and garbing procedures and/or GFT results that exceed the defined action levels. Action level after garbing: >0 cfu/total from both hands. 6. Documentation includes, at minimum: -Name of the person evaluated -Evaluation date and time -Media and components used including manufacturer, expiration date, and lot number -Starting temperature for each interval of incubation -Dates of incubation -Results (the number of cfu per hand must be recorded; microbial identification of the cfu is not required by the chapter for GFT) -Results of the evaluation and any corrective actions -Name of the observer and personnel reading and documenting the results

Employee Record #	Employee Title	Personnel Function	CSP Category Type	Hand Hygiene and Garbing Visual Observation	*Initial GFT x 3 (Post hand washing and garbing)	Subsequent GFT (Post handwashing and garbing)	Documented Failures and Retraining Needs (If none, please mark as N/A)	Notes
				Category 1 and 2 compounders: Initially and at least every 6 months Category 3 compounders: Initially at least every 3 months Supervising Personnel: Initially and at least every 12 months				
#1	Pharmacy Technician	Compounder	Category 2&3 only	Yes	Yes	Yes	N/A	
#2	Pharmacy Technician	Compounder	Category 2&3 only	Yes	Yes	Yes	N/A	

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#3	Pharmacist	Supervising/Direct Oversight	Category 2&3 only	Yes	Yes	Yes	N/A	
#4	Pharmacist	Supervising/Direct Oversight	Category 2&3 only	Yes	Yes	Yes	N/A	
#5	Pharmacist	Supervising/Direct Oversight	Category 2&3 only	Yes	Yes	Yes	N/A	
#6	Pharmacist	Supervising/Direct Oversight	Category 2&3 only	Yes	Yes	Yes	N/A	
#7	Pharmacist	Supervising/Direct Oversight	Category 2&3 only	Yes	Yes	Yes	N/A	
#8								
#9								
#10								

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Inspector Instructions

1. Use the drop-down list and make the appropriate selection for the Employee Title, Personnel Function, and CSP Category Type for the files reviewed. *Do not record the employee name, only the title or position.
2. Review the selected files to verify that the required training and competency records are present in the personnel file and comply with USP <797> standards for training and demonstrated competency.
3. Select the appropriate response for each item reviewed.
-Select "Yes" if the document is present in the records and the competency evaluation was conducted in compliance USP <797> standards.
-Select "No" if the document is present but is not compliant with USP <797> standards (eg, incorrect frequency of test, GFT and surface sample was not conducted after media-fill, failed tests did not include a corrective action, etc). Document the area(s) of non-compliance in the notes column.
-Select "Missing" if the document is not present in the file.
-Select "N/A" if the training does not apply, eg, long-term employees may not have initial training available. Document further in the notes column.
4. Use the notes column to document any pertinent information.
5. Document in notes if initial aseptic manipulation competencies are present in files (*unless long-term employee).

Aseptic Manipulation Competency (Section 2.3)

USP requirements:
1. Media-fill testing procedures simulate the most difficult compounding procedures encountered by personnel.
2. The pharmacy conducts media-fill testing as described in Box 2.
3. The final containers are incubated at 20°C-25°C and 30°C-35°C for a minimum of seven days at each temperature band.
4. Failure is indicated by visible turbidity or other visual manifestations of growth in the media in one or more container closure unit(s) on or before 14 days.
5. Immediately following the media-fill test, GFT is performed on both hands and inside of an ISO Class 5 PEC. Failure is indicated by visual observation of GFT results that exceed defined action levels. Action level after media-fill testing: >3 cfu/total from both hands.
6. Immediately following the GFT, a surface sample of the direct compounding area inside the PEC is performed in accordance with USP standards for surface sample monitoring and action levels. Action level ISO Class 5: >3 cfu/media device.
7. Failure in the media fill, GFT, or surface sampling constitutes an overall failure of the aseptic manipulation competency.
8. Documentation includes, at minimum:
-Name of the person evaluated
-Evaluation date and time
-Media and components used including manufacturer, expiration date, and lot number
-Starting temperature for each interval of incubation
-Dates of incubation
-Results (for GFT, the number of cfu per hand must be recorded and for surface samples, the number of cfu per sample must be recorded. Note: microbial identification of the cfu is not required for media-fill testing)
-Results of the evaluation and any corrective actions
-Name of the observer and personnel reading and documenting the results

Employee Record #	Employee Title	Personnel Function	CSP Category Type	Aseptic Manipulation Visual Observation	Media-fill	GFT (post media-fill)	Surface Sampling (post media-fill)	Documented Failures and Retraining Needs (If none, please mark as N/A)	Notes
				Category 1 and 2 compounders: Initially and at least every 6 months Category 3 compounders: Initially and at least every 3 months Supervising Personnel: Initially and at least every 12 months					
#1	Pharmacy Technician	Compounder	Category 2&3 only	Yes	No	Yes	Yes	N/A	MF on file was for category 2 frequency. They are compounding with Category 3 BUDs.
#2	Pharmacy Technician	Compounder	Category 2&3 only	Yes	No	Yes	Yes	N/A	

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#3	Pharmacist	Supervising/Direct Oversight	Category 2&3 only	Yes	No	Yes	Yes	N/A	
#4	Pharmacist	Supervising/Direct Oversight	Category 2&3 only	Yes	No	Yes	Yes	N/A	
#5	Pharmacist	Supervising/Direct Oversight	Category 2&3 only	Yes	No	Yes	Yes	N/A	
#6	Pharmacist	Supervising/Direct Oversight	Category 2&3 only	Yes	No	Yes	Yes	N/A	
#7	Pharmacist	Supervising/Direct Oversight	Category 2&3 only	Yes	No	Yes	Yes	N/A	
#8									
#9									
#10									

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GLOSSARY USP <797>
ACD: Automated compounding device.
ACPH: Air changes per hour.
Active pharmaceutical ingredient (API): Any substance or mixture of substances intended to be used in the compounding of a preparation, thereby becoming the active ingredient in that preparation and furnishing pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans and animals or affecting the structure and function of the body. Also referred to as *Bulk drug substance*. A conventionally manufactured drug product is not an API but is typically manufactured from an API(s).
Added substance: An ingredient that is necessary to compound a preparation but is not intended or expected to cause a pharmacologic response if administered alone in the amount or concentration contained in a single dose of the compounded preparation. The term is used synonymously with the terms *inactive ingredient, excipient, and pharmaceutical ingredient.*
Administration: The direct application of a sterile product or preparation to a single patient by injecting, infusing, or otherwise providing a sterile product or preparation in its final form.
Airlock: A space with interlocked doors, constructed to maintain air pressure control when items move between two adjoining areas (generally with different air cleanliness standards). The intent of an airlock is to prevent ingress of particulate matter and microbial contamination from a lesser-controlled area.
Alcohol-based hand rub: An alcohol-containing preparation (liquid, gel, or foam) designed for application to the hands of health care personnel to inactivate microorganisms and/or temporarily suppress their growth. Such preparations may contain one or more types of alcohol, other active ingredients, excipients, and humectants.
Allergenic extract compounding area (AECA): A designated space, area, or room that is not required to be classified, with a visible perimeter that is suitable for preparation of allergenic extract prescription sets.
Allergenic extract prescription set: Combinations of licensed allergenic extracts that would be mixed and diluted to provide subcutaneous immunotherapy to an individual patient, even though these allergenic extract combinations are not specified in the approved BLAs for the licensed biological products.
Allergenic extract: A biological substance used for the diagnosis and/or treatment of allergic diseases such as allergic rhinitis, allergic sinusitis, allergic conjunctivitis, bee venom allergy, and food allergy.
Anteroom: An ISO Class 8 or cleaner room with fixed walls and doors where personnel hand hygiene, garbing procedures, and other activities that generate high particulate levels may be performed. The anteroom is the transition room between the unclassified area of the facility and the buffer room.
Aseptic processing: A method by which separate, sterile components (eg, drugs, containers, or closures) are brought together under conditions that maintain their sterility. The components can either be purchased as sterile or, when starting with nonsterile components, can be separately sterilized prior to combining (eg, by membrane filtration or by autoclave).

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GLOSSARY USP <797>
Aseptic technique: A set of methods used to keep objects and areas free of microorganisms and thereby minimize infection risk to the patient. It is accomplished through practices that maintain the microbe count at an irreducible minimum.
Assigned trainer: One or more individuals assigned by the designated person(s) to be responsible and accountable for directly providing the training, observation, and/or evaluation of personnel for the preparation of CSPs.
Batch: More than one CSP prepared as described in the MFR in a single, discrete process, and expected to have uniform character and quality, within specified limits.
Beyond-use date (BUD): The date, or the hour and date, after which a CSP must not be used, stored, or transported. The date is determined from the date and time the preparation is compounded.
Biological safety cabinet (BSC), Class II: A ventilated cabinet with an open front and inward and downward unidirectional HEPA-filtered airflow and HEPA-filtered exhaust. A BSC used to prepare a CSP must be capable of providing an ISO Class 5 or better environment for preparation of the CSPs.
Biological safety cabinet (BSC): A ventilated cabinet that may be used for compounding. These cabinets are divided into three general classes (Class I, Class II, and Class III). Class II BSCs are further divided into types (Type A1, Type A2, Type B1, Type B2, and Type C1).
BLA: Biological license application.
Blood components: Any therapeutic constituent of blood separated by physical or mechanical means (eg, white cells, red cells, platelets, plasma, serum). It is not intended to include plasma-derived products (eg, albumin, coagulation factors, immunoglobulins) manufactured under an approved BLA or equivalent.
BMBL: Biosafety in Microbiological and Biomedical Laboratories.
Buffer room: An ISO Class 7 or cleaner room with fixed walls and doors where PEC(s) that generate and maintain an ISO Class 5 environment are physically located. The buffer room may only be accessed through the anteroom or another buffer room.
Bulk drug substance: See the entry for *Active pharmaceutical ingredient*.
Category 1 CSP: A CSP that is assigned a BUD of 12 hours or less at controlled room temperature or 24 hours or less refrigerated that is compounded in accordance with all applicable requirements for Category 1 CSPs in this chapter.
Category 2 CSP: A CSP that may be assigned a BUD of greater than 12 hours at controlled room temperature or greater than 24 hours refrigerated that is compounded in accordance with all applicable requirements for Category 2 CSPs in this chapter.

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GLOSSARY USP <797>
Category 3 CSP: A CSP that may be assigned a BUD exceeding the limits in *Table 13* for Category 2 CSPs and is compounded in accordance with all applicable requirements for Category 3 CSPs in this chapter.
CDC: Centers for Disease Control and Prevention.
Certificate of analysis (COA): A report from the supplier of a component, container, or closure that accompanies the supplier's material and contains the specifications and results of all analyses and a description of the material.
CFU: Colony-forming units.
Classified area: An area that maintains an air quality classification based on the ISO standards required in this chapter (see also the definition for *ISO class).*
Cleaning agent: An agent, usually containing a surfactant, used for the removal of substances (eg, dirt, debris, microbes, and residual drugs or chemicals) from surfaces.
Cleaning: The process of removing substances (eg, organic and inorganic material) from objects and surfaces, normally accomplished by manually or mechanically using water with detergents or enzymatic products.
Cleanroom suite: A classified area that consists of both an anteroom and buffer room.
Component: Any ingredient used in the compounding of a preparation, including any active ingredient, added substance, or conventionally manufactured product.
Compounded sterile preparation (CSP): A preparation intended to be sterile that is created by combining, admixing, diluting, pooling, reconstituting, repackaging, or otherwise altering a drug product or bulk drug substance.
Compounded stock solution: A sterile mixture of components that is used to compound additional CSPs.
Compounding area: The area where compounding is occurring (ie, a cleanroom suite, inside the perimeter of the SCA, or AECA).
Compounding aseptic containment isolator (CACI): A type of RABS that uses HEPA filtration to provide an ISO Class 5 unidirectional air environment designed for the compounding of sterile HDs.
Compounding aseptic isolator (CAI): A type of RABS that uses HEPA filtration to provide an ISO Class 5 unidirectional air environment designed for compounding of sterile non-HDs.

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Compounding record (CR): Documents the compounding of each CSP.
Compounding: The process of combining, admixing, diluting, pooling, reconstituting, repackaging, or otherwise altering a drug product or bulk drug substance to create a sterile preparation.
Container closure system: Packaging components that together contain and protect the dosage form. This includes primary packaging components and secondary packaging components, if the latter are intended to provide additional protection.
Containment glove bag: A single-use disposable glove bag that is capable of containing airborne chemical particles.
Containment ventilated enclosure (CVE): A non-ISO classified full or partial enclosure that uses ventilation principles to capture, contain, and remove airborne contaminants through HEPA filtration and prevent their release into the work environment.
Conventionally manufactured product: A pharmaceutical dosage form, usually the subject of an application approved by the applicable national regulatory agency, that is manufactured under current good manufacturing practice conditions.
Critical site: A location that includes any component or fluid pathway surfaces (eg, vial septa, injection ports, and beakers) or openings (eg, opened ampules and needle hubs) that are exposed and at risk of direct contact with air (eg, ambient room or HEPA filtered), moisture (eg, oral and mucosal secretions), or touch contamination.
Designated person(s): One or more individuals assigned to be responsible and accountable for the performance and operation of the facility and personnel as related to the preparation of CSPs.
Direct compounding area (DCA): A critical area within the ISO Class 5 PEC where critical sites are exposed to unidirectional HEPA-filtered air, also known as first air.
Disinfectant: A chemical or physical agent used on inanimate surfaces and objects to destroy fungi, viruses, and bacteria. Sporicidal disinfectants are considered a special class of disinfectants that also are effective against bacterial and fungal spores.
Dynamic airflow smoke pattern test: A PEC test in which a visible source of smoke, which is neutrally buoyant, is used to observe air patterns within the unidirectional space (i.e., the DCA) under dynamic operating conditions (see the entry for *Dynamic operating conditions).* This test is not appropriate for ISO Class 7 or ISO Class 8 cleanrooms that do not have unidirectional airflow (see the entry for *Visual smoke study).*
Dynamic operating conditions: Conditions in the compounding area in which operating personnel are present and simulating or performing compounding. The conditions should reflect the largest number of personnel and highest complexity of compounding expected during routine operations as determined by the designated person(s).

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GLOSSARY USP <797>
ECV: Endotoxin challenge vial.
EPA: US Environmental Protection Agency.
Excipient: See the entry for *Added substance.*
FDA: US Food and Drug Administration.
Filter integrity test: A test (eg, bubble point test) of the integrity of a sterilizing-grade filter performed after the filtration process to detect whether the integrity of the filter has been compromised.
Final yield: The total number of containers prepared at the end of the compounding process prior to release testing.
First air: The air exiting the HEPA filter in a unidirectional air stream.
Formulation: The specific qualitative and quantitative composition of the final CSP.
Garb: Items such as gloves, garments (eg, gowns), shoe covers, head and facial hair covers, masks, and other items designed to reduce particle shedding from personnel and minimize the risk of contamination of CSP(s).
GFT: Gloved fingertip and thumb testing.
Hazardous drug (HD): Any drug identified by at least one of the following six criteria: carcinogenicity, teratogenicity or developmental toxicity, reproductive toxicity in humans, organ toxicity at low dose in humans or animals, genotoxicity, or new drugs that mimic existing HDs in structure or toxicity.
High-efficiency particulate air (HEPA) filtration: Being, using, or containing a filter designed to remove 99.97% of airborne particles measuring 0.3-micron or greater in diameter passing through it.
HVAC: Heating, ventilation, and air conditioning.
Integrated vertical laminar flow zone (IVLFZ): A designated ISO Class 5 area serving as the PEC within an ISO Class 7 or cleaner buffer room. In the IVLFZ, unidirectional airflow is created by placing HEPA filters over the entire surface of the worktables and by effective placement of air returns.
IPA: Isopropyl alcohol.

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GLOSSARY USP <797>
ISO class: An air-quality classification from the International Organization for Standardization.
ISO: International Organization for Standardization.
Label: The part of the labeling on the immediate container.
Labeling: All labels and other written, printed, or graphic matter on the immediate container or on or inside any packaging system or wrapper in which the article is enclosed, except any outer shipping container.
Laminar airflow system (LAFS): A device or zone within a buffer room that provides an ISO Class 5 or better air quality environment for sterile compounding. The system provides a unidirectional HEPA-filtered airflow.
Laminar airflow workbench (LAFW): A device that is a type of LAFS that provides an ISO Class 5 or better air quality environment for sterile compounding. The device provides a unidirectional HEPA-filtered airflow.
Line of demarcation: A visible line on the floor that separates the clean and dirty sides of the anteroom.
Low-lint wiper: A wiper exhibiting few, if any, fibers or other contamination, visible without magnification, which is separate from or easily removed from the wiper material in a dry condition.
Master formulation record (MFR): A detailed record of procedures that describes how the CSP is to be prepared.
MEA: Malt extract agar.
Media-fill test: A simulation used to qualify processes and personnel engaged in sterile compounding to ensure that the processes and personnel are able to prepare CSPs without contamination.
Monograph: A quality documentary standard within *USP–NF* that articulates the quality expectations for a medicine including for its identity, strength, purity, and performance. It also describes the tests to validate that a medicine and its ingredients meet these criteria.
Multiple-dose container: A container of sterile product for parenteral administration (eg, injection or infusion) that is designed to contain more than one dose of the sterile product. A multiple-dose container is usually required to meet the antimicrobial effectiveness testing criteria. See <659>Injection Packaging Systems, Multiple-dose container.

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GLOSSARY USP <797>
One-step disinfectant cleaner: A product with an EPA-registered (or equivalent) claim that it can clean and disinfect a nonporous surface in the presence of light to moderate organic soiling without a separate cleaning step.
Oversight: The review, monitoring, and supervision of actions taken by personnel, bearing responsibility for those actions, and being available for consultation if and when needed, even if not physically present.
Pass-through chamber: An enclosure with sealed doors on both sides that should be interlocked. The pass-through chamber is positioned between two spaces for the purpose of minimizing particulate transfer while moving materials from one space to another.
Perimeter: A visible demarcation (such as a door, walls, or visible marking on the floor) that defines the SCA or AECA.
Pharmaceutical isolator: An enclosure that provides HEPA-filtered ISO Class 5 unidirectional air operated at a continuously higher pressure than its surrounding environment and is decontaminated using an automated system. It uses only decontaminated interfaces or rapid transfer ports for materials transfer. [Note—A CAI or CACI is not a pharmaceutical isolator.]
Pharmacy bulk package: A conventionally manufactured sterile product for parenteral use that contains many single doses intended for use in a pharmacy admixture program. A pharmacy bulk package may either be used to prepare admixtures for infusion or, through a sterile transfer device, for filling sterile containers. See <659>*Injection Packaging Systems, Pharmacy bulk package.*
Positive-pressure room: A room that is maintained at higher pressure than the adjacent spaces, and therefore the net airflow is out of the room.
PPE: Personal protective equipment.
Preservative: A substance added to inhibit microbial growth.
Primary engineering control (PEC): A device or zone that provides an ISO Class 5 air quality environment for sterile compounding.
Probability of a nonsterile unit (PNSU): The probability of an item being nonsterile after it has been exposed to a verified sterilization process. A PNSU value can only be applied to terminal sterilization. [Note—This is also called the sterility assurance level (SAL).]
Pyrogen: A substance that induces a febrile reaction in a patient.
Quality assurance (QA): A system of procedures, activities, and oversight that ensures that the compounding process consistently meets quality standards.

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GLOSSARY USP <797>
Quality control (QC): The sampling, testing, and documentation of results that, taken together, ensure that specifications have been met before release of the CSP.
Reconstitution: The process of adding a diluent to a conventionally manufactured product to prepare a sterile solution or suspension.
Release inspection and testing: Visual inspection and testing performed to ensure that a preparation meets appropriate quality characteristics.
Repackaging: The act of removing a sterile product or preparation from its original primary container and placing it into another primary container, usually of smaller size without further manipulation.
Restricted-access barrier system (RABS): An enclosure that provides HEPA-filtered ISO Class 5 unidirectional air that allows for the ingress and/or egress of materials through defined openings that have been designed and validated to preclude the transfer of contamination, and that generally are not to be opened during operations. Examples of RABS include CAIs and CACIs.
SDA: Sabouraud dextrose agar.
Secondary engineering control (SEC): The area where the PEC is placed (eg, a cleanroom suite or an SCA). It incorporates specific design and operational parameters required to minimize the risk of contamination within the compounding area.
Segregated compounding area (SCA): A designated space, area, or room that is not required to be classified and is defined with a visible perimeter. The SCA must contain a PEC and is suitable for preparation of Category 1 CSPs only.
Single-dose containers: A container of sterile product for parenteral administration (eg, injection or infusion) that is designed for use with a single patient as a single injection/infusion. A single-dose container usually does not contain a preservative. See <659> Injection Packaging Systems, Single-dose container.
SOP: Standard operating procedure.
Specification: The tests, analytical methods, and acceptance criteria to which any component, CSP, container closure system, equipment, or other material used in compounding CSPs must conform to be considered acceptable for its intended use.
Sporicidal disinfectant: A chemical or physical agent that destroys bacterial and fungal spores when used in sufficient concentration for a specified contact time. It is expected to kill all vegetative microorganisms.

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GLOSSARY USP <797>
Stability: The extent to which a product or preparation retains physical and chemical properties and characteristics within specified limits throughout its expiration or BUD.
Sterility assurance level (SAL): See the entry for *Probability of a nonsterile unit* (PNSU).
Sterility: The absence of viable microorganisms.
Sterilization by filtration: Passage of a gas or liquid through a sterilizing-grade membrane to yield filtrates that are sterile.
Sterilizing-grade filter: Filter membranes that are documented to retain 100% of a culture of 10^7 microorganisms of a strain of *Brevundimonas diminuta* per square centimeters of membrane surface under a pressure of not less than 30 psi. Such filter membranes are nominally 0.22- or 0.2-µm pore size.
Terminal sterilization: The application of a lethal process (eg, steam, dry heat, irradiation) to sealed containers for the purpose of achieving a predetermined PNSU of greater than 10−6 or a probability of less than one in one million of a nonsterile unit.
TSA: Trypticase soy agar.
Unclassified space: A space not required to meet any air cleanliness classification based on the ISO.
Unidirectional airflow: Air within a PEC moving in a single direction in a uniform manner and at sufficient velocity to sweep particles away from the DCA.
Verify: To confirm that a method, process, system, or equipment will perform as expected under the conditions of actual use.
Visual smoke study: A test, used in ISO Class 7 and ISO Class 8 rooms that do not have unidirectional airflow, in which a visible source of smoke, which is neutrally buoyant, is used to verify an absence of stagnant airflow. This test does not need to be performed under dynamic operating conditions and is not appropriate for PECs (see the entry for *Dynamic airflow smoke pattern test*).
Workflow management system: Technology comprised of hardware and/or software that allows for automation to assist in the verification of components of, and preparation of, CSPs and to document components and processes.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Hazardous Drugs Handling in Health Care Settings

The information and comments obtained in the Hazardous Drugs Handling in Health Care Settings Inspection is based on USP Chapter <800>.

Any items marked "Recommendation" are considered "best practices" and are not considered requirements for compliance with USP standards, but the information is collected as it may be a requirement under state law.

An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: East Coast Compounding and Pharmacy, LLC

e-Profile ID: 1637241

Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Notes
General Information and Scope:			
1.00	Does the pharmacy handle any drugs on the National Institute for Occupational Safety and Health (NIOSH) list that **require** all the containment requirements of USP <800>?	Yes	
1.01	Does the pharmacy handle any ***hazardous drug*** active pharmaceutical ingredients (HD API)? *If yes, please list.*	Yes	Testosterone, estriol, estradiol, progesterone, finasteride, methimazole, oxytocin, medroxyprogesterone, spironolactone, tretinoic acid
1.02	Does the pharmacy handle any antineoplastic requiring manipulations (which can produce particles, aerosols, or gasses)? *If yes, please list.*	No	
2.00	Does the pharmacy handle any drugs on the NIOSH list that **do not** require all containment requirements of <800>?	Yes	
2.01	Does the pharmacy handle any final dosage forms of HDs (either compounded or manufactured unless required by the manufacturer) that do not require further manipulation other than counting and repackaging? *If yes, please list.*	Yes	

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e-Profile ID: 1637241

Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Notes
2.02	Does the pharmacy handle any dosage forms of other HDs **that are handled in full compliance** with containment requirements of <800>? *If yes, please list.*	No	
2.03	Does the pharmacy handle any dosage forms of other HDs **that are not handled** using all containment requirements of <800>? *If yes, please list.*	No	
	List of Hazardous Drugs		
3.00	The pharmacy maintains a list of any items it handles that are included on the current NIOSH list of antineoplastic and other HDs. ***Review and attach list.*** *Verify that pharmacy has access to a copy of current NIOSH list.*	Yes	
4.00	The pharmacy reviews this list at least every 12 months for additions, deletions, or other changes and documents the review. *Verify documentation and* ***list date*** *of last change/review.*	Yes	
5.00	The pharmacy reviews this list whenever the pharmacy adds a new agent or dosage form to the items it handles.	Yes	
6.00	The pharmacy has a system in place for the evaluation of new drugs (purchased, stored, handled, and/or dispensed) to determine whether they are considered HD.	Yes	
6.01	Pharmacy evaluates the drugs against the current version of the NIOSH list.	Yes	

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e-Profile ID: 1637241

Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Notes
6.02	In the absence of information, the pharmacy treats any new drug as an HD.	Yes	
7.00	If the pharmacy handles any HDs not using all containment requirements of <800>, an assessment of risk was performed for each drug and dosage form individually to determine alternative containment strategies, if needed, and work practices for each. *Review documentation of assessment and SOPs related to work practices/alternative containment.*	Yes	
8.00	The assessment of risk evaluation performed by the pharmacy's organization includes all required information, for each drug and dosage form. *The first five (5) items below must be included in the evaluation in order to be compliant.*	Yes	
8.01	Type of HD (eg, antineoplastic, non-antineoplastic, reproductive risk only);	Yes	
8.02	Dosage form;	Yes	
8.03	Risk of exposure;	Yes	
8.04	Packaging;	Yes	
8.05	Manipulation; and	Yes	

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Facility Name: East Coast Compounding and Pharmacy, LLC

e-Profile ID: 1637241

Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Notes
8.06	If applicable, Table II and III drugs have alternative containment strategies and/or work practices to minimize occupational exposure.	Yes	
8.07	The assessment of risk is reviewed at least every 12 months, and the review is documented. *Enter date of last review in the notes.*	Yes	
	Personnel Responsibilities		
9.00	The pharmacy has a designated person(s) to oversee the handling of HDs who is qualified and trained for development of standard operating procedures (SOPs); overseeing compliance with standards, laws, and rules; ensuring competency of personnel; and ensuring environmental control.	Yes	
9.01	The designated person oversees the monitoring of the facility, including testing/sampling programs, maintaining, and documentation, and acting on results.	Yes	
	Documentation and Standard Operating Procedures (SOPs)		
10.00	The assessment of risk and SOPs for handling HDs addresses all potential types of exposure, including all activities occurring within the operation that present an opportunity for exposure:		
10.01	**Receiving**: Contacting HD residues on packaging, work surfaces, floors	Yes	

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Hazardous Drugs Handling in Health Care Settings

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: East Coast Compounding and Pharmacy, LLC

e-Profile ID: 1637241

Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Notes
10.02	**Dispensing:** Counting or packaging tablets and capsules	Yes	
10.03	**Compounding/other manipulations:** Crushing/splitting tablets, opening capsules, pouring liquids, weighing or mixing, constituting/reconstituting powdered/lyophilized HDs, expelling air from HD syringes, HD residue on personal protective equipment (PPE), cleaning activities of HD areas, and HD equipment maintenance.	Yes	
10.04	**Administration and other patient care activities** (if applicable).	N/A	
10.05	**Spills:** Spill generation, management, and disposal.	Yes	
10.06	**Transport**	Yes	
10.07	**Waste:** Collection and disposal of HD waste and trace contaminated waste	Yes	
11.00	SOPs are reviewed at least every 12 months by the designated person, and the review is documented.	Yes	
12.00	SOPs are readily available to all who may need to handle HD or respond to a spill (pharmacy employees, housekeeping, nursing personnel, delivery personnel, etc). *Describe whether P&Ps are available electronically, by paper, or both.*	Yes	

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		Observation	Notes
13.00	SOPs address at a minimum: *If no, document "missing" in Inspector Notes for each SOP topic*		**Please note NABP did not review each SOP for alignment on USP <800>. The SOP(s) described below is/are a reflection of any self-assessment completed by the pharmacy and/or shared with the inspector during the onsite inspection.**
13.01	Hazard communication program plan	Yes	
13.02	Competent personnel	Yes	
13.03	Occupational safety program	Yes	
13.04	Designation of HD areas	Yes	
13.05	Receiving HDs, including handling of damaged shipping containers/breakages	Yes	
13.06	A list of HDs	Yes	
13.07	Storage of HDs	Yes	
13.08	Compounding of HDs	Yes	

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		Observation	Notes
13.09	Use and maintenance of proper engineering controls (eg, containment primary engineering control [C PECs], containment secondary engineering control [C SECs], and closed system drug transfer device [CSTDs]) to include SOPs for repairs, loss of power, moving, etc.	Yes	
13.10	Hand hygiene and proper use of appropriate PPE based on activity (eg, receipt, transport, compounding, administration, spill, disposal).	Yes	
13.11	Deactivation, decontamination, cleaning, disinfection SOPs include all of the following:		
13.11.01	Agents used	Yes	
13.11.02	Dilutions, if used	Yes	
13.11.03	Frequency	Yes	

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		Observation	Notes
13.11.04	PPE to be worn (appropriate PPE resistant to the agents used, two pairs of chemotherapy gloves, impermeable disposable gowns, and eye, face, and respiratory protection if warranted--addressed in SOPs)	Yes	
13.11.05	Documentation requirements	Yes	
13.12	Receiving SOPs to include communications with suppliers about packaging and visual/other inspection of shipping containers for signs of damage and how to handle damaged containers.	Yes	
13.13	If a shipping container appears damaged and **does not need to be opened:**		
13.13.01	It is sealed without opening and wrapped in impervious plastic;	Yes	
13.13.02	Labeled as "hazardous"; and	Yes	
13.13.03	Returned to the supplier after contacting the supplier or disposed of as hazardous waste if supplier declines return.	Yes	
13.14	If a damaged shipping container **must be opened**:		
13.14.01	Container is sealed in plastic or an impervious container;	Yes	
13.14.02	It is transported to the C-PEC before opening, preferably nonsterile compounding C-PEC, if available;	Yes	

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		Observation	Notes
13.14.03	container is placed on a plastic-backed preparation mat;	Yes	
13.14.04	It is opened and undamaged items are removed and wiped down with a disposable wipe;	Yes	
13.14.05	Damaged item is enclosed in an impervious container and labeled "hazardous";	Yes	
13.14.06	Damaged item is returned to the supplier or disposed of as hazardous waste;	Yes	
13.14.07	Deactivate, decontaminate, and clean the C-PEC in accordance with SOPs; and	Yes	
13.14.08	If a sterile compounding C-PEC must be used, it is also disinfected after cleaning prior to resuming any sterile compounding activities.	Yes	
13.15	Safe work Practices SOPs	Yes	
13.16	Dispensing SOPs	Yes	
13.17	Packaging and labeling SOPs	Yes	
13.18	Transport SOPs	Yes	
13.19	Administering SOPs, if applicable	N/A	

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		Observation	Notes
13.20	*Recommendation: Environmental monitoring (eg, wipe sampling) SOPs*	Yes	
13.21	HD waste segregation and disposal (including reference to following local, state, and federal regulations) SOPs	Yes	
13.22	Spill prevention and direction of spill cleanup and control SOPs must address the following:		
13.22.01	Size and scope of spill;	Yes	
13.22.02	Responsible person for handling spills;	Yes	
13.22.03	Location of spill kits and clean-up materials;	Yes	
13.22.04	Capacity of the spill kits;	Yes	
13.22.05	PPE to be worn during spills;	Yes	
13.22.06	Handling of worn PPE and any exposed clothing under PPE;	Yes	

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		Observation	Notes
13.22.07	Use of appropriate full-face, chemical cartridge-type respirator or powered air-purifying respirators (PAPR) if capacity of spill kit is exceeded or known or suspected airborne exposure to vapors/gases; and	Yes	
13.22.08	Medical evaluation/incident reporting/documentation/other handling of persons potentially exposed or with direct skin/eye contact to the HD.	Yes	
13.23	***Recommendation:*** *Does the pharmacy have a medical surveillance program? (a comprehensive control program to monitor and identify potential worker health care issues from HD exposure.)*	Yes	
14.00	The **hazard communication program** SOP has policies and procedures that ensure worker safety in all aspects of HD handling relevant to the pharmacy and ensure effective personnel training in proper labeling, transport, storage, and disposal of HDs, use of Safety Data Sheets (SDSs), based on the Globally Harmonized System of Classification and Labeling of Chemicals (GHS).	Yes	
15.00	The pharmacy's hazard communication program includes, at a minimum, all of the following:		
15.01	A written plan that describes how the standard will be implemented;	Yes	
15.02	How containers of HDs/hazardous chemicals will be labeled, tagged, or marked with the identity of the material and appropriate hazard warnings;	Yes	

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		Observation	Notes
15.03	SDSs are maintained for each hazardous chemical they use (29 CFR 1910.1200);	Yes	
15.04	How SDSs are readily accessible to personnel during each work shift and when they are in their work areas;	Yes	
15.05	Information and training provided to personnel prior to initial assignment to work with a hazardous chemical and whenever the hazard changes; and	Yes	
15.06	Personnel of reproductive capability confirm in writing that they understand the risks of handling HDs.	Yes	
	Personnel Training – *Check four employee files for documentation*		
16.00	All personnel handling HDs are trained based on their job function prior to independently handling HDs.	Yes	
17.00	Personnel file contains the employee's acknowledgement of the risk of handling HD (as part of the hazardous communication program).	Yes	
18.00	For non sterile HD compounding, personnel competency is observed and assessed at least annually for proper compounding technique, with no concerns identified.	Yes	

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		Observation	Notes
19.00	For sterile HD compounding, personnel competency is observed and assessed at least annually for proper sterile compounding aseptic technique, with no concerns identified.	Yes	
20.00	After initial HD training, personnel are trained prior to introduction of any new HD or new equipment, or prior to any significant change in process or SOP.	Yes	
21.00	All HD training and assessments are documented for each employee who transports, compounds, or administers HDs, and meets Occupational Safety and Health Administration Standard 1910.120 and any other requirements of law or regulation.	Yes	
22.00	All personnel who perform custodial HD waste removal and cleaning in HD handling areas are trained in appropriate procedures to protect themselves and the environment.	Yes	
23.00	HD training, based on employee file review, all of the following are present:		
23.01	Overview of pharmacy's HD list and their risks;	Yes	
23.02	Review of the SOPs related to HDs;	Yes	
23.03	Proper use of PPE;	Yes	
23.04	Proper use of equipment and devices (eg, engineering controls);	Yes	

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Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Notes
23.05	Appropriate procedures for deactivation, decontamination, cleaning, and disinfection (if applicable);	Yes	
23.06	Response to known or suspected HD exposure;	Yes	
23.07	Spill management;	Yes	
23.08	Proper disposal of HDs and trace-contaminated materials; and	Yes	
23.09	New HD drug/new equipment or prior to any significant change in process or SOP.	Yes	
24.00	If respiratory protection is needed for any HDs handled, personnel are fit tested and trained in the proper use of the respirator.	Yes	
Personal Protective Equipment			
25.00	For sterile and nonsterile compounding with HDs, personnel wear gowns; head, hair, and shoe covers; and two pairs of chemotherapy gloves.	Yes	
26.00	Appropriate PPE is readily accessible where HD is handled, include all of the following:		
26.01	Receipt (PPE appropriate to HD as set forth in SOPs, and at a minimum, chemotherapy gloves worn);	Yes	
26.02	Storage;	Yes	

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		Observation	Notes
26.03	Transport;	Yes	
26.04	Nonsterile Compounding (if performed by the pharmacy);	Yes	
26.05	Sterile Compounding (if performed by the pharmacy);	Yes	
26.06	Administration, if applicable;	N/A	
26.07	Deactivation/decontamination, cleaning, and disinfecting (appropriate PPE resistant to the agents used, two pairs of chemotherapy gloves, impermeable disposable gowns, and eye, face, and respiratory protection if warranted/addressed in SOPs);	Yes	
26.08	Spill control;	Yes	
26.09	Waste disposal; and	Yes	
26.10	If administering injectable antineoplastics, two pairs of chemotherapy gloves and permeability resistant gowns are worn.	N/A	
27.00	Disposable PPE is not reused.	Yes	
28.00	Reusable PPE is decontaminated and cleaned after each use.	Yes	

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		Observation	Notes
29.00	**Gloves**: The pharmacy is using appropriate gloves for the activities conducted (chemotherapy gloves meet ASTM standard D6978 -- or its successor -- and are resistant to cleaning agents used) and are resistant to cleaning agents used.	Yes	
29.01	**Recommendation**: Are *chemotherapy gloves worn for handling all HDs including non antineoplastics and for reproductive risk only HDs?*	Yes	
29.02	Chemotherapy gloves are powder free.	Yes	
29.03	Chemotherapy gloves are inspected for physical defects before use and defective gloves (eg, pin holes, tears, weak spots) are discarded.	Yes	
29.04	For sterile compounding, the outer chemotherapy gloves are sterile.	Yes	
29.05	Chemotherapy gloves are changed when torn, punctured, or contaminated.	Yes	
29.06	**Recommendation**: Are *chemotherapy gloves changed every 30 minutes (unless otherwise recommended by the manufacturer)?*	Yes	
29.07	Hands are washed with soap and water after removing chemotherapy gloves.	Yes	

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		Observation	Notes
30.00	**Gowns**: The pharmacy is using appropriate gowns for the activities conducted (if required for type of compounding based on standards or assessment of risk).	Yes	
30.01	Gowns are disposable.	Yes	
30.02	Gowns resist permeability of HDs and are not laboratory coats, surgical scrubs, or isolation gowns (selected based on HDs handled).	Yes	
30.03	Gowns close in the back, are long sleeved, and have closed cuffs that are elastic or knit.	Yes	
30.04	Gowns do not have seams or closures that will allow HDs to pass through.	Yes	
30.05	Gowns are changed in accordance with the manufacturer's instructions, or if no permeation information is available, they are changed every two to three hours or immediately after a spill or splash.	Yes	
30.06	Gowns worn in HD areas are not worn to other areas.	Yes	

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		Observation	Notes
31.00	**Head, hair** (beard and moustache, if appropriate), **and shoe and sleeve covers.** The pharmacy is using appropriate head, hair, and shoe and sleeve covers for the type of compounding based on standards or assessment of risk to provide protection from contact with HD residue, if required.	Yes	
31.01	When HD compounding, a second pair of shoe covers are donned before entering the C SEC and doffed when exiting the C SEC.	Yes	
31.02	Shoe covers worn in HD areas are not worn into other areas of the facility.	Yes	
32.00	**Eye and Face Protection**: The pharmacy is using appropriate eye and face PPE protection for the activities conducted (based on assessment of risk that HDs are irritating to the eyes and mucous membranes, where there is risk of spills or splashes when working outside of a C PEC), if required.	Yes	
32.01	If a risk to eyes, goggles (or a full face respirator) are worn. *Eyeglasses or safety glasses with side shields are not substituted for goggles.*	Yes	
32.02	If a risk to face and eyes, goggles plus a face shield (or a full face respirator) are worn.	Yes	

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		Observation	Notes
33.00	**Respiratory Protection**: The pharmacy is using appropriate respiratory PPE protection for the activities conducted (receiving, transport, compounding, administration, and waste disposal) based on assessment of risk based on type of HD and type of activity, if required. *Indicate what type of PPE which is available to employees (and is fit tested, when required).*	Yes	
33.01	Fit-tested NIOSH-certified N95 respirator;	Yes	
33.02	Elastomeric half-mask with a multi-gas cartridge and P100-filter;	Yes	
33.03	Full-face piece, chemical cartridge-type respirator;	No	
33.04	PAPR; and/or	No	
33.05	Other (describe in notes).	N/A	
34.00	Surgical masks are **not** used as PPE when respiratory protection is needed.	Yes	

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Hazardous Drugs Handling in Health Care Settings

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Facility Name: East Coast Compounding and Pharmacy, LLC

e-Profile ID: 1637241

Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Notes
35.00	The pharmacy uses an appropriate respiratory PPE for large HD spills; deactivating, decontaminating, and cleaning underneath the work surface of the C-PEC; and when there is known or suspected airborne exposure to powders or vapors. *Indicate what type of PPE which is available to employees (and is fit-tested, when required).*	Yes	N95 Respirator Elastomeric half masks with P100 filter
35.01	Fit-tested NIOSH-certified N95 respirator;	Yes	
35.02	Elastomeric half-mask with a multi-gas cartridge and P100-filter;	Yes	
35.03	Full-facepiece, chemical cartridge-type respirator;	No	
35.04	PAPR; and/or	No	
35.05	Other (describe in notes).	N/A	
36.00	Surgical masks are **not** used as PPE when respiratory protection is needed.	Yes	
37.00	**Disposal of Used PPE:** Is all PPE worn during handling of HDs considered contaminated with at least trace quantities?	Yes	

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		Observation	Notes
37.01	Worn PPE is placed in an appropriate HD waste container.	Yes	
37.02	The HD waste container is located in reasonable proximity to HD PPE doffing activities.	Yes	
37.03	Chemotherapy gloves, and sleeve covers if worn, are carefully removed and discarded immediately into an approved HD trace waste container inside the C PEC or contained in a sealable bag for discarding outside the C PEC.	Yes	
	Facilities and Engineering Controls		
38.00	There are signs prominently displayed before the entrance to all HD handling areas designating the hazard.	Yes	
38.01	Access to these areas are restricted to authorized personnel who have been appropriately trained.	Yes	
38.02	HD areas are located away from breakrooms/refreshment areas for personnel, patients, and/or visitors.	Yes	
39.00	There are designated HD areas for any of the following:		
39.01	Receiving and unpacking of HDs	Yes	

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		Observation	Notes
39.02	Storage of HDs	Yes	
39.03	Nonsterile HD compounding (if performed by the pharmacy)	Yes	
39.04	Sterile HD compounding (if performed by the pharmacy)	Yes	
40.00	***Recommendation :*** *If there is a requirement for certain designated areas to have negative pressure from surrounding areas, is there an uninterrupted power source (UPS) to the ventilation systems in order to maintain negative pressure in the case of power loss?*	No	
41.00	**Receipt**: Are HDs received and unpacked (removed from external shipping containers) in an appropriate environment? *Describe.*	Yes	
41.01	Antineoplastics and HD APIs are unpacked in an area with air pressure relative to surrounding areas that is either neutral or negative pressure. *Indicate the type of environment. If the environment is positive pressure, it is non-compliant.*	Yes	
41.01.01	Neutral	Yes	
41.01.02	Negative	No	

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		Observation	Notes
42.00	HDs are not unpacked in a sterile compounding area (eg, no external containers are brought into C SEC).	Yes	
43.00	**Storage:** Are HDs stored in a manner to minimize accidental exposure? *Describe.*	Yes	
43.01	HDs are not stored on the floor.	Yes	
43.02	HDs are stored in a manner to minimize breakage and spillage.	Yes	
43.03	If facility is in an area prone to specific types of natural disasters, appropriate precautions are taken (eg, raised front lips on shelving in earthquake prone areas).	Yes	
44.00	Antineoplastic HDs that require manipulation (other than counting and repackaging final dosage forms) and HD API are stored separately from non HDs.	N/A	
44.01	These HDs are stored in an externally ventilated, negative pressure room.	N/A	
44.02	The HD storage room has at least 12 air changes per hour (ACPH).	N/A	

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		Observation	Notes
44.03	Refrigerated antineoplastic HDs are stored in a dedicated refrigerator in a negative pressure area with at least 12 ACPH (eg, storage room, buffer room, or containment segregated compounding area [C SCA]).	N/A	
44.04	**Recommendation**: *If the refrigerator is located in a buffer room, is an exhaust located adjacent to the refrigerator's compressor and behind the refrigerator?*	Yes	
45.00	If non antineoplastic, reproductive risk only, and final dosage forms of antineoplastics are stored with other non HD inventory, there is a written policy/SOP addressing it.	N/A	
46.00	**Compounding**: There are appropriate engineering controls to protect the HD preparation from cross contamination, and if sterile compounding, from microbial contamination, during all phases of the compounding process.	Yes	
47.00	All HD compounding are performed within a C PEC located in a C-SEC room.	Yes	
47.01	The C SEC for both sterile and nonsterile HD compounding has all of the following:		
47.01.01	Has fixed walls;	Yes	
47.01.02	Is externally vented;	Yes	
47.01.03	Is able to meet (12) or exceed ACPH requirements;	Yes	

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		Observation	Notes
47.01.04	Is physically separated (ie, a different room) from other preparation areas; and	Yes	
47.01.05	Has a negative pressure differential of between 0.01 inches and 0.03 inches of water column relative to all adjacent areas.	Yes	
48.00	The C PEC operates continuously if it supplies some or all of the negative pressure in the C SEC or if it is used for sterile compounding.	Yes	
49.00	There is a sink readily available for handwashing on the hazardous side.	Yes	
49.01	There is an eyewash station readily available.	Yes	
49.02	Water sources and drains are a minimum of 1 meter away from the C PEC.	Yes	
50.00	Does the pharmacy engage in **nonsterile HD compounding**? If yes, complete 50.01 54. If no, skip to 55:	Yes	
50.01	Select the location where **nonsterile HD compounding** is performed type(s):		
50.01.01	C-PECs used for sterile HD compounding are located in a different room than C-PECs used for nonsterile HD compounding	Yes	
50.01.02	C-PECs used for sterile HD compounding are located in the same room as C-PECs used for nonsterile HD compounding.	No	
50.02	Select the type(s) of containment primary engineering control(s) used for **nonsterile HD compounding**:		

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		Observation	Notes
50.02.01	Class I biological safety cabinet (BSC)	No	
50.02.02	Class II BSC	Yes	
50.02.03	Containment ventilated enclosure (CVE)	No	
50.02.04	Compounding aseptic containment isolator (CACI)	N/A	
50.02.05	Other, describe	N/A	
51.00	Indicate if the C-PEC used for **nonsterile HD compounding** (must be one of two below in order to be compliant):		
51.01	Is externally vented *(preferred)* ; **and/or**	Yes	
51.02	Has redundant High Efficiency Particulate Air (HEPA) filters in series	N/A	
52.00	Does the pharmacy use the same C PEC (Class II BSC or CACI) used for sterile HD compounding and nonsterile HD compounding?	No	
52.01	Is **nonsterile HD compounding** only "occasional"? *I If yes, please describe frequency and quantity.*	N/A	
52.02	Is the **nonsterile HD compounding** activity only occurring when sterile HD compounding is not being performed?	N/A	
52.03	Is the C PEC decontaminated, cleaned, and disinfected prior to resuming sterile compounding?	N/A	

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		Observation	Notes
53.00	The C SEC has at least 12 ACPH. *Verify documentation and monitoring.*	Yes	
54.00	The ceilings, walls, floors, fixtures, shelving, counters, and cabinets are smooth, impervious, free from cracks and crevices, and non shedding. *If non-compliant describe.*	Yes	
55.00	Does the pharmacy engage in **sterile HD compounding**? If yes, complete 55.01 61.02.03. If no, skip to 62.	Yes	
55.01	Select the type(s) of containment primary engineering control(s) used for **sterile HD compounding**:		
55.01.01	CACI	No	
55.01.02	Class II BSC, Type A1 (formerly Type A and not suitable for volatile toxic chemicals and volatile radionuclides)	Yes	
55.01.03	Class II BSC, Type A2 (formerly Type B3)	No	
55.01.04	Class II BSC, Type B1	No	
55.01.05	Class II BSC, Type B2 (total exhaust for volatile components)	No	
55.01.06	Class III BSC	No	
55.01.07	LAFW (not for antineoplastics)	No	

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		Observation	Notes
55.01.08	CAI (not for antineoplastics)	No	
56.00	The C PEC maintains ISO Class 5 or better air quality and is under continuous operation, unless power loss or repair occurs.	Yes	
57.00	Is the C-PEC used for **sterile HD compounding** externally vented?	No	
58.00	If a BSC or CACI that is used for **sterile HD compounding** is also used for non HD preparations, is the non HD preparation placed into a protective outer wrapper during removal from the C PEC?	N/A	
58.01	If used for both, is the non HD preparation labeled to require PPE handling precautions?	N/A	
59.00	If the C SEC is an unclassified containment segregated HD compounding area (C SCA: enclosed separate room with fixed walls, but not ISO classified), beyond-use dates (BUDs) are limited in accordance with <797> as Category 1 compounded sterile preparations.	N/A	
59.01	The C SEC (C-SCA) has at least 12 ACPH. *Verify documentation and monitoring.*	Yes	
59.02	A handwashing sink is at least one meter or more away from the C-PEC	Yes	

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		Observation	Notes
59.02.01	Describe whether the sink is inside the C-SCA or directly outside the C-SCA		
60.00	If BUDs are longer than the Category 1 BUDs specified in <797>, the PEC is located in a C SEC, which is an ISO Class 7 buffer room adjacent to an ISO Class 7 anteroom.	Yes	
60.01	The buffer room has fixed walls.	Yes	
60.02	The buffer room is externally vented.	Yes	
60.03	The buffer room has HEPA filtered supply air.	Yes	
60.04	The buffer room has at least 30 ACPH.	Yes	
60.05	The buffer room has a negative pressure differential of between 0.01 inches and 0.03 inches of water column relative to the anteroom.	Yes	
60.06	The anteroom has fixed walls.	Yes	
60.07	The ante room has a minimum of 30 ACPH of HEPA filtered supply air.	Yes	
60.08	The ante room maintains positive pressure of at least 0.02 inches water column relative to any adjacent unclassified areas.	Yes	
60.09	The handwashing sink is located in the anteroom at least 1 meter or more away from the door to the buffer room to prevent contamination into the negative pressure buffer room.	Yes	

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		Observation	Notes
61.00	If the negative pressure HD buffer room is entered through a positive pressure non HD buffer room, there is a line of demarcation within the buffer room for donning and doffing PPE.	N/A	
61.01	There is a design and method to contain and minimize HD contamination when **transporting** HDs, HD CSPs, and HD waste into and out of the negative pressure buffer room:	Yes	
61.02	Indicate how HD contamination is minimized:		
61.02.01	Pass-through chamber between negative pressure buffer room and adjacent space included in the facility's certification not compromising air quality in the buffer room *(verified in the facility's semi-annual certification report that pass through has not compromised air quality in the buffer room).*	Yes	
61.02.02	Use of sealed containers	Yes	
61.02.03	Other, *describe*	N/A	

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		Observation	Notes
Environmental Quality and Control - Surface wipe sampling			
62.00	**Recommendation: Surface wipe sampling** is performed routinely (initially and at least every six months) to monitor HD containment processes and trends, which includes all of the following:	Yes	
62.01	Interior of C-PEC and equipment within the C-PEC	Yes	
62.02	Pass-through chambers	Yes	
62.03	Surfaces in staging or work areas near the C-PEC	Yes	
62.04	Areas adjacent to the C-PEC (eg,. floors directly under, staging, and dispensing areas)	Yes	
62.05	Areas immediately outside the HD buffer room or the C-SCA	Yes	
Receiving			
63.00	**Recommendation:** HDs are packaged by the supplier in impervious plastic to segregate them from other drugs and decrease possibility of exposure during unpacking and internal transfer.	Yes	
64.00	HDs are delivered to the HD storage area immediately after unpacking.	Yes	
65.00	A spill kit is readily accessible in the receiving area.	Yes	

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66.00	Containers are visually examined for signs of damage or breakage prior to opening.	Yes	
67.00	If a shipping container appears damaged and does not need to be opened, it is sealed, enclosed in an impervious container, labeled "hazardous" on the outside, and returned to the supplier after contact or disposed of as hazardous waste.	Yes	
67.01	If a damaged shipping container must be opened, it is done so according to SOPs, to include sealing the container in plastic or an impervious container, transporting it to the C PEC for unpacking, removing, and wiping the outside of the undamaged items with disposable wipes, resealing the damaged items in an impervious container and marking it "hazardous," returning it to the supplier after contact or disposing as hazardous waste, and deactivating, decontaminating, and cleaning the C PEC.\	Yes	
68.00	Damaged packages are considered spills and reported to the designated person. *List last date of damaged package receipt.*	Yes	

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		Observation	Notes
Labeling, Packaging, Transport, and Disposal			
69.00	HDs requiring special HD handling are always clearly labeled as hazardous during transport and in accordance with any laws related to labeling of HDs.	Yes	
70.00	Labeling processes do not introduce contamination into non HD handling areas.	Yes	
71.00	Packaging materials are chosen that protect the HD and healthcare worker against damage, leakage, contamination, and degradation during transport, but also maintains the physical integrity, stability, and sterility of the HD.	Yes	
72.00	Pneumatic tubes are not used for transporting any liquid HDs or antineoplastic HDs.	N/A	
73.00	Labeling on HDs shipped outside the pharmacy meets all of the following requirements:		
73.01	Labeling specified in SDS for transport;	Yes	
73.02	Storage and disposal instructions; and	Yes	
73.03	Labeled with HD category.	Yes	

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Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Notes
	Dispensing, Packaging, and Compounding Processes		
74.00	Counting of antineoplastics is done by hand (eg, not placed into automated counting devices).	N/A	
75.00	Clean, dedicated (not used for non HD purposes), or disposable equipment is used for counting, packaging, and compounding of HDs.	Yes	
75.01	**Recommendation**: Equipment is decontaminated after every use.	Yes	
75.02	**Recommendation**: When compounding, a plastic backed preparation mat is placed on the C PEC work surface and changed and discarded appropriately as HD waste. All of the following should apply in order to make this a Yes.	No	
75.02.01	Immediately if a spill occurs	N/A	
75.02.02	Regularly during use	N/A	
75.02.03	At the end of a shift	N/A	
76.00	APIs or other powdered HDs are handled in a C PEC during particle generating activities, such as crushing, opening capsules, and weighing powders.	Yes	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Hazardous Drugs Handling in Health Care Settings

The information and comments obtained in the Hazardous Drugs Handling in Health Care Settings Inspection is based on USP Chapter <800>.

Any items marked "Recommendation" are considered "best practices" and are not considered requirements for compliance with USP standards, but the information is collected as it may be a requirement under state law.

An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: East Coast Compounding and Pharmacy, LLC

e-Profile ID: 1637241

Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Notes
	Deactivating and Decontaminating (Cleaning and Disinfecting are performed in accordance with Chapters <795> and <797>)		
77.00	The pharmacy has chosen appropriate oxidizing agent(s) for deactivation and decontamination and proven effective by testing.	Yes	
78.00	Wipes or other appropriate delivery mechanisms (eg, not a spray bottle) are used for deactivation and decontamination.	Yes	
79.00	The C-PEC must be decontaminated. *All of the following must be done to be compliant:*	Yes	
79.01	Between compounding of different HDs	Yes	
79.02	At least daily when used	Yes	
79.03	Any time a spill occurs	Yes	
79.04	Before and after certification	Yes	
79.05	Any time voluntary interruption occurs	Yes	
79.06	If the ventilation tool is moved	Yes	
80.00	HD containers are wiped down prior to placing them in the C PEC and the solution used does not alter the product label.	Yes	

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Hazardous Drugs Handling in Health Care Settings

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Facility Name: East Coast Compounding and Pharmacy, LLC

e-Profile ID: 1637241

Inspection Date: 10/28/2024, 10/29/2024 & 10/30/2024

		Observation	Notes
81.00	Areas, other than the work surface of the C PEC, where contamination can build up (such as areas under the work tray), are deactivated, decontaminated, and cleaned at least monthly.	Yes	
82.00	Additional PPE (eg, respirator) is used in accordance with SOPs, to protect the worker if containment airflows are compromised by opening the cabinets to get to these areas.	Yes	
	Spill Control		
83.00	Spills are contained and cleaned immediately.	Yes	
84.00	Trained/qualified personnel are always available during operation with HDs to handle spills.	Yes	
85.00	Only trained/qualified personnel engage in spill containment and cleanup.	Yes	
86.00	There are signs available to restrict access to spill areas.	Yes	
87.00	Spill kits, containing all ingredients necessary to clean HD spills, are readily available in all areas where HDs are routinely handled.	Yes	
88.00	Spill materials are disposed of as hazardous waste.	Yes	
89.00	The circumstances and management of all spills are documented. ***Review documentation for spills for the last year and list the most recent date.***	N/A	No spills in the last 12 months.

4PPP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: 503A Compounding Pharmacy	☒ Retail/Community ☒ Dangerous drugs ☐ Controlled substances DEA #: N/A ☒ Non-sterile Compounding ☒ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Evoluciona Pharma, LLC

Physical Address: 10402 Fountaingate Dr Bldg B

City: Stafford State: TX Zip: 77477

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: 737-717-0627 Toll Free # (NAC 639.708, NRS 639.23286): 888-491-3259

Fax: 737-209-7791 Contact Email: EvolucionaPharma@lighthouseai.com

Website: https://evolucionapharma.com/

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Justin Swanberg

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): N/A

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: John Varghese	NV Pharmacist Registration #: 17550
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Texas

Parent Company (if any): APRX LLC

Corporation/Organization Name: Evoluciona Pharma, LLC

Mailing Address: 10402 Fountaingate Dr Bldg B

City: Stafford State: TX Zip: 77477

Telephone: 7377170627 Email: EvolucionaPharma@lighthouseai.com

Contact Person Name: Justin Swanberg

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name:

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Manager (title) for Evoluciona Pharma, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Barrington Hammond Jr.

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

2/25/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Barrington Hammond Jr.

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Barrington Hammond Jr.

Original signature of Authorized Person (copies or stamps not accepted)

2/25/2026

Date

Board Use Only	Date Received: 3/3/26	Amount: $500 CK 2693

EVOLUCIONA PHARMA

Officer List

Barrington Hammond Jr (Barry) - Manager

0% ownership

[redacted]

FRANCHISE TAX ACCOUNT STATUS

This record as of January 13, 2026 at 13:56:18

EVOLUCIONA PHARMA LLC

Texas Taxpayer Number:	32100984569
Mailing Address:	[redacted] HOUSTON, TX 77007 - 7306
Right to Transact Business in Texas:	ACTIVE
State of Formation:	TX
SOS Registration Status (SOS status updated each business day):	ACTIVE
Effective SOS Registration Date:	07/03/2025
Texas SOS File Number:	0806108831
Registered Agent Name:	REGISTERED AGENTS INC.
Registered Office Street Address:	5900 BALCONES DRIVE SUITE 100 AUSTIN, TX 78731

Public Information Report

Title	Name and Address	
Report not on File		

Information on this site is obtained from the most recent Public Information Report (PIR) submitted to the Comptroller of Public Accounts (CPA) or from the most recent PIR processed by the Secretary of State (SOS). Annual PIRs submitted to the CPA are forwarded to the SOS.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Evoluciona Pharma, LLC

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 10402 Fountaingate Dr Bldg B

City: Stafford State: TX Zip: 77477

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 737-717-0627 Website: https://evolucionapharma.com/

Licensing Company Email: EvolucionaPharma@lighthouseai.com

Section 2: Personal Information

First: Justin Middle: Timothy Last: Swanberg

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: TX Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The University of Texas at Austin		2004 - 2008	
Address	**City**	**State**	**Zip**
2515 Speedway	Austin	TX	78712
Diploma/Degree obtained, if any			
PharmD Degree			

School Name		From - To (MM/YY – MM/YY)	
Campbell University		2004	
Address	**City**	**State**	**Zip**
143 Main St	Buies Creek	NC	27506
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2025 - Present	[redacted]	[redacted]	TX	[redacted]
From - To (MM/YY – MM/YY) 2023-2025			State FL	
From - To (MM/YY – MM/YY) 2020-2023			State TX	
From - To (MM/YY – MM/YY) 2017-2020			State TX	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Evoluciona Pharma, LLC			11/25-present	
Business Address		City	State	Zip
10402 Fountaingate Dr Bldg B		Stafford	TX	77477
Phone	Title		Number of Employed Hours	
737-717-0627	Pharmacist in Charge		560 Hours	
Description of Duties				
Please see attached resume				

Business Name			From - To (MM/YY – MM/YY)	
Walgreens Company			2009-2023	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
	Pharmacy Manager		26,880 Hours	
Description of Duties				
Please see attached resume				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
9/2014 - 01/2015	11/03/2015	Texas	Austin	Travis County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
K-15-015		Texas State Board of Pharmacy		
Reason/Charge				
Unlawful compound and dispense sterile preparations without a Class A-S License				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Justin Swanberg		$1,000 Fine		
Name of Business/Industry/Entity				
Stonegate Pharmacy				

Provide explanation below:

From on or about September 26, 2014, through January 26, 2015, Justin Timothy Swanberg, while acting as an employee (pharmacist-in-charge) of Stonegate Pharmacy, 2501 West William Cannon, Suite 203, Austin, Texas 78745, allowed Stonegate Pharmacy to unlawfully compound and dispense sterile preparations when it did not possess a Class A-S license. Stonegate Pharmacy failed to file an application for Class A-S license with the Texas State Board of Pharmacy (Board) to continue as a pharmacy compounding sterile preparations after August 31, 2014. As evidenced by pharmacy records, Stonegate Pharmacy compounded and dispensed sterile preparations without a Class A-S license during the time period previously described. This violation was discovered during a Board inspection on April 8, 2015.

Original Signature (electronic, copies or stamps not accepted)

2/25/20
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/2014-08/2015	05/01/2018	Texas	Austin	Travis County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
B-16-015		Texas Board of Pharmacy		
Reason/Charge				
Failed to establish and maintain effective controls against diversion or loss of a controlled substance				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Justin Swanberg		License discipline/Fine		
Name of Business/Industry/Entity				
Stonegate Pharmacy				

Provide explanation below:

1. On or about December 27, 2014, through on or about August 17, 2015, Justin Timothy Swanberg, while acting as an employee (pharmacist-in-charge) of Stonegate Pharmacy, 2501 West William Cannon, Suite 203, Austin, Texas 78745, failed to keep and maintain complete and accurate records of purchases and disposals of 48,746 hydrocodone/APAP 10/325 mg tablets (-39.56%), a controlled substance listed in the Texas Controlled Substances Act: Hydrocodone.

2. The audit shortages described in Count (1) reflects that Justin Timothy Swanberg, while acting as an employee (pharmacist-in-charge) of Stonegate Pharmacy, 2501 West William Cannon, Suite 203, Austin, Texas 78745, failed to establish and maintain effective controls against diversion or loss of a controlled substance.



Original Signature (electronic, copies or stamps not accepted)

2/25/26

Date

I, Justin Swanberg, **certify that as the designated representative for**

Evoluciona Pharma, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. _____ I am at least 21 years of age;
3. _____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. _____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. _____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. _____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. _____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Justin Swanberg

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/25/26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Justin Swanberg

Print Name (First, Last)

Original Signature (electronic copies or stamps not accepted)

2/25/26

Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of Fort Bend

I, Justin Swanberg, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/25/26

Date

Subscribed and Sworn to before me this 25th day of February 2026

Notary Public Signature

HEATHER M. PARIZO
My Notary ID # 128151070
Expires January 19, 2030

(Seal)

Board Order Explanations:

I was involved in a theft case at a compounding pharmacy I worked at in 2014, the theft occurred over a 4-5 year period and involved 3 pharmacists in charge. At this particular time we were using manual perpetual inventory down to the prescription with end of day counts on c2 prescriptions daily. This was above and beyond most procedures to track c2 counts. In addition, our change in pic inventory and yearly controlled inventories per Texas law all checked out accurately with counts that we had available. Unfortunately, the theft and manipulation of on hand counts were done outside of business hours by someone who had access to the pharmacy. All of this was brought up in the hearing and no wrong doing was found by any of the pharmacists and no penalty was given. This event along with other questionable business practices led me to leave this pharmacy shortly after. In addition, I have been a pharmacy manager for 20 years, I've had multiple routine audits by the board of pharmacy, dea/dps(Texas), wholesalers, third party insurers and have had zero issues. This was unfortunately the wrong time and wrong place.

My other order was a clerical error, our head of licensing did not renew our compounding license (separate from a pharmacy license) in a timely manner. Since this was submitted late I had to pay a 1000 dollar fine as pharmacist in charge at the time. The board granted us a exception to continue compounding while the license was renewed.

AGREED BOARD ORDER #B-16-015

RE: IN THE MATTER OF
JUSTIN TIMOTHY SWANBERG
(PHARMACIST LICENSE #46396)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacist license number 46396 issued to Justin Timothy Swanberg (Respondent).

By letter dated October 27, 2017, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 565.001(a)(1), (2), (8), (9)(A), (12), (13) and (20) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015);

Sections 281.2(8); 281.7(a)(6), (13) and (23)(A); 291.32(a)(2)(E), (F), (G) and (H); 291.32(c)(1)(E); and 291.33(b)(2)(A) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016);

Section 481.067 of the Texas Controlled Substances Act, TEX. HEALTH & SAFETY CODE ANN. (2015); and

Sections 13.182(a); and 13.202(c) of the Texas Controlled Substances Rules, 37 TEX. ADMIN. CODE ANN. Part 1 (2016), in that allegedly:

PREVIOUS HISTORY

On or about November 3, 2015, the Texas State Board of Pharmacy entered Agreed Board Order #K-15-015 in the matter of Justin Timothy Swanberg. The Order was based on evidence that while acting as pharmacist-in-charge of Stonegate Pharmacy, Mr. Swanberg allowed the pharmacy to compound and dispense sterile preparations without a Class A-S license. The Order imposed a $1,000 penalty.

COUNTS

(1) On or about December 27, 2014, through on or about August 17, 2015, Justin Timothy Swanberg, while acting as an employee (pharmacist-in-charge) of Stonegate Pharmacy, 2501 West William Cannon, Suite 203, Austin, Texas 78745, failed to keep and maintain complete and accurate records of purchases and disposals of 48,746 hydrocodone/APAP 10/325 mg tablets (-39.56%), a controlled substance listed in the Texas Controlled Substances Act: Hydrocodone.

(2) The audit shortages described in Count (1) reflects that Justin Timothy Swanberg, while acting as an employee (pharmacist-in-charge) of Stonegate Pharmacy, 2501 West

William Cannon, Suite 203, Austin, Texas 78745, failed to establish and maintain effective controls against diversion or loss of a controlled substance.

An informal conference was held in the Board's office on January 11, 2018, with Respondent, and Michael R. Sharp, Legal Counsel for Respondent, in attendance. The informal conference was heard by a Board panel comprised of: Dennis F. Wiesner, R.Ph., Board Member; Jenny Downing Yoakum, R.Ph., Board Member; and Allison Vordenbaumen Benz, R.Ph., M.S., Executive Director/Secretary; with Kerstin Arnold, General Counsel. Megan Holloway, Staff Attorney, was also in attendance.

By appearing at the informal conference and by signing this Order, Respondent and Respondent's counsel neither admit nor deny the truth of the matters previously set out in this Order, and agree that the Board has jurisdiction in this matter and waive the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that Respondent's license is reprimanded.

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 1st day of May, 2018.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Justin Timothy Swanberg, R.Ph.

Michael R. Sharp, Legal Counsel for Justin Timothy Swanberg
Sharp & Cobos Attorneys, LLP
4705 Spicewood Springs Road, Suite 100
Austin, Texas 78759

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

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AGREED BOARD ORDER #K-15-015

RE: IN THE MATTER OF
JUSTIN TIMOTHY SWANBERG
(PHARMACIST LICENSE #46396)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacist license number 46396 issued to Justin Timothy Swanberg (Respondent).

By letter dated July 15, 2015, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

> Sections 562.156(a); 565.001(a)(1), (2), (12) and (13) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013); and
>
> Sections 281.7(a)(13); 291.32(a)(2)(H); 291.32(c)(1)(E); 291.33(a)(11); 291.36(1); and 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2014), in that allegedly:

COUNT

From on or about September 26, 2014, through January 26, 2015, Justin Timothy Swanberg, while acting as an employee (pharmacist-in-charge) of Stonegate Pharmacy, 2501 West William Cannon, Suite 203, Austin, Texas 78745, allowed Stonegate Pharmacy to unlawfully compound and dispense sterile preparations when it did not possess a Class A-S license. Stonegate Pharmacy failed to file an application for Class A-S license with the Texas State Board of Pharmacy (Board) to continue as a pharmacy compounding sterile preparations after August 31, 2014. As evidenced by pharmacy records, Stonegate Pharmacy compounded and dispensed sterile preparations without a Class A-S license during the time period previously described. This violation was discovered during a Board inspection on April 8, 2015.

On April 15, 2015, Stonegate Pharmacy became licensed with the Board as a Class A-S pharmacy.

An informal conference was held in the Board's office on September 2, 2015, with Respondent and Megan Hudgeons, Legal Counsel for Respondent, in attendance. The informal conference was heard by a Board panel comprised of: Jeanne D. Waggener, R.Ph., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Caroline Hotchkiss, Assistant General Counsel. Ginger Shuffer, Staff Attorney, was also in attendance.

By appearing at the informal conference and by signing this Order, Respondent and Respondent's counsel neither admit nor deny the truth of the matters previously set out in this Order, and agree that the Board has jurisdiction in this matter and waive the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent shall pay an administrative penalty of one thousand dollars ($1,000) due one hundred twenty (120) days after the entry of this Order.

(2) Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement of this Order.

(3) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2015), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 3rd day of November, 2015.

Suzette Cayenna RPh
MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Justin Timothy Swanberg, R.Ph.

Megan Hudgeons

Megan Hudgeons, Legal Counsel for Justin Timothy Swanberg
Norton Rose Fulbright
98 San Jacinto Boulevard, Suite 1100
Austin, Texas 78701

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

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TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue, Suite 13.100
Austin, TX 78701-1319
(512) 305-8000

License Number: 46396
10/31/2026
(Date PDF Version Generated: 12/23/2025)

An up-to-date License Verification is always available on the Board's website:
http://www.pharmacy.texas.gov/

TEXAS STATE BOARD OF PHARMACY

License No.
46396

Expiration Date
10/31/2026

JUSTIN TIMOTHY SWANBERG
REGISTERED PHARMACIST

Daniel R. Carroll, Pharm.D,
Executive Secretary/Director

- Pharmacists are required to obtain CE as outlined in Rule 295.8, and are subject to random audits by TSBP.
- Update your address and/or employment through your online account at www.pharmacy.texas.gov.

TEXAS STATE BOARD OF PHARMACY

License No.
46396

Expiration Date
10/31/2026

JUSTIN TIMOTHY SWANBERG
REGISTERED PHARMACIST

Daniel R. Carroll, Pharm.D,
Executive Secretary/Director

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacist License # 46396

License Information

SWANBERG, JUSTIN TIMOTHY

License Status Active
License # 46396
Expiration Date 10/31/2026
Date License Issued 07/30/2008

Pharmacist Details

School Graduated UNIVERSITY OF TEXAS AT AUSTIN
Graduation Year 2008
Degree at time of licensure Pharm D
License Method Exam
Preceptor Yes
Prior Disciplinary Order(s)* Yes

- 160517 R46396 Swanberg, Justin Timothy ABO #K15015 2015-11.pdf
- 160517 R46396 Swanberg, Justin Timothy ABO B16015 2018-05.pdf

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Names

Last Name SWANBERG
First Name JUSTIN
Middle Name TIMOTHY
Other Name
Certificate Name SWANBERG, JUSTIN TIMOTHY

More Pharmacist Details

Specialty Board Certification ¥ Unknown

¥ Data regarding Specialty Board Certification is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder for clarification.

Remedial Plans and Drug Therapy Management

Remedial plans (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Evoluciona Pharma, LLC

NV Pharmacy or Outsourcing facility license # (if applicable): Pending

Physical Address: 10402 Fountaingate Dr Bldg B

City: Stafford State: TX Zip: 77477

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 512-791-0782 Toll Free # (NAC 639.708, NRS 639.23286): 888-491-3259

Fax: 737-209-7791 Contact Email: EvolucionaPharma@lighthouseai.com

Website: https://evolucionapharma.com/

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): John Varghese

Supervising/Managing Pharmacist NV Pharmacist Registration #: NV 17550

Name of Designated Person(s) as defined by revised USP-797 guidelines: Justin Swanberg

Email of Designated Person(s): justin@evolucionapharma.com

Telephone of Designated Person(s): 512-791-0782

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ☐ Category 2 ■ Category 3

If you marked "**Category 3**", you must also complete **section 4**.

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ☐ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes No

5. When was the most recent certification for the ISO classified areas? 2/11/2026

6. What is the frequency of the recertification for the ISO classified areas? 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Surface sampling is done daily

10. Will you be performing sterile hazardous drug compounding? Yes ■ No

If you marked "**Yes**", you must also complete **section 3**.

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

We don't know yet

12. What laboratory performs your sterility or endotoxin testing?

Name: Praxis Labs

Address: 150 N Fairway Dr ste 148-154

City: Vernon Hills State: IL Zip: 60061

Telephone:

13. What is your procedure for visual inspection of compounded sterile products?

All compounded products are visually inspected during mixing of the solution, after compounding prior to labeling, and at product review, all by pharmacists performing checks

14. How often do you perform glove fingertip and medial fill testing?

Fingertip daily, media fill quarterly

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

Our training is monitored electronically and assigned in accordance with USP 797 requirements. We use simplifi 797 third party software

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

We clean in accordance with USP 797 requirements around daily,weekly,monthly and batch specific cleaning. Products used are sterile isopropyl alcohol 70%, Peridox RTU sporicidal. We can provide sops if needed.

17. Who performs the sterile compounding process at your facility?

IV certified Technicians under the direct supervision of compounding pharmacists

18. Who is responsible and accountable for the sterile compounding process at your facility?

PIC

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Products used for shipping are temperature rated for times far greater than shipping promise times. If there excursions replacements are made available to the patient immediately

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? we don't do hazardous compounding		
2. Are you complying with all USP 800 guidelines?	Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	Yes	No
4. Is your BSC or CACI vented 100% to the outside?	Yes	No
5. Do you have a negative pressure buffer room at your facility?	Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

N/A

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?
N/A

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:
1. We dont know yet, will be prescriber dependent

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?
2. Garbing and media fill testing is quarterly, finger tip and thumb is daily

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? ■ Yes No

4. What is the frequency for completing volumetric active air sampling?
4. Every week to two weeks depending on area risk

5. What is the frequency for completing surface sampling? 5. Daily	
6. What is the frequency for using sporicidal agents? 6. Weekly/monthly depending on area of the lab	
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	■ Yes No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	■ Yes No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Justin Swanberg

Name of Person who Completed the Form

Pharmacist In Charge

Title

Signature (copies or stamps not accepted)

2/25/26

Date

Board Use Only	Date Received: 2/26/26 Date Approved: _____ Approved By: _____

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *EVOLUCIONA PHARMA* **License Number:**

Class of License: *AS*

Inspection Information

Type: *Compliance* **Purpose:** *Pre-Inspection*

Date: *03/02/2026* **Arrival Time:** *9:00 AM* **Departure Time:** *10:30 AM*

Action Taken: *Pre-Inspection*

General Comments: *Pharmacy is requesting a preinspection for class AS.*
Pharmacy will be engaging in high risk compounding.

Surface sampling was done by valogic Feb 24, 2026 no growth was evident.

Inspection Checklist

Verify Owner/Owner's Representative ID	*Yes*
Name : *Barrington Hammond*	**Title** : *Owner*
Verify PIC ID	*Yes*
Name : *Justin Swanberg*	**Title** : *PIC*
1. The prescription department has adequate space for the size and scope of the pharmaceutical services provided by the pharmacy.	*Yes*
2. Fixtures (i.e. shelving, countertops, etc.) for the storage of drugs, equipment, and supplies necessary to operate a pharmacy are installed.	*Yes*
3. Electrical supply exists.	*Yes*
4. A sink with hot and cold running water available exclusive of the restroom facilities.	*Yes*
5. Pharmacy arranged in an orderly fashion and kept clean.	*Yes*
6. The prescription department is complete and contains the following required equipment and supplies including, but not limited to:	*Yes*
6a. data processing system including a printer or comparable equipment;	*Yes*

Comment

Data processing: lifefile.

6b. refrigerator to be maintained within a range compatible with the proper storage of drugs requiring refrigeration;	*Yes*
6c. adequate supply of child-resistant, light-resistant, tight, and, if applicable, glass containers;	*Yes*
6d. adequate supply of prescription labels with name, address, and telephone number of the pharmacy;	*Yes*
6e. appropriate equipment necessary for the proper preparation of prescription drug orders;	*Yes*
6f. metric-apothecary weight and measure conversion charts;	*Yes*
6g. if the pharmacy serves the public, the word "pharmacy" or similar word or symbol, as determined by the board, is displayed in a prominent place on the front of the pharmacy.	*Yes*

Comment

Pharmacy will be closed door.

7. A reference library is on site and current:	*Yes*

Comment

Drug references: Lexicom

7a. Texas Pharmacy Laws and Regulations (publication year: _____)	*Yes*

Publication Year
: *Online*

7b. Drug Interactions Reference (publication year: _____)	*Yes*

Publication Year
: *Online*

7c. General Information Reference (publication year: _____)	*Yes*

Publication Year
: *Online*

7d. Chapter 795 of the USP/NF concerning Pharmacy Compounding Non-Sterile Preparations (if the pharmacy is compounding non-sterile preparations)	*Not Applicable*

Comment

Pharmacy does not currently plan on engaging in non-sterile compounding.

7e. General reference text on veterinary drugs (if the pharmacy dispenses veterinary prescriptions)	*Not Applicable*
7f. Basic Antidote Information and telephone number of the nearest Regional Poison Control Center.	*Yes*
8.If the pharmacy is compounding sterile preparations, the following references are also required:	*Yes*

8a. United States Pharmacopeia/National Formulary or USP Pharmacist's Pharmacopeia containing USP Chapter 797, Pharmaceutical Compounding Sterile Preparations	*Yes*
8b. Chapter 71 of the USP/NF concerning Sterility Tests	*Yes*
8c. Chapter 85 of the USP/NF concerning Bacterial Endotoxins Test	*Yes*
8d. Chapter 1163 of the USP/NF concerning Quality Assurance in Pharmaceutical Compounding	*Yes*
8e. Handbook on Injectable Drugs (publication year: _____)'	*Yes*

Publication Year
: *2025*

8f. Specialty reference text appropriate for the scope of pharmacy services provided by the pharmacy (e.g., if the pharmacy prepares hazardous drugs, a reference text on the preparation of hazardous drugs)	*Yes*
9. Security Requirements can be met to assure the pharmacy will be locked by key, combination, or other mechanical or electronic means to prohibit unauthorized access when a pharmacist is not on-site.	*Yes*
10. Pharmacy has basic alarm system with the off-site monitoring and perimeter and motion sensors. (Alarm must be activated). *If your city requires an alarm permit, provide a copy of the permit.	*Yes*
11. Written policies and procedures/SOPs for the pharmacy's security system that meet the requirements of Rule 291.33(b)(2)(E)	*Yes*
12. An area suitable for confidential patient counseling, if the pharmacy serves the general public	*Yes*
13. If compounding sterile preparations, the pharmacy has controlled area that meets the requirements in Rule 291.133 (d)(6)(A) if the pharmacy is compounding low-risk and medium-risk preparations or Rule291.133(d)(6)(B) if high-risk preparations are being compounded.	*Yes*
14. Certified primary engineering control device (e.g., laminar airflow work benches, biological safety cabinets, compounding aseptic isolators, and compounding aseptic containment isolators).	*Yes*

Comment

Pharmacy was certified by valogic Feb 24, 2026:
PEC 1: ISO 5
PEC 2: ISO 5
PEC 3:ISO 5
PEC 4: ISO 5

15. Certified clean room(s) (e.g. ante area, buffer area).	*Yes*

Comment

Pharmacy was certified by valogic Feb 24, 2026:
Ante room 1: ISO 8

15. Certified clean room(s) (e.g. ante area, buffer area). (continued) *Ante room 2: ISO 7* *Buffer room 1: ISO 7* *Buffer room 2 ISO 7* *Buffer room 3:ISO 7* *Buffer room 4: ISO 7* *Buffer room 5: ISO 7*	*Yes*

Discussion Items

The requirements of TSBP Rule 291.11 and Section 565.0591 of the Pharmacy Act regarding the operation of a pharmacy within 6 months of becoming licensed.	*Yes*
Corresponding Responsibility and the Red Flags checklist using references from the DEA RPh Manual, the Texas Controlled Substances Act, and TSBP Rules 291.29 and 291.34 (b).	*Yes*
Pharmacy will need to conduct an opening inventory of all controlled substances on the first day of business.	*Yes*
Pharmacy will need to report all controlled substances to the PMP as required.	*Yes*

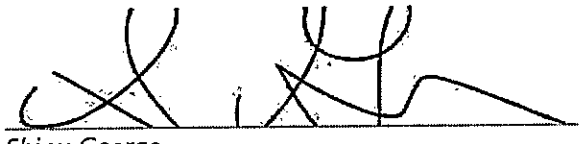
Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



Justin Swanberg, PIC, 46396



Shinu George

Evoluciona Pharma
PIC Licenses

Name	State	License #	Issue Date	EXP	Employee Type
Justin Swanberg	TX	46396	7/30/2008	10/31/2026	Full Time
Todd Walter	TX	41505	5/22/2003	10/31/2027	Full Time
Justin Swanberg	MI	5302418432	1/2/2026	1/2/2028	Full Time
Justin Swanberg	FL	PS65417	2/20/2023	9/30/2027	Full Time
Justin Swanberg	LA	PST.026131	1/28/2026	12/31/2026	Full Time
Justin Swanberg	MS	T-102298	1/29/2026	12/31/2026	Full Time
Justin Swanberg	MA	PH1003371	2/5/2026	12/31/2026	Full Time
Justin Swanberg	KS	1-127120	2/6/2026	6/30/2027	Full Time
Justin Swanberg	KY	025633	2/6/2026	2/28/2027	Full Time
Justin Swanberg	NE	18901	2/11/2026	1/1/2028	Full Time
Justin Swanberg	AL	24497	2/12/2026	12/31/2026	Full Time
Justin Swanberg	AR	PD17649	2/10/2026	12/31/2027	Full Time
Justin Swanberg	TN	49652	2/3/2026	2/29/2028	Full Time
Justin Swanberg	WV	RP0015111	7/1/2025	6/30/2027	Full Time
Justin Swanberg	OK	21266	2/23/2026	10/31/2026	Full Time
Justin Swanberg	VA	0202223433	2/25/2026	12/31/2026	Full Time
Justin Swanberg	OR	RPH-0020975	3/5/2026	6/30/2027	Full Time

Evoluciona Pharma, LLC

Product List

Glutathione 200mg/ml injectable

Methionine/choline/inositol/l-carnitine 15/25/25/25 injectable

NAD+100mg/ml injectable

Nad/glutathione 100/100mg/ml injectable

TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue, Suite 13.100
Austin, TX 78701-1319
(512) 305-8000

License Number: 36096

(Date PDF Version Generated: 3/6/2026)

HELPFUL PHARMACY INFORMATION

- Pharmacies are required to notify TSBP within 10 days of a discontinuance of service, change of location or closure. See the TSBP website here Pharmacy - Renew & Update (texas.gov) for changes.
- Renewals open about 60 days prior to your expiration date, renewal information can be found here Renew | Pharmacy (texas.gov).
- Change of Employment or Change of PIC information can be found here Update | Employment (texas.gov).
- Change of Ownership – Call (512) 305-8021 or see Apply | Change of Ownership (texas.gov).
- For questions or assistance regarding rules, contact TSBP Rules Queue line at (512) 305-8070 see www.pharmacy.texas.gov.
- Non-Resident Pharmacy questions call (512) 305-9127 or email NonResPhcy@pharmacy.texas.gov.

An up-to-date License Verification is always available on the Board's website: http://www.pharmacy.texas.gov/

This certifies that the pharmacy named below is hereby licensed to operate as a Class **AS** pharmacy.

License No. **36096** Expiration Date: **03/31/2028**

Balances: **4**

EVOLUCIONA PHARMA
10402 FOUNTAINGATE DR BLDG B
STAFFORD, TX 77477

Daniel R. Carroll, Pharm.D.,
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 36096

EVOLUCIONA PHARMA

License Information

License Status Active
License # 36096
Expiration Date 03/31/2028
Date License Issued 03/06/2026

Address

10402 FOUNTAINGATE DR BLDG B
STAFFORD, TX 77477
County FORT BEND
Phone (737) 717-0627

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Sterile Compounding
Type of Ownership LLC
Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist in Charge
SWANBERG, JUSTIN TIMOTHY

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	No
Translating services (Listed Below If Available)	
Spanish	

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and/or Inspection Reports

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	No
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	Yes
Compounding Sterile-Risk Level Med	Yes
Compounding Sterile-Risk Level High	Yes
Compounding Non-Sterile	Yes
24 Hour Service	No
Closed Door	Yes
Compounding, Office Use	No
Home Delivery	Yes
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No

503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
SWANBERG, JUSTIN TIMOTHY	46396	07/30/2008	10/31/2026	PIC	Active

Page 1 of 0 20 View 1 - 1 of 1

Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status

Page 0 of 0 20 No records to view

Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
EVOLUCIONA PHARMA LLC	OWNER	,			
HAMMOND, BARRINGTON	OFFICER	,			

Page 1 of 1 20 View 1 - 2 of 2

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

4QQQ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Mail- Order Service	☒ Retail/Community ☐ Dangerous drugs ☒ Controlled substances DEA #[redacted] ☒ Non-sterile Compounding ☒ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☒ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☒ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Mountain Care Pharmacy

Physical Address: 286 N Maple Grove Rd

City: Boise State: ID Zip: 83704

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 208-287-4667 Toll Free # (NAC 639.708, NRS 639.23286): 833-396-0752

Fax: 208-287-4668 Contact Email: _____

Website: https://mtncarerx.com/

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Alexandria Hughes

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24992

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Alexandria Hughes	NV Pharmacist Registration #: 24992
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Idaho

Parent Company (if any): _____

Corporation/Organization Name: Hayes Inspirations LLC

Mailing Address: 286 N Maple Grove Rd

City: Boise State: ID Zip: 83704

Telephone: 208-287-4667 Email: _____

Contact Person Name: Shara Hayes

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist in Charge (title) for Mountain Care Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Alexandria Hughes

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

3·16·26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alexandria Hughes

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

3.16.26

Date

Board Use Only	Date Received: 3/25/26	Amount: $$$$$$

MOUNTAIN CARE
PHARMACY

Date: 01/05/2026

To Whom It May Concern:

This document certifies that Shara Hayes is the sole legal owner of Hayes Inspirations, LLC, a Limited Liability Company doing business as Mountain Care Pharmacy, registered in the State of Idaho under Registration Number 539196.

Ownership Details:

- **Name:** Shara Hayes
- **Address:** [redacted]
- **Ownership Percentage:** 100%

I affirm that the information provided herein is true and accurate to the best of my knowledge.

Shara Hayes
Owner

Notary Acknowledgment

State of Idaho
County of Ada

On this 5th day of January, 2026, before me, the undersigned Notary Public, personally appeared **Shara Hayes**, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public Signature Faith Calkins
My Commission Expires: 01/26/2030

FAITH CALKINS
NOTARY PUBLIC
MY COMMISSION EXPIRES 1-26-2030
STATE OF IDAHO
COMMISSION NUMBER 20180157

STATE OF IDAHO

Phil McGrane | Secretary of State
Business Office
450 North 4th Street
PO Box 83720
Boise, ID 83702

January 2, 2026

Request Type: Certificate of Existence/Filing
Request #: 0006592195
Receipt #: 001255591

Issuance Date: 01/02/2026
Copies Requested: 0

Regarding: **HAYES INSPIRATIONS, LLC**
Filing Type: Limited Liability Company (D)
Formation/Qualification Date: 03/26/2015
Status: Active-Existing
Duration Term: Perpetual

File # : 455343
Delayed Effective Date:
Formation Locale: IDAHO
Inactive Date:

Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

HAYES INSPIRATIONS, LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

Phil McGrane
Idaho Secretary of State

Processed By: Business Division

Verification #: 037673736

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Mountain Care Pharmacy

Pharmacy/Wholesaler License # (if applicable): ID License #: 39835RP, Awaiting NV License

Physical Address: 286 N Maple Grove Rd

City: Boise State: ID Zip: 83704

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 208-287-4667 Website: https://mtncarerx.com/

Licensing Company Email: projectmanager@mtncarerx.net

Section 2: Personal Information

First: Alexandria Middle: Last: Hughes

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: ID Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Idaho State University		08/2009-05/2013	
Address	City	State	Zip
921 S 8th Ave	Pocatello	Id	83209
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
The College of Idaho		08/2005-05/2009	
Address	City	State	Zip
2112 Cleveland Blvd,	Caldwell	Id	83605
Diploma/Degree obtained, if any			
Bachelors of Science			

School Name		From - To (MM/YY – MM/YY)	
Eagle High School		08/2001-05/2005	
Address	City	State	Zip
574 N Park Ln	Eagle	Id	83616
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/24- Current	[redacted]	[redacted]	ID	[redacted]
03/22-10/24			ID	
06/18-02/22			ID	
03/98- 06/18			ID	

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Mountain Care Pharmacy			11/23-Current	
Business Address		**City**	**State**	**Zip**
286 N Maple Grove Rd		Boise	ID	83704
Phone	**Title**		**Number of Employed Hours**	
208-287-4667	Pharmacist/Pharmacist in Charge		4,760	
Description of Duties				
Oversees all pharmacy operations to ensure full compliance with state and federal regulations, accurate medication dispensing, and proper management of controlled substances, records, inventory, and workflow.				

Business Name			From - To (MM/YY – MM/YY)	
Blink Health			09/21-07/23	
Business Address		**City**	**State**	**Zip**
4696 W Overland Rd, Ste 274		Boise	ID	83705
Phone	**Title**		**Number of Employed Hours**	
844-926-2480	Pharmacist In Charge		3,880	
Description of Duties				
Supervised pharmacy technicians and supported prescription processing, data entry accuracy, and end to end prescription transfers.				

Business Name			From - To (MM/YY – MM/YY)	
Customedica Pharmacy			05/15-06/21	
Business Address		**City**	**State**	**Zip**
149 W State St #101		Eagle	ID	83616
Phone	**Title**		**Number of Employed Hours**	
208-939-8008	Pharmacist		12,704	
Description of Duties				
Supervising pharmacy technicians on both the commercial drug/retail side as well as in sterile and non-sterile compounding.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Alexandria Hughes, **certify that as the designated representative for**

Mountain Care Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AH I am at least 21 years of age;
3. AH I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AH I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Alexandria Hughes

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/16/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alexandria Hughes

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/16/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Idaho, ss. County of Ada

I, Alexandria Hughes, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/16/26

Date

Subscribed and Sworn to before me this 16th day of March.

Notary Public Signature

FAITH CALKINS
NOTARY PUBLIC
MY COMMISSION EXPIRES 1-26-2030
STATE OF IDAHO
COMMISSION NUMBER 20180157

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Mountain Care Pharmacy

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 286 N Maple Grove Rd

City: Boise State: Idaho Zip: 83709

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 208-286-4667 Toll Free # (NAC 639.708, NRS 639.23286): 833-396-0752

Fax: 208-287-4668 Contact Email: _____

Website: https://mtncarerx.com/

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Alexandria Hughes

Supervising/Managing Pharmacist NV Pharmacist Registration #: 24992

Name of Designated Person(s) as defined by revised USP-797 guidelines: Alexandria Hughes

Email of Designated Person(s): ahughes@mtncarerx.net

Telephone of Designated Person(s): 208-287-4667 Ext: 1009

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

■ Category 1 ☐ Category 2 ☐ Category 3

If you marked "**Category 3**", you must also complete **section 4**.

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ■ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? 01/23/2026

6. What is the frequency of the recertification for the ISO classified areas? Every 6 months or sooner

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Once monthly per USP 797 standards

10. Will you be performing sterile hazardous drug compounding? ☐ Yes ■ No

If you marked "**Yes**", you must also complete **section 3**.

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

-TIRZEPATIDE/CYANOCOBALAMIN
-TIRZEPATIDE/GLYCINE
-TIRZEPATIDE/NIACINAMIDE
-TIRZEPATIDE/PYRIDOXINE
-TIRZEPATIDE/BIOTIN
-SEMAGLUTIDE/CHOLINE
-SEMAGLUTIDE/CYANOCOBALAMIN
-SEMAGLUTIDE/GLYCINE
-SEMAGLUTIDE/PYRIDOXINE
-SEMAGLUTIDE/BIOTIN
-NAD
-SERMORELIN/GLYCINE
-GONADATROPIN/GLYCINE
OTHER MULTIVITAMINS/MINERALS (I.E. ASCORBIC ACID, GLUTATHIONE, ETC)

12. What laboratory performs your sterility or endotoxin testing?

Name: ARL & EAGLE ANALYTICS

Address: 520 S 850 E Suite B3

City: LEHI State: UT Zip: 84043

Telephone: (801) 847-7722

13. What is your procedure for visual inspection of compounded sterile products?
Once a product is finished, the compounding technician calls the designated compounding pharmacist over to visually inspect the final product. That pharmacists initials are then put on the flag labels so that it is clear on every dispensed compound who the final verification pharmacist was.

14. How often do you perform glove fingertip and medial fill testing?
Monthly

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
Can send our SOP and training manual as a separate attachment if needed. Didactic and written testing is required upon initial training is required upon initial training as well as fingertip and media fill testing. Ongoing training is based on 795 abd 797 standards for all sterile compounding personnel, including yaerly compounding CE's and technique observation rom the designated pharmacist

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Primary- TB1 3300 and it is used prior and after every compound that is made. After TB1 3300 is used, sterile IPA 70% is used to clean up any residual, and that is our daily cleaning for primary. The sporicidal we use is sterile paradox and that is once monthly for the clean room including primary and secondary. Then we use sterile IPA to clean up monthly for the clean room including primary and secondary. We mop the floors at the end of every day using TB1 3300 and then using sterile IPA 70%.

17. Who performs the sterile compounding process at your facility?

Sterile Compounding Technicians

18. Who is responsible and accountable for the sterile compounding process at your facility?
Jason Hallman and Alexandria Hughes

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Overnight or 2 day UPS shipping with cold packs to ensure adequate temperature conditions

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? NA		
2. Are you complying with all USP 800 guidelines?	Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	Yes	No
4. Is your BSC or CACI vented 100% to the outside?	Yes	No
5. Do you have a negative pressure buffer room at your facility?	Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? Yes No

4. What is the frequency for completing volumetric active air sampling?

5. What is the frequency for completing surface sampling?		
6. What is the frequency for using sporicidal agents?		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	Yes	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alexandria Hughes

Name of Person who Completed the Form

Director of Pharmacy of Operations- PIC

Title



Signature (copies or stamps not accepted)

03/12/2026

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES
DOPL
Brad Little
Governor
Russell Barron
Administrator

State of Idaho
Division of Occupational and Professional Licenses

11341 W Chinden Blvd.
PO Box 83720
Boise, ID 83720-0063
(208) 334-3233 dopl.idaho.gov

Date: July 23, 2025
Letter ID: L0000561820
License ID: 39835RP

MOUNTAIN CARE PHARMACY
286 N MAPLE GROVE RD
BOISE ID 83704-8239

Facility Name: MOUNTAIN CARE PHARMACY
Facility Address: 286 N MAPLE GROVE RD BOISE ID 83704-8239
License No: 39835RP
License Type: Resident Drug Outlet Registration

Inspection Type: Annual
Inspection Date: 23-Jul-2025
Inspection Result: Finalized

Notes: Controlled substance inventory has note that system had issue with inventory, reviewed some medication qty noted in perpetual inventory and compared to CS annual inventory done 12.29.24.
TSS does hood certification last on 3/19/25.
Pharmalink is reverse distributor.

Checklist Results

BOARD INSPECTIONS AND INVESTIGATIONS

Question	Answer
54-1719(3)..... All records required under this chapter shall be made available for inspection upon request by the board or its authorized agents.	Yes
54-1719(4) The board shall inspect drug outlets prior to the commencement of business, if applicable, and at regular intervals.	Yes
54-1730(1) Be constructed and equipped with adequate security to protect its equipment, records and supply of drugs, devices and other restricted sale items from unauthorized access, acquisition, or use.	Yes
54-1730(2) Store controlled substances in accordance with federal law.	Yes
54-1730(3) Restrict access to the area where prescription drugs are prepared, compounded, distributed, dispensed, or stored to authorized personnel.	Yes
54-1730(5) If dispensing more than twenty (20) prescriptions per day, maintain an electronic recordkeeping system to store patient medication records. Such system shall have audit trail functionality that documents the identity of each individual involved in each step of processing, filling, and dispensing or, alternatively, the identity of the pharmacist or prescriber responsible for the accuracy of such processes.	Yes
54-1726(1)(a)(v) Providing substandard, misbranded, or adulterated drugs or drugs made using secret formulas;	Yes
54-1731(3) All licensees shall report changes in information provided on or	Yes

with renewal application forms within thirty (30) days of such changes.

54-1733. VALIDITY OF PRESCRIPTION DRUG ORDERS. (1) A prescription drug order for a legend drug is valid only if it is issued by a prescriber for a legitimate medical purpose arising from a prescriber-patient relationship that includes a documented patient evaluation adequate to establish diagnoses, if applicable, and identify underlying conditions and/or contraindications to the treatment.	Yes
54-1736. PRESCRIPTION DRUG LABELING STANDARDS. (1) All prescription drugs shall be in an appropriate container bearing a label in conformance with federal law.	Yes
54-1731A(4) Verify the accuracy of the drug stock selected relative to the drug prescribed. If not performed by a pharmacist, an electronic verification system or verification by two (2) support persons shall be necessary.	Yes
54-1736A(2) A drug outlet registered with the DEA as a collector may collect controlled and non-controlled drugs for destruction. Otherwise a dispensed drug or device may only be accepted for return as follows: (a) When the pharmacist determines that harm could result if the drug or device is not returned; (b) If it is a legend drug for donation pursuant to sections 54-1760 through 54-1764, Idaho Code; and (c) The drug did not reach the patient and has been maintained in the custody and control of the drug outlet and the drug outlet is able to as sure that product integrity has been maintained.	
54-1731C. DRUG OUTLET RECORDKEEPING REQUIREMENTS. (1) Unless otherwise provided for in this chapter, prescription records and any other records required by this chapter shall be maintained for at least three (3) years after the date of a transaction. Prescription records may be retained at a central location or may be stored and maintained electronically provided that such records remain legible. All records shall be produced within seventy-two (72) hours.	Yes
54-1731C(2) Each drug outlet shall maintain a current, complete, and accurate record of each controlled substance manufactured, imported, received, ordered, sold, delivered, exported, dispensed, or otherwise disposed of by the registrant. Pursuant to the requirements of this subsection:(a) A biennial inventory shall be conducted at each registered location not later than seven (7) days after the date of the most recent inventory in a form and manner that satisfies the inventory requirements of federal law.	Yes
Date of Inventory Completed	December 29, 2024
Open or Closed	Closed
Name of Pharmacist	HAYES, SHARA G P6109
54-1731B(2) A drug outlet that stores drugs outside of a drug outlet for retrieval by a licensed health care professional shall comply with the following: (a) Drugs shall remain under the control of, and be routinely monitored and inventoried by, the supervising drug outlet; and (b) The storage area shall be appropriately equipped to ensure security and prevent diversion or tampering; (3) Stocking and replenishing of a drug outlet that stores drugs outside of a drug outlet for retrieval by a licensed health care professional may be performed by a pharmacist or prescriber or an appropriate support person if using an electronic verification system or a verification by two support persons.	
37-3303A PSE Electronic Tracking System in use.	
54-1734. PHARMACIST PRESCRIBING -- GENERAL REQUIREMENTS. (1)	

A pharmacist may independently prescribe if such pharmacist: (a) Only prescribes drugs for conditions for which the pharmacist is educationally prepared and for which competence has been achieved and maintained; (b) Only issues a prescription for a legitimate medical purpose arising from a patient-prescriber relationship; (c) Obtains adequate information about the patient's health status to make appropriate decisions based on the applicable standard of care and the best available evidence; (d) Recognizes the limits of the pharmacist's own knowledge and experience and consults with and refers to other health care professionals as appropriate.	
54-1734(1)(e) Maintains documentation adequate to justify the care provided, including but not limited to the information collected as part of the patient assessment, diagnosis, prescription record, provider notification, and follow-up care plan.	
Does Facility have CLIA WAIVER for Point of Care Testing?	
54-1726(1)(a)(viii)-promptly remediate inspection deficiencies.	July 23, 2025
Inspection reports must be reviewed with the Board inspector and signed by an agent of the drug outlet upon completion of the exit interview. [Discussed with]	Alexandria Hughes P6835
Deficiencies- Education of Code and Rule provided?	
Deficiencies- Issued Warning to Drug Outlet -Possible Discipline?	
Disclaimer - Any items not discussed specifically by compliance officer on this inspection does not constitute compliance nor approval.	Yes
54-1765. COMPOUNDING DRUG PREPARATIONS -- GENERAL PROVISIONS. (1) Any compounding that is not permitted pursuant to the provisions of this chapter is considered manufacturing.	Yes
54-1765(3)(c) Use equipment and utensils of suitable design and composition and that are cleaned, sanitized, or sterilized as appropriate prior to use.	Yes
54-1765(3)(d) Remove unknown or questionable products from stock and isolate such products for return, reclamation, or destruction.	Yes
54-1765(6) Limited quantities of a drug may be compounded or sterile prepackaged prior to receiving a valid prescription drug order based on a history of receiving valid prescription drug orders for the compounded or sterile prepackaged product.	Yes
54-1765(7) Policies and procedures for the compounding or sterile prepackaging of drug products shall ensure the safety, identity, strength, quality, and purity of the finished product. To meet this standard, licensees and registrants shall take into consideration the applicable provisions of USP chapters 795 and 797, and USP-NF chapters 1075 and 1160.	Yes
54-1766(2) Compounders and sterile prepackagers are responsible for ensuring that sterile products are accurately identified, measured, diluted, and mixed and are correctly purified, sterilized, packaged, sealed, labeled, stored, dispensed, and distributed, as well as prepared in a manner that maintains sterility and minimizes the introduction of particulate matter.	Yes
54-1766(3) Except when provided for immediate administration, the environment for the preparation of sterile preparations in a drug outlet shall be in an isolated area, designed to avoid unnecessary traffic and airflow disturbances, and equipped to accommodate aseptic techniques and conditions.	Yes
54-1766(4) The following shall be documented with respect to any sterile preparation: (a) Justification of beyond use dates assigned pursuant to direct	Yes

testing or extrapolation from reliable literature sources;(b) Training records evidencing that personnel are trained on a routine basis and are adequately skilled, educated, and instructed; (c) Audits appropriate for the risk of contamination for the particular sterile preparation, including visual inspection, periodic hand hygiene and garbing competency, gloved fingertip sampling testing, sterility testing, media-fill test procedures, competency evaluation at least annually for each compounder, and environmental sampling testing at least upon registration of a new drug outlet, upon the servicing or re-certification of facilities and equipment, in response to identified problems, or every six (6) months; (d) Temperature, logged daily; (e) Beyond use date and accuracy testing, when appropriate; and (f) Measuring, mixing, sterilizing, and purification equipment inspection, monitoring, cleaning, and maintenance to ensure accuracy and effectiveness for their intended use.

54-1767(1) Ensure the storage and compounding areas have sufficient general exhaust ventilation to dilute and remove airborne contaminants.	Yes
54-1767(2) Utilize a ventilated cabinet designed to reduce worker exposures while preparing hazardous drugs. Sterile hazardous drugs shall be prepared in a dedicated class II biological safety cabinet or a barrier isolator of appropriate design to meet the personnel exposure limits described in product material safety data sheets. When asepsis is not required, a class I biological safety cabinet, powder containment hood or an isolator intended for containment applications may be sufficient. A ventilated cabinet that re-circulates air inside the cabinet or exhausts air back into the room environment is prohibited unless: (a) The hazardous drugs in use will not volatilize while they are being handled; or (b) Written documentation from the manufacturer is provided attesting to the safety of such ventilation.	Yes
54-1767(5) Provide and maintain appropriate personal protective equipment and supplies necessary for handling hazardous drugs, spills, and disposal.	Yes
54-1767(6) Unpack, store, prepackage, and compound hazardous drugs separately from other inventory in a restricted area in a manner to prevent contamination and personnel exposure until hazardous drugs exist in their final unity-of-use packaging.	Yes

MOUNTAIN CARE
PHARMACY

To whom it may concern,

Here is our proof that we are VIPPS certified. The screenshot below is from The NABP Merchant Verification List.

	A	B	C	D	E
1	Country	Account Name	DBA	NABP Approved Websites	Type
302824	US	Hayes Inspirations, LLC	Mountain Care Pharmacy	mountaincare.pharmacy mtncarerx.com	Pharmacy

Please let us know if you have any questions or need anything additional.

Sincerely,

Alexandria Hughes
Pharmacist in Charge
Mountain Care Pharmacy

Division of Occupational and Professional Licenses
11341 W Chinden Blvd. Boise, ID 83720-0063
dopl.idaho.gov

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Idaho Board of Pharmacy statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

MOUNTAIN CARE PHARMACY

Resident Drug Outlet Registration
39835RP

Issued: 03-Nov-2025 Expires: 31-Dec-2026

Renewal Required

Russell S. Barron
Administrator

Printed: 03-Nov-2025

Board of Pharmacy

MOUNTAIN CARE PHARMACY
Resident Drug Outlet Registration
39835RP

Expires: 31-Dec-2026

Russell S. Barron
Administrator

7990

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES
DOPL
Brad Little
Governor
Russell S. Barron
Administrator

State of Idaho
Division of Occupational and Professional Licenses

11341 W Chinden Blvd.
PO Box 83720
Boise, ID 83720-0063
(208) 334-3233 dopl.idaho.gov

Date: November 3, 2025
Letter ID: L0000782223
License ID: 39835RP

MOUNTAIN CARE PHARMACY
286 N MAPLE GROVE RD
BOISE ID 83704-8239

Notice of License Certificate
Resident Drug Outlet Registration

Dear MOUNTAIN CARE PHARMACY,

Congratulations! On behalf of the Board of Pharmacy, the Idaho Division of Occupational and Professional Licenses is pleased to let you know that your Resident Drug Outlet Registration has successfully been renewed and your license has been issued.

Your license certificate is on the following page.

Type: Resident Drug Outlet Registration
Number: 39835RP
Expiration Date: 31-Dec-2026

You can access and manage your Resident Drug Outlet Registration by logging into the DOPL Online Services website at edopl.idaho.gov. If you haven't created an account yet, you can sign up from the same page. From your online profile you can view, download, or reprint your license or registration, renew when eligible, and update your contact information.

If you have questions, contact us on our website at edopl.idaho.gov or by calling (208) 334-3233.

DOPL Online Services

Primary Source Disclosure Statement: The information contained on this website is being made available as a public service by the Division of Occupational and Professional Licenses. The information on this site is made public pursuant to the Idaho Public Records Law. The data is derived directly from individual license applications entered into the database and is updated on a daily basis. Licensing credentials are primary-source verified and thus can be considered primary source license verification. None of the content contained on this website is intended to constitute legal or professional advice. Please note that some disciplinary actions against licensees may not appear immediately on the website. Appeals, effective dates of orders and other administrative processes may delay posting on the website.

License

License Number
39835RP

Type
Resident Drug Outlet Registration

Status
Active

Original Issue Date
09-Feb-2023

Expiration
31-Dec-2026

Name

Business Name
MOUNTAIN CARE PHARMACY

DBA

Address

Street
286 N MAPLE GROVE RD

Street 2

City
BOISE

State
ID

Zip Code
83704-8239

Country
USA

License Status History

Date	Status
01-Jul-2024	This account pre-dates DOPL's OASIS system. Click here to view legacy sta
11-Dec-2023	Active

Discipline

Action Date	Case Number	Action	Attachment

There are no discipline.

Relationships

Relationshi	Relationshi	Name	License	License Number	License Stat	License Expi

There are no relationships.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Hayes Inspirations LLC dba Mountain Care Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): _____

Physical Address: 286 N Maple Grove Rd

City: Boise State: ID Zip: 83704

Mailing Address (if different from physical address): same as above

City: _____ State: _____ Zip: _____

Telephone: 208-287-4667 Website: mtncarerx.com

Licensing Company Email: projectmanager@mtncarerx.net

Section 2: Personal Information

First: Shara Middle: Gayle Last: Hayes

Alias(es, nicknames, name changes, etc.): Holland (maiden)

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: ID Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Idaho State University College of Pharmacy		8/03-5/07	
Address	**City**	**State**	**Zip**
1307 E Central Drive	Meridian	ID	83642
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Lewis-Clark State College		8/99-5/03	
Address	**City**	**State**	**Zip**
500 8th Ave	Lewiston	ID	83501
Diploma/Degree obtained, if any			
Bachelor of Science in Natural Science			

School Name		From - To (MM/YY – MM/YY)	
Heavens Gate Academy		8/95-5/99	
Address	**City**	**State**	**Zip**
Main St	Riggins	ID	83549
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/18-current	[redacted]	[redacted]	ID	[redacted]
11/11-10/18			ID	

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Hayes Inspirations LLC dba Mountain Care Pharmacy			5/15-current	
Business Address		**City**	**State**	**Zip**
286 N Maple Grove Rd		Boise	ID	83704
Phone	**Title**			
208-287-4667	Owner/Pharmacist			
Description of Duties				
All business and operational duties involved in running and owning a pharmacy.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Shara Hayes

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/11/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Idaho, ss. County of Ada

I, Faith Calkins, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/11/26

Date

Subscribed and Sworn to before me this 11th day of March.

Faith Calkins

Notary Public Signature

FAITH CALKINS
NOTARY PUBLIC
MY COMMISSION EXPIRES 1-26-2030
STATE OF IDAHO
COMMISSION NUMBER 20180157

(Seal)

4RRR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	■ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: [redacted]
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	■ Non-sterile Compounding
			■ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH_____		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Mythic Rx, Inc.

Physical Address: 3920 S 1100 E, Suite 110

City: Millcreek State: UT Zip: 84124

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 385-584-6620 Toll Free # (NAC 639.708, NRS 639.23286): 888-520-3966

Fax: 385-327-0105 Contact Email: accounting@mythic-rx.com

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Alan Ha

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24873

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Alan Ha	NV Pharmacist Registration #: 24873
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Utah

Parent Company (if any): _____

Corporation/Organization Name: Mythic Rx, Inc.

Mailing Address: 3920 S 1100 E, Suite 110

City: Millcreek State: UT Zip: 84124

Telephone: 385-584-6620 Email: accounting@mythic-rx.com

Contact Person Name: Caleb Weiler

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☑ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CFO (title) for Mythic Rx, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Caleb Weiler

Print Name of Authorized Person

Caleb Weiler

Original signature of Authorized Person (copies or stamps not accepted)

11/12/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Caleb Weiler

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

11/12/2025

Date

Board Use Only	Date Received: 12/4/25	Amount: $800 ck 8612

Officer/Director Info	
Name	**Title**
Alan Ha	Pharmacy Manager
Sara Dewitt	PIC
Caleb Weiler	CFO
Sean McChesney	Director
W. Sei Lesa	Director

Ownership Info	
Name	**Ownership %**
Sean McChesney	22.5%
Alan Ha	22.5%
W. Sei Lesa	22.5%
Caleb Weiler	22.5%
Sara Dewitt	10.0%

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

UTAH DEPARTMENT OF COMMERCE
Division of Corporations and Commercial Code

MARGARET W. BUSSE
Executive Director

ADAM WATSON
Division Director

October 31, 2025

CERTIFICATE OF EXISTENCE

Registration Number:	14008513-0142
Business Name:	MYTHIC RX, INC.
Principal Office Address:	3920 S 1100 E, SUITE 110, MILLCREEK, UT 84124
Registered Date:	05/30/2024
Entity Type:	DOMESTIC BUSINESS CORPORATION
Current Status:	ACTIVE - CURRENT

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division unless the status above is delinquent; and, that Articles of Dissolution have not been filed.

Adam Watson

Adam Watson
Director
Division of Corporations and Commercial Code

Certificate Number: 202510311620508
Enter the certificate number at https://businessregistration.utah.gov/ to verify this certification.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Mythic Rx

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 3920 S 1100 E #110

City Salt Lake City State UT Zip 84124

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 385-584-6620 Website _____

Licensing Company Email info@mythic-rx.com

Section 2: Personal Information

First Alan Middle _____ Last Ha

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State UT Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.1294)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Southern Nevada (Roseman University)		06/11 – 06/14	
Address	**City**	**State**	**Zip**
10920 S. River Front Pkwy	South Jordan	UT	84095
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Salt Lake Community college		09/07 – 06/11	
Address	**City**	**State**	**Zip**
4600 S Redwood Rd	Taylorsville	UT	84123
Diploma/Degree obtained, if any			
Associates of Science			

School Name		From - To (MM/YY – MM/YY)	
Granger High School		09/04 – 06/07	
Address	**City**	**State**	**Zip**
3580 S 3600 W.	West Valley	UT	84119
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/21 – present	[redacted]	[redacted]	UT	
04/06 – 02/21	[redacted]	[redacted]	UT	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.500S) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Mythic Rx			07/24 - present
Business Address	**City**	**State**	**Zip**
3920 S. 1100 E. #110	Salt Lake	UT	84124
Phone	**Title**	**Number of Employed Hours**	
385-584-6620	Pharmacist	2000	
Description of Duties	Director of Pharmacy. Shape the direction of the business.		

Business Name			From - To (MM/YY – MM/YY)
Intrafil Rx			11/15 - present
Business Address	**City**	**State**	**Zip**
3920S 1100E #140	Salt Lake	UT	84124
Phone	**Title**	**Number of Employed Hours**	
801-590-8345	Pharmacist	20,000	
Description of Duties	Pharmacist in Charge. Manage daily operations.		

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I, Alan Ha, **certify that as the designated representative for**

Mythic Rx,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AH I am at least 21 years of age;
3. AH I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AH I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

ALAN HA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/18/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ALAN HA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/18/2025

Date

Please have this section completed in the presence of a Notary Public.

State of UTAH, ss. County of SALT LAKE

I, ALAN HA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/18/2025

Date

Subscribed and Sworn to before me this 18 day of November 2025

Notary Public Signature

NOTARY PUBLIC
PEDRO J MEDINA
733025
MY COMMISSION EXPIRES
SEPTEMBER 06, 2027
STATE OF UTAH

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Mythic Rx

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) 14072804-1903

Physical Address 3920 S. 1100 E. Ste 110

City Salt Lake City State UT Zip 84124

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 385-594-6620 Website _____

Licensing Company Email info@mythic-rx.com

Section 2: Personal Information

First Sara Middle Jenna Last Dewitt

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City [redacted] State UT Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	X	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	X	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)
University of Utah		08/16 - 05/22
Address	**City**	**State** / **Zip**
201 Presidents Cir	Salt Lake City	UT 84112
Diploma/Degree obtained, if any		
Bachelor's of Sociology / Doctor of Pharmacy		

School Name		From - To (MM/YY – MM/YY)
Salt Lake Community College		01/12 - 08/18
Address	**City**	**State** / **Zip**
4600S. Redwood Rd.	Taylorsville	UT 84123
Diploma/Degree obtained, if any		
Associate of Chemistry / Pharmacy Technician Cert.		

School Name		From - To (MM/YY – MM/YY)
Valley high School		08/09 - 05/11
Address	**City**	**State** / **Zip**
325 11000s South Jordan	South Jordan	UT 84095
Diploma/Degree obtained, if any		
High School diploma		

School Name		From - To (MM/YY – MM/YY)
West Jordan high School		08/02 - 08/09
Address	**City**	**State** / **Zip**
9136 2700W.	West Jordan	UT 84088
Diploma/Degree obtained, if any		
N/A		

School Name		From - To (MM/YY – MM/YY)
Address	**City**	**State** / **Zip**
Diploma/Degree obtained, if any		

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/15 - 11/25	[redacted]	[redacted]	UT	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
Mythic RX	01/25 - current

Business Address	City	State	Zip
3920 S. 1100 E STE 110	Salt Lake City	UT	84124

Phone	Title
385-534-6620	Pharmacist

Description of Duties: Pharmacist in Charge

Business Name	From - To (MM/YY – MM/YY)
Intrafil RX	01/21 - current

Business Address	City	State	Zip
3920 S 1100 E. STE 140	Salt lake city	UT	84124

Phone	Title
801-590-8345	Pharmacist

Description of Duties: Sterile compounder

Business Name	From - To (MM/YY – MM/YY)
Healthcare pharmaceuticals	08/23 - current

Business Address	City	State	Zip
3920 S. 700 E Unit 205	Salt Lake City	UT	84107

Phone	Title
801-270-5656	Pharmacist

Description of Duties: Long term Care

Business Name	From - To (MM/YY – MM/YY)
Red Rock Pharmacy	02/16 - 01/21

Business Address	City	State	Zip
450 900 E #150	Salt Lake City	UT	84102

Phone	Title
801-433-9500	Student Pharmacist / Pharmacy Technician

Description of Duties: Sterile Compounding
Tech in Charge

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties:

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sara Dewitt

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

20 NOV 25

Date

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Salt Lake

I, Sara Dewitt, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

26 Nov 25

Date

Subscribed and Sworn to before me this 26 day of November 2025

Notary Public Signature

SARAH SHANE
NOTARY PUBLIC • STATE OF UTAH
COMMISSION NO. 727263
COMM. EXP. 10/14/2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site MythicRx

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 3920 S 1100 E

City Milcreek State UT Zip 84124

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Wayne Middle Sei Last Lesa

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State UT Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Tafuna High School			From - To (MM/YY – MM/YY): 08/93-05/97
Address: Warrior Rd	City: Tafuna	State: AS	Zip: 96799
Diploma/Degree obtained, if any: High School Diploma			
School Name: BYU			From - To (MM/YY – MM/YY): 08/97-04/03
Address: Brigham Young University	City: Provo	State: UT	Zip: 84604
Diploma/Degree obtained, if any: BS			
School Name: BYU- Marriott School			From - To (MM/YY – MM/YY):
Address: Brigham young university	City: Provo	State: UT	Zip: 84604
Diploma/Degree obtained, if any: MBA			
School Name:			From - To (MM/YY – MM/YY):
Address:	City:	State:	Zip:
Diploma/Degree obtained, if any:			
School Name:			From - To (MM/YY – MM/YY
Address:	City:	State:	Zip:
Diploma/Degree obtained, if any:			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/11-Current	[redacted]	[redacted]	UT	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
PACS			07/24-Current	
Business Address		**City**	**State**	**Zip**
268 University Ave		Farmington	UT	84025
Phone	**Title**			
(801)400-6352	SVP			
Description of Duties				
Senior VP of Sr living operations				

Business Name			From - To (MM/YY – MM/YY)	
Lotoa Facility Services			08/21-08/24	
Business Address		**City**	**State**	**Zip**
1987 S 50 W		Orem	UT	84058
Phone	**Title**			
(801)400-6352	Managing partner			
Description of Duties				
Sr living operations				

Business Name			From - To (MM/YY – MM/YY)	
Red Rock Rx			08/15-08/21	
Business Address		**City**	**State**	**Zip**
450 N 900 E		SLC	UT	84010
Phone	**Title**			
(801)400-6352	President			
Description of Duties				
Pharmacy operations and growth				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Wayne Lesa

Print Name (First, Last)

WL

Original Signature (electronic, copies or stamps not accepted)

11/24/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Utah

I, Wayne Se'i Lesa, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

WL

Original Signature

11/24/2025

Date

Subscribed and Sworn to before me this 24 day of November, 2025

Notary Public Signature

RAFAEL CRUZ AGABO
Notary Public - State of Utah
Comm. No. 741671
My Commission Expires on
Feb 13, 2029

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Mythic Rx

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 3920 S 1100 E. #110

City Salt Lake City State UT Zip 84124

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 385-584-6620 Website _____

Licensing Company Email info@mythic-rx.com

Section 2: Personal Information

First ALAN Middle _____ Last HA

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State UT Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.210)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Southern Nevada (Roseman University)		06/11 - 06/14	
Address	**City**	**State**	**Zip**
10920 S. River Front Pkwy	South Jordan	UT	84095
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Salt Lake Community College		09/07 - 06/11	
Address	**City**	**State**	**Zip**
4600 S. Redwood Rd	Taylorsville	UT	84123
Diploma/Degree obtained, if any			
Associate of Science			

School Name		From - To (MM/YY – MM/YY)	
Granger High School		09/04 - 06/07	
Address	**City**	**State**	**Zip**
3580 S. 3600 W.	West Valley	UT	84119
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/21 - present	[redacted]	[redacted]	UT	[redacted]
04/06 - 02/21	[redacted]	[redacted]	UT	

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Mythic Rx			07/24 - present
Business Address	**City**	**State**	**Zip**
3920 S. 1100 E. #110	Salt Lake	UT	84124
Phone	**Title**		
385-584-6620	pharmacist		
Description of Duties			
Direct of pharmacy.			

Business Name			From - To (MM/YY – MM/YY)
Intrafil Rx			11/15 - present
Business Address	**City**	**State**	**Zip**
3920 S. 1100 E. #140	Salt Lake	UT	84124
Phone	**Title**		
801-590-8345	Pharmacist		
Description of Duties			
Pharmacist in charge			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ALAN HA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/18/2025

Date

Please have this section completed in the presence of a Notary Public.

State of UTAH, ss. County of SALT LAKE

I, ALAN HA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/18/2025

Date

Subscribed and Sworn to before me this 18 day of November, 2025

Pedro J Medina

Notary Public Signature

NOTARY PUBLIC
PEDRO J MEDINA
733025
MY COMMISSION EXPIRES
SEPTEMBER 06, 2027
STATE OF UTAH

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Mythic Rx

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 3920 So 1100 E STE 110

City: Salt Lake City State: Utah Zip: 84124

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: Website:

Licensing Company Email: accounting@mythic-rx.com

Section 2: Personal Information

First: Sean Middle: G Last: McChesney

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: Ut Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
West Jordan Highschool		1995-1995	
Address	**City**	**State**	**Zip**
8136 So 2700 W	West Jordan	Utah	84084
Diploma/Degree obtained, if any			
Highscool diploma			

School Name		From - To (MM/YY – MM/YY)	
University of Utah		2002-2008	
Address	**City**	**State**	**Zip**
201 Presidents Circle	Salt Lake CIty	Utah	84112
Diploma/Degree obtained, if any			
Bacherlors of Science - Health Promotion and education			

School Name		From - To (MM/YY – MM/YY)	
Westminster University		2009-2011	
Address	**City**	**State**	**Zip**
1840 So 1300 E	Salt Lake City	Ut	84105
Diploma/Degree obtained, if any			
BSN			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2011-2025	[redacted]	[redacted]	Utah	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
IntrafilRx			2015-2025	
Business Address		**City**	**State**	**Zip**
3920 So 1100 E		Salt Lake City	Utah	84124
Phone	**Title**			
801-815-8013	Owner			
Description of Duties				
Manage, See IT pump patients etc				

Business Name			From - To (MM/YY – MM/YY)	
Mythic Rx			2024-2025	
Business Address		**City**	**State**	**Zip**
3920 So 1100 E		Salt Lake City	utah	84124
Phone	**Title**			
8018158013	Partner			
Description of Duties				
Delivers, marketing, HR, business development				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sean McChesney

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/20/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Salt Lake

I, Sean McChesney, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/21/25

Date

Subscribed and Sworn to before me this 21 day of November.

Notary Public Signature

NOTARY PUBLIC
STEPHANIE LOPEZ
730635
MY COMMISSION EXPIRES
APRIL 17, 2027
STATE OF UTAH

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Mythic Rx, Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): 14072804-1703 (Utah)

Physical Address: 3920 S 1100 E, Suite 110

City: Millcreek State: UT Zip: 84124

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 385-584-6620 Website:

Licensing Company Email: accounting@mythic-rx.com

Section 2: Personal Information

First: Caleb Middle: Kimball Last: Weiler

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: UT Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Brigham Young University			08/15 - 04/17	
Address		City	State	Zip
150 E 1230 N		Provo	UT	84604
Diploma/Degree obtained, if any				
Master of Business Administration (MBA)				
School Name			From - To (MM/YY – MM/YY)	
Brigham Young University			04/08 - 12/08	
Address		City	State	Zip
150 E 1230 N		Provo	UT	84604
Diploma/Degree obtained, if any				
Master of Accountancy (MAcc)				
School Name			From - To (MM/YY – MM/YY)	
Brigham Young University			09/04 - 04/08	
Address		City	State	Zip
150 E 1230 N		Provo	UT	84604
Diploma/Degree obtained, if any				
Bachelor of Science in Accounting				
School Name			From - To (MM/YY – MM/YY)	
Berkmar High School			08/97 - 05/01	
Address		City	State	Zip
405 Pleasant Hill Rd		Lilburn	GA	30047
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/20 - current	[redacted]	[redacted]	UT	[redacted]
From - To (MM/YY – MM/YY)			State	
11/18 - 06/20			UT	
From - To (MM/YY – MM/YY)			State	
06/17 - 11/18			UT	
From - To (MM/YY – MM/YY)			State	
06/15 - 06/17			UT	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Remy Holdings			03/25 - current	
Business Address		**City**	**State**	**Zip**
13105 S Boulter St		Draper	UT	84020
Phone	**Title**			
801-669-4090	CFO			
Description of Duties				
manage accounting and finance				

Business Name			From - To (MM/YY – MM/YY)	
Clark Healthcare			09/17 - 03/25	
Business Address		**City**	**State**	**Zip**
3950 S 700 E, Suite 205		Salt Lake City	UT	84107
Phone	**Title**			
801-669-4090	CEO/CFO			
Description of Duties				
Managed day-to-day operations, accounting, and finance				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
8/23/2023	8/5/2025	UT	Salt Lake City	Salt Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2025-332		Utah Division of Professional Licensing		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
HealthCare Pharmaceuticals, Inc.			Administrative proceeding	
Name of Business/Industry/Entity				
HealthCare Pharmaceuticals, Inc.				

Provide explanation below:

This is a pharmacy I am no longer affiliated with. A disgruntled former employee had stolen documents, including controlled substance reports, then filed a complaint with DOPL, which led to an inspection.

Original Signature (electronic, copies or stamps not accepted)

11/17/2025
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
9/28/2023		UT	Salt Lake City	Salt Lake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		Utah Division of Professional Licensing		
Reason/Charge				
Unlicensed Practice				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Caleb Weiler		Administrative proceeding		
Name of Business/Industry/Entity				
HealthCare Pharmaceuticals, Inc.				

Provide explanation below:

This is in conjunction with Question # 5. This is a pharmacy I am no longer affiliated with. A disgruntled former employee had stolen documents, including controlled substance reports, then filed a complaint with DOPL, which led to an inspection. I met with three DOPL inspectors as part of the inspection and explained that a couple times during the COVID staffing crisis I was asked by this disgruntled employee to help fill medications as there was no other way our patients would have gotten their medications. I received a fine, which I paid.

Original Signature (electronic, copies or stamps not accepted)

11/17/2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Caleb Weiler

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

~~11/17/2025~~ 11/20/2025 CW

Date

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Salt Lake

I, Caleb Weiler, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/20/2025

Date

Subscribed and Sworn to before me this 20th day of November, 2025.

Notary Public Signature

KEVIN SANCHEZ-GARCIA
Notary Public - State of Utah
Comm. No. 744508
My Commission Expires on
Aug 8, 2029

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Mythic Rx

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 3920 s 1100 e #110

City: Salt Lake City State: UT Zip: 84124

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 3855846620 Toll Free # (NAC 639.708, NRS 639.23286): 8885203966

Fax: 3853270105 Contact Email: info@mythic-rx.com

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Alan Ha

Supervising/Managing Pharmacist NV Pharmacist Registration #: 24873

Name of Designated Person(s) as defined by revised USP-797 guidelines: Sara Dewitt

Email of Designated Person(s): info@mythic-rx.cm

Telephone of Designated Person(s): 8016379967

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ■ Category 2 ☐ Category 3

If you marked "**Category 3**", you must also complete **section 4**.

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ☐ Yes ■ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ☐ Aseptic ■ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? June 2025

6. What is the frequency of the recertification for the ISO classified areas? Every 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? monthly

10. Will you be performing sterile hazardous drug compounding? ☐ Yes ■ No

If you marked "**Yes**", you must also complete **section 3**.

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Tirzepatide-methylcobalamin
Tirzepatide-pyridoxine
Tirzepatide-glycine
Semaglutide-methylcobalamin
Semaglutide-pyridoxine
Semaglutide-glycine
NAD+

12. What laboratory performs your sterility or endotoxin testing?

Name: Nelson Labs

Address: 6280 s redwood rd

City: Salt Lake City State: UT Zip: 84123

Telephone: 8012907500

13. What is your procedure for visual inspection of compounded sterile products?

Visual inspection procedure:
Inspect under controlled lighting: Use both black and white backgrounds to conduct the inspection.
Every container must be inspected to ensure it is free of defects and particulates.
Gently swirl or invert the container and inspect it against a black background for 5 seconds, then repeat the process against a white background for 5 seconds.
Observe for defects. Look for any visible, undissolved particles other than gas bubbles.
Check for cracks, chips, or other physical defects in the container, such as vials or ampoules.
Leaks. Inspect the container, such as bags or vials, for any signs of leakage.

14. How often do you perform glove fingertip and medial fill testing?

every 6 months

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

Initial training procedure: Cover all fundamental aspects required for sterile compounding. Hand hygiene and personnel preparation. Proper donning of protective gear (garb). Cleaning and disinfection of the compounding environment and supplies. Calculations and measurement of ingredients. Aseptic technique, including aseptic manipulation of components. Correct use of primary engineering controls and associated equipment. Principles of movement of materials and personnel within the compounding area. Didactic materials. Practical, hands-on skills training.Competency validation.
Ongoing training procedure: Frequency: every 6 months. Focus on reinforcing best practices and addressing any identified quality gaps. Regularly review standard operating procedures (SOPs) at least annually. Reinforce the importance of maintaining a sterile compounding environment and following all cleaning and disinfection protocols.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Daily cleaning: Wipe down walls and windows from top to bottom, using a damp, non-shedding cloth or sponge and an approved solution like deionized water or IPA. Mop floors in a one-way, overlapping motion, working from the farthest corner of the room toward the exit. Use a multi-bucket mopping system to keep clean and dirty solutions separate.
Wipe down all work benches, equipment, and other surfaces. Replace tacky mats at the cleanroom entrance as needed.
Store and cover any products or supplies not in use.
Weekly or monthly cleaning: Wash ceilings with a damp sponge and a designated solution. Clean light fixtures and vent covers. Disinfect all surfaces after the initial cleaning and drying steps, ensuring the contact time specified by the manufacturer is met.
Use a top-down, left-to-right approach, starting with ceilings and working your way down to floors, using approved, non-shedding materials. Always work from top to bottom to prevent particles from falling onto already cleaned surfaces.
Use lint-free wipes and non-shedding cloths to avoid reintroducing particles. Move slowly and deliberately to minimize air turbulence.

17. Who performs the sterile compounding process at your facility?

Pharmacists and pharmacy technicians

18. Who is responsible and accountable for the sterile compounding process at your facility?

Pharmacist in charge

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Products are shipped in foam insulated containers with ice to keep cool and stable during transit.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility?		
2. Are you complying with all USP 800 guidelines?	Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	Yes	No
4. Is your BSC or CACI vented 100% to the outside?	Yes	No
5. Do you have a negative pressure buffer room at your facility?	Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding:)

1. List the specific Category 3 sterile products that your facility compounds:

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? Yes No

4. What is the frequency for completing volumetric active air sampling?

5. What is the frequency for completing surface sampling?		
6. What is the frequency for using sporicidal agents?		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	Yes	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alan Ha

Name of Person who Completed the Form

Pharmacist consultant

Title

Signature (copies or stamps not accepted)

10/14/2025

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

UTAH DEPARTMENT OF COMMERCE
Division of Professional Licensing

160 E 300 S
P.O. Box 16741
Salt Lake City, UT 84114-6741

Phone: (801) 530-6628
Toll Free: (866) 275-3675
Online: DOPL.utah.gov
Email: DOPLInvestigations@utah.gov

CLASS A
RETAIL
PHARMACY

INSPECTION

☑ Opening ☐ Random

INFORMATION

Pharmacy Name: Mythic Rx Date: 1/13/25

License Number: 14072804-1703 Exp Date: 1/17/25

C.S. License Number: 14072804-8913 Exp Date: 1/17/25

DEA Registration: [redacted] Exp Date: 1/31/28

Pharmacy FEIN Number (Tax ID): 99-3279017

Pharmacy Email: info@mythic-rx.com

Pharmacy Phone Number: 801-590-8345 Fax: 385-327-0105

Pharmacy Toll Free Number:

Affiliated Websites:

Pharmacy Hours: Monday-Friday: 10-4 Saturday: Sunday:

Pharmacy Address: 3920 S 1100 E Ste 110

City: Millcreek State: UT Zip: 84124

Pharmacist In Charge (PIC): Sara Dewitt

PIC License Number: 8425988-1701 Expiration Date: 9/30/25

Personnel

List ALL pharmacists, interns, pharmacy technicians and techs-in-training (attach a separate sheet, if necessary):

Name:	License #	Exp:
See attached		

CLASS A | RETAIL PHARMACY | INSPECTION

Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:

INSPECTION

	YES	NO	
1	☑	☐	The facility shall maintain a current list of licensed employees involved in the practice of the pharmacy at the facility. The list shall include individual licensee names, license classifications, license numbers, and license expiration dates. The list shall be readily retrievable. The list may be maintained in paper or electronic form. [UAC R156-17b-614a (5)(a)(i-vi)(b)]
2	☑	☐	Notification has been provided to the Division in regards to the unique email address used for self audits or pharmacy alerts. The pharmacy will notify the division of any change in the email address within seven days of the change. [UAC R156-17b-603 (2) and (3) (t) (i-ii)]
3	☑	☐	Notification has been provided to the Division in regards to the assignment of the PIC at the above stated pharmacy. The Division is notified of a change in PIC within 30 days of the change. [UAC R156-17b-603 (3) (s)]
4	☑	☐	If the facility has a pharmacy technician training program, the program and curriculum of education and training, meets standards established by Division rule made in collaboration with the Board. [UAC R156-17b-303a (3)] ☐ N/A
5	☑	☐	A pharmacy technician trainee shall practice only under the direct supervision of a pharmacist, and in a ratio not to exceed one pharmacy technician trainee to one pharmacist or two pharmacy technician trainees to one pharmacist, if a licensed pharmacy technician or intern is working during the same shift. [UAC R156-17b-601(4)(a)(i-ii)]
6	☑	☐	A licensed pharmacy technician shall practice under the general supervision of a licensed pharmacist. [UCA 58-17b-102 (57)]
7	☑	☐	A pharmacy technician may administer vaccines and emergency medications pursuant to delegation by a pharmacist... And is under "direct", on-site supervision by the delegating pharmacist as defined in R156-1-102a(4)(a); [UAC R156-17b-601 (3)(b)]
8	☑	☐	The operating standards for a Pharmacist acting as a preceptor includes meeting the following criteria by providing direct, on-site supervision to no more than two pharmacy interns during a working shift. [UAC R156-17b-606(3)(a)]
9	☑	☐	In accordance with Subsecton 58-17b-102(72)(b) all supportive personnel shall be under the supervision of a licensed pharmacist or DMP. The licensed pharmacist or DMP shall be present in the area where the person being supervised is performing services and shall be immediately available to assist the person being supervised in the serivces being performed expect for the delivery of pre-filled prescriptions as provided in Subsection (1)(g) above. [UAC R156-17b-607 (3)]
10	☑	☐	In accordance with Subsection 58-17b-102(72)(a), supportive personnel may assist in any tasks not related to drug preparation or processing, including: [UAC R156-17b-607 (1)(a-g)]

- ☑ stock ordering and restocking;
- ☑ cashiering;
- ☑ billing;

- ☑ filing;
- ☑ receiving a written prescription and delivering it to the pharmacist, pharmacy intern, pharmacy technician, pharmacy technician trainee, DMP, or DMP designee;
- ☑ housekeeping;
- ☑ delivering a pre-filled prescription to a patient.

11 ☑ ☐ The pharmacist-in-charge (PIC) is responsible for assuring that no pharmacy or pharmacist operates the pharmacy or allows operation of the pharmacy with a ratio of pharmacist to pharmacy personnel which, under the circumstances of the particular practice setting, results in, or reasonably would be expected to result in, an unreasonable risk of harm to public health, safety, and welfare. [UAC R156-17b-603 (3) (r)]

12 ☑ ☐ All individuals employed in a pharmacy facility having any contact with the public or patients receiving services from that pharmacy facility does wear on their person a clearly visible and readable identification showing the individual's name and position. [UCA 58-17b-603 (1)]

13 ☑ ☐ When communicating by any means, written, verbal, or electronic, pharmacy personnel do identify themselves as to licensure classification. [UCA 58-17b-603 (2)]

14 ☑ ☐ The facility or parent company shall maintain a record for not less than five years of the initials or identification codes that identify each dispensing pharmacist by name. The initials or identification code shall be unique to ensure that each pharmacist can be identified; therefore identical initials or identification codes shall not be used. [UAC R156-17b-614a (8)]

15 ☑ ☐ The facility does have current and retrievable editions of the following reference publications in print or electronic format and readily available and retrievable to facility personnel: [UAC R156-17b-614a (4) (a-k)]

- ☑ UCA 58-1 (DOPL Licensing Act)
- ☑ UAC R156-1 (General Rules of DOPL)
- ☑ UCA 58-17b (Pharmacy Practice Act)
- ☑ UAC R156-17b(Pharmacy Practice Act Rules)
- ☑ UCA 58-37 (Controlled Substance Act)
- ☑ UAC R156-37(Controlled Substance Act Rules)
- ☑ UCA 58-37f (Controlled Substance Database Act)
- ☑ UAC R156-37f (Controlled Substance Database Act Rule)
- ☑ Code of Federal Regulations Title 21 parts 1300 to end
- ☑ FDA Approved Drug Product(Orange Book)
- ☑ General Drug References

16 ☑ ☐ The facility is well lighted, ventilated, clean and sanitary. [UAC R156-17b-614a (1) (a)]

17 ☑ ☐ If transferring a drug from a manufacturer's or distributor's original container to another container, the dispensing area, shall have a sink with hot and cold culinary water separate and apart from restroom facilities. All required equipment shall be clean and in good operating condition. [UAC R156-17b-614a (1) (b)]

18 ☑ ☐ The facility is equipped to permit the orderly storage of prescription drugs and durable medical equipment in a manner to permit clear identification, separation and easy retrieval of products and an environment necessary to maintain the integrity of the product inventory. [UAC R156-17b-614a (1) (c)]

19 ☑ ☐ The facility is equipped to permit practice within the standards and ethics of the profession as dictated by the usual and ordinary scope of practice to be conducted within that facility. [UAC R156-17b-614a (1) (e)]

20 ☑ ☐ All out of date legend drugs and controlled substances shall be removed from the inventory at regular intervals and in correlation to the beyond use date imprinted on the label. [UAC R156-17b-605(1)]

21 ☑ ☐ The facility is stocked with the quality and quantity of product necessary for the facility to meet its scope of practice in a manner consistent with the public health, safety and welfare. [UAC R156-17b-614a (1) (f)]

22 ☑ ☐ If dispensing controlled substances, the facility is equipped with a security system to permit detection of entry at all times when the facility is closed, and provide notice of unauthorized entry to an individual, and be equipped with a lock on any entrances to the facility where drugs are stored. [UAC R156-17b-614a (1)(g)(i-ii)(h)(i-ii)]

23 ☐ ☑ If the pharmacy does not store drugs in a locked cabinet and has a drop/false ceiling, the pharmacy's perimeter walls shall extend to the hard deck, or other measures shall be taken to prevent unauthorized entry into the pharmacy. [UAC R156-17b-614a (15)] ☐ N/A

24 ☑ ☐ Only a licensed Utah pharmacist or authorized pharmacy personnel does have access to the pharmacy when the pharmacy is closed. [UAC R156-17b-614a (7)]

25 ☑ ☐ A pharmacy shall not dispense a prescription drug or device to a patient unless a pharmacist is physically present and immediately available in the facility. [UAC R156- 17b-614a (6)]

26 ☑ ☐ The temperature of the pharmacy is maintained within a range compatible with the proper storage of the drugs. [UAC R156-17b-614a (3)]

27 ☑ ☐ The temperature of the refrigerator and freezer is maintained within a range compatible with the proper storage of drugs requiring refrigeration or freezing. The pharmacy shall keep a daily written or electronic log of the temperature of the refrigerator or freezer on days of operation. The pharmacy shall retain the log for three years. [UAC R156-17b-614a (3)]

28 ☑ ☐ For the purpose of promoting therapeutic appropriateness, a pharmacist shall at the time of dispensing a prescription, or a prescription drug order, review the patient's medication record. Such review shall at a minimum identify clinically significant conditions, situations or items, such as: [UAC R156-17b-611 (2) (a-g)]

- ☑ Inappropriate drug utilization
- ☑ Therapeutic duplications
- ☑ Drug-disease contraindications
- ☑ Drug-drug interactions
- ☑ Incorrect drug dosage
- ☑ Incorrect duration of drug treatment
- ☑ Drug-allergy interactions
- ☑ Clinical abuse or misuse

29 ☑ ☐ Facility does have a counseling area to allow for confidential patient counseling. [UAC R156-17b-614a (1)(i)]

30 ☑ ☐ Every pharmacy shall verbally offer to counsel a patient or a patient's agent in a personal face-to-face discussion regarding each prescription drug dispensed. If the patient or patient's agent delivers the prescription in person to the pharmacist or pharmacy intern; or receives the drug in person at the time it is dispensed at the facility. [UCA 58-17b-613 (1)]

31 ☑ ☐ A pharmacist or pharmacy intern that receives a prescription from a patient by means other than personal delivery, and that dispenses prescription drugs to the patient by means other than personal delivery shall provide patient counseling to a patient regarding each prescription drug the pharmacy dispenses and provide each patient with a toll-free telephone number by which the patient can contact the pharmacist or pharmacy intern at the pharmacy for counseling. [UCA 58-17b-613(2)]

32 ☑ ☐ If a prescription drug order is delivered to the patient or the patient's agent at the patient's or other designated location, the following is applicable: [UCA R156-17b-610(6)(a-c)

☑ the pharmacy shall provide the information specified in R156-17b-610(3) be delivered with the dispensed prescription in writing.

☑ if prescriptions are routinely delivered outside the area covered by the pharmacy's local telephone service, the pharmacist shall place on the prescription container or on a separate sheet delivered with the prescription container, the telephone number of the pharmacy and the statement "Written information about this prescription has been provided for you. Please read this information before you take this medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions."

☑ written information provided in Subsection (b) of this section shall be in the form of patient information leaflets similar to USP-NF patient information monographs or equivalent information.

33 ☑ ☐ The offer to counsel is documented and said documentation shall be available to the Division. These records must be maintained for a period of five years and be available for inspection within 7-10 business days. [UAC R156-17b-610 (4)]

34 ☑ ☐ A pharmacy may only deliver a prescription drug to a patient or patient's agent in person at the pharmacy or via the United States Postal Service, a licensed common carrier, or supportive personnel, if the pharmacy takes reasonable precautions to ensure the prescription drug is delivered to the patient or patient's agent or returned to the pharmacy. [UCA 58-17b-602(9)(a)(b)(i-ii)]

35 ☑ ☐ A pharmacy that employs the United States Postal Service or other common carrier to deliver a filled prescription directly to a patient shall, under the direction of the PIC, or other responsible employee: [UAC R156-17b-608(1)(a-e)(2)(a-c)]

☑ Use adequate storage or shipping containers and shipping processes to ensure drug stability and potency. The shipping processes shall include the use of appropriate packing material and devices, according to the recommendations of the manufacturer or the United States Pharmacopeia Chapter 1079, in order to ensure that the drug is kept at appropriate storage temperatures throughout the delivery process to maintain the integrity of the medication.

☑ Use shipping containers that are sealed in a manner to detect evidence of opening or tampering.

☑ Develop and implement policies and procedures to ensure accountability, safe delivery, and compliance with temperature requirements. The policies and procedures shall address when drugs do not arrive at their destination in a timely manner or when there is evidence that the integrity of a drug was compromised during shipment. In these instances, the pharmacy shall make provisions for the replacement of the drug.

☑ Provide for an electronic, telephonic, or written communication mechanism for a pharmacy to offer counseling to the patient as defined in section 58-17b-613; and provide documentation of such counseling.

☑ Provide information to the patient indicating what the patient should do if the integrity of the package or drug was compromised during shipment.

36 ☑ ☐ Each drug dispensed from the pharmacy does have a label securely affixed to the container indicating the required minimum information, including: [UCA 58-17b-602 (5) (a) (i-viii)]

☑ name, address, & phone number of pharmacy
☑ filling date or last dispensing date
☑ name of the prescriber
☑ trade, generic or chemical name
(Unless Otherwise Indicated by Prescriber)
☑ serial number of prescription
☑ name of the patient or animal owner/species
☑ directions for use & cautionary statements
☑ amount dispensed & strength of dosage form
☑ beyond use date

37 ☑ ☐ Unless otherwise requested, child-resistant containers are used for dispensing medications to patients. [UAC R156-17b-502(6) & 16 CFR 1700.14]

38 ☑ ☐ Controlled substances are not accepted back for destruction unless allowed for by state and federal law. [UAC R156-37-606 (1-2) & 21 CFR 1307.21]

39 ☑ ☐ The registered pharmacy only processes electronically signed prescriptions for controlled substances under the following conditions: the pharmacy uses a pharmacy application that meets all the applicable requirements; the prescription is otherwise in conformity with the requirements of the Code of Federal Regulations; and Certification Authority (CA) has been obtained. The electronic prescription must be transmitted from the practitioner to the pharmacy in its electronic form and at no time may the prescription be converted to another form *(i.e. facsimile)* for transmission. [CFR, Title 21, Chapter 11, Section 1311, UAC R156-17b-613 (1)]

40 ☑ ☐ Prescription files, including refill information, is maintained for a minimum of five years and should be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)]

41 ☑ ☐ Prescription records may be maintained electronically so long as the original of each prescription, including telephone prescriptions, is maintained in a physical file and contains all of the information required by federal and state law; and an automated data processing system is used for the storage and immediate retrieval of refill information for prescription orders. [UAC R156-37-602 (4) (a-b)]

42 ☑ ☐ All records relating to Schedule II controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3) (5)]

43 ☑ ☐ All records relating to Schedule III, IV, V controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3) (6)]

44 ☑ ☐ Requirement for annual controlled substances inventory shall be within 12 months following the inventory date of each year and may be taken within four days of the specified inventory date and shall include all stocks including out-of-date drugs and drugs in automated pharmacy systems. [UAC R156-17b-605 (4)]

45 ☑ ☐ Requirements for taking the initial controlled substances inventory shall include the following: all pharmacies shall take an inventory on the opening day of business. Such inventory shall include all controlled substances including any out-of-date drugs and drugs in automated pharmacy systems. In the event a pharmacy commences business with no controlled substances on hand, the pharmacy shall record this fact as the initial inventory. An inventory reporting no Schedule I and II controlled substances shall be listed separately from an inventory reporting no Schedule III, IV, and V controlled substances. The initial inventory shall serve as the pharmacy's inventory until the next completed inventory as specified in Subsection (4) of this section. [UAC R156-17b-605 (3) (a-c)] ☐ N/A

46 ☑ ☐ General Requirements for inventory of a pharmacy shall include: [UAC R156-17b-605 (2)(a)(b)(c)(f)(g)(h)(k)(l)]

- ☑ the PIC shall be responsible for taking all required inventories, but may delegate the performance of the inventory to another person or persons;
- ☑ the inventory records shall be maintained for a period of five years and be readily available for inspection
- ☑ the inventory records shall be filed separately from all other records
- ☑ the inventory may be taken either as the opening of the business or the close of business on the inventory date;
- ☑ the person taking the inventory and the PIC shall indicate the time the inventory was taken and shall sign and date the inventory with the date the inventory was taken. The signature of the PIC and the date of the inventory shall be documented within 72 hours or three working days of the completed initial, annual, change of ownership and closing inventory.

☑ the inventory of Schedule I and II controlled substances shall be listed separately from the inventory of Schedule III, IV and V controlled substances;

☑ if the pharmacy maintains a perpetual inventory of any of the drugs required to be inventories, the perpetual inventory shall be reconciled on the date of the inventory.

47 ☑ ☐ All pharmacies shall maintain a perpetual inventory of all Schedule II controlled substances that shall be reconciled according to facility policy. [UAC R156-17b-605(6)]

48 ☑ ☐ The pharmacy does reconcile its controlled substance inventory to account for shortages of controlled substances. [UAC R156-17b-603 (3) (k) & R156-37-502(4)]

49 ☑ ☐ Any facility who experiences any theft, including diversion, or significant loss of controlled substances shall immediately file the appropriate forms with the Drug Enforcement Administration, with a copy to the Division directed to the attention of the Investigation Bureau Division; and report the incident to the local law enforcement agency. [UAC R156-37-602 (2)]

50 ☑ ☐ Pharmacists or other responsible individuals do verify that the suppliers' invoices of controlled substances, listed on the invoices were actually received by clearly recording their initials and the actual date of receipt of the controlled substances. [UAC R156-17b-614a (11)]

51 ☑ ☐ The facility shall maintain a record of suppliers' credit memos for controlled substances. [UAC R156-17b-614a (12)]

52 ☑ ☐ The facility does maintain a copy 3 of DEA order form (form 222) which has been properly dated, initialed, and filed and all copies of each unaccepted or defective order form and any attached statements or other documents. [UAC R156-17b-614a(9)(a-c)]

53 ☑ ☐ The Division shall implement on a statewide basis, including non-resident pharmacies as defined in Section 58-17b-102, the following two options for a pharmacist to submit information: real-time submission of the information required to be submitted under this part of the controlled substance database; and 24-hour daily or next business day, whichever is later, batch submission of the information required to be submitted under this part to the controlled substance database. [UCA 58-37f-203(1)(a)(i,ii)]

54 ☑ ☐ In accordance with 58-37f-203(6), the pharmacist-in-charge and the pharmacist identified in Subsections 58-37f-203(2) and (3) shall provide the following data fields to the Division: the state that issued identification, type of identification used, identification number used and first and last name of individual picking up dispensed drug. [UCA R156-37f-203 (4) (bb-ff)]

55 ☐ ☑ The pharmacy maintains emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMT's, ambulances)? If the answer is "yes", note name(s) of facilities or entities.

56 ☐ ☑ The pharmacy maintains automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home? If the answer is "yes", note type and location.

57 ☐ ☑ The pharmacy utilizes an Automated Pharmacy System? If the answer is "yes" to this question, a automation questionnaire must be completed. [UAC R156-17b-620]

58 ☐ ☑ The facility is engaged in hazardous drug compounding as defined by USP-NF Chapter 800. If you answer "yes" to this question, a compounding questionnaire must be completed.

59 ☐ ☑ The facility is engaged in simple, medium, or complex compounding activities as defined by USP 35 Chapter 795. If you answer "yes" to this question, a compounding questionnaire must be completed. [(UAC R156-17b-614a (2)]

60 ☑ ☐ The facility is engaged in low, medium, or high risk *sterile* compounding as defined by USP 35 Chapter 797. If you answer "yes" to this question, a compounding questionnaire must be completed. [UAC R156-17b-614a (2)]

COMMENTS

* Assisted by Owner Alan Ha and PIC Sara Dewitt.

* List of Licensees compliant.

* Temperature Monitoring compliant.

* Initial controlled inventories compliant, with no controlled substances currently on site.

* Controlled invoices are not present due to not currently having controlled substances on site.

* Sink has hot and cold water.

* Pharmacy security is compliant.

* Pharmacy has a drop ceiling that does not extend to the next floor. The pharmacy will be implementing additional prevention measures. Once complete, send updated prevention measures to jevans@utah.gov.

* No outdated medication in pharmacy inventory.

* No Automation.

* Sterile compounding inspection conducted.

* Pharmacy is preparing to conduct non-sterile compounding, but is not yet engaged in the compounding. A dedicated non-sterile compounding room is currently under construction. When the pharmacy begins non-sterile compounding, contact Jolene Evans at jevans@utah.gov. An inspection will be required at that time.

☑ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: Date: 1/13/25

Name of Responsible Party (Print): Sara Dewitt

Signature of Division Investigator: Date: 1/13/25

Name of Division Investigator (Print): Jolene Evans

Revised 8/2023

UTAH DEPARTMENT OF COMMERCE
Division of Professional Licensing

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STERILE COMPOUNDING

INSPECTION

☑ Opening ☐ Random

INFORMATION

Pharmacy Name: Mythic Rx Date: 1/13/25

Pharmacy License Number: 14072804-1703 Expiration Date: 1/17/25

Controlled Substance License Number: 14072804-8913 Expiration Date: 1/17/25

DEA Registration Number: FM4972988 Expiration Date: 1/31/28

Pharmacist-in-Charge (PIC): Sara Dewitt

Pharmacist-in-Charge License Number: 8425988-1701 Expiration Date: 9/30/25

Compounding Facilities engaged in simple, moderate or complex non-sterile or any level of sterile compounding activities shall be required to maintain proper records and procedure manuals and establish quality control measures to ensure stability, equivalency where applicable and sterility. The following requirements shall be met:(a)Shall follow USP-NF Chapter 795, compounding of non-sterile preparations, and USP-NF Chapter 797 if compounding sterile preparations [UAC R156-17b-614a (3)]

	Yes	No	GENERAL OPERATIONS AND INFORMATION **Which categories of compounding does the facility perform?**
1.	☑	☐	The pharmacy does perform compounding identified as **low-risk** [USP-NF Chapter 797- *USP Microbial Contamination Risk Levels- Low-Risk Level CSPs]* ☑ The CSPs are compounded with aseptic manipulations entirely within ISO Class 5 or better air quality using only sterile ingredients, products, components, and devices. ☑ The compounding involves only transfer, measuring, and mixing manipulations using not more than three commercially manufactured packages of sterile products and not more than two entries into any one sterile container or package (e.g., bag, vial) of sterile product or administration container/ device to prepare the CSP. ☑ Manipulations are limited to aseptically opening ampules, penetrating disinfected stoppers on vials with sterile needles and syringes, and transferring sterile liquids in sterile syringes to sterile administration devices, package containers of other sterile products, and containers for storage and dispensing. ☑ For a low-risk level preparation, in the absence of passing a sterility teste (see Sterility Tests <71>) the storage periods cannot exceed the following time periods: before administration, the CSPs are properly stored and are exposed for not more than 48 hours at controlled room temperature (see General Notices and Requirements), and for 45 days in solid frozen state between -25°and -10°.
	☑	☐	The pharmacy does perform compounding identified as **medium-risk.** When CSPs are compounded aseptically under Low-Risk Conditions and one or more of the following conditions exist, such CSPs are at a medium risk of contamination. [USP-NF Chapter 797- *USP Microbial Contamination Risk Levels- Medium-Risk Levels CSPs]* ☑ Multiple individual or small doses of sterile products are combined or pooled to prepare a CSP that will be administered to either multiple patients or to one patient on multiple occasions. ☑ The compounding process includes complex aseptic manipulations other than the single-volume transfer. ☑ The compounding process requires unusually long duration, such as that required to compete dissolution or homogenous mixing. ☑ For a medium-risk preparation, in the absence of passing a sterility test (see Sterility Tests <71>0, the storage periods cannot exceed the following time periods: before administration, the CSPs are properly stored and are exposed for not more than 30 hours at controlled room temperature (see Generals Notices and Requirements), and for 45 days in solid frozen state between 25°and -10°.

☑ ☐ The pharmacy does perform compounding identified as **high-risk** [USP-NF Chapter 797- *USP Microbial Contamination Risk Levels- High-Risk Levels CSPs]*
☑ Non sterile ingredients, including manufactured products not intended for sterile routes of administration (e.g. oral), are incorporated or a non-sterile device is employed before terminal sterilization.
☑ Any of the following are exposed to air quality worse than ISO 5 for more than 1 hour (see *Immediate-Use CSPs*):
☑Sterile contents of commercially manufactured products,
☑CSPs that lack effective antimicrobial preservative, and
☑Sterile surfaces of devices and containers for the preparation, transfer, sterilization, and packaging of CSPs

☑Compounding personnel are improperly garbed and gloved (see *Personnel Cleansing and Use of Barrier Protective Equipment).*
☑ Nonsterile water-containing preparations are stored for more than 6 hours before being sterilized.
☑ It is assumed, and not verified by examination of labeling and documentation from suppliers or by direct determination, that the chemical purity and content strength of ingredients meet their original or compendia specifications in unopened or in opened packages of bulk ingredients (see *Ingredient Selection under Pharmaceutical Compounding- Non-Sterile Preparations <795>).*
☑ In the absence of passing a sterility test, the storage periods cannot exceed the following time periods: before administration, the CSPs are properly stored and are exposed for not more than 24 hours at controlled room temperature (see *General Notices and Requirements),* for not more than 3 days at a cold temperature (*see General Notices and Requirements),* and for 45 days in a solid frozen state between 25°and -10°.

☑ ☐ **Immediate-use provision in intended only for those situation where there is a need for emergency or immediate patient administration of a CSP.** Such situations may include cardiopulmonary resuscitation, emergency room treatment, preparation of diagnostic agents, or critical therapy where the preparation of the CSP under conditions described for Low-Risk Level CSPs subjects the patient to additional risk due to delays in therapy. Immediate-use CSPs are not intended for storage for anticipated needs or batch compounding. Preparations that are medium-risk level and high-risk level CSPs shall not be prepared as immediate-use CSPs. [USP-NF Chapter 797- *Immediate-use CSPs*]

☑ ☐ **Immediate-use CSPs** are exempt from the requirements described for Low-Risk Label CSPs only when all of the following are met: [USP-NF Chapter 797- *Immediate-use CSPs]*
☑ The compounding process involves simple transfer of not more than three commercially manufactured packages of sterile nonhazardous products or diagnostic radiopharmaceutical products from the manufacturer's' original containers and not more than two entries into any one container or package (e.g., bag, vial) of sterile infusion solution or administration container/device. For example, anti-neoplastics shall not be prepared as immediate-use CSPs because they are hazardous drugs.
☑ Unless required for the preparation, the compounding procedure is a continuous process not to exceed 1 hour.
☑During preparation, aseptic technique is followed and, if not immediately administered, the finished CSP is under continuous supervision to minimize the potential for contact with nonsterile surfaces, introduction of particulate matter or biological fluids, mixups with other CSPs, and direct contact of outside surfaces.
☑ Administration begins not later than 1 hour following the start of the preparation of the CSP.
☑Unless immediately and completely administered by the person who prepared it or immediate and complete administration is witnessed by the preparer, the CSP shall bear a label listing patient identification information, the names and amounts of all ingredients, the name or initials of the person who prepared the CSP, and the exact 1-hour BUD and time.
☑ If administration has not begun within 1 hour following the start of preparing the CSP, the CSP shall be promptly, properly, and safely discarded.

2. ☑ ☐ Does the facility dispense sterile compounded preparations pursuant to a prescription?

3. ☐ ☑ Does the facility make sterile compounded preparations that are delivered to a practitioner for administration to a patient in an office, clinic, or facility?

4. ☑ ☐ A pharmacy licensed under this chapter may, subject to rules established by the Division, repackage or compound a prescription drug for sale to a practitioner if: the prescription drug: does not include a compounded drug; or includes a compounded drug; and is not a controlled substance; the pharmacy labels the prescription drug "for office use only"; the practitioner administers the drug to a patient in the practitioner's office or facility; and except in accordance with Title 58, Chapter 17b, Part 8, Dispensing Medical Practitioner and Dispensing Medical

Practitioner Clinic Pharmacy, the practitioner does not dispense the drug to the patient. [UCA 58-17b-624(1)(a)(i)(ii)(A)(B)(b)(c)(d)] Pursuant to Section 58-17b-624, a pharmacy may repackage or compound a prescription drug for sale to a practitioner for office use provided that it is in compliance with all applicable federal and state laws and regulations regarding the practice of pharmacy, including, but not limited to the Food, Drug, and Cosmetic Act, 21 U.S.C A § 301 et seq. [R156-17b-624]

5. ☐ ☑ Does the facility distribute sterile compounded preparations to hospitals, clinics, or surgery centers?

6. ☐ ☑ Does the facility have a sales force that distributes samples containing active ingredients? If so, list samples on separate sheet.

7. ☐ ☑ Does the facility compound sterile preparations for veterinary use?

8. ☐ ☑ Is the facility registered with the FDA as an "Outsourcing Facility"?

9. ☑ ☐ The facility does compound:

☐ allergen extracts	☐ baths and soaks for live organs and tissues
☑ parental solutions	oral or nasal inhalation preparations
☑ parenteral suspensions	irrigations for wounds and body cavities
☐ preservative-free parenterals	ophthalmic preparations

10. ☐ ☑ Does the facility compound investigational drugs? If so, list on separate sheet.

11. ☑ ☐ The facility does not prepare a prescription drug in a dosage form which is regularly and commonly available from a manufacturer in quantities and strengths prescribed by a practitioner. [UAC 58-17b-102(18)(b)(ii)]

12. ☑ ☐ The facility does not prepare a prescription drug for sale to another pharmacist or pharmaceutical facility. [UAC 58-17b-102 (18)(b)(i)]

13. ☑ ☐ The facility does not prepare a prescription drug, sterile product, or device which has been withdrawn from the market for safety reasons. [UAC 58-17b-102 (18)(b)(iii)

14. ☑ ☐ Does the pharmacy makes sterile compounded preparations using bulk powder Active Pharmaceutical Ingredients?

15. ☑ ☐ Bulk active ingredients must be procured from a facility registered with the federal Food and Drug Administration and must not be listed on the federal Food and Drug Administration list of drug products withdrawn or removed from the market for reasons of safety or effectiveness. [UAC R156-17b-614a (3)(c)(i)(ii)]

16. ☐ ☑ Does the facility have a lyophilizer?

17. ☑ ☐ **The compounding facility shall have written, properly approved SOPs** designed to ensure the quality of the environment in which a CSP is prepared. [USP-NF Chapter 797-*Responsibility of Compounding Personnel-Suggested Standard Operating Procedures (SOPs)]*

a. ☑ Procedures for **measuring, mixing, dilution, purification, sterilization, packaging, and labeling** conform to the correct sequence and quality established for the specified CSP. [USP-NF Chapter 797- *Responsibility of Compounding Personnel*]

h. ☑ All **cleaning and disinfecting** practices and policies for the compounding of CSPs shall be included in written SOPs and shall be followed by all compounding personnel. [USP-NF Chapter 797- *Environmental Quality and Control and Disinfecting the Compounding Area*]

- ☑ ISO Class 5 PEC (e.g. LAFW, BSC, CAI, CACI)
- ☑ Counters and easily cleanable work surfaces
- ☑ Floors
- ☑ Walls
- ☑ Ceiling
- ☑ Storage Shelving

c. ☑ It is necessary that **equipment, apparatus, and devices** used to compound a CSP be consistently capable of operating properly and within acceptable tolerance limits. [USP-NF Chapter 797- *Element of Quality Control, Equipment]*

- ☑ Equipment calibration
- ☑ Annual maintenance
- ☑ Monitoring for proper function and controlled procedures for use of the equipment and specified time frames for these activities
- ☑ Routine maintenance and frequencies

d. ☑ The principles of HEPA-filtered unidirectional airflow in the work environment shall be understood and practiced in the compounding process in order to achieve the desired environmental conditions. Policies and procedures for **maintaining and working within the PEC** area shall be written and followed. The policies and procedure will be determined by the scope and risk levels of the aseptic compounding activities utilized during the preparation of the CSPs. [USP-NF Chapter 797- *Environmental Quality and Control, Facility Design and Environmental Control]*

e. ☑ When compounding activities require **the manipulation of a patient's blood-derived or other biological material (e.g., radiolabeling a patient's or donor's white blood cells), the manipulations shall be clearly separated from routine material-handling** procedures and equipment used in CSP preparation activities, and they shall be controlled by specific SOPs in order to avoid any cross contamination. [USP-NF Chapter 797- *Environmental Quality and Control- Additional Personnel Requirements*]

f. ☑ **Double-checking compounding** accuracy shall be followed for every CSP during preparation and immediately prior to release. [USP-NF Chapter 797- *Preparation Release Checks and Tests, Compounding Accuracy Checks*]

g. ☑ When **high-risk level CSPs are dispensed before receiving the results of their sterility tests**, there shall be a written procedure requiring daily observations of the incubating test specimens and immediate recall of the dispensed CSPs when there is any evidence of microbial growth in the test specimens. [USP-NF Chapter 797- *Finished Preparation Release Checks and Tests, Sterility Testing*]

h. ☑ **Verifying the correct identity and quality** of CSPs before they are dispensed and administered: [USP-NF Chapter 797- *Finished Preparation Release Checks and Tests, Identify and Strength Verification of Ingredients*]

- ☑ Labels of CSPs bear correct names and amounts **or** concentrations of ingredients, the total volume, the BUD, the appropriate route(s) of administration, the storage conditions, and other information for safe use.
- ☑ That there are correct identities, purities, and amounts of ingredients by comparing the original written order with the written compounding record for the CSP.
- ☑ That correct fill volumes in CSPs and correct quantities of filled units of the CSPs were obtained. When the strength of finished CSPs cannot be confirmed to be accurate, based on the above three inspections, the CSPs shall be assayed by methods that are specific for the active ingredients.

i. ☑ To ensure consistent practices in determining and assigning BUDs, the compounding facility should have written policies and procedures governing the **determination of the BUDs** for all compounded products. The SOP manual of the compounding facility and each specific CSP formula record shall describe the general basis used to assign the BUD and storage conditions. [USP-NF Chapter 797- *Storage and Beyond-Use Dating*]

j. ☑ The **compounding procedures and sterilization methods** for CSPs correspond to correctly designed and verified written documentation in the compounding facility. Verification requires planned testing, monitoring, and documentation to demonstrate adherence to environmental quality requirements, personnel practices, and procedures critical to achieving and maintaining sterility, accuracy, and purity of finished CSPs. [USP-NF Chapter 797- *Verification of Compounding Accuracy and Stability*]

k. ☑ Commercially available sterile drug products, sterile ready-to-use containers, and devices are examples of sterile components. A written procedure for **unit-by-unit physical inspection preparatory to use** is followed to ensure that these components are sterile, free from defects, and otherwise suitable for their intended use. [USP-NF Chapter 797- *Elements of Quality Control- Ingredients and Devices- Sterile Ingredients and Devices*]

l. ☑ Compounding personnel shall ensure proper storage and security of CSPs prepared by or dispensed from the compounding facility until either their BUDs are reached or they are administered to patients. In fulfilling this general responsibility, the compounding facility is responsible for the proper **packaging, handling, transport, and storage of CSPs prepared by or dispensed from it, including the appropriate education, training, and supervision of compounding personnel assigned to these functions**. The compounding facility should assist in the education and training of noncompounding personnel responsible for carrying out any aspect of these functions. Establishing, maintaining, and ensuring compliance with comprehensive written policies and procedures encompassing these responsibilities is a further responsibility of the compounding facility. Where noncompounding personnel are assigned tasks involving any of these responsibilities, the policies and procedures encompassing those tasks should be developed by compounding supervisors. [USP-NF Chapter 797- Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs]

m. ☑ Inappropriate processes or techniques involved with packaging, handling, and transport can adversely affect quality and package integrity of CSPs. Although compounding personnel routinely perform many of the tasks associated with these functions, some tasks, such as **transport, handling, and placement into storage, may be fulfilled by noncompounding personnel** who are not under the direct administrative control of the compounding facility. Under these circumstances, appropriate SOPs shall be established by the compounding facility with the involvement of other departments or services whose personnel are responsible for carrying out those CSP-related functions for which the compounding facility has a direct interest. The performance of the noncompounding personnel is monitored for compliance to established policies and procedures. [USP- NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Packaging, Handling, and Transport*]

n. ☑ **When CSPs are distributed to locations outside the premises** in which they are compounded, compounding personnel select packing containers and materials that are **expected to maintain physical integrity, sterility, and stability of CSPs during transit.** Packing is selected that simultaneously protects CSPs from damage, leakage, contamination, and degradation, and protects personnel who transport packed CSPs from harm. The SOP manual of the compounding facility specifically describes appropriate packing containers and insulating and stuffing materials, based on information from product specifications, vendors, and experience of compounding personnel. Written instructions that clearly explain how to safely open containers of packed CSPs are provided to patients and other recipients. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Packing and Transporting CSPs- Packing CSPs for Transit*]

o. ☑ SOPs must exist to ensure that **storage conditions in the patient-care setting** are suitable for the CSP-specific storage requirements. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Packing and Transporting CSPs, Use and Storage*]

☑ Procedures include daily monitoring and documentation of drug storage refrigerators to ensure temperatures between 2° and 8°

☑ and the monthly inspection of all drug storage locations by compounding personnel.

p. ☑ The SOP manuals of compounding facilities shall describe **specific instructions for receiving, acknowledging, and dating receipts, and for recording, or filing, and evaluating reports of adverse events and of the quality of preparation** claimed to be associated with CSPs. Reports of adverse events with CSPs shall be reviewed promptly and thoroughly by compounding supervisors to correct and prevent future occurrences. Compounding personnel are encouraged to participate in adverse event reporting and product defects programs of the FDA and USP. [USP-NF Chapter 797- *Patient Monitoring and Adverse Events Reporting*]

Personnel Training and Requirements

18. ☑ ☐ A written description of specific training and performance evaluation program for individuals involved in the use of aseptic techniques for the preparation of sterile products shall be developed for each site. This program equips personnel with the appropriate knowledge and trains them in the required skills necessary to perform the assigned tasks. **Each person assigned to the aseptic area in the preparation of sterile products shall successfully complete specialized training in aseptic techniques and aseptic area practices prior to preparing CSPs** (see Personnel Training and Evaluation in Aseptic Manipulation Skills and Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices and Cleaning/Disinfection Procedures). [USP-NF Chapter 797 - *Elements of Quality Control*]

19. ☑ ☐ **Personnel who prepare CSPs shall be trained** conscientiously and skillfully **by expert personnel, multi-media instructional sources, and professional publications** in the theoretical principles and practical skills of **garbing procedures, aseptic work practices, achieving and maintaining ISO Class 5 environmental conditions, and cleaning and disinfection procedures.** [USP-NF Chapter 797- *Appendix I-Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices and Cleaning/Disinfection Procedures*]

20. ☑ ☐ Compounding personnel shall complete: [USP-NF Chapter 797- *Appendices- Appendix I-Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices and Cleaning/Disinfection Procedures*]

☑ didactic training, ☑ pass written competence assessments,

☑ undergo skill assessment using observational audit tools, ☑ and media-fill testing.

21. ☑ ☐ **Compounding personnel shall be visually observed during the process of performing hand hygiene and garbing procedures** (see *Personnel Cleansing* and *Garbing* under *Personnel Training and Evaluation in Aseptic Manipulation Skills* above). **The visual observation shall be documented** on a form such as the Sample Form for Assessing Hand Hygiene and Garbing Related Practices of Compounding Personnel (see Appendix III) and maintained to provide a permanent record and long-term assessment of personnel competency. [USP-NF Chapter

797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures- Competency Evaluation of Garbing and Aseptic Work Practice*]

22. ☑ ☐ **Sampling of compounding personnel glove fingertips shall be performed for all CSP risk level compounding** because direct touch contamination is the most likely source of introducing microorganisms into CSPs prepared by humans. Glove fingertip sampling **shall be used to evaluate the competency of personnel in performing hand hygiene and garbing procedures in addition to educating compounding personnel on proper work practices, which include frequent and repeated glove disinfection using sterile 70% IPA during actual compounding of CSPs.** All personnel shall demonstrate competency in proper hand hygiene and garbing procedures and in aseptic work practices (e.g., disinfection of component surfaces, routine disinfection of gloved hands). [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures- Competency Evaluation of Garbing and Aseptic Work Practice*]

23. ☑ ☐ **Sterile contact agar plates shall be used to sample the gloved fingertips** of compounding personnel **after garbing** in order to assess garbing competency and **after completing the media-fill preparation** (without applying sterile 70% IPA) in order to assess the adequacy of aseptic work practices prior to being initially allowed to prepare CSPs for human use and for more experienced personnel to maintain their qualifications to prepare CSPs for human use. [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures- Competency Evaluation of Garbing and Aseptic Work Practice*]

24. ☑ ☐ **All compounding personnel shall successfully complete an initial competency evaluation and gloved fingertip/thumb sampling procedure (zero cfu) no less than three times before initially being allowed to compound CSPs for human use.** Immediately after the compounding employee completes the hand hygiene and garbing procedure (e.g., donning of sterile gloves prior to any disinfection with sterile 70% IPA), the evaluator will collect a gloved fingertip and thumb sample from both hands of the compounding employee onto appropriate agar plates by lightly pressing each fingertip into the agar. The plates will be incubated for the appropriate incubation period and at the appropriate temperature (see Incubation Period). **After completing the initial gowning and gloving competency evaluation, re-evaluation of all compounding personnel for this competency shall occur at least annually for personnel who compound low- and medium-risk level CSPs and semi-annually for personnel who compound high-risk level CSPs** using one or more sample collections during any media-fill test procedure before they are allowed to continue compounding CSPs for human use. [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures- Competency Evaluation of Garbing and Aseptic Work Practice*]

25. ☑ ☐ **After successful completion of an initial Hand Hygiene and Garbing Competency Evaluation, all compounding personnel shall have their aseptic technique and related practice competency evaluated initially during the Media-Fill Test Procedure and subsequent annual or semi-annual Media-Fill Test Procedures.** Records of these evaluations will be maintained using a form such as the Sample Form for Assessing Aseptic Technique and Related Practices of Compounding Personnel (see Appendix IV) and maintained to provide a permanent record of and long-term assessment of personnel competency. [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures- Competency Evaluation of Garbing and Aseptic Work Practice*]

26. ☑ ☐ **Compounding personnel shall perform didactic review and pass written and media-fill testing of aseptic manipulative skills initially, at least annually thereafter for low- and medium-risk level compounding, and semiannually for high-risk level compounding.** Compounding personnel who fail written tests or whose media-fill test vials result in gross microbial colonization shall be immediately re-instructed and re-evaluated by expert compounding personnel to ensure correction of all aseptic practice deficiencies. [USP-NF Chapter 797- *Personnel Training and Evaluation in Aseptic Manipulation Skills*]

27. ☑ ☐ **Compounding personnel and other personnel responsible for cleaning shall be visually observed during** the process of performing **cleaning and disinfecting procedures**, during **initial personnel training** on cleaning procedures, during **changes in cleaning staff**, and at the **completion of any media-fill test procedure** (see Cleaning and Disinfecting of Compounding Areas). [USP-NF Chapter 797- Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/ Disinfection- Procedures, Surface Cleaning and Disinfection Sampling and Assessment]

28. ☑ ☐ **In the event that cleaning and disinfecting procedures are also performed by other support personnel** (e.g., institutional environmental services, housekeeping), thorough training of proper hand hygiene, garbing, and cleaning and disinfection procedures shall be done by a qualified aseptic compounding expert. After completion of training, support **personnel shall routinely undergo performance evaluation of proper hand hygiene, garbing, and all applicable cleaning and disinfecting procedures conducted by a qualified aseptic compounding expert.** [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures*]

29. ☐ ☑ **Compounding personnel of reproductive capability shall confirm in writing that they understand the risks of handling hazardous drugs. The training shall include** at least the following: [USP- NF Chapter 797- *Hazardous Drugs as CSPs*]
- ☐ safe aseptic manipulation practices;
- ☐ negative pressure techniques when utilizing a BSC or CACI;
- ☐ correct use of CSTD devices;
- ☐ containment, cleanup, and disposal procedures for breakages and spills; and
- ☐ treatment of personnel contact and inhalation exposure.

Handwashing and Garbing

30. ☑ ☐ **When individuals are experiencing rashes, sunburn, weeping sores, conjunctivitis, active respiratory infection, as well as when they wear cosmetics, they shed these particles at even higher rates.** Particles shed from compounding personnel pose an increased risk of microbial contamination of critical sites of CSPs. **Therefore, compounding personnel with such conditions as mentioned above shall be excluded from working in ISO Class 5 (see Table 1) and ISO Class 7 (see Table 1) compounding areas until their conditions are remedied.** [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

31. ☑ ☐ **Before entering the buffer area or segregated compounding area** (see Low-Risk Level CSPs with 12-Hour or Less BUD), **compounding personnel shall remove personal outer garments** (e.g., bandannas, coats, hats, jackets, scarves, sweaters, vests); **all cosmetics, because they shed flakes and particles; and all hand, wrist, and other visible jewelry or piercings** (e.g., earrings, lip or eyebrow piercings) that can interfere with the effectiveness of PPE (e.g., fit of gloves and cuffs of sleeves). **The wearing of artificial nails or extenders is prohibited** while working in the sterile compounding environment. **Natural nails shall be kept neat and trimmed.** [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

32. ☑ ☐ **Personnel shall don the following PPE in an order that proceeds from those activities considered the dirtiest to those considered the cleanest.** Garbing activities considered the dirtiest include donning of ☑ dedicated shoes or shoe covers, ☑ head and facial hair covers (e.g., beard covers in addition to face masks), and ☑ face masks/eye shields. Eye shields are optional unless working with irritants such as germicidal disinfecting agents or when preparing hazardous drugs. [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

33. ☑ ☐ **After donning dedicated shoes or shoe covers, head and facial hair covers, and face masks, a hand cleansing procedure shall be performed by removing debris from underneath fingernails using a nail cleaner under running warm water followed by vigorous hand washing. Hands and forearms shall be washed to the elbows for at least 30 seconds with soap (either nonantimicrobial or antimicrobial) and water while in the ante-area.** The use of antimicrobial scrub brushes is not recommended because they can cause skin irritation and skin damage. Hands and forearms to the elbows will be completely dried using either lintfree disposable towels or an electronic hand dryer. ☑ **After completion of hand washing, a nonshedding gown with sleeves that fit snugly around the wrists and enclosed at the neck is donned.** Gowns designated for buffer area use shall be worn, and **preferably they should be disposable. If reusable gowns are worn, they should be laundered appropriately for buffer area use.** [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

34. ☑ ☐ **Once inside the buffer area or segregated compounding area** (see Low-Risk Level CSPs with 12-Hour or Less BUD), and **prior to donning sterile powder-free gloves, antiseptic hand cleansing shall be performed using a waterless alcohol-based surgical hand scrub with persistent activity following manufacturers' recommendations. Hands are allowed to dry thoroughly before donning sterile gloves. [USP-NF Chapter 797- Environmental Quality and Control - Personnel Cleansing and Garbing]**

35. ☑ ☐ **Sterile gloves shall be the last item donned before compounding begins.** Gloves become contaminated when they contact nonsterile surfaces during compounding activities. Disinfection of contaminated gloved hands may be accomplished by wiping or rubbing sterile 70% IPA to all contact surface areas of the gloves and letting the gloved hands dry thoroughly. Only use gloves that have been tested for compatibility with alcohol disinfection by the manufacturer. **Routine application of sterile 70% IPA shall occur throughout the compounding process** and whenever nonsterile surfaces (e.g. vials, counter tops, chairs, carts) are touched. **Gloves on bands shall also be routinely inspected for holes, punctures, or tears and replaced immediately if sucb are detected.** Antiseptic hand cleansing shall be performed as indicated above. Compounding personnel. [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

36. ☑ ☐ **When compounding personnel exit the compounding area** during a work shift, the exterior gown may be removed and retained in the compounding area if not visibly soiled, to be re-donned during that same work shift only. However, **shoe covers, hair and facial bair covers, face masks/eye shields, and gloves shall be replaced with new ones before re-entering the compounding area, and proper hand hygiene shall be performed.** [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

37. ☑ ☐ **During bigh-risk compounding activities that precede terminal sterilization, such as weighing and mixing of nonsterile ingredients, compounding personnel sball be garbed and gloved the same as when performing compounding in an ISO Class 5** (see Table 1) environment. Properly garbed and gloved **compounding personnel who are exposed to air quality that is either known or suspected to be worse than ISO Class 7 (see Table 1) shall re-garb PPE along with washing their hands properly, performing antiseptic hand cleansing with a waterless alcohol-based surgical hand scrub, and donning sterile gloves upon reentering the ISO Class 7 (see Table 1) buffer area. When CAIs and CACIs are the source of the ISO Class 5 (see Table 1) environment, the garbing and gloving requirements for compounding personnel should be as described above, unless the isolator manufacturer can provide written documentation based on validated environmental testing that any component(s) of PPE or personnel cleansing are not required.** [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

38. ☑ ☐ **Cleaning and disinfecting sball occur before compounding is performed.** Items shall be removed from all areas to be cleaned, and surfaces shall be cleaned by removing loose material and residue from spills; for example, water soluble solid residues are removed with sterile water (for injection or irrigation) and lowshedding wipes. This shall be followed by wiping with a residue-free disinfecting agent such as sterile 70% IPA, which is allowed to dry before compounding begins. [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

39. ☑ ☐ <u>Cleaning Requirements</u>

Cleaning and disinfecting surfaces in the **LAFWs, BSCs, CAIs, and CACIs** are the most critical practices before the preparation of CSPs. Consequently, such **surfaces shall be cleaned and disinfected frequently, including at the beginning of each work shift, before each batch preparation is started, every 30 minutes during continuous compounding periods of individual CSPs, when there are spills, and when surface contamination is known or suspected from procedural breaches.** [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

40. ☑ ☐ **Work surfaces in the ISO Class 7 (see Table 1) buffer areas and ISO Class 8 (see Table 1) ante-areas as well as segregated compounding areas shall be cleaned and disinfected at least daily,** and dust and debris shall be removed when necessary from storage sites for compounding ingredients and supplies using a method that does not degrade the ISO Class 7 or 8 (see Table 1) air quality (see Disinfectants and Antiseptics <1072>). [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

41. ☑ ☐ **Floors in the buffer or clean area, ante-area, and segregated compounding area are cleaned by mopping with a cleaning and disinfecting agent once daily at a time when no aseptic operations are in progress.** Mopping shall be performed by trained personnel using approved agents and procedures described in the

written SOPs. It is incumbent on compounding personnel to ensure that such cleaning is performed properly. [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

42. ☑ ☐ In the buffer or clean area, ante-area, and segregated compounding area, walls, ceilings, and shelving shall be cleaned and disinfected monthly. [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

43. ☑ ☐ **Cleaning and disinfecting agents** are to be used with careful consideration of compatibilities, effectiveness, and inappropriate or toxic residues (see Appendix II). Their **schedules of use and methods of application shall be in accordance with written SOPs and followed by custodial or compounding personnel.** [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

44. ☑ ☐ All **cleaning materials, such as wipers, sponges, and mops, shall be nonshedding**, preferably composed of synthetic micro fibers, and **dedicated to use in the buffer or clean area, ante-area, and segregated compounding areas and shall not be removed from these areas except for disposal.** Floor mops may be used in both the buffer or clean area and ante-area, but only in that order. Ideally, all cleaning tools are discarded after one use by collection in suitable plastic bags and removed with minimal agitation. If cleaning materials (e.g., mops) are reused, procedures shall be developed (based on manufacturers' recommendations) that ensure that the effectiveness of the cleaning device is maintained and that repeated use does not add to the bioburden of the area being cleaned. [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

45. ☑ ☐ **Supplies and equipment removed from shipping cartons shall be wiped with a suitable disinfecting agent** (e.g., sterile 70% IPA) delivered from a spray bottle or other suitable delivery method. After the disinfectant is sprayed or wiped on a surface to be disinfected, the disinfectant **shall be allowed to dry, during which time the item shall not be used for compounding purposes.** [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

Facilities and Environmental Monitoring

46. ☑ ☐ Surface sampling is an important component of the maintenance of a suitable microbially controlled environment for compounding CSPs, especially since transfer of microbial contamination from improperly disinfected work surfaces via inadvertent touch contact by compounding personnel can be a potential source of contamination into CSPs. It is useful for evaluating facility and work surface cleaning and disinfecting procedures and employee competency in work practices such as disinfection of component/vial surface cleaning. **Surface sampling shall be performed in all ISO classified areas on a periodic basis.** Sampling can be accomplished using contact plates or swabs, and it **shall be done at the conclusion of compounding. Locations to be sampled shall be defined in a sample plan or on a form.** The size of the plate to be used for each sampled location usually ranges from 24 to 30 cm2. Contact plates are filled with general solid agar growth medium and neutralizing agents above the rim of the plate, and they are used for sampling regular or flat surfaces. Swabs may be used for sampling irregular surfaces, especially for equipment (see Microbiological Control and Monitoring of Aseptic Processing Environments <1116>). [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures- Surface Cleaning and Disinfection Sampling and Assessment*]

47. ☑ ☐ The value of viable microbial monitoring of gloved fingertips and surfaces of components and the compounding environment are realized when the data are used to identify and correct an unacceptable work practice. **Sampling data shall be collected and reviewed on a routine basis as a means of evaluating the overall control of the compounding environment. If an activity consistently shows elevated levels of microbial growth, competent microbiology personnel shall be consulted.** [USP-NF Chapter 797- *Environmental Quality and Control - Action Levels, Documentation, and Data Evaluation*]

48. ☑ ☐ Food, drinks, and materials exposed in patient care and treatment areas shall not enter ante-areas, buffer areas, or segregated compounding areas where components and ingredients of CSPs are present. [USP-NF Chapter 797- Environmental Quality and Control- Additional Personnel Requirements]

49. ☑ ☐ **Compounding facilities shall have an adequate space that is specifically designated for compounding of prescriptions. This space shall provide for the orderly placement of equipment and materials to prevent mixups** among ingredients, containers, labels, in-process materials, and finished preparations and is designed, arranged, and used to prevent adventitious cross-contamination. Areas used for sterile preparations shall be separated and distinct from the nonsterile compounding area (see Pharmaceutical Compounding—Sterile Preparations <797>, Environmental Quality and Control). [USP-NF Chapter 795- Compounding Facilities]

50. ☑ ☐ The surfaces of ceilings, walls, floors, fixtures, shelving, counters, and cabinets in the buffer area shall be smooth, impervious, free from cracks and crevices, and nonshedding, thereby promoting cleanability, and minimizing spaces in which microorganisms and other contaminants may accumulate. The surfaces shall be resistant to damage by disinfectant agents. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls]*

51. ☑ ☐ Junctures of ceilings to walls shall be coved or caulked to avoid cracks and crevices where dirt can accumulate. If ceilings consist of inlaid panels, the panels shall be impregnated with a polymer to render them impervious and hydrophobic, and they shall be caulked around each perimeter to seal them to the support frame. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

52. ☑ ☐ Any other penetrations through the ceiling or walls shall be sealed. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

53. ☑ ☐ The buffer area shall not contain sources of water (sinks) or floor drains. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

54. ☑ ☐ Work surfaces shall be constructed of smooth, impervious materials, such as stainless steel or molded plastic, so that they are easily cleaned and disinfected. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

55. ☑ ☐ Storage shelving, counters, and cabinets shall be smooth, impervious, free from cracks and crevices, nonshedding, cleanable, and disinfectable; their number, design, and manner of installation shall promote effective cleaning and disinfection. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

56. ☑ ☐ There shall be some demarcation designation that separates the ante-area from the buffer area. [USP-NF Chapter 797-Environmental Quality and Control- Additional Personnel Requirements]

57. ☑ ☐ **To ensure that product potency is retained through the manufacturer's labeled expiration date, compounding personnel shall monitor the drug storage areas within the compounding facility.** Controlled temperature areas in compounding facilities include controlled room temperature, 20° to 25° with mean kinetic temperature 25°; controlled cold temperature, 2° to 8° with mean kinetic temperature 8°; cold temperature, 2° to 8°; freezing temperature, −25° and −10° (see General Notices and Requirements) if needed to achieve freezing, and the media-specific temperature range for microbial culture media. **A controlled temperature area shall be monitored at least once daily and the results documented on a temperature log. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberrations.** Suitable temperature recording devices may include a calibrated continuous recording device or a National Institute of Standards and Technology (NIST) calibrated thermometer that has adequate accuracy and sensitivity for the intended purpose, and it shall be properly calibrated at suitable intervals. **If the compounding facility uses a continuous temperature recording device, compounding personnel shall verify at least once daily that the recording device itself is functioning properly.** [USP-NF Chapter 797- *Storage and Beyond Use Dating- Monitoring Controlled Storage Areas*]

58. ☑ ☐ **Certification that each ISO classified area, for example, ISO Class 5, 7, and 8 (see Table 1), is within established guidelines shall be performed no less than every 6 months and whenever the LAFW, BSC, CAI, or CACI is relocated or the physical structure of the buffer area or ante-area has been altered.** Testing shall be performed by qualified operators using current, state-of-the-art electronic equipment with results of the following: [USP-NF Chapter 797- *Environmental Quality and Control- Viable and Nonviable Environmental Sampling (ES) Testing- Total Particle Counts*]

☑ ISO Class 5: not more than 3520 particles 0.5 mm and larger size per cubic meter of air for any LAFW, BSC, CAI, and CACI;
☑ ISO Class 7: not more than 352,000 particles of 0.5 mm size and larger per cubic meter of air for any buffer area;
☑ ISO Class 8: not more than 3,520,000 particles or 0.5 mm size and larger per cubic meter of air for any ante-area.

59. ☑ ☐ **All certification records shall be maintained and reviewed by supervising personnel or other designated employees** to ensure that the controlled environments comply with the proper air cleanliness, room pressures, and ACPHs. [USP-NF Chapter 797- *Environmental Quality and Control- Viable and Nonviable Environmental Sampling (ES) Testing- Total Particle Counts*]

60. ☑ ☐ A **pressure gauge or velocity meter shall be installed to monitor the pressure** differential or airflow between the buffer area and the ante-area and between the ante-area and the general environment outside the compounding area. [USP-NF Chapter 797- *Environmental Quality and Control- Viable and Nonviable Environmental Sampling (ES) Testing- Pressure Differential Monitoring*]

61. ☑ ☐ **The results shall be reviewed and documented on a log at least every work shift** (minimum frequency shall be at least daily) or by a continuous recording device. [USP-NF Chapter 797- *Environmental Quality and Control- Viable and Nonviable Environmental Sampling (ES) Testing- Pressure Differential Monitoring*]

62. ☑ ☐ **The pressure between the ISO Class 7 (see Table 1) and the general pharmacy area shall not be less than 5 Pa (0.02 inch water column). In facilities where low- and medium-risk level CSPs are prepared, differential airflow shall maintain a minimum velocity of 0.2 meters per second (40 feet per minute) between buffer area and ante-area.** [USP-NF Chapter 797- *Environmental Quality and Control- Viable and Nonviable Environmental Sampling (ES) Testing- Pressure Differential Monitoring*]

63. ☑ ☐ **The buffer area shall maintain at least ISO Class 7 (see Table 1) conditions for 0.5-mm and larger particles under dynamic operating conditions.** The room shall be segregated from surrounding, unclassified spaces to reduce the risk of contaminants being blown, dragged, or otherwise introduced into the filtered unidirectional airflow environment, and this segregation shall be continuously monitored. [USP-NF Chapter 797 - *Environmental Quality and Control- Facility Design and Environmental Controls*]

64. ☑ ☐ For rooms providing a physical separation through the use of walls, doors, and pass-throughs, a minimum differential positive pressure of 0.02- to 0.05- inch water column is required. [USP-NF Chapter 797 - *Environmental Quality and Control- Facility Design and Environmental Controls*]

65. ☑ ☐ For buffer areas not physically separated from the ante-areas, the principle of displacement airflow shall be employed. This concept utilizes a low pressure differential, high airflow principle. Using displacement airflow typically requires an air velocity of 40 ft per minute or more from the buffer area across the line of demarcation into the ante-area. [USP-NF Chapter 797 - *Environmental Quality and Control- Facility Design and Environmental Controls*]

66. ☑ ☐ **An ISO Class 7 (see Table 1) buffer area and ante-area supplied with HEPA-filtered air shall receive an ACPH of not less than 30.** The PEC is a good augmentation to generating air changes in the air supply of an area but cannot be the sole source of HEPA-filtered air. If the area has an ISO Class 5 (see Table 1) recirculating device, a minimum of 15 ACPHs through the area supply HEPA filters is adequate, providing the combined ACPH is not less than 30. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

67. ☑ ☐ **HEPA-filtered supply air shall be introduced at the ceiling, and returns should be mounted low on the wall,** creating a general top-down dilution of area air with HEPA-filtered make-up air. Ceiling-mounted returns are not recommended. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

68. ☑ ☐ **Activities and tasks carried out within the buffer area shall be limited to only those necessary when working within a controlled environment.** Only the **furniture, equipment, supplies, and other material required for the compounding activities to be performed shall be brought into the area, and they shall be nonpermeable, nonshedding, cleanable, and resistant to disinfectants.** Whenever such items are **brought into the area, they shall first be cleaned and disinfected.** Whenever possible, **equipment and other items used in the buffer area shall not be taken out of the area except for calibration, servicing, or other activities associated with the proper maintenance of the item.** [USP-NF Chapter 797- Environmental Quality and Control- Facility Design and Environmental Controls]

69. ☑ ☐ Secondary engineering controls such as buffer areas and ante-areas generally serve as a core for the location of the PEC. **Buffer areas are designed to maintain at least ISO Class 7 (see Table 1) conditions for 0.5-mm particles under dynamic conditions and ISO Class 8 (see Table 1) conditions for 0.5-mm and larger particles under dynamic conditions for the ante-areas.** [USP-NF Chapter 797 *Environmental Quality and Control, Facility Design and Environmental Controls*]

70. ☑ ☐ **PECs (LAFWs, BSCs, CAIs, and CACIs) and secondary engineering controls (buffer and ante-areas)** are essential components of the overall contamination control strategy for aseptic compounding. As such, it is imperative that they perform as designed and that the resulting levels of contamination be within acceptable limits. **Certification procedures such as those outlined in Certification Guide for Sterile Compounding Facilities (CAG-003-2006) shall be performed by a qualified individual no less than every 6 months and whenever the device or room is relocated or altered or major service to the facility is performed.** [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Nonviable Particle Testing Program*]

71. ☑ ☐ PECs typically include, but are not limited to, LAFWs, BSCs, CAIs, and CACIs, which provide an ISO Class 5 (see Table 1) environment for the exposure of critical sites. **PECs shall maintain ISO Class 5 (see Table 1) or better conditions for 0.5-mm particles (dynamic operating conditions) while compounding CSPs.** [USP-NF Chapter 797 -*Environmental Quality and Control, Facility Design and Environmental Controls*]

72. ☑ ☐ **The PEC shall be placed within a buffer area in such a manner as to avoid conditions that could adversely affect their operation.** For example, strong air currents from opened doors, personnel traffic, or air streams from the HVAC systems can disrupt the unidirectional airflow in open-faced workbenches. [USP-NF Chapter 797 - *Environmental Quality and Control, Facility Design and Environmental Controls*]

73. ☑ ☐ **PECs (LAFWs, BSCs, CAIs, and CACIs) shall be located within a restricted access ISO Class 7 (see Table 1) buffer area (see Figure 1),** with the following CAI/CACI exceptions below: [USP-NF Chapter 797 - *Environmental Quality and Control, Facility Design and Environmental Controls*]
☑ Only authorized personnel and materials required for compounding and cleaning shall be permitted in the buffer area.
☑ Presterilization procedures for high-risk level CSPs, such as weighing and mixing, shall be completed in no worse than an ISO Class 8 (see Table 1) environment.
☑ PECs shall be located out of traffic patterns and away from room air currents that could disrupt the intended airflow patterns.

74. ☑ ☐ **CAIs and CACIs shall be placed in an ISO Class 7 (see Table 1) buffer area <u>unless they meet all of the following conditions</u>:** [USP-NF Chapter 797 - *Environmental Quality and Control, Facility Design and Environmental Controls*]
☑ The isolator shall provide isolation from the room and maintain ISO Class 5 (see Table 1) during dynamic operating conditions, including transferring ingredients, components, and devices into and out of the isolator and during preparation of CSPs.
☑ Particle counts sampled approximately 6 to 12 inches upstream of the critical exposure site shall maintain ISO Class 5 (see Table 1) levels during compounding operations.
☑ Not more than 3520 particles (0.5 mm and larger) per m3 shall be counted during material transfer, with the particle counter probe located as near to the transfer door as possible without obstructing the transfer.

75. ☑ ☐ **If the PEC is a CAI or CACI that does not meet the requirements above or is a LAFW or BSC that cannot be located within an ISO Class 7 (see Table 1) buffer area,** then only low-risk level nonhazardous and radiopharmaceutical CSPs pursuant to a physician order for a specific patient may be prepared, and administration of the CSP shall commence within 12 hours of preparation or as recommended in the manufacturer's package insert, whichever is less. [USP-NF Chapter 797 - *Environmental Quality and Control, Facility Design and Environmental Controls*]

76. ☑ ☐ When isolators are used for sterile compounding, the recovery time to achieve ISO Class 5 (see Table 1) air quality shall be documented and internal procedures developed to ensure that adequate recovery time is allowed after material transfer before and during compounding operations. [USP-NF Chapter 797 - Environmental Quality and Control, Facility Design and Environmental Controls]

77. ☑ ☐ Airborne contamination control is achieved in the PEC through the use of HEPA filters. **The airflow in the PEC shall be unidirectional (laminar flow),** and because of the particle collection efficiency of the filter, the "first air" at the face of the filter is, for the purposes of aseptic compounding, **free from airborne particulate contamination. HEPA-filtered air shall be supplied in critical areas (ISO Class 5, see Table 1) at a velocity sufficient to sweep particles away from the compounding area and maintain unidirectional airflow during operations.** Proper design and control prevents turbulence and stagnant air in the critical area. [USP-NF Chapter 797- *Environmental Quality and Control, Facility Design and Environmental Controls*]

78. ☑ ☐ **In situ air pattern analysis via smoke studies shall be conducted** at the critical area to demonstrate unidirectional airflow and sweeping action over and away from the product under dynamic conditions. [USP-NF Chapter 797- *Environmental Quality and Control, Facility Design and Environmental Controls*]

79. ☑ ☐ **Environmental sampling shall occur as part a comprehensive quality management program** and shall occur minimally under any of the following conditions: [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing*]

- ☑ as part of the commissioning and certification of new facilities and equipment;
- ☑ following any servicing of facilities and equipment;
- ☑ as part of the re-certification of facilities and equipment (i.e., every 6 months);
- ☑ in response to identified problems with end products or staff technique; or
- ☑ in response to issues with CSPs, observed compounding personnel work practices, or patient-related infections (where the CSP is being considered as a potential source of the infection).

80. ☑ ☐ Sampling Plan—**An appropriate environmental sampling plan shall be developed for airborne viable particles based on a risk assessment of compounding activities performed. Selected sampling sites shall include locations within each ISO Class 5 (see Table 1) environment and in the ISO Class 7 and 8 (see Table 1) areas and in the segregated compounding areas at greatest risk of contamination** (e.g., work areas near the ISO Class 5 [see Table 1] environment, counters near doors, pass-through boxes). **The plan shall include sample location, method of collection, frequency of sampling, volume of air sampled, and time of day as related to activity in the compounding area and action levels.** [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program, Sampling Plan*]

81. ☑ ☐ Growth Medium—**A general microbiological growth medium such as Soybean–Casein Digest Medium shall be used to support the growth of bacteria. Malt extract agar or some other media that supports the growth of fungi shall be used in highrisk level compounding environments.** Media used for surface sampling must be supplemented with additives to neutralize the effects of disinfecting agents (e.g., TSA with lecithin and polysorbate 80). [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program, Sampling Plan*]

82. ☑ ☐ Viable Air Sampling—**Evaluation of airborne microorganisms using volumetric collection methods in the controlled air environments** (LAFWs, CAIs, clean room or buffer areas, and ante-areas) **shall be performed by properly trained individuals for all compounding risk levels. Impaction shall be the preferred method of volumetric air sampling.** Use of settling plates for qualitative air sampling may not be able to determine adequately the quality of air in the controlled environment. [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

83. ☑ ☐ **For low-, medium-, and high-risk level compounding, air sampling shall be performed at locations that are prone to contamination during compounding activities and during other activities such as staging, labeling, gowning, and cleaning.** Locations shall include zones of air backwash turbulence within LAFW and other areas where air backwash turbulence may enter the compounding area (doorways, in and around ISO Class 5 [see Table 1] PEC and environments). [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

84. ☑ ☐ **For low-risk level CSPs with 12-hour or less BUD prepared in a PEC** (LAFWs, BSCs, CAIs) **that maintains an**

ISO Class 5 (see Table 1), **air sampling shall be performed at locations inside the ISO Class 5** (see Table 1) **environment and other areas that are in close proximity to the ISO Class 5** (see Table 1) **environment during the certification of the PEC.** [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

85. ☑ ☐ Air Sampling Devices—There are a number of manufacturers of electronic air sampling equipment. It is important that personnel refer to the manufacturer's recommended procedures when using the equipment to perform volumetric air sampling procedures. The instructions in the manufacturer's user's manual for verification and use of electric air samplers that actively collect volumes of air for evaluation must be followed. A **sufficient volume of air (400 to 1000 liters) shall be tested at each location in order to maximize sensitivity. The volumetric air sampling devices need to be serviced and calibrated as recommended by the manufacturer.** [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

86. ☑ ☐ Air Sampling Frequency and Process—**Air sampling shall be performed at least semiannually (i.e., every 6 months) as part of the re-certification of facilities and equipment.** If compounding occurs in multiple locations within an institution (e.g., main pharmacy, satellites), environmental sampling is required for each individual compounding area. A sufficient volume of air shall be sampled and the manufacturer's guidelines for use of the electronic air sampling equipment followed. Any facility construction or equipment servicing may require that air sampling be performed during these events. [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

87. ☑ ☐ Action Levels, Documentation, and Data Evaluation—The value of viable microbial sampling of the air in the compounding environment is realized when the data are used to identify and correct an unacceptable situation. **Sampling data shall be collected and reviewed on a periodic basis as a means of evaluating the overall control of the compounding environment. If an activity consistently shows elevated levels of microbial growth, competent microbiology personnel shall be consulted.** [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

88. ☑ ☐ **Any cfu count that exceeds its respective action level (see Table 2) should prompt a re-evaluation of the adequacy of personnel work practices, cleaning procedures, operational procedures, and air filtration efficiency within the aseptic compounding location. An investigation into the source of the contamination shall be conducted.** Sources could include HVAC systems, damaged HEPA filters, and changes in personnel garbing or work practices. **The source of the problem shall be eliminated, the affected area cleaned, and resampling performed.** [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

89. ☑ ☐ The intermediate precision of the **ACD** can be determined on the basis of the day-to-day variations in performance of the accuracy measures. Thus, **compounding personnel shall keep a daily record of the above-described accuracy assessments and review the results over time. This review shall occur at least at weekly intervals to avoid potentially clinically significant cumulative errors over time.** [USP-NF Chapter 797 - *Elements of Quality Control- Verification of Automated Compounding Devices (ACDs) for Parenteral Nutrition Compounding- Precision*]

90. ☑ ☐ **Compounding personnel shall ensure proper storage and security of CSPs prepared hy or dispensed from the compounding facility until either their BUDs are reached or they are administered to patients.** In fulfilling this general responsibility, the compounding facility is responsible for the proper packaging, handling, transport, and storage of CSPs prepared by or dispensed from it, including the appropriate education, training, and supervision of compounding personnel assigned to these functions. The compounding facility should assist in the education and training of noncompounding personnel responsible for carrying out any aspect of these functions. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs*]

91. ☑ ☐ CSPs, as well as all other drug products, shall be stored in the patient-care area in such a way as to secure them from unauthorized personnel, visitors, and patients. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Use and Storage*]

Documentation

All facilities that dispense prescriptions must comply with the record keeping requirements of their State Boards of Pharmacy. When a facility compounds a preparation according to the manufacturer's labeling instructions, then further documentation is not required. All other compounded preparations require further documentation as described in this section. [UAC R 156-17b-614a (3)(d)]

92. ☑ ☐ A master formulation record shall be approved by a pharmacist or DMP for each batch of sterile or non-sterile pharmaceuticals to be prepared. Once approved, a duplicate of the master formulation record shall be used as the compounding record from which each batch is prepared and on which all documentation for that batch occurs. The master worksheet sheet may be stored electronically and shall contain at a minimum: [UAC R156-17b-614a(3)(e)(i-xiii)]

☑ official or assigned name
☑ strength
☑ dosage form of the preparation
☑ calculations needed to determine and verify quantities of components and doses of active pharmaceutical ingredients dosage form of the preparation
☑ description of ingredients and their quantities
☑ compatibility and stability information, including references when available
☑ equipment needed to prepare the preparation
☑ container used in dispensing
☑ packaging and storage requirements
☑ description of final preparation
☑ quality control procedures and expected results;
☑ mixing instructions, which shall include: ☑order of mixing ☑ mixing temperatures or other environmental controls ☑ duration of mixing ☑ other factors pertinent to the replication of the preparation as compounded
☑ sample labeling information, which shall contain, in addition to legally required information: ☑ generic name and quantity or concentration of each active ingredient ☑ assigned beyond use date ☑ storage conditions ☑ prescription or control number, whichever is applicable

93. ☑ ☐ A compounding record for each batch of sterile or non-sterile pharmaceuticals shall document the following: [UAC R156-17b-614a(3)(f) (i-xix)]

☑ official or assigned name;
☑ strength and dosage of the preparation;
☑ Master Formulation Record reference for the preparation;
☑ names and quantities of all components
☑ sources, lot numbers, and expiration dates of components;
☑ total quantity compounded;
☑ name of the person who prepared the preparation
☑ name of the compounder who approved the preparation
☑ name of the person who performed the quality control procedures
☑ date of preparation
☑ assigned control, if for anticipation of use or prescription number, if patient specific, whichever is applicable
☑ duplicate label as described in the Master Formulation Record means the sample labeling information that is dispensed on the final product given to the patient and shall at minimum contain: ☑ active ingredients ☑ beyond use date ☑ storage conditions and ☑ lot number;
☑ proof of the duplicate labeling information, which proof shall: ☑ be kept at the pharmacy ☑ be immediately retrievable ☑ include an audit trail for any altered form; and ☑ be reproduced in: the original format that was dispensed, an electronic format, or a scanned electronic version
☑ description of final preparation
☑ results of quality control procedures (e.g. weight range of filled capsules, pH of aqueous liquids); and
☑ documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver.

94. ☑ ☐ Compounding records including the master worksheet, preparation worksheet, and MSDS files shall be kept for a minimum of five years and should be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)]

95. ☑ ☐ The facility maintains documentation regarding an ongoing quality control program that monitors and evaluates personnel performance, equipment and facility's compliance with following the USP-NF Chapters 795 and 797 standards. [UAC R156-17b-614a(3)(h)]

96. ☑ ☐ Results from the equipment calibration, annual maintenance reports, and routine maintenance are kept on file for the lifetime of the equipment. [USP-NF Chapter 797- *Elements of Quality Control- Equipment*]

Compounding Procedures

97. ☑ ☐ **Opened or needle-punctured single-dose containers**, such as bags, bottles, syringes, and vials of sterile products and CSPs **shall be used within 1 hour if opened in worse than ISO Class 5** (see Table 1) air quality (see Immediate-Use CSPs), **and any remaining contents must be discarded.** [USP-NF Chapter 797- *Single-Dose and Multiple-Dose Containers]*

98. ☑ ☐ ☑**Single-dose vials exposed to ISO Class 5** (see Table 1) **or cleaner air may be used up to 6 hours after initial needle puncture.** ☑**Opened single-dose ampuls shall not be stored for any time period.** ☑**Multiple-dose containers** (e.g., vials) **are formulated for removal of portions on multiple occasions because they usually contain antimicrobial preservatives.** The ☑**BUD after initially entering or opening (e.g., needle-punctured) multiple-dose containers is 28 days** (see Antimicrobial Effectiveness Testing <51>) unless otherwise specified by the manufacturer. [USP-NF Chapter 797- *Single-Dose and Multiple-Dose Containers]*

99. ☑ ☐ Wiping with small sterile 70% IPA swabs that are commercially available in individual foil-sealed packages (or a comparable method) is preferred for disinfecting entry points on bags and vials, allowing the IPA to dry before piercing stoppers with sterile needles and breaking necks of ampuls. The **surface of the sterile 70% IPA swabs used for disinfecting entry points of sterile packages and devices sball not contact any other object before contacting the surface of the entry point. Sterile 70% IPA wetted gauze pads or other particle-generating material shall not be used to disinfect the sterile entry points of packages and devices.** [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

100. ☑ ☐ Pharmacy Bulk Package (see Containers for Injections under Injections <1>)—A container of a sterile preparation for parenteral use that contains many single doses. The contents are intended for use in a pharmacy admixture program and are restricted to the preparation of admixtures for infusion or, through a sterile transfer device, for the filling of empty sterile syringes. **The closure shall be penetrated only one time after constitution with a suitable sterile transfer device or dispensing set, which allows measured dispensing of the contents.** The pharmacy bulk package is to be used only in a suitable work area such as a laminar flow hood (or an equivalent clean air compounding area). **Where a container is offered as a pharmacy bulk package, the label shall (a) state prominently "Pharmacy Bulk Package—Not for Direct Infusion," (b) contain or refer to information on proper techniques to help ensure safe use of the product, and (c) bear a statement limiting the time frame in which the container may be used once it has been entered, provided it is held under the labeled storage conditions.** [USP-NF Chapter 797- *Definitions*]

101. ☑ ☐ **The licensed healthcare professionals who supervise compounding shall be responsible for determining that the selected sterilization method** (see Methods of Sterilization under Sterilization and Sterility Assurance of Compendial Articles <1211>) both sterilizes and maintains the strength, purity, quality, and packaging integrity of CSPs. [USP-NF Chapter 797 - *Verification of Compounding Accuracy and Sterility, Sterilization Methods*]

102. ☑ ☐ Critical sites are locations that include any component or fluid pathway surfaces (e.g., vial septa, injection ports, beakers) or openings (e.g., opened ampuls, needle hubs) exposed and at risk of direct contact with air (e.g., ambient room or HEPA filtered), moisture (e.g., oral and mucosal secretions), or touch contamination. Protection of critical sites by precluding physical contact and airborne contamination shall be given the highest priority in sterile compounding practice. [USP-NF Chapter 797 - Exposure of Critical Sites]

103. ☑ ☐ **All high-risk level CSPs that are prepared in groups of more than 25 identical individual single-dose packages** (e.g., ampuls, bags, syringes, vials) **or in multiple-dose vials (MDVs) for administration to multiple patients or that are exposed longer than 12 hours at 2° to 8° and longer than 6 hours at warmer than 8° before they are sterilized shall meet the sterility test** (see Sterility Tests <71>) **before they are dispensed or administered.** [USP-NF Chapter 797- *Finished Preparation Release Checks and Tests- Sterility Testing*]

104. ☑ ☐ **All high-risk level CSPs, except those for inhalation and ophthalmic administration, that are prepared in groups of more than 25 identical individual single-dose packages (e.g., ampuls, bags, syringes, vials) or in MDVs for administration to multiple patients or that are exposed longer than 12 hours at 2° to 8° and longer than 6 hours at warmer than 8° before they are sterilized shall be tested to ensure that they do not contain excessive bacterial endotoxins** (see Bacterial Endotoxins Test <85> and Pyrogen Test <151>). In the absence of a bacterial endotoxins limit in the official monograph or other CSP formula source, the CSP shall not exceed the amount of USP Endotoxin Units (per hour per kilogram of body weight or square meters of body surface area) specified in Bacterial Endotoxins Test <85> referenced above for the appropriate route of administration. [USP-NF Chapter 797- *Finished Preparation Release Checks and Tests- Bacterial Endotoxin (Pyrogen) Testing*]

105. ☐ ☑ **Does the facility participate in the following** (check all applicable):
☐ Hazardous Drugs ☐ Radiopharmaceuticals ☐ Allergen Extracts as CSPs

Hazardous Drugs

106. ☐ ☐ **All personnel who compound hazardous drugs shall be fully trained** in the **storage, handling, and disposal** of these drugs. This training **shall occur prior to preparing or handling hazardous CSPs**, and **its effectiveness shall be verified by testing specific hazardous drugs preparation techniques**. Such verification **shall be documented for each person at least annually.** This **training shall include didactic overview** of hazardous drugs, including mutagenic, teratogenic, and carcinogenic properties, and it **shall include ongoing training for each new hazardous drug that enters the marketplace.** [USP- NF Chapter 797- *Hazardous Drugs as CSPs*]

107. ☐ ☐ **Compounding personnel of reproductive capability shall confirm in writing that they understand the risks of handling hazardous drugs.** The training **shall include** at least the following: [USP- NF Chapter 797- *Hazardous Drugs as CSPs*]
- ☐ safe aseptic manipulation practices;
- ☐ negative pressure techniques when utilizing a BSC or CACI;
- ☐ correct use of CSTD devices;
- ☐ containment, cleanup, and disposal procedures for breakages and spills; and
- ☐ treatment of personnel contact and inhalation exposure.

108. ☐ ☐ Hazardous drugs shall be prepared for administration only under conditions that protect the healthcare workers and other personnel in the preparation and storage areas. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

109. ☐ ☐ Hazardous drugs shall be stored separately from other inventory in a manner to prevent contamination and personnel exposure. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

110. ☐ ☐ Hazardous drugs shall be handled with caution at all times using appropriate chemotherapy gloves during receiving, distribution, stocking, inventorying, preparation for administration, and disposal. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

111. ☐ ☐ Hazardous drugs shall be prepared in an ISO Class 5 (see Table 1) environment with protective engineering controls in place and following aseptic practices specified for the appropriate contamination risk levels defined in this chapter. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

112. ☐ ☐ Access shall be limited to areas where drugs are stored and prepared to protect persons not involved in drug preparation. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

113. ☐ ☐ **All hazardous drugs shall be prepared in a BSC or a CACI that meets or exceeds the standards for CACI in this chapter. The ISO Class 5** (see Table 1) **BSC or CACI shall be placed in an ISO Class 7** (see Table 1) **area that is physically separated** (i.e., a different area from other preparation areas) **and optimally has not less than 0.01-inch water column negative pressure to adjacent positive pressure ISO Class 7** (see Table 1) **or better ante-areas, thus providing inward airflow to contain any airborne drug. A pressure indicator shall be installed that can be readily monitored for correct room pressurization.** [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

114. ☐ ☐ If a CACI that meets the requirements of this chapter is used outside of a buffer area, the compounding area shall maintain a minimum negative pressure of 0.01-inch water column and have a minimum of 12 ACPHs. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

115. ☐ ☐ **When closed-system vial-transfer devices** (CSTDs) (i.e., vial-transfer systems that allow no venting or exposure of hazardous substance to the environment) **are used, they shall be used within the ISO Class 5 (see Table 1) environment of a BSC or CACI.** The use of a CSTD is preferred because of their inherent closed system process. In facilities that prepare a low volume of hazardous drugs, the use of two tiers of containment (e.g., CSTD within a BSC or CACI that is located in a non-negative pressure room) is acceptable. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

116. ☐ ☐ **Appropriate personnel protective equipment (PPE) shall be worn when compounding in a BSC or CACI and when using CSTD devices.** PPE should include gowns, face masks, eye protection, hair covers, shoe covers or dedicated shoes, double gloving with sterile chemo-type gloves, and compliance with manufacturers' recommendations when using a CACI. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

117. ☐ ☐ Compounding personnel of reproductive capability shall confirm in writing that they understand the risks of handling hazardous drugs. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

118. ☐ ☐ All personnel who compound hazardous drugs shall be fully trained in the storage, handling, and disposal of these drugs. This training shall occur prior to preparing or handling hazardous CSPs, and its effectiveness shall be verified by testing specific hazardous drugs preparation techniques. Such verification shall be documented for each person at least annually. This training shall include didactic overview of hazardous drugs, including mutagenic, teratogenic, and carcinogenic properties, and it shall include ongoing training for each new hazardous drug that enters the marketplace. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

119. ☐ ☐ **Disposal of all hazardous drug wastes shall comply with all applicable federal and state regulations.** All **personnel** who perform routine custodial waste removal and cleaning activities in storage and preparation areas for hazardous drugs **shall be trained** in appropriate procedures to protect themselves and prevent contamination. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

<u>Radiopharmaceuticals</u>

120. ☐ ☐ For the purposes of this chapter, **radiopharmaceuticals compounded from sterile components in closed sterile containers and with a volume of 100 mL or less for a single-dose injection or not more than 30 mL taken from a multiple-dose container (see Injections <1>) shall be designated as, and conform to, the standards for Low-Risk Level CSPs.** These radiopharmaceuticals **shall be compounded using appropriately shielded vials and syringes in a properly functioning and certified ISO Class 5 (see Table 1) PEC located in an ISO Class 8 (see Table 1) or cleaner air environment to permit compliance with special handling, shielding, and negative air flow requirements.** [USP-NF Chapter 797- *Radiopharmaceuticals as CSPs*]

121. ☐ ☐ **Radiopharmaceuticals prepared as Low-Risk Level CSPs with 12-Hour or Less BUD shall be prepared in a segregated compounding area.** A line of demarcation defining the segregated compounding area shall be established. Materials and garb exposed in a patient care and treatment area shall not cross a line of demarcation into the segregated compounding area. [USP-NF Chapter 797- *Radiopharmaceuticals as CSPs*]

<u>Allergen Extracts as CSPs</u>

122. ☐ ☐ Allergen extracts as CSPs are single-dose and multiple-dose intradermal or subcutaneous injections that are prepared by specially trained physicians and personnel under their direct supervision. **Allergen extracts as CSPs are not subject to the personnel, environmental, and storage requirements for all CSP Microbial Contamination Risk Levels in this chapter only when all of the following criteria are met:** [USP-NF Chapter 797- Allergen Extracts as CSPs]

☐ The compounding process involves simple transfer via sterile needles and syringes of commercial sterile allergen products and appropriate sterile added substances (e.g., glycerin, phenol in sodium chloride injection).
☐ All allergen extracts as CSPs shall contain appropriate substances in effective concentrations to prevent the growth of microorganisms. Nonpreserved allergen extracts shall comply with the appropriate CSP risk level requirements in the chapter.
☐ Before beginning compounding activities, personnel perform a thorough hand-cleansing procedure by removing debris from under fingernails using a nail cleaner under running warm water followed by vigorous hand and arm washing to the elbows for at least 30 seconds with either nonantimicrobial or antimicrobial soap and water.
☐ Compounding personnel don hair covers, facial hair covers, gowns, and face masks.
☐ Compounding personnel perform antiseptic hand cleansing with an alcohol-based surgical hand scrub with persistent activity.
☐ Compounding personnel don powder-free sterile gloves that are compatible with sterile 70% isopropyl alcohol (IPA) before beginning compounding manipulations.
☐ Compounding personnel disinfect their gloves intermittently with sterile 70% IPA when preparing multiple allergen extracts as CSPs.
☐ Ampul necks and vial stoppers on packages of manufactured sterile ingredients are disinfected by careful wiping with sterile 70% IPA swabs to ensure that the critical sites are wet for at least 10 seconds and allowed to dry before they are used to compound allergen extracts as CSPs.
☐ The aseptic compounding manipulations minimize direct contact contamination (e.g., from glove fingertips, blood, nasal and oral secretions, shed skin and cosmetics, other nonsterile materials) of critical sites (e.g., needles, opened ampuls, vial stoppers).
☐ The label of each multiple-dose vial (MDV) of allergen extracts as CSPs lists the name of one specific patient and a BUD and storage temperature range that is assigned based on manufacturers' recommendations or peer-reviewed publications.
☐ Single-dose allergen extracts as CSPs shall not be stored for subsequent additional use.

Sterilization

123. ☑ ☐ Does the facility participate in the following (check all applicable):
☑ Filter Sterilization in an ISO class 5 ☐ Steam Sterilization ☐ Dry Heat Sterilization

124. ☑ ☐ **(Filter Sterilization in an ISO class 5)**
Commercially available sterile filters shall be approved for human-use applications in sterilizing pharmaceutical fluids. **Sterile filters used to sterilize CSPs shall be pyrogen free and have a nominal pore size of 0.2 or 0.22 mm.** They shall be certified by the manufacturer to retain at least 107 microorganisms of a strain of Brevundimonas (Pseudomonas) diminuta on each square centimeter of upstream filter surface area under conditions similar to those in which the CSPs will be sterilized (see High-Risk Conditions in High-Risk Level CSPs). [USP-NF Chapter 797 - *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Filtration*]

125. ☑ ☐ **The compounding supervisor shall ensure,** directly or from appropriate documentation, that **the filters** are chemically and physically stable at the pressure and temperature conditions to be used, that they have enough capacity to filter the required volumes, and that they will achieve sterility and maintain prefiltration pharmaceutical quality, including strength of ingredients of the specific CSP. [USP-NF Chapter 797 - *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Filtration*]

126. ☑ ☐ The filter dimensions and liquid material to be sterile-filtered shall permit the sterilization process to be completed rapidly, without the replacement of the filter during the process. [USP-NF Chapter 797 - *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Filtration*]

127. ☑ ☐ Filter units used to sterilize CSPs shall also be subjected to manufacturers' recommended integrity test, such as the bubble point test. [USP-NF Chapter 797 - *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Filtration*]

128. ☑ ☐ Compounding personnel shall ascertain that selected filters will achieve sterilization of the particular CSPs being sterilized. [USP-NF Chapter 797 - *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Filtration*]

129. ☐ ☐ **(Steam Sterilization)**
The process of thermal sterilization employing saturated steam under pressure, or autoclaving, is the preferred method to terminally sterilize aqueous preparations that have been verified to maintain their full chemical and physical stability under the conditions employed (see Steam Sterilization under Sterilization and Sterility Assurance of Compendial Articles <1211>).**To achieve sterility, all materials are to be exposed to steam at 121° under a pressure of about 1 atmosphere or 15 psi for the duration verified by testing to achieve sterility of the items, which is usually 20 to 60 minutes for CSPs.** An allowance shall be made for the time required for the material to reach 121° before the sterilization exposure duration is timed. [USP-NF Chapter 797- *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Steam*]

130. ☐ ☐ Not directly exposing items to pressurized steam may result in survival of microbial organisms and spores. Before their sterilization, plastic, glass, and metal devices are tightly wrapped in low-particle-shedding paper or fabrics or sealed in envelopes that prevent poststerilization microbial penetration. **Immediately before filling ampuls and vials that will be steam sterilized, solutions are passed through a filter having a nominal pore size not larger than 1.2 mm for removal of particulate matter. Sealed containers shall be able to generate steam internally; thus, stoppered and crimped empty vials shall contain a small amount of moisture to generate steam.** [USP-NF Chapter 797- *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Steam*]

131. ☐ ☐ The description of steam sterilization conditions and duration for specific CSPs shall be included in written documentation in the compounding facility. The effectiveness of steam sterilization shall be verified using appropriate BIs of Bacillus stearothermophilus (see Biological Indicators <1035>) and other confirmation methods such as temperature-sensing devices (see Sterilization and Sterility Assurance of Compendial Articles <1211> and Sterility Tests <71>). [USP-NF Chapter 797- *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Steam*]

132. ☐ ☐ **(Dry Heat Sterilization)**
Dry heat sterilization is usually done as a batch process in an oven designed for sterilization. **Heated filtered air shall be evenly distributed throughout the chamber by a blower device.** [USP-NF Chapters 797- *Verification of Compounding Accuracy and Sterility- Sterilization Method- Sterilization of High-Risk Level CSPs by Dry Heat*]

133. ☐ ☐ **Dry heat shall be used only for those materials that cannot be sterilized by steam,** when either the moisture would damage the material or the material is impermeable. [USP-NF Chapters 797- *Verification of Compounding Accuracy and Sterility-, Sterilization Method- Sterilization of High-Risk Level CSPs by Dry Heat*]

134. ☐ ☐ During sterilization, sufficient space shall be left between materials to allow for good circulation of the hot air. [USP-NF Chapters 797- *Verification of Compounding Accuracy and Sterility- Sterilization Method- Sterilization of High-Risk Level CSPs by Dry Heat*]

135. ☐ ☐ The description of dry heat sterilization conditions and duration for specific CSPs shall be included in written documentation in the compounding facility. [USP-NF Chapters 797- *Verification of Compounding Accuracy and Sterility- Sterilization Method- Sterilization of High-Risk Level CSPs by Dry Heat*]

136. ☐ ☐ The effectiveness of dry heat sterilization shall be verified using appropriate BIs of Bacillus subtilis (see Biological Indicators <1035>) and other confirmation methods such as temperature- sensing devices (see Sterilization and Sterility Assurance of Compendial Articles <1211> and Sterility Tests <71>). [USP-NF Chapters 797- *Verification of Compounding Accuracy and Sterility- Sterilization Method- Sterilization of High-Risk Level CSPs by Dry Heat*]

Finished Preparation Release Checks and Tests

137. ☑ ☐ **All CSPs that are intended to be solutions shall be visually examined for the presence of particulate matter and not administered or dispensed when such matter is observed.** The prescription orders, written compounding procedure, preparation records, and expended materials used to make CSPs at all contamination risk levels are inspected for accuracy of correct identities and amounts of ingredients, aseptic mixing and sterilization, packaging, labeling, and expected physical appearance before they are administered or dispensed. [USP- NF Chapter 797- Finished Preparation Release Checks and Tests- Inspection of Solution Dosage Forms and Review of Compounding Procedures

138. ☑ ☐ **The accuracy of identities, concentrations, amounts, and purities of ingredients in CSPs shall be confirmed by reviewing labels on packages, observing and documenting correct measurements with approved and correctly standardized devices, and reviewing information in labeling and certificates of analysis provided by suppliers.** When the correct identity, purity, strength, and sterility of ingredients and components of CSPs cannot be confirmed (in cases of, for example, unlabeled syringes, opened ampuls, punctured stoppers of vials and bags, containers of ingredients with incomplete labeling), such ingredients and components shall be discarded immediately. [USP-NF Chapter 797- *Verification of Compounding Accuracy and Sterility*]

139. ☑ ☐ The label of each batch prepared of sterile or non-sterile pharmaceuticals shall bear at a minimum: [UAC R156-17b-614a (3)(g)(i-vi)

☑ the unique lot number assigned to the batch;
☑ all active solution and ingredient names, amounts strengths and concentrations, where applicable
☑ quantity
☑ beyond use date and time, when applicable
☑ appropriate ancillary instructions, such as storage instructions or cautionary statements, including cytotoxic warning labels where appropriate; and
☑ device-specific instructions, where appropriate.

140. ☑ ☐ All prescription labels for compounded sterile and non-sterile medications when dispensed to the ultimate user or agent shall bear at a minimum in addition to what is required in Section 58-17b-602 the following: [R156-17b-614a (3)(h)(i)(ii)(iii)

☑ generic name a quantity or concentration of each active ingredient. In the instance of a sterile preparation for parenteral use, labeling shall include the name and base solution for infusion preparation;
☑ assigned compounding record or lot number; and
☑ "this is a compounded preparation" or similar language

Packaging and Storage

141. ☑ ☐ Compounding facilities that ship CSPs to locations outside their own premises shall select modes of transport that are expected to deliver properly packed CSPs in undamaged, sterile, and stable condition to recipients. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Packing and Transporting CSPs- Transit of CSPs*]

142. ☑ ☐ Compounding personnel should ascertain that temperatures of CSPs during transit by the selected mode will not exceed the warmest temperature specified on the storage temperature range on CSP labels. It is recommended that compounding personnel communicate directly with the couriers to learn shipping durations and exposure conditions that CSPs may encounter. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Packing and Transporting CSPs- Transit of CSPs*]

143. ☑ ☐ Compounding facilities that ship CSPs to patients and other recipients outside their own premises shall ascertain or provide, whichever is appropriate, the following assurances: [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSP- Storage in Locations Outside Compounding Facilities*]

☑ Labels and accessory labeling for CSPs include clearly readable BUDs, storage instructions, and disposal instructions for out-of-date units.
☑ Each patient or other recipient is able to store the CSPs properly, including the use of a properly functioning refrigerator and freezer if CSPs are labeled for such storage.

144. ☑ ☐ **Inspections shall confirm compliance with appropriate storage conditions, separation of drugs and food, proper use of MDVs, and the avoidance of using single-dose products as MDVs.** CSPs, as well as all other drug products, shall be stored in the patient-care area in such a way as to secure them from unauthorized personnel, visitors, and patients. [USP- NF Chapter 797- *Finished Preparation Release Checks and Tests- Monitoring Controlled Storage Areas*]

145. ☑ ☐ Personnel who prepare, dispense, and administer CSPs shall store them strictly in accordance with the conditions stated on the label of ingredient products and finished CSPs. [USP-NF Chapter 797- Storage and Beyond-use Dating]

Quality Assurance Program

146. ☑ ☐ The assurance of CSPs' quality and packaging integrity is highly dependent on the proper adherence of all personnel to the pertinent SOPs. **Compounding personnel shall design, implement, and maintain a formal education, training, and competency assessment program that encompasses all the functions and tasks addressed in the foregoing sections and all personnel to whom such functions and tasks are assigned.** This program includes the assessment and documentation of procedural breaches, administration mishaps, side effects, allergic reactions, and complications associated with dosage or administration, such as extravasation. This program should be coordinated with the institution's adverse-events and incident reporting programs. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Education and Training*]

147. ☑ ☐ **A provider of CSPs shall have in place a formal QA program intended to provide a mechanism for monitoring, evaluating, correcting, and improving the activities and processes described in this chapter.** Emphasis in the QA program is placed on maintaining and improving the quality of systems and the provision of patient care. In addition, the QA program ensures that any plan aimed at correcting identified problems also includes appropriate follow-up to make certain that effective corrective actions were performed. Characteristics of a QA program include the following: [USP-NF Chapter 797- *Quality Assurance (QA) Program*]

☑ Formalization in writing;
☑ Consideration of all aspects of the preparations and dispensing of products as described in this chapter, including environmental testing and verification results;
☑ Description of specific monitoring and evaluation activities;
☑ Specification of how results are to be reported and evaluated;
☑ Identification of appropriate follow-up mechanisms when action limits or thresholds are exceeded; and
☑ Delineation of the individuals responsible for each aspect of the QA program.

148. ☑ ☐ A written quality assurance procedure includes the following in-process checks that are applied, as appropriate, to specific CSPs: [USP-NF Chapter 797- *Responsibilities of Compounding Personnel*]

☑ accuracy and precision of measuring and weighing;
☑ the requirement for sterility;
☑ methods of sterilization and purification;
☑ safe limits and ranges for strength of ingredients, bacterial endotoxins, and particulate matter;
☑ pH;
☑ labeling accuracy and completeness;
☑ BUD assignment;
☑ and packaging and storage requirements.

149. ☑ ☐ Compounding facilities shall clinically monitor patients treated with CSPs according to the regulations and guidelines of their respective state healthcare practitioner licensure boards or of accepted standards of practice. **Compounding facilities shall provide patients and other recipients of CSPs with a way to address their questions and report any concerns that they may have with CSPs and their administration devices.** [USP-NF Chapter 797- *Patient Monitoring and Adverse Events Reporting*]

COMMENTS
(Use an additional sheet if necessary.)

* Assisted by Owner Alan Ha and PIC Sara Dewitt.

* Tour of compounding area conducted.

* Pharmacy is currently compounding solely Semaglutide and tirzepatide. All compounded drug is pursuant to a prescription.

* Patient labeling compliant.

* Pharmacy uses an ISO 5 LAFW within an ISO 8 and ISO 7 room.

* Compounding procedures witnessed.

* Clean room certification reviewed. Compliant.

* Cleaning procedures and documentation reviewed.

* Training procedures and documentation reviewed.

* Media-fill testing and fingertip sampling reviewed.

* Hand garbing and gowning procedures reviewed.

* Equipment calibration procedures and documentation reviewed.

* Compounding Records (CR) reviewed.

* Clean room temperature monitoring reviewed. Compliant.

* Clean room pressures reviewed. Compliant.

* SOPs reviewed. I recommend modifying SOPs to accurately reflect the compounding procedures being conducted at the pharmacy.

☑ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: _____ Date of Signature: 1/13/25

Signature of Division Investigator: _____ Date of Signature: 1/13/25

Revised 8/2022

UTAH DEPARTMENT OF COMMERCE
Division of Professional Licensing

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CLASS A RETAIL PHARMACY

INSPECTION

☑ Opening ☐ Random

INFORMATION

Pharmacy Name: Mythic Rx Date: 1/13/25

License Number: 14072804-1703 Exp Date: 1/17/25

C.S. License Number: 14072804-8913 Exp Date: 1/17/25

DEA Registration: [redacted] Exp Date: 1/31/28

Pharmacy FEIN Number (Tax ID): 99-3279017

Pharmacy Email: info@mythic-rx.com

Pharmacy Phone Number: 801-590-8345 Fax: 385-327-0105

Pharmacy Toll Free Number:

Affiliated Websites:

Pharmacy Hours: Monday-Friday: 10-4 Saturday: Sunday:

Pharmacy Address: 3920 S 1100 E Ste 110

City: Millcreek State: UT Zip: 84124

Pharmacist In Charge (PIC): Sara Dewitt

PIC License Number: 8425988-1701 Expiration Date: 9/30/25

Personnel

List ALL pharmacists, interns, pharmacy technicians and techs-in-training (attach a separate sheet, if necessary):

Name: See attached	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
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Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
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Name:	License #	Exp:

INSPECTION

	YES	NO	
1	☑	☐	The facility shall maintain a current list of licensed employees involved in the practice of the pharmacy at the facility. The list shall include individual licensee names, license classifications, license numbers, and license expiration dates. The list shall be readily retrievable. The list may be maintained in paper or electronic form. [UAC R156-17b-614a (5)(a)(i-vi)(b)]
2	☑	☐	Notification has been provided to the Division in regards to the unique email address used for self audits or pharmacy alerts. The pharmacy will notify the division of any change in the email address within seven days of the change. [UAC R156-17b-603 (2) and (3) (t) (i-ii)]
3	☑	☐	Notification has been provided to the Division in regards to the assignment of the PIC at the above stated pharmacy. The Division is notified of a change in PIC within 30 days of the change. [UAC R156-17b-603 (3) (s)]
4	☑	☐	If the facility has a pharmacy technician training program, the program and curriculum of education and training, meets standards established by Division rule made in collaboration with the Board. [UAC R156-17b-303a (3)] ☐ N/A
5	☑	☐	A pharmacy technician trainee shall practice only under the direct supervision of a pharmacist, and in a ratio not to exceed one pharmacy technician trainee to one pharmacist or two pharmacy technician trainees to one pharmacist, if a licensed pharmacy technician or intern is working during the same shift. [UAC R156-17b-601(4)(a)(i-ii)]
6	☑	☐	A licensed pharmacy technician shall practice under the general supervision of a licensed pharmacist. [UCA 58-17b-102 (57)]
7	☑	☐	A pharmacy technician may administer vaccines and emergency medications pursuant to delegation by a pharmacist... And is under "direct", on-site supervision by the delegating pharmacist as defined in R156-1-102a(4)(a); [UAC R156-17b-601 (3)(b)]
8	☑	☐	The operating standards for a Pharmacist acting as a preceptor includes meeting the following criteria by providing direct, on-site supervision to no more than two pharmacy interns during a working shift. [UAC R156-17b-606(3)(a)]
9	☑	☐	In accordance with Subsecton 58-17b-102(72)(b) all supportive personnel shall be under the supervision of a licensed pharmacist or DMP. The licensed pharmacist or DMP shall be present in the area where the person being supervised is performing services and shall be immediately available to assist the person being supervised in the serivces being performed expect for the delivery of pre-filled prescriptions as provided in Subsection (1)(g) above. [UAC R156-17b-607 (3)]
10	☑	☐	In accordance with Subsection 58-17b-102(72)(a), supportive personnel may assist in any tasks not related to drug preparation or processing, including: [UAC R156-17b-607 (1)(a-g)]

- ☑ stock ordering and restocking;
- ☑ cashiering;
- ☑ billing;

☑ filing;
☑ receiving a written prescription and delivering it to the pharmacist, pharmacy intern, pharmacy technician, pharmacy technician trainee, DMP, or DMP designee;
☑ housekeeping;
☑ delivering a pre-filled prescription to a patient.

11 ☑ ☐ The pharmacist-in-charge (PIC) is responsible for assuring that no pharmacy or pharmacist operates the pharmacy or allows operation of the pharmacy with a ratio of pharmacist to pharmacy personnel which, under the circumstances of the particular practice setting, results in, or reasonably would be expected to result in, an unreasonable risk of harm to public health, safety, and welfare. [UAC R156-17b-603 (3) (r)]

12 ☑ ☐ All individuals employed in a pharmacy facility having any contact with the public or patients receiving services from that pharmacy facility does wear on their person a clearly visible and readable identification showing the individual's name and position. [UCA 58-17b-603 (1)]

13 ☑ ☐ When communicating by any means, written, verbal, or electronic, pharmacy personnel do identify themselves as to licensure classification. [UCA 58-17b-603 (2)]

14 ☑ ☐ The facility or parent company shall maintain a record for not less than five years of the initials or identification codes that identify each dispensing pharmacist by name. The initials or identification code shall be unique to ensure that each pharmacist can be identified; therefore identical initials or identification codes shall not be used. [UAC R156-17b-614a (8)]

15 ☑ ☐ The facility does have current and retrievable editions of the following reference publications in print or electronic format and readily available and retrievable to facility personnel: [UAC R156-17b-614a (4) (a-k)]

☑ UCA 58-1 (DOPL Licensing Act)
☑ UAC R156-1 (General Rules of DOPL)
☑ UCA 58-17b (Pharmacy Practice Act)
☑ UAC R156-17b(Pharmacy Practice Act Rules)
☑ UCA 58-37 (Controlled Substance Act)
☑ UAC R156-37(Controlled Substance Act Rules)
☑ UCA 58-37f (Controlled Substance Database Act)
☑ UAC R156-37f (Controlled Substance Database Act Rule)
☑ Code of Federal Regulations Title 21 parts 1300 to end
☑ FDA Approved Drug Product(Orange Book)
☑ General Drug References

16 ☑ ☐ The facility is well lighted, ventilated, clean and sanitary. [UAC R156-17b-614a (1) (a)]

17 ☑ ☐ If transferring a drug from a manufacturer's or distributor's original container to another container, the dispensing area, shall have a sink with hot and cold culinary water separate and apart from restroom facilities. All required equipment shall be clean and in good operating condition. [UAC R156-17b-614a (1) (b)]

18 ☑ ☐ The facility is equipped to permit the orderly storage of prescription drugs and durable medical equipment in a manner to permit clear identification, separation and easy retrieval of products and an environment necessary to maintain the integrity of the product inventory. [UAC R156-17b-614a (1) (c)]

19 ☑ ☐ The facility is equipped to permit practice within the standards and ethics of the profession as dictated by the usual and ordinary scope of practice to be conducted within that facility. [UAC R156-17b-614a (1) (e)]

20 ☑ ☐ All out of date legend drugs and controlled substances shall be removed from the inventory at regular intervals and in correlation to the beyond use date imprinted on the label. [UAC R156-17b-605(1)]

21 ☑ ☐ The facility is stocked with the quality and quantity of product necessary for the facility to meet its scope of practice in a manner consistent with the public health, safety and welfare. [UAC R156-17b-614a (1) (f)]

22 ☑ ☐ If dispensing controlled substances, the facility is equipped with a security system to permit detection of entry at all times when the facility is closed, and provide notice of unauthorized entry to an individual, and be equipped with a lock on any entrances to the facility where drugs are stored. [UAC R156-17b-614a (1)(g)(i-ii)(h)(i-ii)]

23 ☐ ☑ If the pharmacy does not store drugs in a locked cabinet and has a drop/false ceiling, the pharmacy's perimeter walls shall extend to the hard deck, or other measures shall be taken to prevent unauthorized entry into the pharmacy. [UAC R156-17b-614a (15)] ☐ N/A

24 ☑ ☐ Only a licensed Utah pharmacist or authorized pharmacy personnel does have access to the pharmacy when the pharmacy is closed. [UAC R156-17b-614a (7)]

25 ☑ ☐ A pharmacy shall not dispense a prescription drug or device to a patient unless a pharmacist is physically present and immediately available in the facility. [UAC R156- 17b-614a (6)]

26 ☑ ☐ The temperature of the pharmacy is maintained within a range compatible with the proper storage of the drugs. [UAC R156-17b-614a (3)]

27 ☑ ☐ The temperature of the refrigerator and freezer is maintained within a range compatible with the proper storage of drugs requiring refrigeration or freezing. The pharmacy shall keep a daily written or electronic log of the temperature of the refrigerator or freezer on days of operation. The pharmacy shall retain the log for three years. [UAC R156-17b-614a (3)]

28 ☑ ☐ For the purpose of promoting therapeutic appropriateness, a pharmacist shall at the time of dispensing a prescription, or a prescription drug order, review the patient's medication record. Such review shall at a minimum identify clinically significant conditions, situations or items, such as: [UAC R156-17b-611 (2) (a-g)]

- ☑ Inappropriate drug utilization
- ☑ Therapeutic duplications
- ☑ Drug-disease contraindications
- ☑ Drug-drug interactions
- ☑ Incorrect drug dosage
- ☑ Incorrect duration of drug treatment
- ☑ Drug-allergy interactions
- ☑ Clinical abuse or misuse

29 ☑ ☐ Facility does have a counseling area to allow for confidential patient counseling. [UAC R156-17b-614a (1)(i)]

30 ☑ ☐ Every pharmacy shall verbally offer to counsel a patient or a patient's agent in a personal face-to-face discussion regarding each prescription drug dispensed. If the patient or patient's agent delivers the prescription in person to the pharmacist or pharmacy intern; or receives the drug in person at the time it is dispensed at the facility. [UCA 58-17b-613 (1)]

31 ☑ ☐ A pharmacist or pharmacy intern that receives a prescription from a patient by means other than personal delivery, and that dispenses prescription drugs to the patient by means other than personal delivery shall provide patient counseling to a patient regarding each prescription drug the pharmacy dispenses and provide each patient with a toll-free telephone number by which the patient can contact the pharmacist or pharmacy intern at the pharmacy for counseling. [UCA 58-17b-613(2)]

32 ☑ ☐ If a prescription drug order is delivered to the patient or the patient's agent at the patient's or other designated location, the following is applicable: [UCA R156-17b-610(6)(a-c)

- ☑ the pharmacy shall provide the information specified in R156-17b-610(3) be delivered with the dispensed prescription in writing.

☑ if prescriptions are routinely delivered outside the area covered by the pharmacy's local telephone service, the pharmacist shall place on the prescription container or on a separate sheet delivered with the prescription container, the telephone number of the pharmacy and the statement "Written information about this prescription has been provided for you. Please read this information before you take this medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions."

☑ written information provided in Subsection (b) of this section shall be in the form of patient information leaflets similar to USP-NF patient information monographs or equivalent information.

33 ☑ ☐ The offer to counsel is documented and said documentation shall be available to the Division. These records must be maintained for a period of five years and be available for inspection within 7-10 business days. [UAC R156-17b-610 (4)]

34 ☑ ☐ A pharmacy may only deliver a prescription drug to a patient or patient's agent in person at the pharmacy or via the United States Postal Service, a licensed common carrier, or supportive personnel, if the pharmacy takes reasonable precautions to ensure the prescription drug is delivered to the patient or patient's agent or returned to the pharmacy. [UCA 58-17b-602(9)(a)(b)(i-ii)]

35 ☑ ☐ A pharmacy that employs the United States Postal Service or other common carrier to deliver a filled prescription directly to a patient shall, under the direction of the PIC, or other responsible employee: [UAC R156-17b-608(1)(a-e)(2)(a-c)]

☑ Use adequate storage or shipping containers and shipping processes to ensure drug stability and potency. The shipping processes shall include the use of appropriate packing material and devices, according to the recommendations of the manufacturer or the United States Pharmacopeia Chapter 1079, in order to ensure that the drug is kept at appropriate storage temperatures throughout the delivery process to maintain the integrity of the medication.

☑ Use shipping containers that are sealed in a manner to detect evidence of opening or tampering.

☑ Develop and implement policies and procedures to ensure accountability, safe delivery, and compliance with temperature requirements. The policies and procedures shall address when drugs do not arrive at their destination in a timely manner or when there is evidence that the integrity of a drug was compromised during shipment. In these instances, the pharmacy shall make provisions for the replacement of the drug.

☑ Provide for an electronic, telephonic, or written communication mechanism for a pharmacy to offer counseling to the patient as defined in section 58-17b-613; and provide documentation of such counseling.

☑ Provide information to the patient indicating what the patient should do if the integrity of the package or drug was compromised during shipment.

36 ☑ ☐ Each drug dispensed from the pharmacy does have a label securely affixed to the container indicating the required minimum information, including: [UCA 58-17b-602 (5) (a) (i-viii)]

- ☑ name, address, & phone number of pharmacy
- ☑ filling date or last dispensing date
- ☑ name of the prescriber
- ☑ trade, generic or chemical name

(Unless Otherwise Indicated by Prescriber)

- ☑ serial number of prescription
- ☑ name of the patient or animal owner/species
- ☑ directions for use & cautionary statements
- ☑ amount dispensed & strength of dosage form
- ☑ beyond use date

37 ☑ ☐ Unless otherwise requested, child-resistant containers are used for dispensing medications to patients. [UAC R156-17b-502(6) & 16 CFR 1700.14]

38 ☑ ☐ Controlled substances are not accepted back for destruction unless allowed for by state and federal law. [UAC R156-37-606 (1-2) & 21 CFR 1307.21]

39 ☑ ☐ The registered pharmacy only processes electronically signed prescriptions for controlled substances under the following conditions: the pharmacy uses a pharmacy application that meets all the applicable requirements; the prescription is otherwise in conformity with the requirements of the Code of Federal Regulations; and Certification Authority (CA) has been obtained. The electronic prescription must be transmitted from the practitioner to the pharmacy in its electronic form and at no time may the prescription be converted to another form *(i.e. facsimile)* for transmission. [CFR, Title 21, Chapter 11, Section 1311, UAC R156-17b-613 (1)]

40 ☑ ☐ Prescription files, including refill information, is maintained for a minimum of five years and should be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)]

41 ☑ ☐ Prescription records may be maintained electronically so long as the original of each prescription, including telephone prescriptions, is maintained in a physical file and contains all of the information required by federal and state law; and an automated data processing system is used for the storage and immediate retrieval of refill information for prescription orders. [UAC R156-37-602 (4) (a-b)]

42 ☑ ☐ All records relating to Schedule II controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3) (5)]

43 ☑ ☐ All records relating to Schedule III, IV, V controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3) (6)]

44 ☑ ☐ Requirement for annual controlled substances inventory shall be within 12 months following the inventory date of each year and may be taken within four days of the specified inventory date and shall include all stocks including out-of-date drugs and drugs in automated pharmacy systems. [UAC R156-17b-605 (4)]

45 ☑ ☐ Requirements for taking the initial controlled substances inventory shall include the following: all pharmacies shall take an inventory on the opening day of business. Such inventory shall include all controlled substances including any out-of-date drugs and drugs in automated pharmacy systems. In the event a pharmacy commences business with no controlled substances on hand, the pharmacy shall record this fact as the initial inventory. An inventory reporting no Schedule I and II controlled substances shall be listed separately from an inventory reporting no Schedule III, IV, and V controlled substances. The initial inventory shall serve as the pharmacy's inventory until the next completed inventory as specified in Subsection (4) of this section. [UAC R156-17b-605 (3) (a-c)] ☐ N/A

46 ☑ ☐ General Requirements for inventory of a pharmacy shall include: [UAC R156-17b-605 (2)(a)(b)(c)(f)(g)(h)(k)(l)]

☑ the PIC shall be responsible for taking all required inventories, but may delegate the performance of the inventory to another person or persons;

☑ the inventory records shall be maintained for a period of five years and be readily available for inspection

☑ the inventory records shall be filed separately from all other records

☑ the inventory may be taken either as the opening of the business or the close of business on the inventory date;

☑ the person taking the inventory and the PIC shall indicate the time the inventory was taken and shall sign and date the inventory with the date the inventory was taken. The signature of the PIC and the date of the inventory shall be documented within 72 hours or three working days of the completed initial, annual, change of ownership and closing inventory.

☑ the inventory of Schedule I and II controlled substances shall be listed separately from the inventory of Schedule III, IV and V controlled substances;

☑ if the pharmacy maintains a perpetual inventory of any of the drugs required to be inventories, the perpetual inventory shall be reconciled on the date of the inventory.

47 ☑ ☐ All pharmacies shall maintain a perpetual inventory of all Schedule II controlled substances that shall be reconciled according to facility policy. [UAC R156-17b-605(6)]

48 ☑ ☐ The pharmacy does reconcile its controlled substance inventory to account for shortages of controlled substances. [UAC R156-17b-603 (3) (k) & R156-37-502(4)]

49 ☑ ☐ Any facility who experiences any theft, including diversion, or significant loss of controlled substances shall immediately file the appropriate forms with the Drug Enforcement Administration, with a copy to the Division directed to the attention of the Investigation Bureau Division; and report the incident to the local law enforcement agency. [UAC R156-37-602 (2)]

50 ☑ ☐ Pharmacists or other responsible individuals do verify that the suppliers' invoices of controlled substances, listed on the invoices were actually received by clearly recording their initials and the actual date of receipt of the controlled substances. [UAC R156-17b-614a (11)]

51 ☑ ☐ The facility shall maintain a record of suppliers' credit memos for controlled substances. [UAC R156-17b-614a (12)]

52 ☑ ☐ The facility does maintain a copy 3 of DEA order form (form 222) which has been properly dated, initialed, and filed and all copies of each unaccepted or defective order form and any attached statements or other documents. [UAC R156-17b-614a(9)(a-c)]

53 ☑ ☐ The Division shall implement on a statewide basis, including non-resident pharmacies as defined in Section 58-17b-102, the following two options for a pharmacist to submit information: real-time submission of the information required to be submitted under this part of the controlled substance database; and 24-hour daily or next business day, whichever is later, batch submission of the information required to be submitted under this part to the controlled substance database. [UCA 58-37f-203(1)(a)(i,ii)]

54 ☑ ☐ In accordance with 58-37f-203(6), the pharmacist-in-charge and the pharmacist identified in Subsections 58-37f-203(2) and (3) shall provide the following data fields to the Division: the state that issued identification, type of identification used, identification number used and first and last name of individual picking up dispensed drug. [UCA R156-37f-203 (4) (bb-ff)]

55 ☐ ☑ The pharmacy maintains emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMT's, ambulances)? If the answer is "yes", note name(s) of facilities or entities.

56 ☐ ☑ The pharmacy maintains automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home? If the answer is "yes", note type and location.

57 ☐ ☑ The pharmacy utilizes an Automated Pharmacy System? If the answer is "yes" to this question, a automation questionnaire must be completed. [UAC R156-17b-620]

58 ☐ ☑ The facility is engaged in hazardous drug compounding as defined by USP-NF Chapter 800. If you answer "yes" to this question, a compounding questionnaire must be completed.

59 ☐ ☑ The facility is engaged in simple, medium, or complex compounding activities as defined by USP 35 Chapter 795. If you answer "yes" to this question, a compounding questionnaire must be completed. [(UAC R156-17b-614a (2)]

60 ☑ ☐ The facility is engaged in low, medium, or high risk *sterile* compounding as defined by USP 35 Chapter 797. If you answer "yes" to this question, a compounding questionnaire must be completed. [UAC R156-17b-614a (2)]

COMMENTS

* Assisted by Owner Alan Ha and PIC Sara Dewitt.

* List of Licensees compliant.

* Temperature Monitoring compliant.

* Initial controlled inventories compliant, with no controlled substances currently on site.

* Controlled invoices are not present due to not currently having controlled substances on site.

* Sink has hot and cold water.

* Pharmacy security is compliant.

* Pharmacy has a drop ceiling that does not extend to the next floor. The pharmacy will be implementing additional prevention measures. Once complete, send updated prevention measures to jevans@utah.gov.

* No outdated medication in pharmacy inventory.

* No Automation.

* Sterile compounding inspection conducted.

* Pharmacy is preparing to conduct non-sterile compounding, but is not yet engaged in the compounding. A dedicated non-sterile compounding room is currently under construction. When the pharmacy begins non-sterile compounding, contact Jolene Evans at jevans@utah.gov. An inspection will be required at that time.

☑ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: Date: 1/13/25

Name of Responsible Party (Print): Sara Dewitt

Signature of Division Investigator: Date: 1/13/25

Name of Division Investigator (Print): Jolene Evans

Revised 8/2023

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

Mythic Rx, Inc.

EFFECTIVE
07/17/2024

EXPIRATION
09/30/2027

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

14072804-1703 Pharmacy - Class A
14072804-8913 Dispensing Controlled Substance License

Compounding Sterile
Compounding Non-Sterile
Compounding Hazardous

DBA:

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

MYTHIC RX, INC.
3920 SOUTH 1100 EAST SUITE 110
MILLCREEK UT 84124

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING
ACTIVE LICENSE

EFFECTIVE DATE: **07/17/2024**

EXPIRATION DATE: **09/30/2027**

ISSUED TO: **Mythic Rx, Inc.**
3920 South 1100 East Suite 110
Millcreek UT 84124

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

14072804-1703 Pharmacy - Class A
14072804-8913 Dispensing Controlled Substance License
DBA:

Compounding Sterile
Compounding Non-Sterile
Compounding Hazardous

Form #1

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206 – Reno, NV 89521 – (775) 850-1440

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: Mythic Rx, Inc.

Address: 3920 South 1100 East Suite 110

City: Millcreek State: Utah Zip: 84124

I hereby authorize the _____ to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant _____

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
14072804-1703	Active	07/17/2024	09/30/2027

Has this license been encumbered in any way?	Type of Encumbrance: (if any)
☐ Yes ☑ No	☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☑ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☑ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☑ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☑ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
	Licensing Specialist	Utah	11/14/2025	

DEPARTMENT OF COMMERCE ... DIVISION OF PROFESSIONAL LICENSING

Details for Mythic Rx, Inc.

License Information

Name:	Mythic Rx, Inc.
City, State, Zip, Country:	Millcreek UT 84124 United States
Profession:	Pharmacy
License Type:	Pharmacy - Class A
License Number:	14072804-1703
Obtained By:	Application
License Status:	Active
Original Issue Date:	07/17/2024
Expiration Date:	09/30/2027
Agency and Disciplinary Action*:	NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4-106 AND 107**
Docket and Citation Number(s):	N/A
E-Prescriber:	

Specialty(s):
Compounding Sterile, Compounding Non-Sterile, Compounding Hazardous

Controlled Substance License(s) 14072804-8913	View Controlled Substance License

Give Feedback

This information is accurate as far as is contained in the Division's official records. It does not reflect whether an entity required to maintain a current registration with the Division of Corporations is current in that registration. You can verify such status at https://secure.utah.gov/bes/bes. Additionally, this verification does not show a complete

Privacy - Terms

license history or interruptions of licensure. Original issue dates listed as 01/01/1910 and 01/01/1911 were unknown at the time the Division implemented its first electronic licensing database.

*NOTE: The disciplinary documents linked to this website include final orders issued by DOPL, with the exception of citations. Click here for citations.

Give Feedback

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

MARGARET W. BUSSE
Executive Director

MARK B. STEINAGEL
Division Director

VERIFICATION OF UTAH LICENSURE

DOPL-FM-001 REV 06/08/2009
Created On: 11/14/2025
Created By: Henele Tupou

Name of Licensee (as it appears in our records): **Mythic Rx, Inc.**

Classification of License Issued: Pharmacy - Class A
Dispensing Controlled Substance License

License Number: 14072804-1703
14072804-8913

Obtained by: Application

Current Status: Active

Original Date of Licensure: 07/17/2024

Expiration Date: 09/30/2027

No Disciplinary Action.

Signature: _____ Date: November 14, 2025

Henele Tupou
Licensing Specialist
801-530-6628
htupou@utah.gov

The information provided on this form is accurate and correct as of the verification creation date listed on the top of this form. Original issue dates listed, as 01/01/1910 and 01/01/1911 were unknown when the division implemented its first licensing database. If you have any questions please contact the division.

4SSS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	■ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☐ Other: Specialty Pharmacy Home Infusion Pharmacy	☐ Non-sterile Compounding
			■ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH_____		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	■ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Pharmko Inc

Physical Address: 298 Central Ave

City: Lawrence State: NY Zip: 11559

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 516-540-2003 Toll Free # (NAC 639.708, NRS 639.23286): 877-540-2003

Fax: 516-619-1813 Contact Email: referral@pharmko.com

Website: https://pharmko.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Ashokanand Ramdhanie

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): NA

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Justin Leung Tan	NV Pharmacist Registration #: 23431
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: New York

Parent Company (if any): _____

Corporation/Organization Name: Pharmko, Inc.

Mailing Address: 298 Central Ave

City: Lawrence State: NY Zip: 11559

Telephone: 516-540-2003 Email: referral@pharmko.com

Contact Person Name: Sarah Bensimon

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Owner/CEO (title) for Pharmko, Inc (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Sarah Bensimon

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

02/04/2026

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Sarah Bensimon hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Owner/CEO (title) for Pharmko, Inc (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

State of Texas, County of Denton, ss:

SUBSCRIBED AND SWORN TO
Before me, a notary public this 4th day of February, 2026

Latoya Lynn Reese

Notary Public

Latoya Lynn Reese
Notary Public, State of Texas
Comm. Expires 06-03-2029
Notary ID 133138086

Notarized Online with NotaryLive.com

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sarah Bensimon

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

02/04/2026

Date

Board Use Only	Date Received: 2/23/26	Amount: $500 - ck 1141

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	PHARMKO, INC.
DOS ID Number:	5705405
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	02/10/2020
Statement Status:	CURRENT
Statement Due Date:	02/28/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on September 09, 2025 at 09:07 A.M.

WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100008725795 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Pharmko Inc

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 298 Central Ave

City Lawrence State NY Zip 11559

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Justin Middle _____ Last Leung Tan

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State NY Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
SUNY Binghamton School of Pharmacy and Pharmaceutical Sciences		2017-2021	
Address	**City**	**State**	**Zip**
96 Corliss Ave	Johnson City	NY	13790
Diploma/Degree obtained, if any			
Pharm D			

School Name		From - To (MM/YY – MM/YY)	
Long Island University		2015-2017	
Address	**City**	**State**	**Zip**
1 University Plaza	Brooklyn	NY	11201
Diploma/Degree obtained, if any			
N/A (Pre Pharmacy)			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
9/2024-present	[redacted]	[redacted]	NY	[redacted]
8/2006-8/2024			NY	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Pharmko Inc			8/2024	-Present
Business Address		**City**	**State**	**Zip**
298 Central Ave		Lawrence	NY	11559
Phone	**Title**		**Number of Employed Hours**	
516-540-2003	Pharmacist		3680	
Description of Duties				
On next page				

Business Name			From - To (MM/YY – MM/YY)	
Hopkins Drugs and Compounding			2022-2024	
Business Address		**City**	**State**	**Zip**
63-19 Roosevelt Ave		Woodside	NY	11377
Phone	**Title**		**Number of Employed Hours**	
718-429-2140	Pharmacist		256	
Description of Duties				
On next page				

Business Name			From - To (MM/YY – MM/YY)	
Town Total Compounding Pharmacy			2021-2024	
Business Address		**City**	**State**	**Zip**
415 Crossways Park Dr, Suite B		Woodbury	NY	11797
Phone	**Title**		**Number of Employed Hours**	
516-249-7436	Intern and Compounding Pharmacist		6552	
Description of Duties				
On next page				

Business Name			From - To (MM/YY – MM/YY)	
CVS Health			2016-2018	
Business Address		**City**	**State**	**Zip**
402 Sheepshead Bay Rd,		Brooklyn	NY	11235
Phone	**Title**		**Number of Employed Hours**	
(718) 332-8425	Pharmacy Technician		288	
Description of Duties				
On next page				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Pharmko Duties

Compound TPN compliant with USP 797 -Ensure duties of designated persons is fulfilled - Coordinate with colleagues, providers, and patients to ensure that TPN's are delivered in a timely matter. -Complete data entry of TPN orders based on clinical determinations of providers and clinical pharmacists.

Hopkins Duties

Dispensed medications and maintained patient records using Micromerchant (PrimeRX) - Conducted drug utilization reviews (DUR) and collaborated with healthcare providers to optimize patient treatment plans - Provided comprehensive patient counseling on medication usage, potential side effects, and lifestyle modifications - Immunized patients with influenza, COVID-19, Tdap, MMR, pneumococcal, hepatitis, and meningitis vaccines

Town Duties

Created policies and procedures for the standard operating procedures to become compliant with accreditation standards set by the New York Board of Pharmacy and Pharmacy Compounding Accreditation Board (PCAB) - Initiated refill reminder campaigns to increase patient adherence using text platforms such as Whippy - Updated existing master formulas to be compliant with USP standards set in November 2023 - Created and compounded USP 795, 797, and 800 adherent medications including creams, suppositories, capsules, ophthalmic solutions, intramuscular, and subcutaneous preparations tailored to individual patient needs - Collaborated and coordinated with healthcare providers and companies such as Allergiend® and AlleRx to develop medication regimens and packaging protocols. - Managed inventory and ensured proper storage conditions of compounding materials, maintaining compliance with regulatory standards and optimizing stock levels for efficient pharmacy operations - Trained and supervised pharmacy interns in compounding techniques and safety procedures - Performed airflow smoke pattern testing and environmental monitoring using air impact samplers and contact plates

CVS Duties

Organized and returned eligible medications in the waiting bin back to stock - Filled and prepared prescriptions for final verification - Entered and logged patient, prescriptions, and insurance information to provide patient satisfaction and prescription accuracy - Initiated patient care calls to ensure medication adherence

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Justin Leung Tan, **certify that as the designated representative for**

Pharmko Inc,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. x I am at least 21 years of age;
3. x I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. x I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. x I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. x I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. x I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Justin Leung Tan
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/25/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Justin Leung Tan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/25/2026

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Queens

I, JUSTIN LEUNG TAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/25/26

Date

Subscribed and Sworn to before me this 25th day of June.

Notary Public Signature

THERESA LaROSA
Notary Public, State of New York
No. 01LA6172298
Qualified in Queens County
Commission Expires August 06, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Pharmko, Inc

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 298 Central Ave

City: Lawrence State: NY Zip: 11559

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 516-540-2003 Toll Free # (NAC 639.708, NRS 639.23286): 877-540-2003

Fax: 516-619-1813 Contact Email: referral@pharmko.com

Website: https://pharmko.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Justin Leung Tan

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23431

Name of Designated Person(s) as defined by revised USP-797 guidelines: Ashokanand Ramdhanie

Email of Designated Person(s): ash@pharmko.com

Telephone of Designated Person(s): 516-540-2003

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ☐ Category 2 ☒ Category 3

If you marked **"Category 3"**, you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ☒ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ☒ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ☒ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? 12/02/2025

6. What is the frequency of the recertification for the ISO classified areas? ~~Every 6~~

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ☒ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ☒ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? _____

10. Will you be performing sterile hazardous drug compounding? Yes xNo

If you marked **"Yes"**, you must also complete **section 3.**

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

IDPN
IPN
TPN

12. What laboratory performs your sterility or endotoxin testing?

Name: Bio Pharma
Address: Attn: Sample Administration ~~Department~~
City: 840 Research Parkway, Suite 546 State: _____ Zip: _____
Telephone: _____

13. What is your procedure for visual inspection of compounded sterile products?

All compounded sterile products (CSPs) undergo documented visual inspection by a licensed pharmacist prior to release and dispensing. Visual inspection is performed under adequate lighting and includes verification of the following:

Absence of visible particulates, fibers, haze, or precipitate
Container integrity, including seals, ports, closures, and overwraps
Color, clarity, and uniformity of the final preparation
Confirmation that the labeling matches the prescription, formulation, volume, and assigned beyond-use date (BUD)
Verification that no evidence of leakage, cracking, or compromised sterility is present
For parenteral nutrition (TPN, IDPN, IPN), inspection includes review of emulsion stability, absence of phase separation or "cracking," and confirmation that final appearance is consistent with formulation standards.
Any CSP failing visual inspection is immediately quarantined, investigated, documented, and not released for patient use. Visual inspection is completed in accordance with USP <797> requirements and documented as part of the final

14. How often do you perform glove fingertip and medial fill testing?

q 6 months

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

All personnel involved in sterile compounding receive initial and ongoing training in accordance with USP <797>. Training includes aseptic technique, hand hygiene, garbing and gowning, cleanroom behavior, use of engineering controls, cleaning and disinfection procedures, beyond-use dating, labeling, and quality assurance. Personnel must successfully complete media fill testing, gloved fingertip and thumb sampling, and garbing qualification prior to independently compounding CSPs. Ongoing competency assessments, including semiannual media fill and fingertip testing for Category 3 compounding, are performed and documented. Training and competency validation are overseen by pharmacy leadership with support from a qualified sterile compounding consultant.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

rimary and secondary engineering controls are cleaned and disinfected in accordance with USP <797>. Primary engineering controls (PECs) are cleaned at the beginning of each shift, before and after each batch, after spills, and at the end of the day using sterile 70% isopropyl alcohol. Secondary engineering controls, including ISO-classified buffer and ante areas, are cleaned daily with an approved disinfectant and at least monthly with a sporicidal agent. Cleaning agents include sterile 70% IPA for routine disinfection, an EPA-registered disinfectant for daily cleaning, and a sporicidal agent used on a scheduled basis. All cleaning activities are documented, and personnel are trained

17. Who performs the sterile compounding process at your facility?

PharmDs only no technicians

18. Who is responsible and accountable for the sterile compounding process at your facility?

Pharmacist in

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Follow URAC protocol for packing, ice use and temp monitoring, we also do two cold chain tests per

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? N/A		
2. Are you complying with all USP 800 guidelines?	Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	Yes	No
4. Is your BSC or CACI vented 100% to the outside?	Yes	No
5. Do you have a negative pressure buffer room at your facility?	Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

FDA guidelines and state guidelines sent with new patient packets as per ACHC

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

N/A

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

TPN
IDPN
IPN

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

Garbing qualification: Initially and annually, and upon any failure

Gloved fingertip and thumb sampling: At least every 6 months for Category 3 personnel

Media fill testing: Initially and every 6 months, and upon any significant process change or failure, in accordance with USP <797>

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? x Yes No

4. What is the frequency for completing volumetric active air sampling?

Volumetric active air sampling of ISO-classified areas is performed at least every 6 months, and additionally following any major renovation, HEPA filter replacement, or adverse environmental

5. What is the frequency for completing surface sampling? Surface sampling is conducted at least every 6 months in all ISO-classified areas and pass-through chambers, and more frequently if required by investigation or environmental trending.			
6. What is the frequency for using sporicidal agents? A sporicidal agent is applied at least monthly to all ISO-classified areas, in addition to routine daily and weekly cleaning and disinfection procedures, in accordance with USP <797>.			
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	N/A	Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	X	Yes	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ash Ramdhanie

Name of Person who Completed the Form

Pharmacist in Charge

Title

Signature (copies or stamps not accepted)

01/26/2026

Date

Board Use Only	Date Received: 2/23/26	Date Approved: _____	Approved By: _____

Texas Phcy. Lic. # _____

Expiration Date: ___/___/_____

NOTICE OF INSPECTION
Conducted by Qualified Vendor
for
Texas State Board of Pharmacy
1801 Congress Ave., Suite 13.100
Austin, Texas 78701

Name of Individual	Title	Resident State Lic. #	Expiration Date
Sarah Bensimon	CEO	059597	5/31/2026

Name of Facility
Pharmko Inc.

Address
298 Central Avenue

City	State	Zip	Phone #
Lawrence	NY	11559	561-504-7884

DEA Registration #	Expiration Date	Resident State Phcy. License #	Expiration Date
FP9386536	03/31/2025	038192	5/31/2026

Date	Time of Entry
6/11/2025	10:30

PURPOSE OF INSPECTION

___ Routine

✓ Pre-Inspection

___ Other _____

ACKNOWLEDGEMENT

This is to acknowledge that the Qualified Vendor for the Texas State Board of Pharmacy Reginal Bellamy has presented identification, documentation of authorization, and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I am the Sarah Benisom for the above-described facility;
2. x I have read this Notice of Inspection and understand its contents and purpose;
3. x I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
4. I have had the purpose of the entry into the above-described facility by the Board's agent stated to me; and
5. x I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

_____
Signature

Witnesses:

_____
Signature

_____
Signature

PIC Name: Ashokanad Ramdhanie

PIC TX License #: Have ap

PIC email: ash@pharmko.com

08/22

Texas State Board of Pharmacy
Inspection Report for Pharmacies Compounding Sterile Preparations
Class E-S

Name of Pharmacy: Pharmko Inc **TSBP License #**_____

Each item is assessed as Satisfactory, Unsatisfactory, or Not Applicable (N/A). Unsatisfactory indicates a Warning Notice requiring corrective action within a designated time frame or Refer to Legal Team for review and possible discipline. For an explanation of specific violations noted, refer to the Remarks section of the Inspection Report.

Compounded Dosage Forms: Check which of the following dosage forms are being compounded by the pharmacy	
	Allergen extracts
✓	Parenteral solutions
	Parenteral suspensions
	Preservative-free parenterals
	Ophthalmic preparations
	Oral or nasal inhalation preparations (not topical sprays)
	Baths or soaks for live organs/tissues
	Irrigations for wounds or body cavities
	Any other sterile preparations (implants, pellets, etc.) [list]
	Investigational drugs
	Blood products or other biological materials (wound care, autologous eye drops, etc.)
	Any compounds using federally controlled substances Schedule I-V (list and percentage) N/A
	Does the pharmacy use lyophilizer?

Satisfactory	Code	Unsatisfactory	N/A	Environment
✓	109			**Is the cleanroom clean and free of objects that shed particles?**
✓	110			Is the cleanroom used only for sterile preparations?
✓	119			Does the cleanroom contain only appropriate supplies?
✓	101			Does the ante-area provide at least ISO Class 8 air quality under dynamic conditions?
	115	✓		Does the ante-area contain a hands-free sink with hot and cold running water?
✓	102			Does the buffer area provide at least ISO Class 7 air quality under dynamic conditions?
✓	106			Is the buffer area free from sources of water (e.g., sink, floor drains)?
	108	✓		Is there hands-free access to the buffer area?
	113	✓		Are floors, walls, ceilings & fixtures smooth, impervious and free from cracks & crevices?
✓	112			Does the floor covering enable regular disinfection?
✓	118			Are supplies stored above the floor to permit adequate floor cleaning?
✓	127			Does the clean room have a pressure gauge or velocity meter to monitor pressure differential between buffer area and ante-area and between the ante-area and the general environment? Is the pressure differential at least 0.02" wc?
✓	116			Are temperature and humidity monitored, documented and within the required range?
✓	167			Is there a thermometer available for the cleanroom and refrigerator(s)?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Primary Engineering Control (PEC) Device – i.e., LAFH, BSC, CAI, CACI**
✓	126			Is the laminar air flow hood located in a buffer area that has a minimum differential positive pressure of 0.02" wc?
✓	121			Is the PEC able to maintain at least ISO Class 5 conditions while compounding sterile preparations?
	246		✓	Are hazardous drugs prepared in a Class II/III vertical flow BSC or CACI located in an ISO Class 7 area physically separated from other areas?
	247		✓	Does the area where the BSC or CACI is located have not less than 0.01" wc negative pressure adjacent to the positive pressure ISO Class 7 area?
	105		✓	Does the CAI or CACI provide unidirectional airflow?
	104		✓	If the CAI or CACI is used for high-risk sterile compounding, is it placed in an ISO Class 8 area?
	122		✓	If the CAI is not required to be placed in an ISO Class 7 area, does the pharmacy maintain documentation from the manufacturer?
✓	124			Is the PEC certified by an independent contractor every 6 months and when relocated?
✓	125			Are prefilters inspected periodically and replaced as needed?
✓	128			Are differential pressures monitored and documented at least every work shift (at a minimum daily) or by a continuous recording device?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Equipment and Supplies**
✓	174			Does the pharmacy have disposable needles, syringes, and other required or applicable supplies?
✓	177			Does the pharmacy have lint-free towels or wipes?
✓	180			Does the pharmacy have masks, caps, gowns with tight cuffs, shoes covers, and beard covers (if applicable)?
✓	176			Does the pharmacy have handwashing agents with bactericidal action?
✓	175			Does the pharmacy have disinfectant cleaning solutions and dedicated cleaning supplies?
	179		✓	Does the pharmacy have hazardous spill kits, if applicable?
✓	171			Does the pharmacy have appropriate containers for needles and syringes?
✓	170			Does the pharmacy have sterile isopropyl alcohol, sterile gloves, and waterless alcohol-based surgical hand scrub?
✓	178			Does the pharmacy have appropriate filters and filtration equipment?
✓	181			If an automated compounding device is used, does the pharmacy calibrate & verify the device for accuracy, and document at least daily?
✓	172			Does the pharmacy have packaging/delivery containers to maintain proper storage conditions for sterile preparations?

Satisfactory	Code	Unsatisfactory	N/A	High-Risk Compounded Sterile Preparations (CSPs)
	103	✓		If high-risk CSPs are compounded, does the buffer area provide physical separation from other compounding areas?
✓	231			Is sterility testing performed if CSPs are prepared in groups > 25, or
✓	232			If MDVs are prepared for multiple patients or when exposed > 12 hours at 2-8 degrees C before sterilized, or
✓	233			If exposed > 6 hours at warmer than 8 degrees C before sterilized?
✓	237			Are all non-sterile measuring, mixing, and purifying devices rinsed thoroughly with pyrogen-free or depyrogenated sterile water, and then thoroughly drained or dried immediately before use for high-risk sterile compounding?
✓	238			Are all high-risk sterile solutions subjected to terminal sterilization prefiltered using no larger than a 1.2-micron filter to remove particulate matter? Is sterilization by filtration performed with a sterile 0.2 – 0.22 micrometer pore size filter within an ISO Class 5 environment or better?
✓	165			Are filter integrity tests being performed and documented (e.g., bubble point test)?
✓	239			Are pre-sterilization procedures (weighing and mixing) completed in an ISO Class 8 environment or better?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Library**
✓	154			Does the pharmacy have a reference on injectable drugs?
✓	155			Does the pharmacy have a specialty reference?
✓	156			Does the pharmacy have all of the required (USP chapters 71, 85, 795, 797, 1163) and applicable USP chapters?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Hazardous Compounded Sterile Preparations**
	242		✓	Do personnel wear protective apparel at all times when hazardous drugs are handled?
	243		✓	Do personnel use appropriate safety and containment techniques when preparing hazardous CSPs?
	244		✓	Do personnel dispose of hazardous waste in compliance with local, state, and federal regulations?
	245		✓	Do personnel affix a proper label, including proper precautions inside and outside of the packaging?
	248		✓	Does the pharmacy have a pressure indicator that can be readily monitored for correct room pressurization?
	249		✓	Does the pharmacy meet the requirements for low volume preparation of hazardous drugs by using a device that provides two-tiers of containment (e.g., closed-system vial transfer device within a BSC)?
	250		✓	Are hazardous drugs stored separately from other inventory in a manner to prevent contamination and personnel exposure?
			✓	Does the pharmacy have a plan to comply with USP <800> by the implementation date?
			✓	Are hazardous drugs stored separately in compliance with USP <800> (negative pressure at least -0.01" wc to adjacent areas and with at least 12 ACPH)?
			✓	Is hazardous drug waste quarantined in a designated area?
✓				Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Personnel Cleansing, Garbing and Hand Hygiene**
✓	202			Does hand sanitizing and gowning occur in the ante-area (outside of the buffer area)?
✓	180			Do compounding personnel don clean non-shedding gowns with sleeves that fit snugly around the wrists and enclose at the neck? Is the order of garbing appropriate (dirtiest to cleanest)?
✓	194			Before entering the buffer area, do compounding personnel remove cosmetics?
✓	195			Before entering the buffer area, do compounding personnel remove all hand, wrist, and other body jewelry/piercings?
✓	196			Are natural nails kept neat and trim and no wearing of artificial nails or extenders?
✓	200			Do compounding personnel remove debris from underneath fingernails using a nail cleaner under running warm water?
	192		✓	Are personnel with an apparent illness or open lesions compounding sterile preparations?
✓	241			When compounding personnel temporarily exit the ISO Class 7 environment, are re-donning procedures properly followed?
✓	201			Do compounding personnel engage in proper hand hygiene?
✓	203			Do compounding personnel completely dry hands and forearms using lint-free disposable towels or hand dryer?
✓	204			Is antiseptic hand cleansing performed using waterless alcohol-based surgical scrub once inside the buffer area and prior to donning sterile gloves?
✓	206			Is sterile isopropyl alcohol applied to gloves throughout the day and when non-sterile surfaces are touched?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Cleaning and Disinfection Procedures**
✓	182			Does the pharmacy have written procedures on the cleaning and disinfecting of the direct and contiguous compounding areas (e.g., beginning of shift, every 30 minutes, before each batch, spills)?
✓	230			Is cleaning performed by trained personnel using approved agents (described in written SOPs)?
✓	228			Are supplies & equipment that are removed from shipping cartons wiped with a disinfecting agent (e.g., sterile IPA)?
✓	226			Are work surfaces and floors in the ante-area and buffer area cleaned and disinfected daily with dedicated supplies?
✓	227			Are walls, ceilings and shelving in the ante-area and buffer area cleaned and disinfected at least monthly?
✓	229			Does the pharmacy maintain documentation of cleaning procedures (i.e., date/time of cleaning, type of cleaning, name of individual who performed the cleaning)?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Environmental Sampling**
✓	270			Is surface sampling conducted in all ISO classified areas on a periodic basis?
✓	272			Is viable air sampling performed?
✓	273			Is viable air sampling documented by properly trained individuals for all risk levels every 6 months?
✓	271			Are environmental sampling results evaluated and addressed (i.e., action levels followed)?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Records of Compounded Sterile Preparations (CSP)**
✓	252			Does the pharmacy maintain records relating to CSPs for a minimum of 2 years?
✓	253			Do compounding records include the date and time of preparation of a CSP?
✓	254			Do compounding records include the complete formula of a CSP?
✓	257			Do compounding records include the quantities of materials used in a CSP?

✓	255			Do compounding records include the signature or initials of who prepared a CSP?
✓	256			Do compounding records include the signature or initials of who conducted the final check of a CSP?
✓	258			Do compounding records include the container used and the number of units prepared for a CSP?
✓	259			Do compounding records include the criteria used to determine the beyond-use date of a CSP?
✓	260			Do compounding records include the documentation of performance of quality control procedures?
✓	261			Are master worksheets and preparation worksheets for batch compounding complete?
✓	262			Are master worksheets developed and approved by a pharmacist?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**General Operational Requirements**
✓	166			Is a pharmacist available at all times (24/7)?
✓	187			Are written SOPs developed and implemented for all significant procedures in the compounding area to include at a minimum: the facility, equipment, personnel, preparation evaluation, quality assurance, preparation recall, packaging, and storage of CSPs?
✓	188			Does the pharmacy have all required written policies (e.g., pharmaceutical care services, sampling plan, recalls)?
✓	158			If the pharmacy compounds commercially available products, does the pharmacy document the need by verifying and monitoring a drug shortage list (including if the preparation is quarantined/not available once removed from the shortage list)? Or,
✓	158			Does the pharmacy document the need for compounding commercially available products by individual patient needs determined by the prescribing practitioner (i.e, hypersensitivity to inactive ingredients or alternate dosage form)?
✓	275			If the pharmacy dispenses prescriptions to patients in other states, does the pharmacy have proper licensure in those states?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Office Use Compounding & Distribution of CSPs**
	163		✓	Does the pharmacy have a written agreement with the prescriber that meets all requirements to distribute compounded sterile preparations to practitioners for office use?
	162		✓	If the pharmacy is distributing CSPs to another pharmacy, does the pharmacy meet the requirements for such distribution?
				Is the pharmacy registered with the FDA as an Outsourcing Facility (503B)?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Quality Control and Verification of Compounding Accuracy**
✓	207			Does a pharmacist review all compounding records for accuracy and perform the final check of a CSP?
✓	185			Are periodic in-process checks for CSPs defined in written procedures and conducted as defined?
✓	191			Are all drug components USP/NF grade substances manufactured in an FDA-registered facility? If USP/NF grade substances are not available, are the drug components of chemical grade in CP, AR, ACS, or Food Chemical Codex categories?
✓	191			Is a Certificate of Analysis available for all components of the preparation if materials are not purchased through an FDA-registered facility?
✓	191			Are any CSPs prepared by the pharmacy listed on the federal FDA list of drug products that are withdrawn or removed from the market for safety reasons?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Veterinary Compounding**
			✓	Are APIs or other components labeled for veterinary use segregated or marked to prevent use for human compounding?
			✓	Does the pharmacy meet the same standards for animal compounding as human compounding?
			✓	Is the pharmacist knowledgeable or does the pharmacy have up-to-date references regarding species limits that can result in toxicity when compounding with particular drugs/excipients?
			✓	Does the pharmacy document if the animal is a pet or used for food?
			✓	Is the pharmacist familiar with, or does the pharmacy have the most up-to date references regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals?
			✓	Does the pharmacy have a list of drugs and components that have been designated by state or federal authorities as prohibited ingredients in CSPs for food-producing animals?
			✓	Is the pharmacist familiar with, or does the pharmacy have the most up-to-date reference regarding regulations for drug use in performance animals?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Label**
✓	209			Is the CSP properly labeled to include the generic name(s), and
✓	210			For outpatient prescriptions, does the label include a statement that the CSP has been compounded by the pharmacy?
✓	211			Does the label include a beyond-use date?
✓	213			If the CSP is compounded as a batch, does the label contain a unique lot number assigned to the batch, and
✓	214			Quantity, and
✓	215			Appropriate ancillary instructions, such as storage or cautionary statements, and
✓	216			Any device-specific instructions, if appropriate?
✓	220			Are CSPs assigned a beyond-use date based on the specified labeling for the drug, appropriate literature sources, or direct testing?
				Training and Competency Testing
✓	129			Has each pharmacist completed the required education and training prior to engaging in sterile compounding?
✓	130			Has each pharmacy technician completed the required education and training prior to engaging in sterile compounding?
✓	142			Does the pharmacy maintain documentation to demonstrate that all compounding personnel have successfully passed initial competency evaluation/testing (e.g., media-fill testing, gloved fingertip/thumb testing)? Does the pharmacy have an on-the-job training program?
✓	144			Does the pharmacy maintain documentation of on-going training and testing for all compounding personnel (e.g., observation of aseptic technique, media-fill testing, gloved fingertip/thumb testing, continuing education)?

SUMMARY OF UNSATISFACTORY CONDITIONS

	DEFICIENCY	CHECK IF *
1)	The ante-area contain a hands-free sink with hot and cold running water.	
2)	No hands-free access to the buffer area.	
3)	Buffer room floor had cracks & crevices	
4)	High-risk CSPs are compounded in a buffer area that does not provide physical separation from other compounding areas.	
5)		
6)		
7)		
8)		
9)		
10)		

***IMMEDIATE CORRECTIVE ACTION IS REQUIRED (I.E., CONTINUING OPERATION WOULD CONSTITUTE A THREAT TO PUBLIC HEALTH AND WELFARE)**

Remarks

The buffer room floor had cracks & crevices.

The entrance to the buffer area is not hands free.

The pharmacy compounds glp-1 (Semeglutide/Pyridoxine and Tirzepatide/Pyridoxine), IDPN, IPN.

Powder hood is inside buffer room with LAFW.

The pharmacy establishes BUDs for CSP- TPNs 10 days refrigerated and GLP-1 45 days (sterility tested)

The pharmacy does not perform prefiltered terminal sterilzation high risk sterile solutions.

The ante-area sink has one lever and the water was warm. Per owner, the sink temperature can be adjusted.

High-risk CSPs are compounded in a buffer area that does not provide physical separation from other compounding areas.

An inspector from a Qualified Vendor has inspected your pharmacy on behalf of the Texas State Board of Pharmacy. The results of this inspection are noted. The inspection report will be submitted to the Texas State Board of Pharmacy for further review.

Signature of Inspector

Reginal Bellamy

Printed Name of Inspector

I acknowledge that the noted conditions, which are not in compliance, have been explained to me and I have received a copy of this report.

Sarah Bensimon

Authorized Individual for the Pharmacy

6/11/2025

Date

17:41

Time of Exit

Sara Bensimon, RPh CEO

Printed Name and Title of Authorized Individual

PHARMKO, INC. X

GENERAL INFO

ENFORCEMENT ACTIONS

Type	Pharmacy
Legal Name	PHARMKO, INC.
Trade Name	---
Street Address	298 CENTRAL AVE. LAWRENCE NY 11559
Registration No	038192
Date First Registered	June 11, 2020
Registration Begins	June 01, 2026
Registered Through	May 31, 2029
Supervisor	040446 - RAMDHANIE ASHOKANAND
Establishment Status	Active
Successor	NONE

June 25, 2026 01:18 PM (ET)

https://eservices.nysed.gov/professions/verification-search?pharmacyRegistrationNumber=038192&professionCode=020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Pharmko Inc

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 298 Central Ave

City: Lawrence State: NY Zip: 11559

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 516-540-2003 Website: https://pharmko.com

Licensing Company Email: referral@pharmko.com

Section 2: Personal Information

First: Sarah Middle: Last: Bensimon

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: NY Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Touro Pharmacy School		08/10 - 05/14	
Address	**City**	**State**	**Zip**
3 Times Square	New York	NY	10036
Diploma/Degree obtained, if any			
PharmD			
School Name		**From - To (MM/YY – MM/YY)**	
Nova Southeastern University		08/05 - 05/10	
Address	**City**	**State**	**Zip**
3300 S. University Drive	Fort Lauderdale	FL	33328
Diploma/Degree obtained, if any			
Bachelor of Science (B.S.)			
School Name		**From - To (MM/YY – MM/YY)**	
Weinbaum Yeshiva High School		09/01 - 06/05	
Address	**City**	**State**	**Zip**
2 Montoya Cir N	Boca Raton	FL	33433
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2012 to present	[redacted]	[redacted]	NY	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Pharmko Inc			02/20 - present
Business Address	**City**	**State**	**Zip**
298 Central Ave	Lawrence	NY	11559-1606
Phone	**Title**		
516-540-2003	Owner/CEO		

Description of Duties

Parenteral Nutrition Pharmacy. Renal Specialty Pharmacy, Sterile Compounding Pharmacy. Oversee & influence all aspects of company including clinical protocols, quality compliance, and financial performance.

Business Name			From - To (MM/YY – MM/YY)
Prevental Health			10/20 - present
Business Address	**City**	**State**	**Zip**
1019 Broadway, Suite 206	Woodmere	NY	11598
Phone	**Title**		
516-123-4567	Co-founder		

Description of Duties

Physician and Facility Telehealth partner and innovation of med-tech devices to accompany our RPM program.

Business Name			From - To (MM/YY – MM/YY)
AmericareRx Pharmacy			09/18 - 02/20
Business Address	**City**	**State**	**Zip**
444 Merrick Rd, Ste LL5	Lynbrook	NY	11563
Phone	**Title**		
	Director of Pharmacy		

Description of Duties

Chair Quality Management Program. Lead & direct pharmacy initiatives for Intradialytic Parenteral Nutrition. Maintain USP 797 Compliance. Oversee sales team, lead pharmacy technician, technicians, buying dept., compounding team.

Business Name			From - To (MM/YY – MM/YY)
Mega Aid Pharmacy Inc			10/17 - 09/18
Business Address	**City**	**State**	**Zip**
140 58th St	Brooklyn	NY	11220
Phone	**Title**		
(212) 920-4500	Director of Specialty Pharmacy		

Description of Duties

Direct clinical operations of four pharmacy departments: Specialty Pharmacy, Chronic Care Management, Clinical Compounding, Worker's Compensation Retail division.

Business Name			From - To (MM/YY – MM/YY)
Mega Aid Pharmacy Inc			10/15 - 10/17
Business Address	**City**	**State**	**Zip**
140 58th St	Brooklyn	NY	11220
Phone	**Title**		
(212) 920-4500	Clinical Compounding Pharmacist		

Description of Duties

Develop patient-specific therapeutic options & formulate innovative drug designs & delivery systems in accordance with USP. Conduct clinical research, work with physicians, oversee inventory management, quality control, documentation.

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sarah Bensimon

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/04/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Denton

I, SARAH BENSIMON, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

02/04/2026

Date

Subscribed and Sworn to before me this 4th day of February, 2026.

Latoya Lynn Reese

Notary Public Signature

Latoya Lynn Reese
Notary Public, State of Texas
Comm. Expires 06-03-2029
Notary ID 133138086

Notarized Online with NotaryLive.com

(Seal)

4TTT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☐ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☒ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH 03636	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Dangerous drugs ☒ Controlled substances DEA #: [redacted] ☒ Non-sterile Compounding ☒ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☒ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: SANDSRX LLC

Physical Address: 4 REGENCY DRIVE

City: WYLIE State: TEXAS Zip: 75098

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 9725352020 Toll Free # (NAC 639.708, NRS 639.23286): 8445982557

Fax: 8553859990 Contact Email: compliance@sandsrx.com

Website: https://www.sandsrx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): MAHDI AL HALLAQ

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23689

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: MAHDI AL HALLAQ	NV Pharmacist Registration #: 23689
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: SANDSRX LLC

Mailing Address: 4 REGENCY DRIVE

City: WYLIE State: TEXAS Zip: 75098

Telephone: 9725352020 Email: compliance@sandsrx.com

Contact Person Name: MAHDI AL HALLAQ

Please check type of partnership (NAC 639.214) ☐ General ☑ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☑ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the PIC (title) for SANDSRX LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

MAHDI AL HALLAQ

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

4/6/26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MAHDI AL HALLAQ

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

4/6/2026

Date

Board Use Only	Date Received: 4/13/26	Amount: $500 C/K 10334 ✓

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for SandsRx, LLC (file number 801818569), a Domestic Limited Liability Company (LLC), was filed in this office on July 18, 2013.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 06, 2026.

Jane Nelson
Secretary of State

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler SANDSRXLLC

Pharmacy/Wholesaler License # (if applicable) PH03636

Physical Address 4 REGENCY DRIVE

City WYLIE State TEXAS Zip 75098

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 8445982557 Website https://www.sandsrx.com

Licensing Company Email compliance@sandsrx.com

Section 2: Personal Information

First MAHDI Middle _____ Last AL HALLAQ

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State TEXAS Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
St Louis College of Pharmacy		09/95 - 05/98	
Address	**City**	**State**	**Zip**
1 Pharmacy Place	St. Louis	MO	63110
Diploma/Degree obtained, if any			
BS, Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Drake University		08/92-05/95	
Address	**City**	**State**	**Zip**
2802 Forest Ave	Des Moines	IA	50311
Diploma/Degree obtained, if any			
None			

School Name		From - To (MM/YY – MM/YY)	
St George's School		08/88-05/91	
Address	**City**	**State**	**Zip**
PO Box 124833 Salah El Deen Street	Jerusalem	Israel	91000
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/14-present	[redacted]	[redacted]	TX	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: SANDSRX LLC			From - To (MM/YY – MM/YY): 10/13-present	
Business Address: 4 REGENCY DRIVE	City: WYLIE		State: TX	Zip: 75098
Phone: 8445982557	Title: PIC, MANAGING EMPLOYEE		Number of Employed Hours: 6000+	
Description of Duties: In charge of daily operations				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MAHDI AL HALLAQ

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/06/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Collin

I, MAHDI AL HALLAQ, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/6/2026

Date

Subscribed and Sworn to before me this 6th day of April.

Notary Public Signature

STEPHEN ELLIOTT MCGEE
My Notary ID # 130945833
Expires December 29, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: SANDSRX LLC

NV Pharmacy or Outsourcing facility license # (if applicable): PH03636

Physical Address: 4 REGENCY DRIVE

City: WYLIE State: TEXAS Zip: 75098

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 9725352020 Toll Free # (NAC 639.708, NRS 639.23286): 8445982557

Fax: 8553859990 Contact Email: mahdi@sandsrx.com

Website: www.sandsrx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): MAHDI AL HALLAQ

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23689

Name of Designated Person(s) as defined by revised USP-797 guidelines: Joah Sundrani, Mahdi Al Hallaq, Aaron Gilbert, Christopher Maginley, Abdullah Molki

Email of Designated Person(s): compliance@sandsrx.com

Telephone of Designated Person(s): 9725352020

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ■ Category 2 ■ Category 3

If you marked "**Category 3**", you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ■ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? December 2025

6. What is the frequency of the recertification for the ISO classified areas? every 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? weekly surface sampling

10. Will you be performing sterile hazardous drug compounding? ■ Yes ☐ No

If you marked "**Yes**", you must also complete **section 3.**

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Leuprolide 200 mcg/mL (from Acetate)(Microdose) Injection (10 mL vial)
Leuprolide 5 mg/mL (from acetate) (0.4 mL) Syringe
Leuprolide 5 mg/mL (from acetate) (0.8 mL) Syringe
LEUPROLIDE ACETATE 500MCG/ML (5ML VIAL) SOLUTION
Progesterone 50 mg/mL Ethyl Oleate Injection (10 mL vial)
Progesterone 100 mg/mL Ethyl Oleate Injection (10 mL vial)

12. What laboratory performs your sterility or endotoxin testing?

Name: Pharmetric Lab

Address: 11880 28th Street North Suite #210

City: St. Petersburg State: FL Zip: 33716

Telephone: 727-209-5778

13. What is your procedure for visual inspection of compounded sterile products?
3.2.3 Visually inspect for: Container leaks
Integrity
Cloudiness or separation
Appropriate color, odor
Appropriate volume, viscosity
Particles (swirl against light/dark)
Under white and UV light.

14. How often do you perform glove fingertip and medial fill testing?
3 x gloved fingertip first time - then once every 3 months - gloved fingertip.
1 media fill first time, then once every 3 months - media fill

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
3.9 All staff involved with compounding activities must undergo continuing education related to pharmacy compounding and annual competency assessment
Equipment training and competency assessment must be performed before using equipment (or overseeing the use of equipment) and upon evidence of poor technique.Compounding technique must be observed by a qualified person with media fills (and observed competency assessments that includes interviewing personnel) to assess sterile compounding skills prior to first performing sterile compounding (or overseeing sterile compounding) and repeated every three months (Category 3 compounders) and every six months (Category 2 compounders) and every twelve months (Oversight personnel who do not compound) and upon evidence of poor technique.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
Nonhazardous PEC cleaned and disinfected at the beginning of each day use with TB1, when spills occur, and when contamination is known or suspected. then same process with sterile water within the PEC, then followed by sterile 70%IPA applied to horizontal work surface until try before compounding each batch and at least every 30 minutes. If the compounding process takes more than 30 minutes, compounding will not be disrupted, and the work surface must be wiped immediately after compounding. SEC Work surfaces, pass-throughs, high tough areas, sink, and floors cleaned each day compounding occurs with dedicated mops. Hazardous PEC and surface areas - Peridox RTU must be used as follows to deactivate, decontaminate, clean, and disinfect HD areas Remove excess liquid from surface to be treated using a dry wiper. Saturate a new dry wiper with Peridox RTU solution. Clean the surface with the saturated wiper, utilizing overlapping, unidirectional strokes. Repeat steps 2-3. Leave the surface wet with Peridox RTU for at least 3 minutes. Finish by wiping surface with 70% Isopropyl alcohol. Discard contaminated wipers in trace hazardous waste container.
All surface areas for all PEC and SEC are cleaned every week. All areas including ceilings and walls are cleaned every month with TB1, Peridox (x 2 if hazardous)(x 1 if nonhazardous), and IPA 70% thereafter.

17. Who performs the sterile compounding process at your facility?

Pharmacy technicians who are sterile compounding certified with 40 CEU programs (includes performance evaluations to

18. Who is responsible and accountable for the sterile compounding process at your facility?
Designated person(s)&
Joah Sundrani VP of Compliance and Compounding Innovation

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Packaging
o Kangaroo Packaging 12 x 14"
o Cold Shipping 24-ounce brick Nordic Ice (x 2 during hotter temperatures)

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? LAFW for nonhazardous BSC for hazardous		
2. Are you complying with all USP 800 guidelines?	■ Yes	☐ No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	■ Yes	☐ No
4. Is your BSC or CACI vented 100% to the outside?	■ Yes	☐ No
5. Do you have a negative pressure buffer room at your facility?	■ Yes	☐ No
6. Will you be compounding with antineoplastic HDs or HD API?	■ Yes	☐ No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	■ No
8. Will you be utilizing a closed system transfer device?	☐ Yes	■ No
9. If yes, list the name of the device: hazardous drugs are stored in a negatively pressured room		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

Safe Handling of Hazardous drug statement is on patient education sheets.
Wash your hands before and after handling the hazardous medicine.
Use disposable gloves, medicine cups, or gowns if you are handling any hazardous medicines.
Throw away any used gloves, syringes, medicine cups, or bottles in a two-ply, heavy duty trash bag.
Tie or seal the plastic bag.
Be sure to keep this trash out of reach of children or pets.
To ensure proper disposal, you may visit this website to find the closest drug disposals near you: https://safe.pharmacy
Check with your city ordinance on how to properly discard your hazardous drugs.
It is not recommended that you flush down the toilet or rinse in your sinks as it impacts the local water system.
If you are pregnant or are trying to become pregnant, you should not be handling hazardous medicines.
If you are a caretaker that is pregnant or trying to become pregnant, please speak to your nurse, doctor, or pharmacist about how to safely take care of the patient.
Safe disposal of hazardous drugs included on patient education sheets.
All sharps or needles should be thrown away in a sharps container.
If you do not have a "sharps container" you may use a heavy-duty plastic container such as laundry detergent bottles.
Make sure that it is closed with a lid that screws on tightly.
Check with your city ordinance on how to discard your sharps.
To ensure proper disposal, you may visit this website to find the closest drug disposals near you: https://safe.pharmacy

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Employees are scheduled to get fit-tested for the N-95s that are provided by the pharmacy.
They sign the hazardous drug exposure attestment.
Complete hazardous drug competency assessments which includes knowledge checks of SDS, chemical spills, garbing assessments, procedure on locating eye wash cleaning hazardous drug areas and hazardous drug handling.
Occupational safety program, hazard communication program use of safety data sheets, designation of HD areas, hand hygiene and use of PPE based on their activity, storage, receipt, and didactic training as provided by Pharmacy Stars when handling hazardous drugs.

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

Leuprolide 200 mcg/mL (from Acetate)(Microdose) Injection (10 mL vial)
LEUPROLIDE ACETATE 500MCG/ML (5ML VIAL) SOLUTION
Progesterone 50 mg/mL Ethyl Oleate Injection (10 mL vial)
Progesterone 100 mg/mL Ethyl Oleate Injection (10 mL vial)

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

Every 3 months for active compounders and pharmacist(s)
Every 6 months for overseeing staff
Every year for supervising pharmacists not compounding

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? ☒ Yes ☐ No

4. What is the frequency for completing volumetric active air sampling?

Every month in all ISO classified areas.

5. What is the frequency for completing surface sampling? every week on all surface areas every batch for category 3 in PEC every month as well along with air viables	
6. What is the frequency for using sporicidal agents? nonhazardous areas - once a month for monthly clean - hazardous areas - before and after each batch - weekly surface clean - monthly clean	
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	■ Yes ☐ No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	■ Yes ☐ No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MAHDI AL HALLAQ

Name of Person who Completed the Form

PIC, MANAGING EMPLOYEE

Title

Mahdi Hallaq

Signature (copies or stamps not accepted)

4/6/2026

Date

Board Use Only	Date Received: 4/13/26 Date Approved: _____ Approved By: _____

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *SANDSRX, LLC* License Number: *28824*

Class of License: *AS*

Inspection Information

Type: *Compliance* Purpose: *Routine*

Date: *10/07/2024* Arrival Time: *10:00 AM* Departure Time: *3:15 PM*

Action Taken: *Inspection*

General Comments:

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Required licenses posted	*Satisfactory*
09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Satisfactory*

Inventory Records

15. Change of PIC inventory	*Not Applicable*
17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Satisfactory*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Sotisfactory*

Comment

Annual controlled substance inventory completed on 5/1/24

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?)	*Satisfactory*
34. Notifications	*Satisfactory*

76. PIC (Does the pharmacy have a pharmacist-in-charge?) *Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean *Satisfactory*

04. Balance inspection *Satisfactory*

Comment

Number of balances: 8 balances onsite

05. Equipment Inspection *Satisfactory*

07. Security *Satisfactory*

08. Environment *Satisfactory*

48. Drugs (procurement, temperature, security, out-of-date, samples) *Satisfactory*

90. TSBP complaint notification *Satisfactory*

Controlled Substances

10. Prescriptions separated *Satisfactory*

24. Theft/Loss *Satisfactory*

Comment

No theft or loss has occurred.

26. Controlled substance prescription compliance *Satisfactory*

30. Controlled substance invoices dated/initialed by pharmacist *Satisfactory*

35. Controlled substance invoices separated *Satisfactory*

46. Drug distribution *Satisfactory*

53. Possession of controlled substances *Satisfactory*

Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?) *Satisfactory*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?) *Satisfactory*

45. Proper dispensing/labeling *Satisfactory*

54. Proper prepackaging procedures *Not Applicable*

Library

06. Required Library *Satisfactory*

Training

60. Documentation of required training	*Satisfactory*
61. Supervision of supportive personnel	*Satisfactory*

Patient/Computer/Dispensing Records

18. Records available	*Satisfactory*
22. Data processing system compliance	*Satisfactory*
25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	*Satisfactory*
37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	*Satisfactory*
56. Prescription transfers	*Satisfactory*
67. Written drug information provided	*Satisfactory*
80. Patient counseling	*Satisfactory*
82. Patient Medication Records	*Satisfactory*
84. Drug regimen review	*Satisfactory*
86. Absence of pharmacist records	*Not Applicable*

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs	*Satisfactory*
92. Automated dispensing policy & procedures/SOPs	*Not Applicable*

Non-Sterile Compounding

03. Orderly/Clean/Hand Hygiene	*Satisfactory*
04. Balance inspection (for non-sterile compounding)	*Satisfactory*
05. Equipment Inspection	*Satisfactory*

Comment

3 powder hoods on site that certified annually

06. Non-sterile Library	*Satisfactory*
32. Non-sterile compound label (Is label complete?)	*Satisfactory*
38. Area/Environment for non-sterile compounding	*Satisfactory*
43. Records for non-sterile compounding	*Satisfactory*
60. Documentation of non-sterile required training	*Satisfactory*
70. Required policies & procedures/SOPs	*Satisfactory*

87. Quality Control/Assurance	*Satisfactory*

Compounded Dosage Forms

Allergen extracts	*No*
Parenteral solutions	*Yes*
Parenteral suspensions	*No*
Preservative-free parenterals	*No*
Ophthalmic preparations	*No*
Oral or nasal inhalation preparations (not topical spray)	*No*
Bath or soaks for live organs/tissues	*No*
Irrigations for wounds or body cavities	*No*
Any other sterile preparations (implants, pellets, etc) [list]	*No*
Investigational drugs	*No*
Blood products or other biological materials (wound care, autologous, eye drops, etc)	*No*
Any compounds using federally controlled substances Schedule I-V (list and percentage)	*No*

Comment

Testosterone (less 1% of total doses dispensed)

Does the pharmacy use lyophilizer?	*No*

Environment (Sterile)

S109. Is the cleanroom clean and free of objects that shed particles?	*Satisfactory*
S110. Is the cleanroom used only for sterile preparations?	*Satisfactory*
S119. Does the cleanroom contain only appropriate supplies?	*Satisfactory*
S101. Does the ante-area provide at least ISO Class 8 air quality under dynamic conditions?	*Satisfactory*
S115. Does the ante-area contain a hands-free sink with hot and cold running water?	*Satisfactory*
S102. Does the buffer area provide at least ISO Class 7 air quality under dynamic conditions?	*Satisfactory*
S106. Is the buffer area free from sources of water (e.g., sink, floor drains)?	*Satisfactory*
S108. Is there hands-free access to the buffer area?	*Satisfactory*
S113. Are floors, walls, ceilings & fixtures smooth, impervious and free from cracks & crevices?	*Satisfactory*
S112. Does the floor covering enable regular disinfection?	*Satisfactory*
S118. Are supplies stored above the floor to permit adequate floor cleaning?	*Satisfactory*

S127. Does the clean room have a pressure gauge or velocity meter to monitor pressure differential between buffer area and ante-area and between the ante-area and the general environment? Is the pressure differential at least 0.02" wc?	*Satisfactory*
S116. Are temperature and humidity monitored, documented and within the required range?	*Satisfactory*
S167. Is there a thermometer available for the cleanroom and refrigerator(s)?	*Satisfactory*

Primary Engineering Control (PECs) Device

S126. Is the laminar air flow hood located in a buffer area that has a minimum differential positive pressure of 0.02" wc?	*Satisfactory*
S121. Is the PEC able to maintain at least ISO Class 5 conditions while compounding sterile preparations?	*Satisfactory*
S246. Are hazardous drugs prepared in a Class II/III vertical flow BSC or CACI located in an ISO Class 7 area physically separated from other areas?	*Satisfactory*
S247. Does the area where the BSC or CACI is located have not less than 0.01" wc negative pressure adjacent to the positive pressure ISO Class 7 area?	*Satisfactory*
S105. Does the CAI or CACI provide unidirectional airflow?	*Not Applicable*
S104. If the CAI or CACI is used for high-risk sterile compounding, is it placed in an ISO Class 8 area?	*Not Applicable*
S122. If the CAI is not required to be placed in an ISO Class 7 area, does the pharmacy maintain documentation from the manufacturer?	*Not Applicable*
S124. Is the PEC certified by an independent contractor every 6 months and when relocated?	*Satisfactory*
S125. Are prefilters inspected periodically and replaced as needed?	*Satisfactory*
S128. Are differential pressures monitored and documented at least every work shift (at a minimum daily) or by a continuous recording device?	*Satisfactory*

Equipment and Supplies

S174. Does the pharmacy have disposable needles, syringes, and other required or applicable supplies?	*Satisfactory*
S177. Does the pharmacy have lint-free towels or wipes?	*Satisfactory*
S180. Does the pharmacy have masks, caps, gowns with tight cuffs, shoes covers, and beard covers (if applicable)?	*Satisfactory*
S176. Does the pharmacy have handwashing agents with bactericidal action?	*Satisfactory*
S175. Does the pharmacy have disinfectant cleaning solutions and dedicated cleaning supplies?	*Satisfactory*
S179. Does the pharmacy have hazardous spill kits, if applicable?	*Satisfactory*
S171. Does the pharmacy have appropriate containers for needles and syringes?	*Satisfactory*
S170. Does the pharmacy have sterile isopropyl alcohol, sterile gloves, and waterless alcohol-based surgical hand scrub?	*Satisfactory*

S178. Does the pharmacy have appropriate filters and filtration equipment?	*Satisfactory*
S181. If an automated compounding device is used, does the pharmacy calibrate & verify the device for accuracy, and document at least daily?	*Satisfactory*
S172. Does the pharmacy have packaging or delivery containers to maintain proper storage conditions for sterile preparations?	*Satisfactory*

High Risk CSPs

S103. If high-risk CSPs are compounded, does the buffer area provide physical separation from other compounding areas?	*Satisfactory*
S231. Is sterility testing performed if CSPs are prepared in groups > 25, or	*Satisfactory*
S232. If MDVs are prepared for multiple patients or when exposed > 12 hours at 2-8 degrees C before sterilized, or	*Not Applicable*
S233. If exposed > 6 hours at warmer than 8 degrees C before sterilized?	*Not Applicoble*
S237. Are all non-sterile measuring, mixing, and purifying devices rinsed thoroughly with pyrogen-free or depyrogenated sterile water, and then thoroughly drained or dried immediately before use for high-risk sterile compounding?	*Satisfactory*
S238. Are all high-risk sterile solutions subjected to terminal sterilization prefiltered using no larger than a 1.2-micron filter to remove particulate matter? Is sterilization by filtration performed with a sterile 0.2 – 0.22 micrometer pore size filter within an ISO Class 5 environment or better?	*Satisfactory*
S165. Are filter integrity tests being performed and documented (e.g., bubble point test)?	*Satisfactory*
S239. Are pre-sterilization procedures (weighing and mixing) completed in an ISO Class 8 environment or better?	*Satisfactory*

Sterile Library

S154. Does the pharmacy have a reference on injectable drugs?	*Satisfactory*
S155. Does the pharmacy have a specialty reference?	*Satisfactory*
S156. Does the pharmacy have all of the required (USP chapters 71, 85, 795, 797, 1163) and applicable USP chapters?	*Satisfactory*

Hazardous CSPs

S242. Do personnel wear protective apparel at all times when hazardous drugs are handled?	*Satisfactory*
S243. Do personnel use appropriate safety and containment techniques when preparing hazardous CSPs?	*Sotisfactory*
S244. Do personnel dispose of hazardous waste in compliance with local, state, and federal regulations?	*Satisfactory*
S245. Do personnel affix a proper label, including proper precautions inside and outside of the packaging?	*Satisfactory*

S248. Does the pharmacy have a pressure indicator that can be readily monitored for correct room pressurization?	*Satisfactory*
S249. Does the pharmacy meet the requirements for low volume preparation of hazardous drugs by using a device that provides two-tiers of containment (e.g., closed-system vial transfer device within a BSC)?	*Not Applicable*
S250. Are hazardous drugs stored separately from other inventory in a manner to prevent contamination and personnel exposure?	*Satisfactory*
Does the pharmacy have a plan to comply with USP <800> by the implementation date?	*Yes*
Are hazardous drugs stored separately in compliance with USP <800> (negative pressure at least -0.01" wc to adjacent areas and with at least 12 ACPH)?	*Yes*
Is hazardous drug waste quarantined in a designated area?	*Yes*
Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)?	*Yes*

Personnel Cleansing, Garbing, Hand Hygiene

S202. Does hand sanitizing and gowning occur in the ante-area (outside of the buffer area)?	*Satisfactory*
S180. Do compounding personnel don clean non-shedding gowns with sleeves that fit snugly around the wrists and enclose at the neck? Is the order of garbing appropriate (dirtiest to cleanest)?	*Satisfactory*
S194. Before entering the buffer area, do compounding personnel remove cosmetics?	*Satisfactory*
S195. Before entering the buffer area, do compounding personnel remove all hand, wrist, and other body jewelry/piercings?	*Satisfactory*
S196. Are natural nails kept neat and trim and no wearing of artificial nails or extenders?	*Satisfactory*
S200. Do compounding personnel remove debris from underneath fingernails using a nail cleaner under running warm water?	*Satisfactory*
S192. Are personnel with an apparent illness or open lesions compounding sterile preparations?	*Satisfactory*
S241. When compounding personnel temporarily exit the ISO Class 7 environment, are re-donning procedures properly followed?	*Satisfactory*
S201. Do compounding personnel engage in proper hand hygiene?	*Satisfactory*
S203. Do compounding personnel completely dry hands and forearms using lint-free disposable towels or hand dryer?	*Satisfactory*
S204. Is antiseptic hand cleansing performed using waterless alcohol-based surgical scrub once inside the buffer area and prior to donning sterile gloves?	*Satisfactory*
S206. Is sterile isopropyl alcohol applied to gloves throughout the day and when non-sterile surfaces are touched?	*Satisfactory*

Cleaning/Disinfection Procedures

S182. Does the pharmacy have written procedures on the cleaning and disinfecting of the direct and contiguous compounding areas (e.g., beginning of shift, every 30 minutes, before each batch, spills)?	*Satisfactory*
S230. Is cleaning performed by trained personnel using approved agents (described in written SOPs)?	*Satisfactory*
S228. Are supplies & equipment that are removed from shipping cartons wiped with a disinfecting agent (e.g., sterile IPA)?	*Satisfactory*
S226. Are work surfaces and floors in the ante-area and buffer area cleaned and disinfected daily with dedicated supplies?	*Satisfactory*
S227. Are walls, ceilings and shelving in the ante-area and buffer area cleaned and disinfected at least monthly?	*Satisfactory*
S229. Does the pharmacy maintain documentation of cleaning procedures (i.e., date/time of cleaning, type of cleaning, name of individual who performed the cleaning)?	*Satisfactory*

Environmental Sampling

S270. Is surface sampling conducted in all ISO classified areas on a periodic basis?	*Satisfactory*
S272. Is viable air sampling performed?	*Satisfactory*
S273. Is viable air sampling documented by properly trained individuals for all risk levels every 6 months?	*Satisfactory*
S271. Are environmental sampling results evaluated and addressed (i.e., action levels followed)?	*Satisfactory*

Records of CSPs

S252. Does the pharmacy maintain records relating to CSPs for a minimum of 2 years?	*Satisfactory*
S253. Do compounding records include the date and time of preparation of a CSP?	*Satisfactory*
S254. Do compounding records include the complete formula of a CSP?	*Satisfactory*
S257. Do compounding records include the quantities of materials used in a CSP?	*Satisfactory*
S255. Do compounding records include the signature or initials of who prepared a CSP?	*Satisfactory*
S256. Do compounding records include the signature or initials of who conducted the final check of a CSP?	*Satisfactory*
S258. Do compounding records include the container used and the number of units prepared for a CSP?	*Satisfactory*
S259. Do compounding records include the criteria used to determine the beyond-use date of a CSP?	*Satisfactory*
S260. Do compounding records include the documentation of performance of quality control procedures?	*Satisfactory*
S261. Are master worksheets and preparation worksheets for batch compounding complete?	*Satisfactory*
S262. Are master worksheets developed and approved by a pharmacist?	*Satisfactory*

General Operational Requirements

S166. Is a pharmacist available at all times (24/7)? *Satisfactory*

S187. Are written SOPs developed and implemented for all significant procedures in the compounding area to include at a minimum: the facility, equipment, personnel, preparation evaluation, quality assurance, preparation recall, packaging, and storage of CSPs? *Satisfactory*

S188. Does the pharmacy have all required written policies (e.g., pharmaceutical care services, sampling plan, recalls)? *Satisfactory*

S158. If the pharmacy compounds commercially available products, does the pharmacy document the need by verifying and monitoring a drug shortage list (including if the preparation is quarantined/not available once removed from the shortage list)? Or, *Satisfactory*

291.133(d)(1)(C).

Operational Standards. General Requirements. Commercially available products may be compounded for dispensing to individual patients or for office use provided the following conditions are met:

(i) the commercial product is not reasonably available from normal distribution channels in a timely manner to meet individual patient's needs;

(ii) the pharmacy maintains documentation that the product is not reasonably available due to a drug shortage or unavailability from the manufacturer; and

(iii) the prescribing practitioner has requested that the drug be compounded as described in subparagraph (D) of this paragraph.

Comment

Advised to ensure the pharmacy documents the need for compounding commercially available products by verifying and monitoring a drug shortage list or by maintaining documentation from the prescribing practitioner the individual patient need for the compounded preparation.

S158. Does the pharmacy document the need for compounding commercially available products by individual patient needs determined by the prescribing practitioner (i.e, hypersensitivity to inactive ingredients or alternate dosage form)? *Not Applicable*

S275. If the pharmacy dispenses prescriptions to patients in other states, does the pharmacy have proper licensure in those states? *Satisfactory*

Comment

Pharmacy maintains active licenses in multiple states.

Office Use Compounding & Distribution of CSPs

S163. Does the pharmacy have a written agreement with the prescriber that meets all requirements to distribute compounded sterile preparations to practitioners for office use? *Not Applicable*

S162. If the pharmacy is distributing CSPs to another pharmacy, does the pharmacy meet the requirements for such distribution? *Not Applicable*

Is the pharmacy registered with the FDA as an Outsourcing Facility (503B)? *No*

Quality Control & Verification of Compounding Accuracy

S207. Does a pharmacist review all compounding records for accuracy and perform the final check of a CSP?	*Satisfactory*
S185. Are periodic in-process checks for CSPs defined in written procedures and conducted as defined?	*Satisfactory*
S191. Are all drug components USP/NF grade substances manufactured in an FDA-registered facility? If USP/NF grade substances are not available, are the drug components of chemical grade in CP, AR, ACS, or Food Chemical Codex categories?	*Satisfactory*
S191. Is a Certificate of Analysis available for all components of the preparation if materials are not purchased through an FDA-registered facility?	*Satisfactory*
S191. Are any CSPs prepared by the pharmacy listed on the federal FDA list of drug products that are withdrawn or removed from the market for safety reasons?	*Satisfactory*

Veterinary Compounding

Are APIs or other components labeled for veterinary use segregated or marked to prevent use for human compounding?	*Not Applicable*
Does the pharmacy meet the same standards for animal compounding as human compounding?	*Not Applicable*
Is the pharmacist knowledgeable or does the pharmacy have up-to-date references regarding species limits that can result in toxicity when compounding with particular drugs/excipients?	*Not Applicable*
Does the pharmacy document if the animal is a pet or used for food?	*Not Applicable*
Is the pharmacist familiar with, or does the pharmacy have the most up-to date references regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals?	*Not Applicable*
Does the pharmacy have a list of drugs and components that have been designated by state or federal authorities as prohibited ingredients in CSPs for food-producing animals?	*Not Applicable*
Is the pharmacist familiar with, or does the pharmacy have the most up-to-date reference regarding regulations for drug use in performance animals?	*Not Applicable*

Label

S209. Is the CSP properly labeled to include the generic name(s), and	*Satisfactory*
S210. For outpatient prescriptions, does the label include a statement that the CSP has been compounded by the pharmacy?	*Satisfactory*
S211. Does the label include a beyond-use date?	*Satisfactory*
S213. If the CSP is compounded as a batch, does the label contain a unique lot number assigned to the batch, and	*Satisfactory*
S214. Quantity, and	*Satisfactory*
S215. Appropriate ancillary instructions, such as storage or cautionary statements, and	*Satisfactory*
S216. Any device-specific instructions, if appropriate?	*Satisfactory*

S220. Are CSPs assigned a beyond-use date based on the specified labeling for the drug, appropriate literature sources, or direct testing? *Satisfactory*

Training & Competency Testing

S129. Has each pharmacist completed the required education and training prior to engaging in sterile compounding? *Satisfactory*

S130. Has each pharmacy technician completed the required education and training prior to engaging in sterile compounding? *Satisfactory*

S142. Does the pharmacy maintain documentation to demonstrate that all compounding personnel have successfully passed initial competency evaluation/testing (e.g., media-fill testing, gloved fingertip/thumb testing)? Does the pharmacy have an on-the-job training program? *Satisfactory*

S144. Does the pharmacy maintain documentation of on-going training and testing for all compounding personnel (e.g., observation of aseptic technique, media-fill testing, gloved fingertip/thumb testing, continuing education)? *Satisfactory*

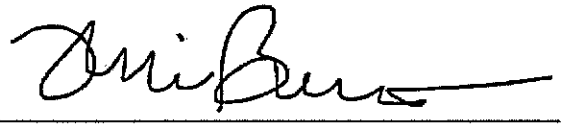
Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



AL HALLAQ, MAHDI PIC 50354



Terri Burrows

TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue, Suite 13.100
Austin, TX 78701-1319
(512) 305-8000

License Number: 28824

(Date PDF Version Generated: 10/5/2025)

HELPFUL PHARMACY INFORMATION

- Pharmacies are required to notify TSBP within 10 days of a discontinuance of service, change of location or closure. See the TSBP website here Pharmacy - Renew & Update (texas.gov) for changes.
- Renewals open about 60 days prior to your expiration date, renewal information can be found here Renew | Pharmacy (texas.gov).
- Change of Employment or Change of PIC information can be found here Update | Employment (texas.gov).
- Change of Ownership – Call (512) 305-8021 or see Apply | Change of Ownership (texas.gov).
- For questions or assistance regarding rules, contact TSBP Rules Queue line at (512) 305-8070 see www.pharmacy.texas.gov.
- Non-Resident Pharmacy questions call (512) 305-9127 or email NonResPhcy@pharmacy.texas.gov.

An up-to-date License Verification is always available on the Board's website: http://www.pharmacy.texas.gov/

This certifies that the pharmacy named below is hereby licensed to operate as a Class **AS** pharmacy.

License No. **28824** Expiration Date: **10/31/2027**

Balances: **11**

SANDSRX, LLC
4 REGENCY DRIVE
WYLIE, TX 75098

Daniel R. Carroll, Pharm.D.,
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Re:	SandsRx, LLC
Address:	4 Regency Drive Wylie, Texas 75098
License No.:	28824
Date Issued:	October 14, 2013
Licensure Status:	Active
Expiration Date:	October 31, 2027
Type of Pharmacy:	Community Sterile Compounding
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. SandsRx, LLC (Texas Pharmacy License #28824) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Eamon D. Briggs
Deputy General Counsel
Texas State Board of Pharmacy

April 10, 2026
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site SANDSRX LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PH03636

Physical Address 4 REGENCY DRIVE

City WYLIE State TEXAS Zip 75098

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 8445982557 Website https://www.sandsrx.com

Licensing Company Email compliance@sandsrx.com

Section 2: Personal Information

First STEPHEN Middle LANIER Last SANDS

Alias(es, nicknames, name changes, etc.) STEVE SANDS

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State TEXAS Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Texas at Austin		06/97 - 12/01	
Address	**City**	**State**	**Zip**
2515 Speedway	Austin	TX	78712
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Grapevine High School		08/94-05-97	
Address	**City**	**State**	**Zip**
3223 Mustang Drive	Grapevine	TX	78712
Diploma/Degree obtained, if any			
Graduated from H.S.			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/25 - Present	[redacted]	[redacted]	TX	[redacted]
04/15 - 04/25			TX	

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
SandsRx, LLC			07/13 - Present
Business Address	**City**	**State**	**Zip**
4 Regency Drive	Wylie	TX	75098
Phone	**Title**		
972-535-2020	Co-Founder & President		

Description of Duties

I am one of (3) owners. As President, my job is to oversee all strategic, operational, and financial functions for our organization.

Business Name			From - To (MM/YY – MM/YY)
SandsRx McKinney			
Business Address	**City**	**State**	**Zip**
1717 W University Drive Ste 412	McKinney	TX	75069
Phone	**Title**		
972-535-2020	Co-Owner & President		

Description of Duties

President

Business Name			From - To (MM/YY – MM/YY)
SandsRx Frisco			
Business Address	**City**	**State**	**Zip**
5150 Warren Parkway Suite 700	Frisco	TX	75034
Phone	**Title**		
972-535-2020	Co-Owner & President		

Description of Duties

President

Business Name			From - To (MM/YY – MM/YY)
SandsRx Georgia			
Business Address	**City**	**State**	**Zip**
1586 MARKET PLACE BLVD	Cumming	GA	30041
Phone	**Title**		
972-535-2020	Co-Owner & President		

Description of Duties

President

Business Name			From - To (MM/YY – MM/YY)
TransferMyRx			
Business Address	**City**	**State**	**Zip**
1309 W 15th Street Suite 320	Plano	TX	75075
Phone	**Title**		
888-796-7286	Co-Owner		

Description of Duties

Business Development - President

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Stephen Sands
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/06/2026
Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Collin

I, Stephen Lenner Sands, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/06/2026
Date

Subscribed and Sworn to before me this 6th day of April.

Notary Public Signature

STEPHEN ELLIOTT MCGEE
My Notary ID # 130945833
Expires December 29, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site SandsRx Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) 28824

Physical Address 4 Regency Drive

City Wylie State TX Zip 75098

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 972-535-2020 Website www.sandsrx.com

Licensing Company Email compliance@sandsrx.com

Section 2: Personal Information

First Michael Middle Lee Last Sands

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State TX Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.320)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirements (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Grapevine High School		08/91- 05/94	
Address	**City**	**State**	**Zip**
3223 Mustang Drive	Grapevine	TX	76051
Diploma/Degree obtained, if any			
Graduated from H.S.			
School Name		**From - To (MM/YY – MM/YY)**	
The University of Texas at Austin		08/94 - 12/98	
Address	**City**	**State**	**Zip**
110 Inner Campus Drive	Austin	TX	78712
Diploma/Degree obtained, if any			
Bachelor of Science in Speech Communication			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/23 - Present	[redacted]	[redacted]	TX	[redacted]
08/21 - 12/23			TX	
12/15 - 08/21			TX	
05/04-12/15			TX	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
SandsRx, LLC			07/13 - Present
Business Address	**City**	**State**	**Zip**
4 Regency Drive	Wylie	TX	75098
Phone	**Title**		
972-535-2020	Co-Founder & CEO		

Description of Duties

I am one of (3) owners. As CEO my job is to set the direction and vision for our organization. I, along with my 2 partners, oversee all of SandsRx's daily operations, including all of our Financial, Human Resources, and Technology.

Business Name			From - To (MM/YY – MM/YY)
SandsRx McKinney			
Business Address	**City**	**State**	**Zip**
1717 W. University Dr Ste 412	McKinney	TX	75069
Phone	**Title**		
972-535-2020	Co-Owner & CEO		

Description of Duties

CHIEF EXECUTIVE OFFICER

Business Name			From - To (MM/YY – MM/YY)
SandsRx Frisco			
Business Address	**City**	**State**	**Zip**
5150 Warren Parkway Ste 700	Frisco	TX	75034
Phone	**Title**		
972-535-2020	Co-Owner & CEO		

Description of Duties

CHIEF EXECUTIVE OFFICER

Business Name			From - To (MM/YY – MM/YY)
SandsRx Georgia			
Business Address	**City**	**State**	**Zip**
1586 MARKET PLACE BLVD	Cumming	GA	30041
Phone	**Title**		
972-535-2020	Co-Owner & CEO		

Description of Duties

CHIEF EXECUTIVE OFFICER

Business Name			From - To (MM/YY – MM/YY)
TransferMyRx			
Business Address	**City**	**State**	**Zip**
1309 W 15th Street Suite 320	Plano	TX	75075
Phone	**Title**		
888-796-7286	Co-Founder & CEO		

Description of Duties

CHIEF EXECUTIVE OFFICER

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mike Sands
Print Name (First, Last)

Mike Sands — 04/06/2026
Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Collin

I, Michael Lee Sands, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Mike Sands — 04/06/2026
Original Signature — **Date**

Subscribed and Sworn to before me this 6th day of April

Notary Public Signature

STEPHEN ELLIOTT MCGEE
My Notary ID # 130945833
Expires December 29, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site SANDSRX LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PH03636

Physical Address 4 REGENCY DRIVE

City WYLIE State TEXAS Zip 75098

Mailing Address (If different from physical address) _____

City _____ State _____ Zip _____

Telephone 8445982557 Website https://www.sandsrx.com

Licensing Company Email compliance@sandsrx.com

Section 2: Personal Information

First MAHDI Middle ADNAN Last AL HALLAQ

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State TEXAS Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
St Louis College of Pharmacy			09/95-05-98
Address	**City**	**State**	**Zip**
1 Pharmacy Place	St. Louis	MO	63110
Diploma/Degree obtained, if any			
Bachelor of Pharmacy			
School Name			**From - To (MM/YY – MM/YY)**
Drake University			08/92-05/95
Address	**City**	**State**	**Zip**
2802 Forest Ave	Des Moines	IA	50311
Diploma/Degree obtained, if any			
None			
School Name			**From - To (MM/YY – MM/YY)**
Greenville College			05/91-05/92
Address	**City**	**State**	**Zip**
315 E College Ave	Greenville	IL	62246
Diploma/Degree obtained, if any			
None			
School Name			**From - To (MM/YY – MM/YY)**
St George's School			08/88-05/91
Address	**City**	**State**	**Zip**
P.O. Box 124833 Salah El Deen Street	Jerusalem	Israel	91000
Diploma/Degree obtained, if any			
School Name			**From - To (MM/YY – MM/YY)**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/14-Present	[redacted]	[redacted]	TX	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
SandsRx LLC			08/13-Present
Business Address	**City**	**State**	**Zip**
4 Regency Drive	Wylie	TX	75098
Phone	**Title**		
972-535-2020	PIC		
Description of Duties			
In charge of daily operations			

Business Name			From - To (MM/YY – MM/YY)
SandsRx McKinney			
Business Address	**City**	**State**	**Zip**
1717 W University Drive Ste 412	McKinney	TX	75069
Phone	**Title**		
972-535-2020	Co-Owner/COO		
Description of Duties			
chief operating officer			

Business Name			From - To (MM/YY – MM/YY)
SandsRx Frisco			
Business Address	**City**	**State**	**Zip**
5150 Warren Parkway Suite 700	Frisco	TX	75034
Phone	**Title**		
972-535-2020	Co-Owner/COO		
Description of Duties			
chief operating officer			

Business Name			From - To (MM/YY – MM/YY)
SandsRx Georgia			
Business Address	**City**	**State**	**Zip**
1586 Market Place Blvd	Cumming	GA	30041
Phone	**Title**		
972-535-2020	Owner/COO		
Description of Duties			
chief operating officer			

Business Name			From - To (MM/YY – MM/YY)
TransferMyRx			
Business Address	**City**	**State**	**Zip**
1309 W 15th Street Suite 320	Plano	TX	75075
Phone	**Title**		
888-796-7286	Co-owner		
Description of Duties			
Business Development			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MAHDI AL HALLAQ
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/6/2024
Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Collin

I, MAHDI AL HALLAQ, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/6/2024
Date

Subscribed and Sworn to before me this 6th day of Apr. 1.

Notary Public Signature

STEPHEN ELLIOTT MCGEE
My Notary ID # 130945833
Expires December 29, 2028

(Seal)

4UUU

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	**Application Type (check all applicable)**	**Pharmacy Type (check all applicable)**	**Services the Pharmacy will Provide (check all applicable)**
☐ Nevada	☑ New Pharmacy	☐ Retail/Community	☐ Retail/Community
☑ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☑ Other: MAIL ORDER	☐ Non-sterile Compounding
			☑ Sterile Compounding
			☑ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		**Ownership Type (check applicable box)**
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☑ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: US Compounding Factory LLC

Physical Address: 108B New South Road

City: Hicksville State: New York Zip: 11801

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (646) 371-4498 Toll Free # (NAC 639.708, NRS 639.23286): 888/327-8790

Fax: 888/327-8790 Contact Email: nauman@uscompoundingfactory.com

Website: www.uscompoundingfactory.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Hira Iftikhar

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24868

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Hira Iftikhar	NV Pharmacist Registration #: 24868
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: New York

Parent Company (if any): US Compounding Factory LLC

Corporation Name: US Compounding Factory LLC

Mailing Address: 108B New South Rd

City: Hicksville State: NY Zip: 11801

Telephone: 888/327-8790 Email: nauman@uscompoundingfactory.com

Contact Person Name: Nauman Shahid

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☒ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: New York

Parent Company (if any): US Compounding Factory LLC

Corporation/Organization Name: US Compounding Factory LLC

Mailing Address: 108B New South Rd

City: Hicksville State: NY Zip: 11801

Telephone: 888/327-8790 Email: nauman@uscompoundingfactory.com

Contact Person Name: Nauman Shahid

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name:

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Managing Director (title) for US Compounding Factory LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Nauman Shahid

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11/14/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nauman Shahid

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

11/14/25

Date

Board Use Only	Date Received: 4/15/26	Amount: 500.00/CC

US COMPOUNDING FACTORY LLC

Ownership Structure

108B New South Road, Hicksville, NY 11801

Member's Name	Member's Address	Date of Birth	Members Membership Interest
Nauman Ali Shahid	[redacted]	[redacted]	100%

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	US COMPOUNDING FACTORY LLC
DOS ID Number:	7331468
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	05/17/2024
Statement Status:	CURRENT
Statement Due Date:	05/31/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on March 03, 2026 at 12:08 P.M.

WALTER T. MOSLEY
Secretary of State

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100009789262 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: US Compounding Factory, LLC

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 108B New South Rd

City: Hicksville State: NY Zip: 11801

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (646) 371-4498 Toll Free # (NAC 639.708, NRS 639.23286): 888/327-8790

Fax: 888/327-8790 Contact Email: nauman@uscompoundingfactory.com

Website: www.uscompoundingfactory.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Hira Iftikhar

Supervising/Managing Pharmacist NV Pharmacist Registration #: 24868

Name of Designated Person(s) as defined by revised USP-797 guidelines: Nauman Shahid

Email of Designated Person(s): nauman@uscompoundingfactory.com

Telephone of Designated Person(s): (646) 371-4498

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

   ☑ Category 1 ☑ Category 2 ☐ Category 3

If you marked "**Category 3**", you must also complete **section 4**.

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ☑ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ☑ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ☑ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? 3/30/2025

6. What is the frequency of the recertification for the ISO classified areas? Every 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ☑ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ☑ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Monthly (in accordance with USP <797>)

10. Will you be performing sterile hazardous drug compounding? ☐ Yes ☑ No

If you marked "**Yes**", you must also complete **section 3**.

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

NAD+ (Nicotinamide Adenine Dinucleotide) injectionsGlutathione injectionsSermorelin injectionsVitamin B12 (Cyanocobalamin) injectionsCustomized sterile vitamin and wellness formulations as prescribed

12. What laboratory performs your sterility or endotoxin testing?

Name: Eagle Analytics

Address: 11111 S Wilcrest Dr., S1000,

City: Houston State: Texas Zip: 77099

Telephone: 8007458916

13. What is your procedure for visual inspection of compounded sterile products?

All compounded sterile preparations (CSPs) undergo 100% visual inspection prior to release by trained personnel under appropriate lighting conditions. Inspection includes evaluation for particulate matter, discoloration, container closure integrity, leaks, and labeling accuracy. CSPs are examined against both light and dark backgrounds. Any CSP failing inspection is immediately quarantined and investigated per SOP. Final verification is documented prior to dispensing.

14. How often do you perform glove fingertip and medial fill testing?

Gloved fingertip sampling is performed initially and at least every 6 months for all compounding personnel.Media fill testing is conducted initially and at least every 6 months for personnel performing Category 2 sterile compounding, in acc

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

All personnel complete a structured training program prior to performing sterile compounding, including didactic instruction on aseptic technique, garbing, cleaning procedures, environmental monitoring, and USP <797> requirements. Personnel must successfully complete written assessments, media fill testing, and gloved fingertip sampling prior to independent compounding.Ongoing training includes semi-annual competency reassessment, SOP review, and continued education. Personnel are re-evaluated upon any deviation, process change, or observed deficiency. All training and competency evaluations are documented and maintained.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Primary engineering controls (PECs) and secondary engineering controls (SECs) are cleaned and disinfected according to established SOPs and USP <797> standards.ISO 5 areas (PECs): cleaned and disinfected at the beginning of each shift, before each batch, every 30 minutes during continuous compounding, after spills, and at the end of each shiftISO 7 and ISO 8 areas: cleaned daily and after any contamination eventCleaning agents used include:Sterile 70% Isopropyl Alcohol (IPA) for routine disinfectionEPA-registered sporicidal agent applied at least monthlyAppropriate disinfectants compatible with cleanroom surfacesAll cleaning activities are documented in logs and reviewed routinely.

17. Who performs the sterile compounding process at your facility?

Sterile compounding is performed by trained and qualified pharmacy technicians and pharmacists who have completed al

18. Who is responsible and accountable for the sterile compounding process at your facility?

The Pharmacist-in-Charge (PIC) is responsible and accountable for all sterile compounding operations, including compliance with USP <797>, personnel training, environmental monitoring, and quality assurance. Supervising pharmacists oversee day-to-day compounding activities.

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

All CSPs are shipped using validated cold-chain packaging systems designed to maintain appropriate temperature ranges during transit. Shipments include insulated containers and refrigerant gel packs to ensure stability for the duration of transit.Temperature-sensitive products are shipped via expedited carriers (e.g., 2-day delivery), and packaging is desig

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility?		
2. Are you complying with all USP 800 guidelines?	Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	Yes	No
4. Is your BSC or CACI vented 100% to the outside?	Yes	No
5. Do you have a negative pressure buffer room at your facility?	Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

NOT APPLICABLE - WE CURRENTLY DO NOT DO CONTROLLED SUBSTANCES OR ANY HAZARDOUS SUBSTANCES AT ALL.

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? Yes No

4. What is the frequency for completing volumetric active air sampling?

5. What is the frequency for completing surface sampling?		
6. What is the frequency for using sporicidal agents?		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	Yes	No

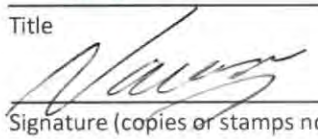
I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nauman Shahid

Name of Person who Completed the Form

Managing Director

Title



Signature (copies or stamps not accepted)

11/14/2025

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: US Compounding Factory LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 108B New South Rd

City: Hicksville State: NY Zip: 11801

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 888/327-8790 Website: www.uscompoundingfactory.com

Licensing Company Email: nauman@uscompoundingfactory.com

Section 2: Personal Information

First: Nauman Middle: Last: Shahid

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: NJ Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Baruch College - City University of NY			2015 - 2018	
Address		City	State	Zip
55 Lexington Ave		NY	NY	10010
Diploma/Degree obtained, if any				
MBA International Business				

School Name			From - To (MM/YY – MM/YY)	
University of Central Punjab			2005 - 2009	
Address		City	State	Zip
Foreign University		Lahore, Pakistan		
Diploma/Degree obtained, if any				
BBA				

School Name			From - To (MM/YY – MM/YY)	
Townsend Harris High School			1998 - 2002	
Address		City	State	Zip
149-11 Melbourne Ave		NY	NY	11367
Diploma/Degree obtained, if any				
High School				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2015 - current	[redacted]	[redacted]	NJ	[redacted]
01/2008 - 01/2015	[redacted]	[redacted]	NY	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Med Rx			12/2020 - 04/2024
Business Address	**City**	**State**	**Zip**
420 Mother Gaston	Brooklyn	NY	11212
Phone	**Title**		**Number of Employed Hours**
	Pharmacy Operation Manager		6,500
Description of Duties			
Pharmacy technician/manager			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Nauman Shahid, **certify that as the designated representative for**

US Compounding Factory, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. Yes I am at least 21 years of age;
3. Yes I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. Yes I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. Yes I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. Yes I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. Yes I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Nauman Shahid

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/14/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nauman Shahid

Print Name (First, Last)

11/19/25

Original Signature (electronic, copies or stamps not accepted) Date

---

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Nassau

I, Nauman Shahid, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature **Date** 11/19/25

Subscribed and Sworn to before me this 19th day of November 2025

Notary Public Signature

AMARJEET S MULTANI
STATE OF NEW YORK
NOTARY PUBLIC
Qualified in NASSAU County
01MU6103749
MY COMMISSION EXPIRES 01/12/2028

(Seal)

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE

K1044

PHARMACY INSPECTION REPORT — Pharmacy — BPW

Inspector: Mohamed Eshan
Date: 12/15 Time In: 11
Other Personnel:
Type of Operation: Sterile Compd

Facility Name: US Compounding Corp LLC
Trade name:
Address: 486 New South Rd
City: Hicksville County: Nassau Zip: 11801
Phone:
Number of employees: 40

Inspection Items	Insp. Per Week	Licensed Number	Updated Date	Licensed Pharmacist	Non-Licensed Employee
Sterile Compounding	Once a Week				
Non-Sterile Compounding					
Nuclear					
Veterinary					
Drug Room					
Other					

Check if item is satisfactory, circle if item is unsatisfactory, and write N/A if item is not applicable to the pharmacy's practice.

Records of Controlled Drugs
1. Controlled drugs properly maintained
2. Perpetual inventory maintained
3. Records of receipt and distribution
4. Records of destruction
5. Records of theft or loss
6. Records of prescriptions
7. Records of transfer
8. Records of returned goods
9. Records of dispensing
10. Records of administration
11. Records of purchase
12. Records of sale
13. Records of manufacture
14. Records of disposition
15. Records of inventory
16. Records of waste
17. Records of breakage
18. Records of spillage
19. Records of contamination
20. Records of quarantine
21. Records of recall
22. Records of complaints
23. Records of adverse reactions
24. Records of medication errors
25. Records of quality assurance
26. Records of continuing education
27. Records of personnel
28. Records of training
29. Records of supervision
30. Records of delegation
31. Records of responsibility
32. Records of accountability
33. Records of authority
34. Records of limitation
35. Records of restriction
36. Records of prohibition
37. Records of penalty
38. Records of enforcement
39. Records of compliance
40. Records of non-compliance
41. Records of violation
42. Records of corrective action
43. Records of preventive action
44. Records of improvement
45. Records of evaluation
46. Records of review
47. Records of audit
48. Records of inspection
49. Records of survey
50. Records of report
51. Records of notification
52. Records of communication
53. Records of consultation
54. Records of referral
55. Records of transfer
56. Records of discharge
57. Records of admission
58. Records of registration
59. Records of licensure
60. Records of certification
61. Records of accreditation
62. Records of approval
63. Records of denial
64. Records of revocation
65. Records of suspension
66. Records of probation
67. Records of reinstatement
68. Records of renewal
69. Records of expiration
70. Records of termination
71. Records of withdrawal
72. Records of resignation
73. Records of retirement
74. Records of death
75. Records of disability
76. Records of leave
77. Records of absence
78. Records of tardiness
79. Records of overtime
80. Records of compensation
81. Records of benefits
82. Records of insurance
83. Records of pension
84. Records of retirement plan
85. Records of 401(k)
86. Records of IRA
87. Records of Keogh
88. Records of SEP
89. Records of SIMPLE
90. Records of profit sharing
91. Records of stock option
92. Records of bonus
93. Records of commission
94. Records of salary
95. Records of wage
96. Records of hourly rate
97. Records of piecework
98. Records of overtime pay
99. Records of holiday pay
100. Records of vacation pay
101. Records of sick pay
102. Records of personal leave
103. Records of bereavement leave
104. Records of jury duty
105. Records of military leave
106. Records of family leave
107. Records of medical leave
108. Records of disability leave
109. Records of workers' compensation
110. Records of unemployment insurance
111. Records of social security
112. Records of Medicare
113. Records of Medicaid
114. Records of tax withholding
115. Records of W-2
116. Records of 1099
117. Records of 1040
118. Records of 1120
119. Records of 1065
120. Records of 941
121. Records of 940
122. Records of 1099-MISC
123. Records of 1099-INT
124. Records of 1099-DIV
125. Records of 1099-B
126. Records of 1099-R
127. Records of 1099-G
128. Records of 1099-S
129. Records of 1099-C
130. Records of 1099-A
131. Records of 1099-OID
132. Records of 1099-PATR
133. Records of 1099-LTC
134. Records of 1099-Q
135. Records of 1099-SA
136. Records of 1099-CAP
137. Records of 1099-DIV
138. Records of 1099-INT
139. Records of 1099-MISC
140. Records of 1099-B
141. Records of 1099-R
142. Records of 1099-G
143. Records of 1099-S
144. Records of 1099-C
145. Records of 1099-A
146. Records of 1099-OID
147. Records of 1099-PATR
148. Records of 1099-LTC
149. Records of 1099-Q
150. Records of 1099-SA
151. Records of 1099-CAP

Dispensing Practices
1. Prescriptions properly maintained
2. Prescriptions properly dispensed
3. Prescriptions properly labeled
4. Prescriptions properly packaged
5. Prescriptions properly stored
6. Prescriptions properly transported
7. Prescriptions properly delivered
8. Prescriptions properly returned
9. Prescriptions properly destroyed
10. Prescriptions properly transferred
11. Prescriptions properly refilled
12. Prescriptions properly renewed
13. Prescriptions properly discontinued
14. Prescriptions properly modified
15. Prescriptions properly substituted
16. Prescriptions properly generic
17. Prescriptions properly brand
18. Prescriptions properly therapeutic
19. Prescriptions properly equivalent
20. Prescriptions properly bioequivalent
21. Prescriptions properly interchangeable
22. Prescriptions properly non-interchangeable
23. Prescriptions properly dispensed as written
24. Prescriptions properly dispensed as substituted
25. Prescriptions properly dispensed as generic
26. Prescriptions properly dispensed as brand
27. Prescriptions properly dispensed as therapeutic
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146. Prescriptions properly dispensed as bioequivalent
147. Prescriptions properly dispensed as interchangeable
148. Prescriptions properly dispensed as non-interchangeable
149. Prescriptions properly dispensed as written
150. Prescriptions properly dispensed as substituted
151. Prescriptions properly dispensed as generic

8192

US COMPOUNDING FACTORY LLC

GENERAL INFO | ENFORCEMENT ACTIONS

Type	Pharmacy
Legal Name	US COMPOUNDING FACTORY LLC
Trade Name	US COMPOUNDING FACTORY
Street Address	108B NEW SOUTH RD. HICKSVILLE NY 11801
Registration No	041350
Date First Registered	January 28, 2025
Registration Begins	January 28, 2025
Registered Through	December 31, 2027
Supervisor	070023 - IFTIKHAR HIRA
Establishment Status	Active
Successor	NONE

September 10, 2025 04:57 PM (ET)

https://eservices.nysed.gov/professions/verification-search?pharmacyRegistrationNumber=041350&professionCode=020

US COMPOUNDING FACTORY LLC X

GENERAL INFO

ENFORCEMENT ACTIONS

Type	Pharmacy
Legal Name	US COMPOUNDING FACTORY LLC
Trade Name	US COMPOUNDING FACTORY
Street Address	108B NEW SOUTH RD. HICKSVILLE NY 11801
Registration No	041350
Date First Registered	January 28, 2025
Registration Begins	January 28, 2025
Registered Through	December 31, 2027
Supervisor	070023 - IFTIKHAR HIRA
Establishment Status	Active
Successor	NONE

April 16, 2026 11:48 AM (ET)

https://eservices.nysed.gov/professions/verification-search?pharmacyRegistrationNumber=041350&professionCode=020

US COMPOUNDING FACTORY LLC X

GENERAL INFO

ENFORCEMENT ACTIONS

Registration No: 041350

No Enforcement Actions Found

April 16, 2026 11:48 AM (ET)

https://eservices.nysed.gov/professions/verification-search?pharmacyRegistrationNumber=041350&professionCode=020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: US Compounding Factory LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 108B New South Rd

City: Hicksville State: New York Zip: 11801

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 888/327-8790 Website: www.uscompoundingfactory.com

Licensing Company Email: nauman@uscompoundingfactory.com

Section 2: Personal Information

First: Nauman Middle: Last: Shahid

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: NJ Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Baruch College - City University of NY			2015 - 2018	
Address: 55 Lexington Ave	City: NY		State: NY	Zip: 10010
Diploma/Degree obtained, if any: MBA International Business				
School Name: University of Central Punjab			From - To (MM/YY – MM/YY): 2005 - 2009	
Address: Foreign University	City: Lahore, Pakistan		State	Zip
Diploma/Degree obtained, if any: BBA				
School Name: Townsend Harris High School			From - To (MM/YY – MM/YY): 1998 - 2002	
Address: 149-11 Melbourne Ave	City: NY		State: NY	Zip: 11367
Diploma/Degree obtained, if any: High School				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2015 - current	[redacted]	[redacted]	NJ	[redacted]
01/2008 - 01/2015	[redacted]	[redacted]	NY	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nauman Shahid

Print Name (First, Last)

11/19/25

Original Signature (electronic, copies or stamps not accepted) Date

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Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Nassau

I, Nauman Shahid, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature **Date** 11/19/25

Subscribed and Sworn to before me this 19th day of November 2025

Notary Public Signature

AMARJEET S MULTANI
STATE OF NEW YORK
NOTARY PUBLIC
Qualified in NASSAU County
01MU6103749
MY COMMISSION EXPIRES 01/12/2028

(Seal)

Pharmacy Name: US Compounding Factory LLC

Pharmacy Address: 108B New South Rd, Hicksville, New York, 11801

NABP Business e-Profile ID: 1866128

Type of Response (Choose from Drop Down)	VPP Inspection Report Page Number Page No.	VPP Inspection Report Item Number Item No.	Question in the report	Facility Response/Corrective Action/Comments	Estimated Date of Completion For Corrective Action Taken
Clarification or Further Explanation	44	20.0	Does the pharmacy select APIs that comply with the requirements in USP <795> standards?	a) A comprehensive inventory audit was completed on October 20, 2025 to ensure all components have corresponding COAs. b) A new purchasing protocol has been implemented requiring that all ingredients be sourced exclusively from FDA-registered manufacturers or accompanied by verified COAs at receipt. c) All COAs are now uploaded and stored electronically in the Batch Record online for reference prior to use. d) The PIC will verify COA documentation during monthly internal audits.	10/20/2025
Clarification or Further Explanation	44	20.2	All APIs used have a COA that includes the specifications (eg, compendial requirements for quality) and that the test results for the component show the API meets expected quality.	a) A comprehensive inventory audit was completed on October 20, 2025 to ensure all components have corresponding COAs. b) A new purchasing protocol has been implemented requiring that all ingredients be sourced exclusively from FDA-registered manufacturers or accompanied by verified COAs at receipt. c) All COAs are now uploaded and stored electronically in the Batch Record online for reference prior to use. d) The PIC will verify COA documentation during monthly internal audits.	10/20/2025
Clarification or Further Explanation	44	20.3	All APIs used are manufactured by an FDA-registered facility.	a) A comprehensive inventory audit was completed on October 20, 2025 to ensure all components have corresponding COAs. b) A new purchasing protocol has been implemented requiring that all ingredients be sourced exclusively from FDA-registered manufacturers or accompanied by verified COAs at receipt. c) All COAs are now uploaded and stored electronically in the Batch Record online for reference prior to use. d) The PIC will verify COA documentation during monthly internal audits.	10/20/2025
Clarification or Further Explanation	131	50.0	Is the pharmacy's selection of active API and non-API components in compliance with USP <797> standards?	a) A comprehensive inventory audit was completed on October 20, 2025 to ensure all components have corresponding COAs. b) A new purchasing protocol has been implemented requiring that all ingredients be sourced exclusively from FDA-registered manufacturers or accompanied by verified COAs at receipt. c) All COAs are now uploaded and stored electronically in the Batch Record online for reference prior to use. d) The PIC will verify COA documentation during monthly internal audits.	10/20/2025
Clarification or Further Explanation	132	50.2	APIs: All APIs used have a COA that includes the specifications (eg, compendial requirements for quality) and that test results for the component show that the API meets expected quality.	a) A comprehensive inventory audit was completed on October 20, 2025 to ensure all components have corresponding COAs. b) A new purchasing protocol has been implemented requiring that all ingredients be sourced exclusively from FDA-registered manufacturers or accompanied by verified COAs at receipt. c) All COAs are now uploaded and stored electronically in the Batch Record online for reference prior to use. d) The PIC will verify COA documentation during monthly internal audits.	10/20/2025

This VPP Inspection response and documentation has been provided directly by the pharmacy in response to its VPP Inspection. The content of this response has not been verified or modified by NABP at this point in time, except to check for completeness of any attachments provided.

Pharmacy Name: US Compounding Factory LLC

Pharmacy Address: 108B New South Rd, Hicksville, New York, 11801

NABP Business e-Profile ID: 1866128

Type of Response (Choose from Drop Down)	VPP Inspection Report Page Number Page No.	VPP Inspection Report Item Number Item No.	Question in the report	Facility Response/Corrective Action/Comments	Estimated Date of Completion For Corrective Action Taken

This VPP Inspection response and documentation has been provided directly by the pharmacy in response to its VPP Inspection. The content of this response has not been verified or modified by NABP at this point in time, except to check for completeness of any attachments provided.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Business e-Profile ID:	1866128		**Inspection Information**
Legal Business Name:	US Compounding Factory LLC	**Conference Call Date:**	N/A
Doing Business As (DBA):	US Compounding Factory	**Start Time: 24-hour format (13:00)**	N/A
Address:	108B New South Rd	**End Time: 24-hour format (13:00)**	N/A
City:	Hicksville	**Onsite Inspection Date(s):**	9/29/2025 & 09/30/2025
State:	New York	**Start Time(s): 24-hour format (13:00)**	10:00 & 10:00
Zip Code:	11801	**End Time(s): 24-hour format (13:00)**	16:00 & 16:00
Telephone number:	N/A	**Inspector Name(s):**	Leo R. Blais, R.Ph
Toll free number:	888/327-8790	**Inspection performed by (NABP, State, etc):**	NABP
Fax number:	888/327-8790	**Observer Name/Affiliation (if applicable):**	N/A
Website:	www.uscompoundingfactory.com	**Observer Name/Affiliation (if applicable):**	N/A

Focused Information

The following, if any, are specific Section(s) and/or Question(s) to which the facility may want to consider further response. The facility is encouraged to read the inspection report in its entirety and carefully. As this Focused Information section is not all inclusive, there may be Section(s) and/or Question(s) not noted below to which the facility may want to consider further response.

General Pharmacy - 83.00, 91.00, 93.00
Nonsterile - 20.0, 20.2, 20.3, 23.0
Sterile - 44.0 - 44.4, 50.0, 50.2, 51.0, 51.1
Hazardous - 13.22.07, 15.01, 19.00, 35.00, 38.00, 61.02.02, 82.00

Additional information on NABP's Inspection website.

NABP Disclaimer: NABP can only verify the authenticity of an Inspection Report if it is transmitted directly from NABP to an intended recipient. NABP cannot verify the authenticity of an Inspection Report transmitted from any other party.

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Pharmacy Hours of Operation	Check if 24/7 ☐		
	Open		Closed
	Start Time: (24-hour format)	End Time: (24-hour format)	(X)
Sunday			X
Monday	9:00	17:00	
Tuesday	9:00	17:00	
Wednesday	9:00	17:00	
Thursday	9:00	17:00	
Friday	9:00	17:00	
Saturday			X

Key Pharmacy Personnel	Name	Contact (e-mail)	e-Profile ID
Pharmacist-in-Charge	Hira Iftikhar	hiraiftikhar819@gmail.com	1173248
Nonsterile Designated person(s)	Waqas Shuaib	waqas@uscompoundingfactory.com	N/A
Sterile Designated person(s)	Waqas Shuaib	waqas@uscompoundingfactory.com	N/A
Hazardous Designated person(s)	Waqas Shuaib	waqas@uscompoundingfactory.com	N/A

Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	Hira Iftikhar	PIC	Y
2	Nauman Shahid	Managing Director	N/A
3	Waqas Shuaib	Chief Medical Officer	N/A
4			
5			
6			
7			
8			
9			
10			

If more than 10, list the first 10 below, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present.

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Business Licensure Information for State of Residence and Federal (board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	Registration/License Type	Registration/License Number & Expiration Date
New York State Board of Pharmacy	US Compounding Factory, LLC	Pharmacy	041350 & 12/31/2026
Drug Enforcement Administration	US Compounding Factory, LLC	Controlled Substance - Pharmacy	FU5107897 & 05/31/2028

Inspector Notes: List states where non-resident licenses are held: AZ, CO, FL, HI, ID, MO, MT, OH, PA, SD, WA, WI, WY. The pharmacy is not licensed and does not ship to Puerto Rico.

Documents collected as part of the inspection.
To obtain a copy of these documents please contact the facility directly. They are not included in the final report.

Document Name	Description
Doc_01_ST_50.0	COA's
N/A	N/A

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	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail		Central Fill/Processing/Shared Services	
Open to the Public		Nuclear Pharmacy	
Closed Door	X	Specialty Pharmacy	
Drive-through window		White bagging/ clear bagging	
Mail- in state (eg prescriptions are mailed through USPS or through common carrier) *See table below*	X	Outsourcing Facility	
Mail- out of state (eg prescriptions are mailed through USPS or through common carrier) *See table below*	X	FDA Registered Drug Establishment (eg Manufacturer, repackager, relabeler)	
Local Delivery (if out of state describe in note)	X	Wholesale Distributor	
Veterinary Pharmacy (occasionally dispenses prescriptions for animals)		Provide prescription drugs for "Office Use" (eg distributes)	
Institutional (hospital or correctional facility)		Handles Medical Marijuana	
Long-Term Care (nursing home, residential care)		Nonsterile Compounding	X
Investigational Drugs, Clinical Trials/Research		Nonsterile Hazardous Drug Compounding	
Telepharmacy		Sterile Compounding	X
Internet Pharmacy		Sterile Hazardous Drug Compounding	X

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Compounded Nonsterile Preparations (CNSPs) Type "X" for all that apply		Compounded Sterile Preparations (CSPs) Type "X" for all that apply	
CNSPs with controlled substance(s)		CSPs with controlled substance(s)	
CNSPs with vitamins or nutritional supplements	X	CSPs with vitamins or nutritional supplements (includes total parenteral nutrition)	X
CNSPs sold to other pharmacies - If so, list to whom – instate, out of state, under common ownership/shared services – central fill agreement; and state if patient specific or distributed		CSPs sold to other pharmacies - If so, list to whom - in state, out of state, under common ownership/shared services - central fill agreement; and state if patient specific or distributed	
Patient specific (compounded preparation labeled for an individually identified patient):		**Patient specific** (compounded preparation labeled for an individually identified patient):	
CNSPs for animals		CSPs for animals	
CNSPs for human patients	X	CSPs for human patients	X
Distributed (compounded preparation leaves the pharmacy without a patient-specific label eg non patient-specific):		**Distributed** (compounded preparation leaves the pharmacy without a patient-specific label eg non patient-specific):	
CNSPs for animals		CSPs for animals	
CNSPs for human patients		CSPs for human patients	
CNSPs to practitioners for office use		CSPs to practitioners for office use	
CNSPs to hospitals, clinics, or surgery centers		CSPs to hospitals, clinics, or surgery centers	

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Types of CNSPs:		Categories of CSPs:	
Aqueous		Category 1 CSPs	
Nonaqueous		Category 2 CSPs	X
Specific types:		Category 3 CSPs	
Solid oral preparations	X	Types of CSPs:	
Liquid oral preparations		Allergenic extracts	
Otic preparations		Allergenic extracts in addition to prescription patient sets	
Rectal preparations		Immediate Use	
Vaginal preparations		Proprietary bag and vial systems	
Topical preparations:	X	Blood-derived or other biological material (eg autologous serum)	
Nasal and sinus preparations:		Sterile injections/ sterile infusions	X
Other (please list):		Ophthalmic dosage forms	
		Baths and soaks for live organs and tissues	
		Implants/ Pellets	
		Other (please list):	

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	Facility Size in Square Feet *(can be approximated)* and Number of PECs		Personnel
Total Pharmacy size:	3,500	Total Pharmacists:	1
Nonsterile Compounding Room size:	70	Number of Compounding Pharmacists:	1
Nonsterile Compounding powder hoods number:	1	Total Student Interns:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	N/A	Total Technicians:	1
Nonsterile HD Compounding CVE/BSC/CACI hoods number:	N/A	Number of Compounding Technicians:	1
Sterile Compounding Ante Room size:	150	Of technicians, how many are nationally certified?	0
Sterile Compounding Clean/Buffer Room size:	325	Of technicians, how many are techs-in-training?	0
Sterile Compounding Number LAFW hoods/areas:	2	Total Other Unlicensed Personnel:	1
Sterile Compounding Number BSC hoods:	1	Ratio #Technician(s) : #Pharmacist(s) present at time of inspection:	1:1
Sterile Compounding Number CAI/CACI hoods:	0	If multiple compounding suites are present under this licensed location (eg outsourcing facilities or hospital health systems), describe in notes other spaces where compounding occurs (eg location name, approximate size of space, and number and type of PECs:	N/A
Negative Pressure Sterile HD Room size:	80		
Sterile HD Compounding Number of BSC hoods:	1		
Sterile HD Compounding Number of CACI hoods:	0		

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Indicate the drug name, dosage or strength, and the size of the CSP sample obtained for testing. (N/A if no sample)	Nicotinamide Adenine Dinucleotide 200mg/mL 2 mL vial
Indicate the areas/rooms of the pharmacy entered to perform the CSP inspection. If the inspector did not fully garb and enter buffer room(s), indicate reason.	Ante Room, Buffer Room

	Volume Dispensed		**Volume Distributed**
Total Prescriptions Dispensed/day:	1	Total Orders Distributed/day:	0
% Veterinary Prescriptions	0%	% Veterinary Orders	0%
% Controlled Substance Prescriptions	0%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	15%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	70%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	15%	% Hazardous Drugs (HD) Orders	0%

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Definitions: DISPENSE means to provide a prescription drug or compounded preparation pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription drug or compounded preparation to a prescriber, another pharmacy, or health care entity for office use or stock and is NOT patient-specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription drugs and volume dispensed, and volume distributed per day (or week or month):

Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
Alabama (AL)			
Alaska (AK)			
Arizona (AZ)	0	0	August 2025
Arkansas (AR)			
California (CA)			
Colorado (CO)	0	0	August 2025
Connecticut (CT)			
Delaware (DE)			
District of Columbia (DC)			
Florida (FL)	0	0	August 2025
Georgia (GA)			
Hawaii (HI)	0	0	August 2025
Idaho (ID)	0	0	August 2025
Illinois (IL)			
Indiana (IN)			
Iowa (IA)			
Kansas (KS)			
Kentucky (KY)			
Louisiana (LA)			
Maine (ME)			
Maryland (MD)			
Massachusetts (MA)			
Michigan (MI)			
Minnesota (MN)			
Mississippi (MS)			
Missouri (MO)	0	0	August 2025
Montana (MT)	0	0	August 2025

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States to which the pharmacy mails/delivers prescription drugs and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
Nebraska (NE)			
Nevada (NV)			
New Hampshire (NH)			
New Jersey (NJ)			
New Mexico (NM)			
New York (NY)	17	0	August 2025
North Carolina (NC)			
North Dakota (ND)			
Ohio (OH)	0	0	August 2025
Oklahoma (OK)			
Oregon (OR)			
Pennsylvania (PA)	0	0	August 2025
Rhode Island (RI)			
South Carolina (SC)			
South Dakota (SD)	0	0	August 2025
Tennessee (TN)			
Texas (TX)			
Utah (UT)			
Vermont (VT)			
Virginia (VA)			
Washington (WA)	0	0	August 2025
West Virginia (WV)			
Wisconsin (WI)	0	0	August 2025
Wyoming (WY)	0	0	August 2025
Other:			

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding, Sterile Compounding Inspections, and Hazardous Drug Compounding are based on USP Chapters <795>, <797>, and <800>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Notes
General Pharmacy			
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	40 hours per week
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	No	
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	No	
4.01	Does the pharmacy hold .pharmacy verification?	No	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	No	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	No	
8.00	Are photographs allowed during the inspection (no PHI)?	Yes	
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**	[redacted]	N/A

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Types of Practice Additional Questions If any part of a question is no, enter "No" and explain the observation.			
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	No	
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	No	
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	N/A	
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	

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		Observation	Notes
General Operations and Licensure	**If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	No	Licenses are posted but this is a closed-door pharmacy.
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	January 7, 2025. No routine inspection frequency in New York.
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	No	No deficiencies found.
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	No	
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	No	
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.*	No	
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	No	
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	No	

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		Observation	Notes
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	No	
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	No	
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	Yes	2 year on site retention.
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	Yes	2 year on site retention.
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Yes, electronically.
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Yes, electronically.
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	The Best RX system does not allow an order to be deleted after being dispensed.
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	N/A	
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	Policies are in place.

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		Observation	Notes
Personnel	**If any part of a question is no, enter "No" and explain the observation.**		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	Posted on the wall.
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	Electronic tracker in house.
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	N/A	
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.*	Yes	The ratio at the time of inspection is 1:1
Facility and Security	**If any part of a question is no, enter "No" and explain the observation.**		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	Doors and windows are contacted, motion sensors, pin entry, CCTV.
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	N/A	No C2 drugs.
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	Staff would remain onsite until the building is secured.
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	

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		Observation	Notes
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	Yes*	Staff at this time would destroy onsite.
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	No	
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	N/A	
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	N/A	Closed door facility.
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	Yes	At the time of inspection, the temperature is 68 degrees Fahrenheit.
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	Yes	Electronic storage on the cloud for 6 months.
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	The facility uses Temp Stick, which continuously records the temperatures, and notifies staff of any excursions.

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		Observation	Notes
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	Yes	The temperature at the time of inspection is 3.9 degrees C.
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	The facility uses Temp Stick, which continuously records the temperatures, and notifies staff of any excursions.
42.01	Is the temperature in the freezer within the USP range (between −25° to −10°C or −13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	Yes	The temperature at the time of inspection is -10 degrees C.
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	The entire building is on a backup generator.
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	Yes	The facility has a heating/AC contractor available 24/7/365.
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.*	N/A	
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	N/A	

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		Observation	Notes
Product Receipt and Inventory If any part of a question is no, enter "No" and explain the observation.			
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	N/A	The facility does not dispense any traditional pharmaceuticals but acquires only APIs.
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	No	
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	Medisca, PCCA, Letco.
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	No	
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	N/A	
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	N/A	
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	N/A	
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	N/A	
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	N/A	

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		Observation	Notes
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	N/A	
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	N/A	
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	N/A	No Schedule 2 drugs.
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	N/A	
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	N/A	
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	Yes	
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	No	
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	No	
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	Yes	Perpetual Inventory.

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54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	Yes	
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	N/A	
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	N/A	
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	N/A	No Schedule 2 drugs.
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	Yes	
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	N/A	
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	N/A	
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	N/A	
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	

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60.02	How often is active-stock examined for drugs past the expiration date?	[redacted]	
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	No	
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	No	Compound only.
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	N/A	
	Prescription Processing **If any part of a question is no, enter "No" and explain the observation.**		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	N/A	No veterinary compounding.
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	Prescriber would be contacted.

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		Observation	Notes
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	Yes	All out-of-area prescriptions are validated by staff.
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	Both
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	Yes	
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	The pharmacist enters all the information.
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	
67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	No	
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding, Sterile Compounding Inspections, and Hazardous Drug Compounding are based on USP Chapters <795>, <797>, and <800>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Notes
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	Yes	Some states allow the facility to sign a waiver that they will not dispense there.
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	Yes	
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	
67.07	Is the DUR process performed electronically by the computer system? ***Identify integrated drug database used.***	Yes	NDC
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	Yes	
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	N/A	
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	The pharmacist reviews the ingredients against the batch record and approves before dispensing.
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	The facility labels appear to be in compliance with the State of New York regulations.
70.00	**Confidentiality:** Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	Access is controlled by job description.

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		Observation	Notes
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	In house shredder
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	N/A	
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	N/A	
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	N/A	
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	N/A	
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	N/A	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	N/A	
74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	

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		Observation	Notes
Patient Counseling and Communication	**If any part of a question is no, enter "No" and explain the observation.**		
75.00	Does the pharmacist provide counseling for all new prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	Closed door facility.
75.01	Is an "offer" to counsel made for all new prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
76.00	Does the pharmacist provide counseling for all refilled prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	
76.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
77.00	Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	N/A	
77.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	N/A	
78.00	Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Printed information is provided in every shipment.
79.00	Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Printed information is provided in every shipment.

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		Observation	Notes
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.*	Yes	Printed information is provided in every shipment.
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	N/A	
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	N/A	
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	No	
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	Yes	
85.00	Are processes in place to handle a drug recall?	Yes	
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	N/A	
86.02	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	

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Facility Name: US Compounding Factory LLC dba US Compounding Factory
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		Observation	Notes
Quality Assurance/Quality Improvement Program	**If any part of a question is no, enter "No" and explain the observation.**		
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	Hard Copy
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	

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		Observation	Notes
88.03	Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).*	Yes	
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	N/A	
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	

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		Observation	Notes
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	No	
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	Yes	
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	Yes	
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	No	
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

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Verified Pharmacy Program Inspection Form

Nonsterile Compounding Inspection for USP <795>

Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Inspector Notes	USP Reference(s)
	Standard Operating Procedures for Compounded Nonsterile Preparations (CNSPs)		**Please note NABP did not review each SOP for alignment on USP <795>. The SOP(s) described below is/are a reflection of any self-assessment completed by the pharmacy and/or shared with the inspector during the onsite inspection.**	
1.0	Does the pharmacy have standard operating procedures (SOPs) on all aspects of the compounding operation that cover the minimum topic requirements in USP <795> standards? ***If no, document "missing" in Inspector Notes*** ***If yes, document the name, number, and version of each SOP in the Inspector Notes.***	Yes		11
1.1	**Buildings and Facilities:** The pharmacy has an SOP for the compounding facility. ***Inspector note: Per USP <795>, there is a written SOP for "the method of designation" for the area designated specifically for nonsterile compounding and processes for maintaining, cleaning, and sanitizing the compounding area and equipment.***			4.1, 5, 11
1.2	**Personnel Training and Evaluation:** The pharmacy has an SOP describing the training program, the frequency of training, and the process for evaluating the competency of personnel. ***Inspector note: Per USP <795>, "Facility SOPs must describe procedures for monitoring and observing of compounding activities and personnel."***			2, 11
1.3	**Personal Hygiene and Garbing:** The pharmacy has an SOP regarding personal hygiene, glove, and garbing requirements consistent with compounding activities. ***Inspector note: Per USP <795>, "Garbing requirements and frequency of changing garb must be determined by the facility and documented in the facility's SOPs."***			3.3, 11
1.4	**Components:** The pharmacy has an SOP describing selection, handling, storage, and inventory control of all components used in compounding. ***Inspector note: Per USP <795>, "The compounding facility must have written SOPs for the selection and inventory control of all components from receipt to use in a CNSP."***			6.2, 11

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Nonsterile Compounding Inspection for USP <795>

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		Observation	Inspector Notes	USP Reference(s)
1.5	**Temperature Monitoring:** The pharmacy has an SOP regarding temperature monitoring and handling of excursions. ***Inspector note: Per USP <795>, "The compounding facility must adhere to SOPs to detect and reduce the risk of temperature excursions within the storage area(s)."***			4.2, 11
1.6	**Equipment:** The pharmacy has an SOP for assessment of need for closed system processing devices (based on the types of CNSPs prepared). ***Inspector note: Per USP <795>, "Weighing, measuring, or otherwise manipulating components that could generate airborne chemical particles (e.g., active pharmaceutical ingredients [APIs], added substances, and conventionally manufactured products) must be evaluated to determine if these activities must be performed in a closed-system processing device to reduce the potential exposure to personnel or contamination of the facility or CNSPs. Examples of closed-system processing devices include containment ventilated enclosures (CVEs), biological safety cabinets (BSCs), and single-use containment glove bags. The process evaluation must be carried out in accordance with the facility's SOPs, and the assessment must be documented."***			6.1, 11
1.7	**Safety Data Sheet (SDS)/Spill Management:** The pharmacy has an SOP describing spill management and disposal. ***Inspector note: Per USP <795>, "The management and documentation of nonhazardous component spills and disposal must be described in the facility's SOPs."***			6.2.5, 11
1.8	**Master Formulation Records (MFR):** The pharmacy has an SOP on the process for MFR creation and content. ***Inspector note: Per USP <795>, "Any changes or alterations to a Master Formulation Record are approved and documented in accordance with the facility's written SOP."***			7.1, 11
1.9	**Labeling:** The pharmacy has an SOP on the processes for labeling, label verification (confirming against the prescription or medication order, the MFR, and the compounding record (CR)) in order to prevent errors and CNSP mix-ups and required displayed information. ***Inspector note: Per USP <795>, "Labeling procedures must be followed as described in the facility's SOPs to prevent labeling errors and CNSP mix-ups."***			9, 11

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Nonsterile Compounding Inspection for USP <795>

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Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Inspector Notes	USP Reference(s)
1.10	**Quality Assurance (QA)/Quality Control (QC) Program:** The pharmacy has an SOP regarding its QA and QC program, including roles of the designated person(s), trainers, compounding personnel; adherence to procedures; and prevention and detection of errors and quality issues. ***Inspector note: Per USP <795>, "QA and QC programs must be formally established and documented in SOPs that ensure that all aspects of the preparation of CNSPs are conducted in accordance with this chapter, and laws and regulations of the applicable regulatory jurisdiction."***			11, 12 USP <1163>
1.11	**QA/QC Program Complaint Handling and Adverse Event Reporting:** The pharmacy has an SOP for evaluation of complaints and adverse events, including investigations and corrective actions. ***Inspector note: Per USP <795>, the pharmacy, "must develop and implement SOPs for complaint handling." SOPs are to include any state or federal requirements for reporting to government agencies (example adverse event reporting). Further, "Consider whether to initiate a recall of potentially affected CNSPs and whether to cease compounding until problems have been identified and corrected."***			1.1.3, 11, 12.1, 12.2, 12.3
1.12	**Packaging:** The pharmacy has an SOP describing packaging CNSPs. ***Inspector note: Per USP <795>, "SOPs must describe packaging of CNSPs."***			11, 13.1
1.13	**Transporting:** The pharmacy has an SOP describing transporting CNSPs. ***Inspector note: Per USP <795>, there must be "written SOPs to describe the mode of transportation, any special handling instructions, and whether temperature monitoring devices are needed."*** ***If the pharmacy does not transport CNSPs, inspector should answer statement as N/A.***			11, 13.2

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Nonsterile Compounding Inspection for USP <795>

Facility Name: US Compounding Factory LLC dba US Compounding Factory
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		Observation	Inspector Notes	USP Reference(s)
1.14	**Recalls:** The pharmacy has an SOP describing minimum requirements for recalls. ***Inspector note: Per USP, "The facility must have procedures in place to:*** ***- Determine when recalls must be initiated, which should include procedures to immediately notify the prescriber of a failure of specifications with the potential to cause patient harm (eg, strength, purity, or other quality attributes)*** ***- Recall any unused dispensed CNSPs and quarantine any stock remaining in the pharmacy*** ***- Investigate if other lots are affected and recall if necessary*** ***An SOP for recall of dispensed CNSPs must contain:*** ***- Procedures to determine the severity of the problem and the urgency for implementation and completion of the recall*** ***- Procedures to determine the distribution of any affected CNSP, including the data and quantity of distribution*** ***- Procedures to identify patients who have received the CNSP*** ***- Procedures for disposal and documentation of the recalled CNSP (and)*** ***- Procedures to investigate and document the reason for recall."***			12.1
	Designated Person(s) and Personnel Training Program **Inspector must complete the <795> Records Review module to complete this section.**			
2.0	Does the pharmacy have a designated person(s) who meets the requirements in USP <795> standards? ***Inspector note: Per USP, "The compounding facility must designate one or more individuals to be responsible and accountable for the performance and operation of the facility and personnel in the preparation of CNSPs."*** ***If no, go to compliance statements.***	Yes		1.1.4
2.1	The designated person(s) (for the QA program) has the training, experience, responsibility, and authority to perform the duties required of them.	Yes		1.1.4, 12

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		Observation	Inspector Notes	USP Reference(s)
2.2	The designated person(s) reviews facility SOPs at least every 12 months to ensure that they reflect current practice and such review is documented. ***Inspector note: Per USP, "The facility's SOPs must describe the roles, duties, and training of the personnel responsible for each aspect of the QA program... The overall QA and QC program must be reviewed at least once every 12 months by the designated person(s). The results of the review must be documented, and appropriate action must be taken if needed."***	Yes		1.1.4, 12
2.3	The designated person(s) is responsible for overseeing a training program to ensure competency of personnel involved in compounding, handling, and preparing CNSPs.	Yes		1.1.4, 2
2.4	The designated person(s) is responsible for selecting components used by the pharmacy.	Yes		1.1.4, 6.2.1
2.5	The designated person(s) is responsible for monitoring and observing compounding activities and taking immediate corrective action if deficient practices are observed.	Yes		1.1.4
2.6	The designated person(s) is responsible for ensuring SOPs are fully implemented and following up if problems, deviations, or errors are identified.	Yes		1.1.4, 11
2.7	The designated person(s) is responsible for establishing, monitoring, and documenting procedures for the handling and storage of CNSPs and/or components of CNSPs.	Yes		1.1.4
3.0	Has the pharmacy created and implemented a training program that is in compliance with USP <795> standards? ***Inspector note: Per USP, "Training and competency of personnel must be documented."*** ***Inspector is to review a minimum of five personnel records and document their observations (see <795> Records Review module).*** ***If no, go to compliance statements.***	Yes		2, 14

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National Association of Boards of Pharmacy®
Verified Pharmacy Program Inspection Form

Nonsterile Compounding Inspection for USP <795>

Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Inspector Notes	USP Reference(s)
3.1	All personnel who compound CNSPs have been initially trained and qualified before being allowed to independently compound (eg, perform their job functions). ***Inspector note: Per USP, compounding personnel are defined as "Personnel trained to compound or oversee compounding of preparations."*** ***If questions 1.0-1.12 in the records review tab for compounding personnel are answered "no" or "missing," this statement should be answered as no. For details, see Records Review module.***	Yes		2, 14
3.2	All personnel who have direct oversight, perform in-process checks, final verification of a CNSP, and/or dispense a CNSP have been initially trained and qualified (according to SOPs) being allowed to independently perform their job functions. ***If questions 1.0-1.12 in the records review tab for compounding personnel are answered "no" or "missing," this statement should be answered as no. For details, see Records Review module.***	Yes		2, 14
3.3	All compounding personnel, including those who have direct oversight of compounding personnel, have completed an initial training and at least every 12 months thereafter. ***Inspector note: Per USP, "Other personnel, who do not compound and only perform functions such as in-process checks, final verification, or dispensing of CNSPs must undergo training as required by the facility's SOPs."*** ***If questions 2.0-2.12 in the records review tab for compounding personnel or personnel who have direct oversight over compounding personnel are answered "no" or "missing," this statement should be answered no. For details, see the Records Review module.***	Yes		2, 14
4.0	Does the designated person(s) have a documented (periodic) evaluation of their direct observations for compounding activities and documentation of any deficiencies in the record? ***Inspector note: Per USP, this is a recommendation, "the designated person(s) should monitor and observe compounding activities and must take immediate corrective action if deficient practices are observed. Facility SOPs must describe procedures for monitoring and observing compounding activities and personnel."*** ***Inspector should complete the <795> Records Review module question 3.0.***	Yes		2, 14

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		Observation	Inspector Notes	USP Reference(s)
	Compounding Personal Hygiene and Garbing			
5.0	Does the pharmacy have a process to ensure all personnel entering the compounding area adhere to restrictions intended to minimize the risk of contamination in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		3
5.1	Compounding personnel are required to report to the designated person(s)conditions that may contaminate the compounding preparation area. ***Inspector note: Per USP <795>, examples of conditions that have a higher risk of contaminating the CNSP include: rashes, recent tattoos, open sores, conjunctivitis, and active respiratory infection.***	Yes		
5.2	The designated person(s) is responsible for evaluating whether compounding personnel should be excluded from working in the compounding areas before their conditions have resolved.	Yes		3
5.3	Personnel removes any unnecessary items (outer garments, jewelry that could interfere with garbing, and earbuds/headphones) before entering the compounding area. ***Inspector note: Inspector should also observe compounding area to identify any items stored that do not belong (ie, dirty garments, jackets, or electronics).***	Yes		3.1
5.4	If personnel do not remove an item, the designated person has determined that the quality of the environment and CNSPs are not adversely affected by the accommodation.	Yes		3.1
6.0	Do personnel perform hand hygiene, wear required garb and gloves, and follow requirements in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		3.3
6.1	All personnel entering the compounding area complete hand hygiene procedures.	Yes		3.2 Box 1

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		Observation	Inspector Notes	USP Reference(s)
6.2	Garb is used for all compounding activities. ***Inspector note: Per USP <795>, gloves are mandatory garb for all compounding activities.***	Yes		3.2, 3.3 Box 1
6.3	Pharmacy uses SDS to determine other garb requirements for the components and compounding activity.	Yes		3.3
6.4	Additional garb (shoe covers, hair and facial hair covers, face masks, gowns) is worn as needed for protection of the personnel/CNSPs. ***If no, please list the garb worn for the type of component and compounding activity.***	Yes		3.3
6.5	The garb purchased by the pharmacy is appropriate for the type of compounding being performed.	Yes		3.3
6.6	Garb is stored in manner that minimizes risk of contamination (away from sinks to avoid splashing, etc).	Yes		3.3
6.7	Gowns that are reused do not leave the compounding area.	Yes		3.3
6.8	Visibly soiled garb or garb with tears or punctures are changed immediately (are not reused).	Yes		3.3
6.9	Soiled garb is disposed of or sent for laundering.	Yes		3.3
6.10	Shoe covers, hair and facial hair covers, face masks, and head covers are not reused once personnel have left the compounding area.	Yes		3.3
7.0	Are non-disposable garb such as goggles cleaned then sanitized with 70% isopropyl alcohol before re-use?	Yes		3.3

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		Observation	Inspector Notes	USP Reference(s)
	Buildings and Facilities			
8.0	Does the compounding area meet the facility requirements in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		4.1
8.1	The pharmacy has a designated compounding space for nonsterile compounding.	Yes		4.1
8.2	The compounding area is well lit.	Yes		4.1
8.3	The compounding area is clean and sanitary.	Yes		4.1
8.4	The compounding area is orderly (eg, clutter free, no tripping hazards).	Yes		4.1
8.5	The compounding area is in a good state of repair.	Yes		4.1
8.6	The compounding area is designed for orderly placement of equipment and materials to prevent mix- ups among components, containers, labels, in-process materials, and finished CNSPs.	Yes		4.1
8.7	The compounding area is not being used for other activities at the same time that it is used for compounding.	Yes		4.1
8.8	The compounding area is designed, arranged, and used in a manner that minimizes cross contamination from non-compounding areas.	Yes		4.1
9.0	Is the compounding area free of carpet?	Yes		4.1

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		Observation	Inspector Notes	USP Reference(s)
10.0	Does the pharmacy's storage area (for CNSPs, components, equipment, and containers) meet requirements in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		4.2
10.1	The pharmacy records the temperature of the compounding storage area on days when the pharmacy is open. ***Inspector note: Per USP, "Compounding personnel must monitor temperatures in the storage area(s) either manually at least once daily on days that the facility is open, or continuously with a temperature recording device to ensure the temperature remains within the appropriate range for the CNSPs and components."*** ***If pharmacy does not use a continuous recording system, describe the frequency of temperature recording in the notes.***	Yes		4.2
10.2	The pharmacy's temperature monitoring records are readily retrievable. ***Inspector note: Per USP, "The results of the temperature readings must be documented on a temperature log or stored in the continuous temperature recording device and must be retrievable."***	Yes		4.2
10.3	Temperature monitoring devices are verified for accuracy at least every 12 months or as required by the manufacturer. ***Inspector note: Per USP, "All temperature monitoring equipment must be calibrated or verified for accuracy as recommended by the manufacturer or every 12 months if not specified by the manufacturer." USP reports that these devices may be verified against a calibrated device.*** ***Monitoring devices are typically calibrated or replaced.***	Yes		4.2
10.4	Pharmacy has a process to evaluate temperature excursions. ***Inspector note: Per USP, "When it is known that a CNSP or component has been exposed to temperatures either below or above the storage temperature limits for the CNSP or component, personnel must determine whether the CNSP or component integrity or quality has been compromised and if so, the CNSP or component must be discarded."***	Yes		4.2
10.5	CNSPs, components, equipment, and containers are stored off the floor.	Yes		4.2

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		Observation	Inspector Notes	USP Reference(s)
10.6	CNSPs, components, equipment, and containers are stored in a manner that permits inspection and cleaning of the storage area(s).	Yes		4.2
10.7	CNSPs, components, equipment, and containers are stored in a clean environment (free of dirt, dust, and debris, and rodent/pest/insect free) to prevent contamination.	Yes		4.2
11.0	What is the current temperature of the nonsterile compounding storage area? ***Record in the Inspector Notes.***		At the time of inspection, the temperature is: 67.4 degrees F.	4.2
12.0	Are plumbing fixtures, water sources, and cleanliness of sink in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		4.3
12.1	The pharmacy staff can easily access a sink within or nearby the nonsterile compounding area.	Yes		4.3
12.2	There is hot and cold running water available at the sink within or nearby the nonsterile compounding area.	Yes		4.3
12.3	The sink is emptied of all items unrelated to compounding and before being used to clean any equipment used in nonsterile compounding.	Yes		4.3
12.4	The sink is cleaned when visibly soiled (before being used to clean equipment used in nonsterile compounding).	Yes		4.3
12.5	The plumbing system is free of any defects that may contribute to contamination of CNSPs.	Yes		4.3
13.0	Is purified water, distilled water, or reverse osmosis water used for rinsing equipment and utensils used in nonsterile compounding? ***Inspector note: This is a USP recommendation.***	Yes	Distilled water	4.3 USP <1231>

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		Observation	Inspector Notes	USP Reference(s)
	Cleaning and Sanitizing			
14.0	What agent(s) are used for cleaning and sanitizing the nonsterile compounding area? ***Inspector note: Per USP <795>, "agents must be selected and used with consideration of compatibilities, effectiveness, and minimal potential to leave residues."*** ***List the agents in the Inspector Notes.***		Sterile IPA wipes	5
15.0	Does the pharmacy perform cleaning and sanitizing activities on all surfaces at the minimum frequency per Table 1 and documented in a log or other record in compliance with USP <795> standards? ***Review compounding cleaning logs.*** ***If no, go to compliance statements.***	Yes		5 Table 1
15.1	All work surfaces are cleaned and sanitized at the **beginning of each shift** on days when compounding occurs.	Yes		5 Table 1
15.2	All work surfaces are cleaned and sanitized at the **end of each shift** on days when compounding occurs.	Yes		5 Table 1
15.3	All work surfaces are cleaned and sanitized **between compounding CNSPs with different components**.	Yes		5 Table 1
15.4	Floors are cleaned and sanitized daily on days when compounding occurs.	Yes		5 Table 1
15.5	Walls and ceilings are cleaned and sanitized when visibly soiled. ***Inspector note: No specific frequency is specified by USP. View compounding area walls and ceilings. If inspector observes soiled walls or ceilings, inspector should answer statement as no.***	Yes		5 Table 1
15.6	All work surfaces, floors, walls, ceilings and storage shelving are cleaned and sanitized when surface contamination (eg, splashes) or spills are known or suspected.	Yes		5 Table 1
15.7	Storage shelving is cleaned and sanitized at least every three months.	Yes		5 Table 1
16.0	Are floors in the compounding area easily cleanable, non-porous, and non-particle generating? ***Inspector note: This is a USP recommendation. Per USP, "Surfaces should be resistant to damage by cleaning and sanitizing agents."***	Yes		5

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		Observation	Inspector Notes	USP Reference(s)
	Equipment and Components FDA defines manufacturer... as used in section 510 of the Federal Food, Drug, and Cosmetic Act, includes the activities of relabelers, repackers, and salvagers. When not modified by "domestic" or "foreign," the term includes both domestic manufacturers and foreign manufacturers.			
17.0	Does the pharmacy use a closed-system processing device (eg, CVE, BSC, and single-use containment glove bags)? ***Inspector note: Per USP, examples of closed-system processing devices include: containment ventilated enclosures (CVEs), biological safety cabinets (BSCs), and single-use containment glove bags.*** ***If yes, list the type(s) in the Inspector Notes.***	N/A		6.1
18.0	Does the pharmacy select, store, clean, and maintain equipment in compliance with USP <795> standards? ***Inspector note: Per USP <795>, "Equipment surfaces that contact components are not reactive, additive, or sorptive, and must not alter the quality of CNSPs."*** ***Review certification reports, calibration records, and cleaning logs.*** ***If no, go to compliance statements.***	Yes		6.1
18.1	Equipment and supplies are readily available at the pharmacy for the types of CNSPs prepared. ***Inspector note: For example, if the pharmacy compounds with API as a component, which must be weighed, a scale or balance would be expected.***	Yes		6.1
18.2	Pharmacy has evaluated and documented the nonsterile compounding pharmacy activities for weighing, measuring, and otherwise manipulating for an assessment of risk. ***Inspector note: Per USP, "components that could generate airborne chemical particles (eg, active pharmaceutical ingredients [APIs], added substances, and conventionally manufactured products) must be evaluated to determine if these activities must be performed in a closed-system processing device to reduce the potential exposure to personnel or contamination of the facility or CNSPs."*** ***If no, inspector should describe observations.***	Yes		6.1

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		Observation	Inspector Notes	USP Reference(s)
18.3	The equipment and devices used for compounding CNSPs are clean and stored in a manner and frequency that minimizes the risk of contamination. ***Inspector note: Per USP <795>, "After compounding, the equipment must be cleaned to prevent cross contamination of the next preparation." Additionally, per Table 2:*** ***- CVE/BSC are cleaned and sanitized at the beginning and end of each shift when compounding occurs, after spills, and when surface contamination (e.g., from splashes) is known or suspected;*** ***- CVE/BSC horizontal surfaces are cleaned and sanitized between compounding of different components;*** ***- Under the work surface of a BSC is cleaned and sanitized at least monthly; and*** ***- Other devices and equipment used in compounding are cleaned before initial use, in between compounding CNSPs with different components, and following manufacturer recommendations.*** ***If no, inspector should describe observations.***	Yes		6.1 Table 2
18.4	Equipment and devices used in compounding or testing of CNSPs are inspected prior to use (to ensure they are in good working order). ***Inspector note: For example, the pharmacy may need to tare a scale and/or balance prior to use.***	Yes		6.1
18.5	Equipment and devices are verified for accuracy as recommended by the manufacturer (at the frequency recommended by the manufacturer or at least every 12 months, whichever is more frequent). ***If the pharmacy does not compound CNSPs that require equipment or devices that must be calibrated for accuracy (such as ones needed for weighing or measuring), the inspector should answer this statement as N/A.***	Yes		6.1
18.6	If a CVE or BSC is used by the pharmacy, it is certified at least every 12 months, according to the manufacturer specifications or regulations of the applicable regulatory jurisdiction. ***If the pharmacy does not have the record or documentation of the certification and maintenance of the CVE/BSC, the inspector should answer this statement as no. If the pharmacy does not have a CVE or BSC, the inspector should answer this statement as N/A.***	Yes		6.1

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		Observation	Inspector Notes	USP Reference(s)
19.0	Does the pharmacy compounding CNSPs use APIs?	Yes		6.2
20.0	Does the pharmacy select APIs that comply with the requirements in USP <795> standards? ***Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products.*** ***If no, go to compliance statements.***	No		6.2.1
20.1	APIs comply with criteria in the USP-NF monograph, if one exists. ***If the pharmacy does not compound any CSPs that have an available USP monograph, the inspector should answer this statement as N/A.***	Yes		6.2.1
20.2	All APIs used have a COA that includes the specifications (eg, compendial requirements for quality) and that the test results for the component show the API meets expected quality. ***Inspector note: Per USP, the API should be checked to ensure it is pharmaceutical grade and meets the requirements in the chemical monograph. COA will report an assay has been performed and will include water content (so any corrections/calculations can be performed).***	No	Upon review, the C of A for melatonin was not obtained by the repackager from an FDA registered manufacturer, the facility will be conducting more stringent due diligence with their chemical suppliers going forward.	6.2.1
20.3	All APIs used are manufactured by an FDA-registered facility. ***Inspector note: This is a Federal Food, Drug, and Cosmetic Act, Section 503A, requirement as well. Inspector should verify the pharmacy looks up the name of the manufacturer listed on the COA to determine if they are registered as an FDA drug establishment https://dps.fda.gov/decrs.***	No	Upon review, the C of A for melatonin was not obtained by the repackager from an FDA registered manufacturer, the facility will be conducting more stringent due diligence with their chemical suppliers going forward.	6.2.1
21.0	When formulations indicate the inclusion of water, is purified water or better quality (eg, sterile water for irrigation) used in compliance with USP <795> standards?	Yes		6.2.1
22.0	What type(s) of water is used for compounding CNSP? ***List the type(s) in the Inspector Notes.***		Sterile Water for injection.	6.2.1

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		Observation	Inspector Notes	USP Reference(s)
23.0	Do the pharmacy's component receipt processes comply with the requirements in USP <795> standards? ***If no, go to compliance statements.***	No	Upon review, the C of A for Melatonin was not obtained by the repackager from an FDA registered manufacturer, the facility will be conducting more stringent due diligence with their chemical suppliers going forward.	6.2.2
23.1	For non-conventionally manufactured components, the COA is reviewed upon receipt. ***Inspector note: Per USP, "the COA must be reviewed to ensure that the component has met the acceptance criteria in an appropriate USP–NF monograph, if one exists." Pharmacy's review should be documented. Alternatively, the pharmacy can demonstrate how it's been reviewed (for example, there are notes to show a water content calculation back to 100% based on the specific COA). Inspector can verify the COA is retrievable.***	Yes		6.2.2
23.2	The pharmacy documents specific information according to the facility's SOP, including: receipt date, quantity received, supplier name, lot number, expiration date, and the results of any testing performed (whether performed in-house or through a third-party).	Yes		6.2.2, 14
23.3	For all components that lack a vendor expiration date, the pharmacy clearly and indelibly marks on each packaging system received the date the component must no longer be used by the pharmacy. ***Inspector note: Per USP, "Packaging systems of components (i.e., API and added substances) that lack a vendor's expiration date must not be used by the compounding facility after 3 years from the date of receipt. A shorter expiration date must be assigned according to Pharmaceutical Compounding—Sterile Preparations , 797, 9.3.2 Component receipt if the same component container is also used in sterile compounding or if the ingredient is known to be susceptible to degradation."***	Yes		6.2.2
23.4	Any component found to be of unacceptable quality upon receipt or reinspection prior to use is promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal.	Yes		6.2.2
23.5	Any other lots of that (rejected) component from that vendor are examined to determine whether other lots have the same defect.	Yes		6.2.2

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		Observation	Inspector Notes	USP Reference(s)
24.0	Does the pharmacy re-inspect all components before use and handle them in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		6.2.3, 6.2.4
24.1	Compounding personnel visually re-inspect each component, including packaging system (any evidence of container breakage, looseness of cap or closure) and deviation from the expected appearance or texture of the contents (that might have changed during storage).	Yes		6.2.3
24.2	Compounding personnel ascertain before use that components are the correct identity based on labeling, that they have been stored under required conditions, and there is no evidence of deterioration or other aspects of unacceptable quality before use of component.	Yes		6.2.3
24.3	Components where correct identity, strength, purity, and quality cannot be confirmed (eg, containers with damaged or incomplete labeling), are immediately rejected and if not immediately discarded, labeled as rejected and segregated from active stock.	Yes		6.2.3
24.4	Compounding personnel handle all components following facility SOPs, manufacturer's instructions/labeling, and laws/regulations of the applicable regulatory jurisdiction.	Yes		1.1.3, 6.2.4
24.5	All components are handled in a manner that minimizes the risk of contamination, mix-ups, and deterioration.	Yes		6.2.4
25.0	When components are removed from the original container and not used in compounding (eg, excess after weighing), are they discarded and not returned to the original container (to minimize risk of contamination of the original component container)? ***Inspector note: This is a USP recommendation.***	Yes		6.2.4

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		Observation	Inspector Notes	USP Reference(s)
26.0	Does the pharmacy maintain a chemical hazard, spill management, and disposal information program in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		6.2.5
26.1	Pharmacy staff have access to safety data sheets (SDS).	Yes		6.2.5
26.2	Pharmacy staff have documented, annual training for those who might have to clean up a spill.	Yes		6.2.5, 14
26.3	The pharmacy has a readily accessible spill kit in the compounding area.	Yes		6.2.5
26.4	The pharmacy has a process to manage and document any nonhazardous spills and disposal.	Yes		6.2.5
26.5	Waste of any component is disposed of in accordance with laws and regulations of the applicable regulatory jurisdiction.	Yes		1.1.3, 6.2.5
	Master Formulation Records (MFR) and Compounding Records (CR) **Inspector should review a minimum of five (5) MFRs and five (5) CRs.**			
27.0	Is an MFR created for each unique formulation of a CNSP in compliance with USP <795> standards? ***Inspector note: Per USP, an MFR is a detailed record of procedures that describes how the CNSP is to be prepared.*** ***If no, go to compliance statements.***	Yes		7.1
27.1	An MFR is created for each unique formulation.	Yes		7.1 Box2
27.2	Any changes or alterations to the MFR are approved and documented.	Yes		7.1

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National Association of Boards of Pharmacy®
Verified Pharmacy Program Inspection Form

Nonsterile Compounding Inspection for USP <795>

Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Inspector Notes	USP Reference(s)
27.3	Does the designated person(s) or designee evaluate CNSP's characteristics when considering the assigned BUD for an MFR? ***Inspector note: Per USP, "When establishing a BUD for a CNSP, compounders must consider parameters that may affect quality, including but not limited to the following:*** ***- Chemical and physical stability properties of the API and any added substances in the preparation (e.g., if the API and added substances in the preparation are known to rapidly degrade over time and/or under certain storage conditions, reduce the strength of the preparation, or produce harmful impurities)*** ***- Compatibility of the container closure system with the finished preparation (e.g., leachables, interactions, adsorption, and storage conditions)*** ***- Degradation of the container closure system, which can lead to a reduction in integrity of the CNSP*** ***- Potential for microbial proliferation in the CNSP (and)*** ***- Significant deviations from essential compounding steps and procedures; changes to essential compounding steps may have an impact on the stability of the formulation."***	Yes		7.1, 10.2 Table 4
28.0	Does the pharmacy's MFRs contain all requirements in compliance with USP <795> standards? ***If no, go to compliance statements. Additionally, collect a copy of the MFR and include as an attachment.***	Yes		7.1
28.1	MFR includes the name, strength or activity, and dosage form of the CNSP.	Yes		7.1
28.2	MFR identifies the identities and amounts of all components and, if applicable, relevant characteristics of components (eg, particle size, salt form, purity grade, solubility).	Yes		7.1
28.3	MFR includes the type of container–closure system(s).	Yes		7.1

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		Observation	Inspector Notes	USP Reference(s)
28.4	MFR has complete instructions for preparing the CNSP, including equipment, supplies, and a description of the compounding steps. ***Inspector note: Per USP, the MFR will also include, "Other information needed to describe the compounding process and ensure repeatability (e.g., adjusting pH, temperature)." MFRs will include the detailed instructions necessary for an experienced compounder. Some examples of other details to ensure repeatability include, but are not limited to: speed duration, settings on equipment, and specific order of mixing (if applicable).*** ***Inspector should review several MFRs for completeness of instructions.***	Yes		7.1
28.5	MFR has a physical description of the final CNSP.	Yes		7.1
28.6	MFR includes the assigned beyond-use date (BUD) and storage requirements.	Yes		7.1
28.7	MFR contains the reference source to support the assigned BUD.	Yes		7.1
28.8	Labeling requirements (eg, shake well) are described on the MFR.	Yes		7.1
28.9	If applicable, the MFR contains the calculations to determine and verify quantities and/or concentrations of components and strength or activity of APIs.	Yes		7.1
28.10	An MFR has QC procedures (eg, pH testing, visual inspection) and expected results.	Yes		7.1
29.0	Does the pharmacy complete a Compounding Record (CR) for all CNSPs in compliance with USP <795> standards? ***If no, go to compliance statements. Additionally, collect a copy of the MFR and the CR (no PHI or PII is to be collected).***	Yes		7.2, 14
29.1	A CR is completed for each CNSP prepared.	Yes		7.2, 14
29.2	The CR includes the name, strength or activity, and dosage form of the CNSP.	Yes		7.2, 14

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		Observation	Inspector Notes	USP Reference(s)
29.3	The CR includes the date (or date and time) the CNSP was prepared.	Yes		7.2, 14
29.4	The CR includes the assigned internal identification number (eg, prescription, order, or lot number).	Yes		7.2, 14
29.5	The CR has a method to identify the individuals involved in the compounding process of the CNSP.	Yes		7.2, 14
29.6	The CR has a method to identify the individual who completed the review and verified the final CNSP.	Yes		7.2, 14
29.7	The CR includes: name, vendor or manufacturer, lot number, and expiration date of each component.	Yes		7.2, 14
29.8	The CR includes the weight or measurement of each component.	Yes		7.2, 14
29.9	The CR identifies the total quantity compounded.	Yes		7.2, 14
29.10	The CR lists the assigned BUD and storage requirements.	Yes		7.2, 14
29.11	If applicable, the CR contains the calculations to determine and verify quantities and/or concentrations of components and strength or activity of API.	Yes		7.2, 14
29.12	The CR has a physical description of the final CNSP.	Yes		7.2, 14
29.13	The CR includes the results of quality control procedures (eg, pH testing, visual inspection).	Yes		7.2, 14
29.14	The CR contains a MFR reference for the CNSP.	Yes		7.2, 14
29.15	Each CR is reviewed for completeness before the CNSP is released.	Yes		7.2, 8
29.16	The CR shows traceability of all components in the case of a recall or known quality issue.	Yes		7.2, 12.1, 14

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Nonsterile Compounding Inspection for USP <795>

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		Observation	Inspector Notes	USP Reference(s)
30.0	Are there procedures for in-process checks performed by a pharmacist? ***Inspector note: In-process checks are safety steps for complex, multi-step compounding processes. These checks indicate that appropriate procedures for measuring/mixing are followed for each step, including pharmacist verification of steps performed by non-pharmacists and visual inspection of preparation. Inspector should describe their observations in the Inspector Notes.***	Yes		2, 7.2, 8
	Labeling			
31.0	Are the pharmacy's labels for CNSPs in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		9
31.1	Information on the label is prominently and legibly displayed. ***Inspector note: Per USP, labeling includes other accompanying materials along with the CSP, which is defined as "All labels and other written, printed, or graphic matter on the immediate container or on or inside any packaging system or wrapper in which the article is enclosed, except for any outer shipping container."***	Yes		9
31.2	The labeling meets any state or federal regulatory requirements.	Yes		1.1.3, 9
31.3	The label on the immediate container includes an assigned internal identification number (eg, barcode, prescription, order, or lot number).	Yes		9
31.4	The label on the immediate container includes the active ingredients and their amount(s), activity(ies), or concentration(s).	Yes		9
31.5	The label on the immediate container includes the storage conditions, if other than controlled room temperature.	Yes		9
31.6	The label on the immediate container includes the BUD. ***If no, please describe whether the pharmacy instead used the term "expiration date" or similar language or if this information was not included on the label.***	Yes		9

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		Observation	Inspector Notes	USP Reference(s)
31.7	The label on the immediate container includes the dosage form.	Yes		9
31.8	The label on the immediate container includes the total amount or volume, if it is not obvious from the container.	Yes		9
32.0	Does the labeling on the dispensed CNSP include the route of administration? ***Inspector note: This is a USP recommendation.***	Yes		9
33.0	Does the labeling contain information identifying the CNSP as a compounded preparation? ***Inspector note: Per USP, this is a recommendation.***	Yes		9 USP <7>
34.0	Does the labeling on the dispensed CNSP display any applicable special handling instructions or warning statements? ***Inspector note: This is a USP recommendation.***	Yes		9
35.0	Does the labeling on the dispensed CNSP display the name of the compounding facility and contact information if the CNSP was to be sent outside of the facility or health care system? ***Inspector note: This is a USP recommendation.*** ***If the pharmacy only compounds CNSPs for patient use onsite (eg, a health care facility), inspector should answer this question as N/A.***	Yes		9
	Establishing Beyond Use Dating (BUDs)			
36.0	Is each CNSP assigned and labeled with a BUD in compliance with USP <795> standards? ***Inspector note: Per USP, the BUD is defined as, "The date, or hour and date, after which a CNSP must not be used, stored, or transported. The date is determined from the date or time the preparation is compounded." This is not the same term as "expiration date."*** ***If no, go to compliance statements.***	Yes		10 USP <7>
36.1	CNSP label has a BUD that specifies the date, or the hour and date, beyond which the preparation cannot be used and must be discarded.	Yes		10.1
36.2	CNSP labels do not list an "expiration date" or equivalent language.	Yes		10.1

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		Observation	Inspector Notes	USP Reference(s)
36.3	BUDs are assigned from the date (and time) of preparation.	Yes		10.1
36.4	BUDs are assigned based on dispensing in tight, light resistant containers/overpacks. ***Inspector note: Per USP, the Table 4 maximum limits for BUD are, "based on the ability of the CNSP to maintain chemical and physical stability and to suppress microbial growth. These BUDs represent the limit for CNSPs that are packaged in tight, light-resistant containers unless conditions in 10.4 CNSPs Requiring Shorter BUDs or 10.5 Extending BUDs for CNSPs apply."***	Yes		10.3
36.5	The BUD assigned to the CNSP does not exceed the shortest remaining expiration date of any of the commercially available starting components.	Yes		10.4
37.0	Does the pharmacy ensure the assigned BUD does not exceed the shortest BUD of any individual compounded components? ***Inspector note: Per USP, "For CNSPs prepared from one or more compounded components, the BUD should generally not exceed the shortest BUD of any of the individual compounded components. However, there may be acceptable instances when the BUD of the final CNSP exceeds the BUD assigned to compounded components (e.g., pH-altering solutions). If the assigned BUD of the final CNSP exceeds the BUD of the compounded components, the physical, chemical, and microbiological quality of the final CNSP must not be negatively impacted." Another example of these "acceptable instances" (similar to pH-altering components mentioned above) inspectors may see are stock solutions (and other formulas within a formula) such as methocel 1%.*** ***If no, inspector should describe the observations, including the name of the component whose BUD was shorter than the assigned BUD of the final CSP.***	Yes		10.4
38.0	Does the designated person(s) evaluate a CNSP formulation to establish the maximum BUD? ***If no, who establishes the maximum BUD for a MFR?***	Yes		7.1, 10.2, 10.3
39.0	Does the pharmacy compound CNSPs with a USP monograph?	No		10.5

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		Observation	Inspector Notes	USP Reference(s)
40.0	Does the pharmacy compound CNSPs following the USP monograph precisely? ***If no, go to compliance statements.***	N/A		10.5
40.1	Pharmacy staff have access to the USP monograph for reference.	N/A		10.5
40.2	CNSPs are prepared in accordance with the USP monographs. ***If no, inspector to collect a copy of the compounding record, label; and describe what specific steps of the monograph were not followed.***	N/A		10.5
40.3	Components used by the compounder match those listed in the monograph. ***If no, describe the source of the component in monograph and the source that the pharmacy used.***	N/A		10.5
40.4	The maximum BUD specified in the USP monograph is not exceeded. ***If no, identify the drug, monograph-stated BUD, and the BUD used by the pharmacy.***	N/A		10.5
41.0	Does the pharmacy compound CNSPs that are not available from a USP monograph?	Yes		10.4
42.0	Does the pharmacy adhere to the BUD (maximum) limits established in Table 4 for CNSPs in compliance with USP <795> standards? ***Inspector note: This question is for the CNSPs compounded that are <u>not</u> following a USP monograph or those CNSPs where extending BUD requirements were applied (where pharmacy has completed or has access to CNSP-Specific Stability Information). Per USP, the pharmacy is not required to measure water activity (A_w) for a CNSP.*** ***If no, go to compliance statements.*** ***If <u>all</u> CNSPs compounded at the pharmacy are following a USP monograph or the pharmacy is following a stability study that used a stability-indicating assay analytical method for the API, CNSP formulation, and material of composition of the container closure system, then the inspector should answer this question as N/A.***	Yes		10.4

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		Observation	Inspector Notes	USP Reference(s)
42.1	**Non-preserved, Aqueous Dosage Forms:** The non-preserved, aqueous dosage form CNSP is labeled with a BUD that does not exceed 14 days with refrigerated storage temperature. ***Inspector note: Per USP <795>, Aqueous dosage forms are ones that have a Aw ≥ 0.6, eg, emulsions, gels, creams, solutions, sprays, or suspensions.*** ***If pharmacy does not compound non-preserved aqueous dosage forms, inspector should answer statement as N/A.*** ***If no, describe your observations including but not limited to: the name of the compounded preparation, the labeled BUD, and the storage environment. Additionally, collect a copy of the master formulation record, the compounding record, and a copy of a label without PHI.***	N/A		10.4 Table 4 USP <659>
42.2	**Preserved, Aqueous Dosage Forms:** The preserved, aqueous dosage form CNSP is labeled with a BUD that does not exceed 35 days with controlled room temperature or refrigerated storage temperature. ***Inspector note: Per USP <795>, Aqueous dosage forms are ones that have a Aw ≥ 0.6, eg, emulsions, gels, creams, solutions, sprays, or suspensions.*** ***If pharmacy does not compound preserved aqueous dosage forms, inspector should answer statement as N/A.*** ***If no, describe your observations including but not limited to: the name of the compounded preparation, the labeled BUD, and the storage environment. Additionally, collect a copy of the master formulation record, the compounding record, and a copy of a label without PHI.***	N/A		10.4 Table 4 USP <659>
42.3	**Nonaqueous, Oral Liquid Dosage Forms:** The nonaqueous, oral liquid dosage form CNSP is labeled with a BUD that does not exceed 90 days with controlled room temperature or refrigerated storage temperature. ***Inspector note: Per USP <795>, Nonaqueous oral liquid dosage forms are ones that have a A_w < 0.6. Some examples of oral liquids that are nonaqueous include: oil-based oral solution or suspension.*** ***If pharmacy does not compound nonaqueous dosage forms, inspector should answer statement as N/A.*** ***If no, describe your observations including but not limited to: the name of the compounded preparation, the labeled BUD, and the storage environment. Additionally, collect a copy of the master formulation record, the compounding record, and a copy of a label without PHI.***	N/A		10.4 Table 4 USP <659>

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		Observation	Inspector Notes	USP Reference(s)
42.4	**Nonaqueous Dosage Forms:** The nonaqueous dosage form CNSP is labeled with a BUD that does not exceed 180 days with controlled room temperature or refrigerated storage temperature. ***Inspector note: Per USP <795>, Nonaqueous (Solid) dosage forms are ones that have a A_w < 0.6. Some examples include capsules, tablets, granules, powders, nonaqueous topicals, suppositories, and troches or lozenges.*** ***If pharmacy does not compound other nonaqueous solid dosage forms, inspector should answer statement as N/A.*** ***If no, describe your observations including but not limited to: the name of the compounded preparation, the labeled BUD and the storage environment. Additionally, collect a copy of the master formulation record, the compounding record, and a copy of a label without PHI.***	Yes		10.4 Table 4 USP <659>
43.0	Does the pharmacy label any CNSPs with BUDs that extend beyond the maximum limits in Table 4 USP <795>?	No		10.5 Table 4
44.0	Does the pharmacy follow the requirements for labeling a CNSP with a BUD that exceeds Table 4 in compliance with USP <795> standards? ***If no, go to compliance statements.***	N/A		10.5
44.1	The labeled BUD for an aqueous dosage form does not exceed 180 days. ***If no, collect a copy of the MFR, the CR, and a copy of a label without PHI.***	N/A		10.5
44.2	The labeled BUD for a nonaqueous dosage form does not exceed 180 days. ***If no, collect a copy of the MFR, the CR, and a copy of a label without PHI.***	N/A		10.5
44.3	Pharmacy is following the results of their own stability study. ***If the pharmacy only follows cited stability studies (does not conduct their own stability studies) for extending BUDs, answer this question as N/A.*** ***If pharmacy is following a bracketed study, inspector may mark this statement as yes if concentrations of CNSPs are at or within the concentrations specified within the study.*** ***If pharmacy is following a bracketed study and is using a concentration outside the study, answer this question as a no and describe observations.***	N/A		10.5

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		Observation	Inspector Notes	USP Reference(s)
44.4	The pharmacy has a copy of the cited stability study, which used a stability-indicating analytical method, for extending BUDs. ***Per USP, any stability study that meets the requirements of a stability-indicating assay method can be used (whether it is published or unpublished, such as a study provided by a chemical supplier) to extend BUDs up to 180 days for a CNSP.*** ***If pharmacy only conducts their own stability studies (does not use published or unpublished study performed by another entity) for extending BUDs, inspector should answer this question as N/A.*** ***If no, please describe the inspector observations.***	N/A		10.5
44.5	The cited stability study (which uses a stability-indicating analytical method for extending BUDs) describes the API(s), CNSP formulation, and material composition of the container closure used. ***If pharmacy only conducts their own stability studies (does not use published or unpublished study performed by another entity) for extending BUDs, inspector should answer this question as N/A.*** ***If no, please describe the inspector observations.***	N/A		10.5
44.6	If the cited stability study (which uses a stability-indicating analytical method for extending BUDs) is bracketed, the pharmacy's CNSP formulation is at or within the low and high concentration of each active ingredient within the stability study. ***If no, describe the concentrations cited in the stability study and the concentration of the CNSP compounded by the pharmacy.*** ***If pharmacy only conducts their own stability studies (does not use published or unpublished study performed by another entity) for extending BUDs, inspector should answer this question as N/A.***	N/A		10.5

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		Observation	Inspector Notes	USP Reference(s)
44.7	Aqueous CNSPs whose labeled BUDs are extended beyond Table 4, have: - been tested for antimicrobial effectiveness at least once for each formulation in the type of (with the same material composition of the) container closure system that will be used; - received study results from an FDA-registered facility (for the same CNSP formulation using the same material composition of the container closure system); or - a study published from peer-reviewed literature (for the same CNSP formulation using the same material composition of the container closure system). ***Inspector note: Pharmacy may rely on a bracketed study from the above options as long as the bracketed study information includes the low and high concentration of each active ingredient in the formulation. Per USP, this is "to establish preservative effectiveness across various strengths of the same formulation (e.g., bracketing). The concentration of all other ingredients (including preservatives) must fall within the bracketed range.***	N/A		10.5
	Quality Assurance (QA), Quality Control (QC), and Quality Management (QM) Inspector to review at least one complaint, one adverse event, and one recall (if applicable).			
45.0	Does the pharmacy have a QA/QC program to ensure that CNSPs are prepared per the requirements in USP <795> standards and any applicable regulatory requirements? ***If no, go to compliance statements.***	Yes		1.1.3, 12
45.1	The pharmacy has a formal QA/QC program with documented activities. ***Inspector note: Per USP, "A facility's QA and QC programs must be formally established and documented in the facility's SOPs that ensure that all aspects of the preparation of CNSPs are conducted in accordance with the requirements in this chapter (<795>) and the laws and regulations of the applicable regulatory jurisdiction."***	Yes		12
45.2	The QA/QC programs address adherence to procedures.	Yes		12
45.3	The QA/QC programs address prevention and detection of errors and other quality problems.	Yes		12

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45.4	The QA/QC programs address evaluation of complaints and adverse events. ***Review at least one complaint and one adverse event. If there are no complaints or adverse events, review the process that the pharmacy would follow in the event of a complaint or adverse event.***	Yes		12
45.5	The QA/QC programs address appropriate investigations and corrective actions.	Yes		12
46.0	Has the pharmacy received any complaints related to CNSPs within the past year?	No		12
47.0	Does the pharmacy follow complaint handling requirements in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		12.2
47.1	The pharmacy has a complete written or electronic record of each complaint made. ***Inspector note: Per USP, "The record must contain the name of the complainant or other unique identifier, the date the complaint was received, the nature of the complaint, and the response to the complaint. In addition, to the extent that the information is known, the following should be recorded: the name and strength of the CNSP and the assigned internal identification number (e.g., prescription, order, or lot number). The record must also include the findings of any investigation and any follow-up. Records of complaints must be easily retrievable for review and evaluation for possible trends and must be retained."***	Yes		12.2
47.2	Complaints are reviewed in accordance with SOPs by the designated person for the QA program.	Yes		12.2
47.3	Complaints are reviewed to determine whether it indicates a potential quality problem with the CNSP.	Yes		12.2
47.4	Complaints are fully investigated.	Yes		12.2
47.5	Complaint investigations consider whether the quality problem extends to other CNSPs.	Yes		12.2

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National Association of Boards of Pharmacy®
Verified Pharmacy Program Inspection Form

Nonsterile Compounding Inspection for USP <795>

Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Inspector Notes	USP Reference(s)
47.6	Corrective action, if necessary, is implemented for all potentially affected CNSPs. ***Inspector note: Per USP, the pharmacy is to; "Consider whether to initiate a recall of potentially affected CNSPs and whether to cease nonsterile compounding processes until all underlying problems have been identified and corrected."***	Yes		12, 14
47.7	A CNSP that is returned in connection with a complaint is quarantined until it is destroyed after the completion of the investigation and in accordance with the laws and regulations of the applicable regulatory jurisdiction.	Yes		1.1.3, 12.2
48.0	Has the pharmacy initiated any recalls of CNSPs within the past two years? ***Inspector note: Per USP <795> requires all records to be readily retrievable for two years, including recalls; However, the state/jurisdictional regulator may require records to be kept for a longer period of time.*** ***Review most recent recall and describe in the Inspector Notes.*** ***If the pharmacy has not had any recalls within the past two years, inspector should answer the question as No.***	No		12.1, 14
49.0	Does the pharmacy follow recall and adverse event procedures for CNSPs in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		12.1, 12.2, 12.3
49.1	The pharmacy has procedures to determine when recalls must be initiated.	Yes		12.1
49.2	The pharmacy documents the implementation of the recall.	Yes		12.1
49.3	Pharmacy reports recalled CNSPs to the appropriate regulatory bodies (as required by laws and regulations of the applicable regulatory jurisdiction).	Yes		1.1.3, 12.1
49.4	Investigations into an adverse event that reveals a quality problem with a CNSP that is likely to affect other patients are reported to both patients and their prescribers.	Yes		12.3
50.0	Does the pharmacy procedures include a step to immediately notify the prescriber of a failure of specifications with potential to cause harm (eg, strength, purity, or other quality attributes)? ***Inspector note: This is a USP recommendation.***	Yes		12.1

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Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Inspector Notes	USP Reference(s)
	CNSP Packaging			
51.0	Does the pharmacy's packaging processes and materials meet the requirements in USP <795>? ***If no, go to compliance statements.***	Yes		13.1
51.1	The packaging materials protect CNSPs from damage, leakage, contamination, and degradation.	Yes		13.1
51.2	The packaging materials used protects personnel from exposure (from the packaged CNSP).	Yes		13.1
52.0	The packaging materials selected by the pharmacy maintain the physical and chemical integrity and stability needed for CNSPs (eg, protect from light).	Yes		13.1
	Compounding Personnel Observations - *Inspector must observe personnel performing compounding and related activities. This section will require the inspector to observe the staff while performing compounding and related activities. It is acceptable for pharmacy staff to perform mock compounding activities (with two creams or other drugs) as long as all observations can be viewed.*			
53.0	**Personal Preparation Observation:** Before entering the compounding area, do personnel remove any items that are not easily cleanable or are not necessary for compounding in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		
53.1	Personnel removed all outer garments (eg, hats, scarves, bandanas, vests, coats, and jackets).	Yes		3.1
53.2	Personnel removed all items that are not easily cleanable and that might interfere with garbing.	Yes		3.1
53.3	Personnel removed all hand, wrist, and other exposed jewelry, including piercings, that could interfere with the effectiveness of garbing and hand hygiene (eg, watches, rings that may tear gloves).	Yes		3.1
53.4	Personnel removed earbuds or headphones.	Yes		3.1

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		Observation	Inspector Notes	USP Reference(s)
53.5	Any accommodations permitted by the designated person(s) should be documented. ***Inspector note: Per USP <795>, accommodations may be permitted as long as the quality of the CSP and environment will not be affected.***	Yes		3.1
54.0	**Hand Hygiene Observation:** Were personnel who enter the compounding area to compound observed performing the appropriate hand washing procedures in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		3.2, Box 1
54.1	All personnel who enter the compounding area to compound performed hand hygiene.	Yes		3.2 Box 1
54.2	Personnel wash hands with soap and water for at least 30 seconds.	Yes		3.2
54.3	Personnel dry their hands completely with disposable towels or wipers.	Yes		3.2
54.4	Personnel do not solely rely on the use of alcohol hand sanitizers.	Yes		3.2
55.0	***Garbing Observation:*** Were compounding personnel observed following the appropriate garbing procedures in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		3.3 Box 1
55.1	All personnel entering the compounding area are fully garbed (with the required garb as determined by the facility SOPs).	Yes		3.3 Box 1
55.2	All personnel who perform compounding activities don gloves. ***Inspector note: Per USP, "Gloves must be worn for all compounding activities."***	Yes		3.2, 3.3 Box 1
55.3	Gloves are inspected periodically for holes, punctures, or tears and replaced immediately if a defect is detected.	Yes		3.3 Box 1
56.0	Are gloves wiped or replaced before beginning compounding a CNSP with a different component or when other objects were touched (eg, pens, keyboards) to minimize risk of cross contamination with other CNSPs? ***Inspector note: This is a USP recommendation.***	Yes		3.3

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Nonsterile Compounding Inspection for USP <795>

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e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Inspector Notes	USP Reference(s)
57.0	List the name(s) of the CNSPs observed by the inspector as part of live compounding demonstration.		Capsule Blend Capsule Demonstration.	
58.0	**Compounding Observation:** Are compounding personnel using appropriate nonsterile compounding techniques for CNSPs in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		2 Box 3
58.1	The compounding personnel enter the nonsterile compounding area in accordance with the SOPs.	Yes		3.1, 4.1
58.2	The compounding personnel started with a clean compounding area for CNSPs.	Yes		4.1, 4.3, 5 Table 1
58.3	The compounding personnel selected the correct MFR for the CNSP to be prepared.	Yes		7, 7.1 Box 2
58.4	The compounding personnel performed hand hygiene. ***Inspector note: Per USP <795>, Box 1, personnel are to: wash hands with soap and water for at least 30 seconds, dry hands completely with disposable towels or wipers, and then don gloves.***	Yes		3.2 Box 1
58.5	The compounding personnel are appropriately garbed for the type of CNSP prepared.	Yes		3.3
58.6	The compounding personnel obtained the proper ingredients (APIs and/or components). ***Inspector note: All ingredients must be within date and match what is listed in the MFR. If the ingredient is an API, the COA must have already been reviewed and approved for use.***	Yes		6.2 (6.2.1 - 6.2.5)
58.7	The compounding personnel gathered all necessary materials, equipment, and supplies necessary and/or specified in the MFR and is in good working order prior to use for the CNSP. ***Inspector note: All items must be clean prior to use. If equipment requires calibration and/or certification, compounder must ensure the equipment or device is within proper specifications (eg, tare scales and/or balances).***	Yes		6.1 Table 2

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Nonsterile Compounding Inspection for USP <795>

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Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Inspector Notes	USP Reference(s)
58.8	The compounding personnel have knowledge of and access to any SDS.	Yes		6.2
58.9	The compounding personnel only compound one CNSP at a time (to proactively prevent mix-ups, errors, and cross contamination).	Yes		1.1.3
58.10	The compounding personnel compound the CNSP according to the MFR. ***If no, inspector needs to describe in detail their observations in the Inspector Notes and collect a copy of the MFR and CR (no PHI or PII to be collected).***	Yes		7.1, 7.2 Box 2
58.11	The compounding personnel document any required steps listed in the MFR on the CR. ***Inspector note: This would include any weights, volume, and any in-process checks needed.***	Yes		7.2, 14 Box 3
58.12	Documentation in the CR is legible. ***If no, collect copy of record that is illegible. Redact any PHI on record.***	Yes		14
58.13	The compounding personnel verify the correct BUD in accordance with the MFR requirements in USP <795>.	Yes		10 Table 3, Table 4
58.14	The compounding personnel performed any quality control steps specified in the MFR. ***Inspector note: Examples of this include, but are not limited to: testing of pH for a suspension, weighing of capsules, and visual inspection against product description specifications.*** ***If no, describe observations in Inspector Notes.***	Yes		7.2, 8, 8.1, 12 Box 3
58.15	The compounding personnel placed the CNSP into the proper container closure system.	Yes		8.1 Box 2
58.16	The compounding personnel labeled the CNSP. ***Inspector note: Storage requirements must be included on the label if refrigerated or frozen (so patient can identify the storage temperature requirements).***	Yes		9

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		Observation	Inspector Notes	USP Reference(s)
58.17	The compounding personnel completed any documentation on the CR. ***If no, describe observations of what was missing or omitted in Inspector Notes.***	Yes		7.2, 8, 14 Box 3
58.18	The compounding personnel cleaned and sanitized the compounding area before the next CNSP (with differing ingredients) is prepared.	Yes		5
59.0	**Final CNSP check observation**: Does the visual inspection of the CNSP by the pharmacist confirm all USP <795> requirements? ***Observe a pharmacist check several CNSP prescriptions. List the name of CNSPs release inspection observed in the Inspector Notes.*** ***If no, go to compliance statements.***	Yes		8, 8.1, 9
59.1	CNSP was visually inspected to determine the physical appearance of the CNSP is as expected (eg, color, texture, physical uniformity), including any special characteristics listed in the MFR (eg, emulsions must be checked for phase separation).	Yes		8, 8.1
59.2	Visual inspection included checking for container closure integrity (eg, leakage, cracks, improper seals).	Yes		8, 8.1
59.3	CNSP label was verified against the prescription or medication order.	Yes		8, 8.1, 9
59.4	CNSP label was verified against the MFR.	Yes		8, 8.1, 9
59.5	CNSP label was verified against the CR.	Yes		8, 8.1, 9
59.6	If a CNSP will not be released or dispensed on the day the preparation was made, a visual inspection was conducted immediately before it is released or dispensed to make sure the CNSP did not develop any defects during storage.	Yes		8, 8.1
59.7	All checks and inspection that are performed are properly documented.	Yes		8.1, 14

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		Observation	Inspector Notes	USP Reference(s)
59.8	CNSP that do not meet requirements, are promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before disposal.	Yes		8.1
60.0	Inspect several different finished compounded nonsterile preparations. Are all the finished compounded preparations free from any evidence of signs of contamination? ***Inspector note: If found, request the compounded preparation to be quarantined and notify NABP immediately.*** ***Additionally, list the name(s) of the compounded preparation(s) observed; description of type of contamination suspected (eg, particulates, dirt/debris/(suspected) mold within container closure); number of preparations affected (eg, two of the five containers on the shelf); lot or batch information; BUD assigned; and collect photographs, copy of MFR, and CR.***	Yes		12
61.0	**Cleaning and Disinfection Observation:** Does the pharmacy perform cleaning and sanitizing activities in the compounding area in compliance with USP <795> standards? ***Document observations while pharmacy staff are performing live compounding activities in Inspector Notes.*** ***If no, go to compliance statements.***	Yes		5
61.1	Pharmacy staff starts with a clean and sanitized work surface prior to compounding a CNSP.	Yes		5 Table 1
61.2	Pharmacy staff perform cleaning and sanitizing between compounding CNSPs with different components. ***Inspector note: Per USP, "If cleaning and sanitizing are performed as separate steps, cleaning must be performed first."***	Yes		5 Table 1
61.3	Pharmacy staff ensure equipment and devices used in compounding activities are clean and sanitized after use (to prevent cross contamination of the next preparation).	Yes		6.1 Table 2
61.4	Pharmacy staff perform cleaning and sanitizing on work surfaces when visibly soiled, after spills, and/or when surface contamination is known or suspected.	Yes		5 Table 1

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Nonsterile <795> Employee File Records Review

Select the PIC, designated person, a staff pharmacist that checks compounded preparations, and two to three compounding pharmacy technicians. *Do not record the employee name, list only their title or position.
From the drop-down List:
*Mark as "Yes" if the document is present in the records and the competency evaluation was conducted in compliance with USP <795> requirements.
*Mark as "No" if the document is present in the records but is not in compliance with USP <795> requirements.
*Mark as "Missing" if any part of the record is missing and explain in Notes column.
*Mark as "N/A" if the training does not apply (eg; long-term employee may not have initial training available). Document further in the Notes column.

		Employee Records #1	Employee Records #2	Employee Records #3	Employee Records #4	Employee Records #5	
	Employee Title	Pharmacist	Compounding Technician				Notes
1.0	The training program provides initial training, evaluation, and documentation on the core competencies listed below:						
1.1	Compounding personnel are trained on facility SOPs.	Yes	Yes				
1.2	Compounding personnel are trained on USP <795> standards.	Yes	Yes				
1.3	The training record for hand hygiene is complete.	Yes	Yes				
1.4	The training record for garbing is complete.	Yes	Yes				
1.5	The training record for cleaning and sanitizing is complete.	Yes	Yes				
1.6	The training record for handling and transporting components and CNSPs is complete.	Yes	Yes				
1.7	The training record for measuring and mixing is complete.	Yes	Yes				
1.8	The training record for proper use of equipment is complete.	Yes	Yes				
1.9	The training record for documentation of compounding processes (eg, Master Formulation Records or Compounding Records) is complete.	Yes	Yes				
1.10	The training record for interpreting a Certification of Analysis (COA) is complete.	Yes	Yes				
1.11	The training record for how to read/interpret a Safety Data Sheet (SDS) is complete.	Yes	Yes				
1.12	The training record for spill management is complete.	Yes	Yes				

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	Employee Title	Pharmacist	Compounding Technician				Notes
2.0	The annual competency assessment was evaluated and documented on the following topics:						
2.1	Compounding personnel are re-trained on facility SOPs.	N/A	N/A				
2.2	Compounding personnel are re-trained on USP <795> standards.	N/A	N/A				
2.3	The annual competency assessment for hand hygiene is complete.	N/A	N/A				
2.4	The annual competency assessment for garbing is complete.	N/A	N/A				
2.5	The annual competency assessment for cleaning and sanitizing is complete.	N/A	N/A				
2.6	The annual competency assessment for handling and transporting components and CNSPs is complete.	N/A	N/A				
2.7	The annual competency assessment for measuring and mixing is complete.	N/A	N/A				
2.8	The annual competency assessment for proper use of equipment is complete.	N/A	N/A				
2.9	The annual competency assessment for documentation of compounding processes (eg, Master Formulation Records or Compounding Records) is complete.	N/A	N/A				
2.10	The annual competency assessment for interpreting a COA is complete.	N/A	N/A				
2.11	The annual competency assessment for how to read/interpret a SDS is complete.	N/A	N/A				
2.12	The annual competency assessment for spill management is complete.	N/A	N/A				
3.0	The designated person(s) has documented a (periodic) evaluation of their direct observations for compounding activities and documented any deficiencies in the record. *Inspector note: if there are not observations documented, the inspector should answer this question as N/A.* *Per USP, "the designated person(s) should monitor and observe compounding activities and must take immediate corrective action if deficient practices are observed. Facility SOPs must describe procedures for monitoring and observing compounding activities and personnel."*	N/A	N/A				

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Glossary & References	USP <795>
Active Pharmaceutical Ingredient (API)	Any substance or mixture of substances intended to be used in the compounding of a preparation, thereby becoming the active ingredient in that preparation and furnishing pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals or affecting the structure and function of the body. Also referred to as a bulk drug substance. A conventionally manufactured drug product is not an API but is typically manufactured from an API(s).
Added Substance	An ingredient that is necessary to compound a preparation but is not intended or expected to cause a pharmacologic response if administered alone in the amount or concentration contained in a single dose of the compounded preparation. The term is used synonymously with inactive ingredient, excipient, and pharmaceutical ingredient.
Administration	The preparation of a nonsterile pharmacologic or other therapeutic agent for ingesting, inserting, applying, or otherwise providing a nonsterile medication in its final form to a single patient. This includes crushing a tablet(s) or opening a capsule(s) to mix with food or liquids to facilitate patient dosing.
Alcohol-based hand rub	An alcohol-containing preparation (liquid, gel, or foam) designed for application to the hands of health care personnel to inactivate microorganisms and/or temporarily suppress their growth. Such preparations may contain one or more types of alcohol, other active ingredients, excipients, and humectants.
Assigned trainer	One or more individuals assigned by the designated person(s) to be responsible and accountable for directly providing the training, observation, and/or evaluation of personnel for the preparation of CNSPs.
Beyond-use date (BUD)	The date, or hour and date, after which a CNSP must not be used, stored, or transported. The date is determined from the date or time the preparation is compounded.
Biological Safety Cabinet (BSC)	A ventilated cabinet that may be used for compounding. These cabinets are divided into three general classes (Class I, Class II, and Class III). Class II BSCs are further divided into types (Type A1, Type A2, Type B1, Type B2, and Type C1).
Bulk drug substance	See the entry for Active Pharmaceutical Ingredient.
Certificate of analysis (COA)	A report from the supplier of a component, container, or closure that accompanies the supplier's material and contains the specifications and results of all analyses and a description of the material.
Cleaning	The process of removing substances (eg, organic and inorganic material) from objects and surfaces, normally accomplished by manually or mechanically using water with detergents or enzymatic products.
Cleaning agent	An agent, usually containing a surfactant, used for the removal of substances (eg, dirt, debris, microbes, and residual drugs or chemicals) from surfaces.
Closed-system processing device	A device designed to reduce the potential exposure to personnel or contamination of the facility or CNSPs. Examples include CVEs, BSCs, or single-use containment glove bags.
Component	Any ingredient used in the compounding of a preparation, including any API, added substance, or conventionally manufactured product.
Compounded nonsterile preparation (CNSP)	A preparation not intended to be sterile that is created by combining, admixing, diluting, pooling, reconstituting other than as provided in the manufacturer's labeling, or otherwise altering a drug product or bulk drug substance.

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Glossary & References	USP <795>
Compounding	The process of combining, admixing, diluting, pooling, reconstituting other than as provided in the manufacturer's labeling, or otherwise altering a drug product or bulk drug substance to create a nonsterile preparation.
Compounding area	An area that is specifically designated for nonsterile compounding.
Compounding personnel	Personnel trained to compound or oversee compounding of preparations.
Compounding record (CR)	Documents the compounding of each CNSP.
Container closure system	Packaging system components that together contain and protect the dosage form. This includes primary packaging system components and secondary packaging system components if the latter are intended to provide additional protection.
Containment glove bag	A single-use disposable glove bag that is capable of containing airborne chemical particles.
Containment ventilated enclosure (CVE)	A full or partial enclosure that uses ventilation principles to capture, contain, and remove airborne contaminants through high-efficiency particulate air (HEPA) filtration and to prevent their release into the work environment.
Conventionally manufactured product	A pharmaceutical dosage form, usually the subject of an application approved by the applicable national regulatory agency, that is manufactured under current good manufacturing practice conditions.
Designated person(s)	One or more individuals assigned to be responsible and accountable for the performance and operation of the facility and personnel as related to the preparation of CNSPs.
FDA	US Food and Drug Administration
Formulation	The specific qualitative and quantitative composition of the final CNSP.
Hazardous Drug (HD)	Any drug identified by at least one of the following criteria: carcinogenicity, teratogenicity or developmental toxicity; reproductive toxicity in humans; organ toxicity at low dose in humans or animals; genotoxicity or new drugs that mimic existing HDs in structure or toxicity. See <800>.
Label	The part of the labeling on the immediate container.
Labeling	All labels and other written, printed, or graphic matter on the immediate container or on or inside any packaging system or wrapper in which the article is enclosed, except for any outer shipping container.
Master formulation record (MFR)	A detailed record of procedures that describes how the CNSP is to be prepared.
Monograph	A quality documentary standard within USP–NF that articulates the quality expectations for a medicine including for its identity, strength, purity, and performance. It also describes the tests to validate that a medicine and its ingredients meet these criteria.
Oversight	The review, monitoring, and supervision of actions taken by personnel; bearing responsibility for those actions; and being available if and when needed for consultation, even if not physically present.
Preservative	A substance added to inhibit microbial growth.
Purified water	The minimal quality of source water for the production of Purified Water is drinking water whose attributes are prescribed by the US Environmental Protection Agency (EPA), the European Union, Japan, or the World Health Organization (WHO). This source water may be purified using unit operations that include deionization, distillation, ion exchange, reverse osmosis, filtration, or other suitable purification procedures. (See <1231>, 3.1.1 Purified Water.)

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Glossary & References	USP <795>
Quality Assurance (QA)	A system of procedures, activities, and oversight that ensures that the compounding process consistently meets quality standards.
Quality Control (QC)	The sampling, testing, and documentation of results that, taken together, ensure that specifications have been met for the CNSP.
Reconstitution	The process of adding a diluent to a conventionally manufactured product to prepare a solution or suspension.
Release inspection and testing	Visual inspection and testing performed to ensure that a preparation meets appropriate quality characteristics.
Sanitizing agent	An agent for reducing, on inanimate surfaces, the number of microorganisms (eg, 70% isopropyl alcohol).
SDS	Safety data sheet.
SOP	Standard operating procedure.
Specification	The tests, analytical methods, and acceptance criteria to which any components, CNSP, container closure system, equipment, or other material used in the compounding of CNSPs must conform to be considered acceptable for its intended use.
Stability	The extent to which a product or preparation retains physical and chemical properties and characteristics within specified limits throughout its expiration or BUD.
Verify	To confirm that a method, process, system, or equipment will perform as expected under the conditions of actual use.
Water activity (a_w)	A measure of the fraction of total water that is unbound and freely available to participate in chemical, biochemical, or physicochemical reactions or provide an environment that can support microbial growth. Note that a_w is not water content.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Inspector Notes	USP Reference(s)
	Standard Operating Procedures (SOPs) for Compounded Sterile Preparations (CSPs)		**Please note NABP did not review each SOP for alignment on USP <797>. The SOP(s) described below is/are a reflection of any self-assessment completed by the pharmacy and/or shared with the inspector during the onsite inspection.**	
1.0	Does the pharmacy have a designated person(s) who meets the requirements in compliance with USP <797> standards? ***Inspector note: Per USP, "The compounding facility must designate one or more individuals (ie, the designated person(s)) to be responsible and accountable for the performance and operation of the facility and personnel in the preparation of CSPs and for performing other functions." If no, go to compliance statements.***	Yes		1.1.3, 2
1.1	The designated person(s) (for the QA program) has the training, experience, responsibility, and authority to perform the duties required of them.	Yes		18
1.2	The designated person(s) is responsible and accountable for the performance and operation of the facility. ***Per USP, "The designated person(s) is responsible for ensuring that each area related to CSP preparation meets the classified air quality standard appropriate for the activities conducted in that area. The designated person(s) must also ensure that the ISO Class 5 areas are located, operated, maintained, monitored, and certified to have appropriate air quality."***	Yes		2, 4.2, 4.5

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Inspector Notes	USP Reference(s)
1.3	The designated person(s) is responsible for personnel performing sterile compounding or other related functions (eg, quality checks and prescription dispensing of compounded preparations).	Yes		2, 17
1.4	The designated person(s) reviews facility SOPs at least every 12 months to ensure that they reflect current practice and such review is documented.	Yes		2, 17
1.5	The designated person(s) ensures that SOP revisions are implemented.	Yes		2, 17
1.6	The designated person(s) communicates all SOP revisions to all impacted personnel. ***Inspector note: USP <797> recommends that personnel should also document acknowledgment and communication of SOP changes and revisions.***	Yes		2, 17
1.7	The designated person(s) ensures that personnel demonstrate competency in performing every procedure that relates to their job function.	Yes		2, 17
1.8	The designated person(s) ensures that corrective actions are taken if problems, deviations, out-of-range results, failures, or errors are identified. ***Inspector note: Per USP, "Data collected in response to corrective actions must be reviewed to confirm that the actions taken have been effective."***	Yes		2, 5, 12

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		Observation	Inspector Notes	USP Reference(s)
2.0	Has the pharmacy developed and implemented SOPs that describe sterile compounding processes and other support activities in compliance with USP <797> standards? ***Inspector note: In order for this to be answered yes, all topics must be addressed if applicable to their business practices.*** ***If no, document "missing" in Inspector Notes*** ***If yes, document the name, number, and version of each SOP in the Inspector Notes.***	Yes		17
2.1	**Scope of Practice:** Types of CSPs that are prepared (eg, immediate use, allergenic extracts, Category 1, Category 2, Category 3). Roles and responsibilities of the designated person(s).			1.5
2.2	**Personnel Training and Evaluation:** Description of initial and ongoing training and competency for the designated person(s), compounding personnel, personnel with direct oversight of compounding personnel, and personnel who only perform restocking or cleaning, and disinfecting duties outside of the primary engineering control (PEC). Description of media-fill testing procedures, hand hygiene and garbing competency, and aseptic manipulation competency. Training and competency assessment of personnel on all sterilization methods and equipment used by the facility. Frequency of training is defined.			2, 2.2, 10 Box 1, Box 2, Table 2, Table 3
2.3	**Personal Hygiene and Garbing:** Description of the required garb, manner of storage, and order of garbing, including disinfection procedures for reusing goggles, respirators, and other reusable equipment. ***Inspector note: Per USP, the RABS (or pharmaceutical isolator) sleeve and glove changes should (not required) be changed per the manufacturer's recommendations and defined in the facility's SOPs.***			3, 3.3

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		Observation	Inspector Notes	USP Reference(s)
2.4	**Facility Design and Engineering Controls:** Description of design requirements to maintain air quality standards and procedures for evaluating, maintaining, and certifying the areas used for compounding.			4, 4.2
2.5	**Certification and Recertification:** Description of sampling sites and procedures.			5, 5.1
2.6	**Microbiological Air and Surface Monitoring:** Description of the pharmacy's microbiological air and surface monitoring program which includes a diagram of the sampling locations, procedures for collecting samples, frequency of sampling, size of samples (eg, surface area, volume of air), time of day of sampling in relation to activities in the compounding area, and action levels that will trigger corrective actions and documentation requirements.			6, 6.1, 6.2, 6.3
2.7	**Cleaning, Disinfection, and Application of Sporicidal Disinfectants and Sterile 70% IPA:** Description of procedures for cleaning, disinfecting, and applying sporicidal disinfectants and include the frequency, methods, locations of cleaning, and documentation requirements.			7, 7.2 Box 7, Box 8
2.8	**Equipment:** Description of procedures for the calibration, maintenance, cleaning, use of the equipment, and documentation requirements.			9.1, 10, 20

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		Observation	Inspector Notes	USP Reference(s)
2.9	**Components:** Description of procedures that address the selection, receipt, evaluation, handling, storage, and documentation of all CSP components, including all ingredients and container closures.			9.3
2.10	**Master Formulation and Compounding Records:** Description of procedures for developing and maintaining MFRs and required information, documentation, and record-keeping requirements for MFRs and CRs.			11.1, 11.2, 20
2.11	**Release Inspections and Testing:** Description of release testing procedures (eg, visual inspections and/or sterility and endotoxin testing), out-of-specification procedures, corrective action procedures, and documentation requirements.			12, 18, 20
2.12	**Labeling:** Procedures for labeling and label verification (confirming against the prescription or medication order, the MFR, and the CR) in order to prevent errors, CSP mix-ups, and required displayed information.			13
2.13	**CSP handling, storage, packaging, shipping, and transport:** Processes and techniques for handling, storing, packaging, and transporting CSPs that include temperature monitoring, excursions, shipping containers, packaging requirements, and selected transportation modes.			19
2.14	**Documentation:** Record keeping requirements and procedures for documentation maintenance and storage. ***Inspector note: USP requires readily retrievable records for two years; however, it is acknowledged that state or accreditation organizations may require records for a longer period of time.***			20

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		Observation	Inspector Notes	USP Reference(s)
2.15	**Sterilization and Depyrogenation:** Description of methods used for establishing and verifying the effectiveness of the terminal sterilization and depyrogenation methods selected, as well as the methods for maintaining and cleaning the sterilizing and depyrogenation equipment. ***If not applicable to their business practices, inspector should answer statement as N/A.***			10
2.16	**Immediate Use CSPs:** Description of processes followed to meet all conditions of exemption from the requirements for Category 1, Category 2, and Category 3 CSPs. ***If not applicable to their business practices, inspector should answer statement as N/A.***		N/A	1.3
2.17	**Blood/Biological Handling:** Description of processes used to avoid cross-contamination and meet applicable regulatory requirements. ***If not applicable to their business practices, inspector should answer statement as N/A.***		N/A	1.1.2
2.18	**Allergenic Extracts:** Description of procedures for training, competency assessments, personnel hygiene and garbing, facility requirements, cleaning and disinfecting, beyond use dates (BUDs), labeling, storage, shipping and transporting, and documentation. ***If applicable to their business practices, please complete the Allergenic Extracts module.*** ***If not applicable to their business practices, inspector should answer statement as N/A.***		N/A	21

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		Observation	Inspector Notes	USP Reference(s)
	CSPs - Immediate Use, Proprietary Vial/Bag Systems, and Blood-Derived			1.
3.0	Does the pharmacy prepare and dispense compounded sterile preparations for direct and immediate use? ***If the pharmacy does not prepare and dispense compounded sterile preparations for direct and immediate use, the inspector should answer question as N/A.***	N/A		1.3
4.0	Does the pharmacy meet all conditions specified in USP <797> for CSPs compounded for direct and immediate use? ***Inspector note: Per USP <797>, all conditions must be met to qualify for exemptions of the requirements for Category 1, Category 2, and Category 3 CSPs.*** ***If no, go to compliance statements.*** ***If the pharmacy does not prepare and dispense compounded sterile preparations for direct and immediate use, the inspector should answer question as N/A.***	N/A		1.3
4.1	Aseptic techniques, processes, and procedures are followed. ***Inspector note: Per USP <797>, facility SOPs must describe procedures followed "to minimize the potential for contact with nonsterile surfaces, introduction of particulate matter or biological fluids, and mix-ups with other conventionally manufactured products or CSPs."***	N/A		1.3
4.2	Personnel are trained and demonstrate competency in aseptic processes as they relate to assigned tasks and the facility's SOPs. ***Review personnel records to verify.***	N/A		1.3

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		Observation	Inspector Notes	USP Reference(s)
4.3	Preparation is performed in accordance with evidence-based information for physical and chemical compatibility of the drugs. ***Inspector note: Examples of this include approved labeling and/or published or unpublished stability and compatibility studies.***	N/A		1.3
4.4	Preparation involves not more than three (3) different sterile products (eg, ingredients and/or components in a single container).	N/A		1.3
4.5	Unused components from a single-use container are discarded after the preparation for one individual patient is complete (ie, single-dose containers are not used for more than one patient).	N/A		1.3
4.6	Administration begins within four hours of the start of the preparation, and if not, the preparation is discarded. ***If administration is not performed within the same facility/campus of the pharmacy and/or is outside the pharmacy's control, inspector should answer statement as N/A.***	N/A		1.3
4.7	Unless the person preparing the preparation is administering or witnessing administration, the preparation is labeled with names and amounts of all active ingredients, name or initials of preparer, and exact four-hour time period in which administration must begin. ***If administration is not performed within the same facility/campus of the pharmacy and/or is outside the pharmacy's control, inspector should answer statement as N/A.***	N/A		1.3

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		Observation	Inspector Notes	USP Reference(s)
5.0	Does the pharmacy prepare proprietary bag and vial systems (ex. addEASE, ADD-Vantage, Mini Bag Plus, Vial2Bag) in compliance with USP <797> standards? ***Inspector note: Docking and activation of proprietary bag and vial systems for immediate administration to an individual patient is out of scope of USP <797> and may be performed outside of an ISO Class 5 environment.*** ***If no, go to compliance statements.*** ***If the pharmacy does not stock, prepare, and/or dispense any proprietary vial and bag systems, inspector should answer statement as N/A.***	N/A		1.4
5.1	Docking for *future activation* and administration is performed in an ISO Class 5 environment and in accordance with requirements of USP <797>, with the exception of BUD assignment.	N/A		1.4
5.2	BUD assignment is not longer than specified in the manufacturer's labeling.	N/A		1.4
6.0	Does the pharmacy meet the conditions specified in USP <797> for CSPs to be prepared per approved labeling? ***Inspector note: Preparing a conventionally manufactured sterile product in accordance with the directions in the manufacturer's approved labeling is considered outside the scope of the USP chapter.*** ***If no, go to compliance statements.*** ***If the pharmacy only <u>compounds</u> sterile preparations (eg, does <u>not</u> prepare sterile preparations that strictly adheres to the conventionally manufactured approved labeling for preparation), inspector should answer statement as N/A.***	N/A		1.4

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		Observation	Inspector Notes	USP Reference(s)
6.1	The product is prepared as a single dose for an individual patient.	N/A		1.4
6.2	The approved labeling includes information for the diluent, the resultant strength, the container closure system, and the storage time.	N/A		1.4
7.0	Does the pharmacy perform compounding activities that require the manipulation of a patient's blood-derived or other biological material (eg, autologous serum)?	N/A		1.1.2
8.0	For compounding activities that require the manipulation of a patient's blood-derived or other biological material, does the pharmacy perform manipulations that are clearly separated from other compounding activities and equipment used in CSP preparation activities and are controlled by specific SOPs to avoid any cross-contamination? ***Inspector note: Per USP, a separate cart could be used for blood-derived or other biological materials (a separate area is not required by the chapter). Pharmacy should change garb. Pharmacy to have cleaning processes as part of SOPs to avoid cross-contamination.*** ***If the pharmacy does not compound with blood products or other biological materials, inspector should answer statement as N/A. If the inspector answers the compliance question as "no", please describe your observations.***	N/A		1.1.2

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		Observation	Inspector Notes	USP Reference(s)
	Facility Design and Engineering Controls			4
9.0	**Segregated Compounding Area (SCA):** Does the pharmacy use an SCA as an SEC in compliance with USP <797> standards for facility design and environmental control? ***Inspector note: Per USP, only Category 1 CSPs may be compounded in a SCA.*** ***If no, go to compliance statements.*** ***If pharmacy only uses a cleanroom suite for sterile compounding preparations, inspector should answer question as N/A.***	N/A		4.1, 4.1.1, 4.1.2, 4.2.1 Table 5
9.1	The facility is designed to afford a well-lighted and comfortable working environment.	N/A		4.2, 4.2.1
9.2	Only Category 1 CSPS are prepared in a SCA. ***If pharmacy is compounding Category 2 or Category 3 CSPs in a SCA, inspector should answer this statement as no and collect photographs and copies of the MFR, CR, and provide a description of their observations in the Inspector Notes.***	N/A		4.2.1, 4.2.3 Table 5
9.3	The SCA is located away from unsealed windows, doors that connect to outdoors, and traffic flow. ***Inspector note: Per USP, "strong air currents from opened doors, personnel traffic, or air streams from the HVAC system can disrupt the unidirectional airflow of an open-faced PEC."***	N/A		4.2.1

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		Observation	Inspector Notes	USP Reference(s)
9.4	The SCA is located away from environmental control challenges and separate from areas not related to compounding (ie, restrooms, warehouses, food preparation areas).	N/A		4.2.1
9.5	A visible perimeter establishes the boundaries of the SCA. ***Inspector note: Per USP, the SCA is defined as "a designated space, area, or room that is not required to be classified and is defined with a visible perimeter. The SCA must contain a PEC and is suitable for preparation of Category 1 CSPs only." USP further defines a perimeter as "a visible demarcation (such as a door, walls, or visible marking on the floor) that defines the SCA or AECA." The perimeter will be defined in the pharmacy's SOPs. Tape or an alternative method may be used to define this visible perimeter, since this is not a classified space.***	N/A		4.2.1 Glossary
9.6	Access to the SCA is restricted to authorized personnel. ***Inspector note: Per USP, authorized personnel includes personnel involved in compounding processes, maintenance, and cleaning.***	N/A		4.2.1
9.7	Free-standing humidifiers/dehumidifiers and air conditioners are not located within the perimeter of the SCA.	N/A		4.2
9.8	Only furniture, equipment, and other materials necessary for performing compounding activities are permitted in the compounding area. ***Inspector note: Per USP, these items should be low-shedding, easily cleaned, and disinfected. This applies to items within the perimeter around the Primary Engineering Control (PEC).***	N/A		4.5

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9.9	Shipping cartons or other corrugated or uncoated cardboard are not allowed in the SCA.	N/A		4.5
9.10	The SCA and all surfaces (walls, floors, counters, equipment) are clean, uncluttered, and dedicated to compounding.	N/A		4.2.1, 4.3.2
9.11	The sink is located inside the SCA or in close proximity and is located at least one meter away from the PEC.	N/A		4.4
9.12	The area within one meter of the PEC is dedicated only for sterile compounding (eg, not storage, hand hygiene, donning and doffing garb, or other highly particle-generating activities, such as patient care).	N/A		4, 4.2.1
9.13	If overhangs or ledges are present in the SCA, are they easily cleanable? ***If no, describe observations in Inspector Notes.***	N/A		4.2.1, 4.3.2
10.0	Are surfaces smooth, impervious, free from cracks and crevices, and non-shedding so they can be cleaned and disinfected? ***Inspector note: this is a recommendation by USP. If no, describe in comments Inspector Notes (eg, peeling of Formica countertops).***	N/A		4.3.2

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11.0	Are surfaces resistant to damage from cleaning, sanitizing, and sporicidal agents used? ***Inspector note: this is a recommendation by USP.*** ***If no, describe in comments inspector observations (ie observed rust on preparation cart or flaking of particle board on shelving).***	N/A		4.2.1, 4.3.2
12.0	**Cleanroom Suite:** Does the pharmacy use a Cleanroom Suite (ISO-classified anteroom and buffer room) as a SEC in compliance with USP <797> standards for facility design and environmental control? ***Inspector note: Per USP <797>, a cleanroom suite is required if compounding any Category 2 and Category 3 CSPs.*** ***If no, go to compliance statements.*** ***If pharmacy only uses an SCA for Category 1 CSPs, inspector should answer question as N/A.***	Yes		4.1, 4.1.1, 4.1.2, 4.2.1, 4.3.1 Table 5
12.1	Access to the cleanroom suite is restricted to authorized personnel. ***Inspector note: Per USP, authorized personnel includes personnel involved in compounding processes, maintenance, and cleaning. Some examples pharmacies may use to demonstrate compliance with this statement (but are not specifically required by the chapter) include posting a sign or creating a badge access point for authorized personnel to enter the cleanroom suite.***	Yes		4.2.1
12.2	The facility is designed to afford a well-lit environment.	Yes		4.2, 4.2.1
12.3	The facility provides a comfortable working environment (eg, temperature and humidity settings so appropriate garb can be donned).	Yes		4.2.1

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12.4	The anteroom and buffer room are separated from surrounding unclassified areas by fixed walls and doors.	Yes		4, 4.2.1
12.5	Controls are in place to minimize the flow of lower-quality air into the more-controlled areas. ***Inspector note: Per USP, "strong air currents from opened doors, personnel traffic, or air streams from the HVAC system can disrupt the unidirectional airflow of an open-faced PEC."***	Yes		4.2.1
12.6	Anterooms providing access to only positive pressure buffer rooms meet at least ISO Class 8 specifications. ***If the pharmacy has a negative pressure room, inspector should answer statement as N/A.***	Yes		4.1.2, 4.2.1
12.7	The anteroom provides access to a negative pressure room and meets at least ISO Class 7 specifications. ***If the pharmacy does not compound hazardous drugs, inspector should answer statement as N/A.***	Yes		4.1.2, 4.2.1
12.8	The buffer room, where the PEC is placed, meets ISO Class 7 or better air quality specifications. ***Inspector note: If the PEC is a pharmaceutical isolator, the buffer room must be at least ISO Class 8 air quality or better and an anteroom is not required.*** ***Per USP <797>, a pharmaceutical isolator is defined as an enclosure that provides HEPA-filtered ISO Class 5 unidirectional air operated at a continuously higher pressure than its surrounding environment and is decontaminated using an automated system. It uses only decontaminated interfaces or rapid transfer ports for materials transfer. A CAI or CACI is not a pharmaceutical isolator.***	Yes		4.1.2, 4.2.1, 4.2.3

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12.9	Air supply to the anteroom and buffer room is introduced through HEPA filters in the ceiling.	Yes		4.2.1
12.10	Air returns are located low on the wall. ***If the pharmacy has a visual smoke study (as described in the USP chapter and compliance statement below), inspector should answer statement as N/A.***	Yes		4.2.1
12.11	A visual smoke study demonstrates an absence of stagnant air where particles can accumulate and is repeated if any equipment/placement changes when air returns are not located low on the wall. ***Inspector note: Per USP, "the smoke study, along with environmental monitoring, must be repeated whenever a change is made to the placement of equipment within the room or any other alteration is performed within the cleanroom suite that affects the quality of the air (eg, HVAC alterations, chapter of HEPA filter units)."*** ***If air returns are low on the wall, inspector should answer statement as N/A.***	Yes		4.2.1
12.12	The anteroom has a line of demarcation to separate the dirty side from the clean side or has two separate anterooms, a dirty anteroom and a clean anteroom. ***Describe observations for the type of line of demarcation in the Inspector Notes.***	Yes		4.2.1
12.13	Personnel enter the dirty side/room first from the unclassified area and the clean side/room is located closest to the buffer room.	Yes		4.2.1

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Inspector Notes	USP Reference(s)
12.14	All surfaces (ceilings, walls, floors, doors, door frames, fixtures, shelving, work surfaces, counters, and cabinets) are smooth, impervious, free from cracks and crevices, and non-shedding.	Yes		4.2.1, 4.3.1
12.15	Junctures between ceilings and walls and between the walls and floors are sealed.	Yes		4.2.1, 4.3.1
12.16	If the ceiling consists of inlaid panels, the panels are caulked to seal them to the support frame. ***If the ceiling does not consist of inlaid panels, inspector should answer statement as N/A.***	Yes		4.2.1, 4.3.1
12.17	Walls are constructed of, or covered with, a durable material (eg, epoxy paint, heavy gauge polymer) and integrity of surface maintained.	Yes		4.2.1, 4.3.1
12.18	Walls, if paneled, are joined together and sealed to the support structure. ***If walls are not paneled, inspector should answer statement as N/A.***	Yes		4.2.1, 4.3.1
12.19	Floors include coving to the sidewall or the juncture between floor and wall is caulked.	Yes		4.2.1, 4.3.1
12.20	If overhangs or ledges are present, they are easily cleanable. ***If there are no overhangs, ledges, utility pipes, windowsills, etc, inspector should answer statement as N/A.***	Yes		4.2.1, 4.3.1

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12.21	Exterior lens surfaces of the ceiling light fixtures are smooth, mounted flush, and sealed.	Yes		4.2.1, 4.3.1
12.22	All other penetrations through the ceiling or walls (eg, camera domes) are sealed.	Yes		4.2.1, 4.3.1
12.23	The buffer room does not contain plumbed water sources (eg, sinks, eyewashes, showers, or floor drains).	Yes		4.4
12.24	The anteroom does not contain floor drains.	Yes		4.4
13.0	Are **PECs** used to prepare CSPs located in the appropriate space (eg, buffer room or SCA) for category types prepared in compliance with USP <797> standards? ***Inspector to review certification reports and observe compounding area(s) to evaluate.*** ***If no, go to compliance statements.***	Yes		4.2.1, 4.2.2, 4.2.3 Table 4, Table 5
13.1	All compounded sterile preparations (that are not for immediate use) are compounded in a PEC.	Yes		1.3, 4, 4.1.2
13.2	PEC is certified to maintain ISO 5 classification or better conditions during dynamic operating conditions. ***The inspector should only answer yes if the PEC has been certified within the past six months.***	Yes		4.2.2, 4.2.3, 5

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		Observation	Inspector Notes	USP Reference(s)
13.3	The PEC is located out of traffic patterns and away from room air currents that could disrupt the intended airflow patterns inside the PEC. ***Review certification report.***	Yes		4, 4.2.2, 4.2.3
13.4	Placement of the PEC allows for cleaning around the PEC.	Yes		4.2.3
13.5	**Category 2 and Category 3**: PEC(s) are located in a cleanroom suite. ***If pharmacy only compounds Category 1 CSPs, inspector should answer this statement as N/A.***	Yes		4.2.3 Table 5
14.0	Does the pharmacy have any CAIs/CACIs used for sterile compounded preparations? ***If the pharmacy does not use any CAI/CACIs for compounding CSPs, inspector should answer question as N/A.***	N/A		4.2.3 Table 5
15.0	Are **CAIs/CACIs** (RABS) used for compounding sterile preparations operated in compliance with manufacturer specifications **and** USP <797> standards? ***If no, go to compliance statements.*** ***If the pharmacy does not use any CAI/CACIs for compounding CSPs, inspector should answer question as N/A.***	N/A		4.2.3

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		Observation	Inspector Notes	USP Reference(s)
15.1	The documented recovery time is followed after opening the CAI/CACI transfer chamber to maintain ISO Class 5 air quality. ***Inspector note: The recovery time should come from the manufacturer of the CAI/CACI.***	N/A		4.2.3
15.2	Staff ensures that adequate recovery time is allowed after closing the CAI/CACI during compounding operations. ***Inspector note: The recovery time should come from the manufacturer of the CAI/CACI.***	N/A		4.2.3
15.3	Sterile gloves are worn over the gloves attached to the CAI/CACI sleeve. ***Inspector note: Per USP, if using a RABS (ie, a CAI or CACI), disposable gloves should be (not required) worn inside the gloves attached to the RABS sleeves.***	N/A		3.3
16.0	Are there controls in place to minimize the influx of contaminants from materials (supplies and equipment) and personnel as they move from areas of lower quality to those of higher quality in compliance with USP <797> standards? ***Inspector note: An example of material movement from lower quality air to higher quality air includes movement from a non-classified area to an ISO Class 8 anteroom, ISO Class 8 anteroom to an ISO Class 7 buffer room, or from an ISO Class 7 buffer room to an ISO Class 5 PEC.*** ***If no, go to compliance statements.***	Yes		4.5

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		Observation	Inspector Notes	USP Reference(s)
16.1	Before any item is introduced into the SEC, placed into the pass-through chamber, or brought into the SCA (providing that packaging integrity will not be compromised), it is wiped with a sporicidal disinfectant, EPA-registered disinfectant, or sterile 70% isopropyl alcohol (IPA) using low-lint wipers by personnel wearing gloves.	Yes		4.5
16.2	Before any item is introduced into the PEC, it is wiped with sterile 70% IPA using sterile low-lint wipers and allowed to dry before use.	Yes		4.5
17.0	Does the pharmacy have the appropriate facility design and controls (including the fixtures, types of equipment, materials, and supplies that are stored) in the classified areas in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		4, 9.1, 19.1
17.1	The sink used for hand hygiene, located outside of the anteroom, is placed in an appropriate area and clean space to minimize the risk of bringing contaminants into the anteroom. ***Inspector note: Inspector should evaluate the sink location in relation to the activities that occur where the sink is located as well as the distance between the sink and the entrance to the compounding suite/SCA. Examples that may not be considered appropriate include but are not limited to: sink is located in the bathroom, an adjacent suite or property, or in an employee breakroom where food is prepared.*** ***If the sink is located in the anteroom, inspector should answer statement as N/A.***	Yes		4.4

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		Observation	Inspector Notes	USP Reference(s)
17.2	The sink used for hand hygiene, located inside of the anteroom, is placed in an appropriate area to minimize the risk of bringing contaminants into the buffer room. ***Inspector note: Inspector should evaluate the sink location in relation to the doors and compounding activities. For example, the sink is where compounders perform hand hygiene close to where garb is stored (where it can easily get wet/splashed).*** ***If the sink is located outside the anteroom, inspector should answer statement as N/A.***	Yes		4.4
17.3	The doors into the anteroom from the general pharmacy area and from the anteroom into the clean/buffer room are prevented from both being open at the same time (eg, by interlocking, training of personnel, or signage).	Yes		4.2.1
17.4	The inside and outside doors of a pass-through are prevented from both being open at the same time (eg, by interlocking, training of personnel, or signage).	Yes		4.2.1
17.5	Only furniture, equipment, and other materials necessary for performing compounding activities are permitted in a classified area or SCA. ***Inspector note: Per USP, items necessary for performing compounding activities are low-shedding and can be easily cleaned and disinfected.*** ***If no, describe the types of items that are observed. If appropriate, submit a photograph with inspection report.***	Yes		4.5, 9.1
17.6	Tacky mats are not used in the classified areas. ***Inspector note: Per USP <797>, "Tacky mats must not be placed within ISO-classified areas."***	Yes		4.2.1

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		Observation	Inspector Notes	USP Reference(s)
17.7	Shipping cartons or other corrugated or uncoated cardboard are not permitted in the classified areas.	Yes		4.5
17.8	Carts used to transport components or equipment into classified areas are constructed from nonporous materials with cleanable casters and wheels.	Yes		4.5
17.9	Carts (including casters) are cleaned and disinfected prior to moving from the dirty side to the clean side of the anteroom.	Yes		4.5
18.0	Does the pharmacy's facility design for maintaining (eg, recording, monitoring, and controlling) temperature and humidity (eg, HVAC) comply with USP <797> standards? ***Inspector note: Compounded preparations that are finished and stored will be addressed in the general pharmacy module. Inspector should be aware that USP cleanroom temperature recommendations may not be harmonized with USP, FDA, or manufacturer/supplier temperature requirements for drug storage.*** ***If no, go to compliance statements.***	Yes		4.2, 19.1 USP <659>
18.1	The compounding area temperature and humidity is maintained by a heating, ventilation, and air conditioning (HVAC) system. ***If inspector finds a free-standing air conditioner, humidifier, or dehumidifier within the classified area or the SCA, the inspector should answer statement as "No." Additionally, inspector should describe what they observed, where the equipment was located, and collect/submit photographs.***	Yes		4.2, 9.3.4, 19.1

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		Observation	Inspector Notes	USP Reference(s)
18.2	The pharmacy records the temperature of the cleanroom suite on days when sterile compounding occurs. ***If pharmacy does not use a continuous recording system, describe the frequency of temperature recording in the notes.***	Yes		4.2, 9.3.4, 19.1
18.3	The pharmacy records the humidity of the cleanroom suite on days when sterile compounding occurs. ***If pharmacy does not use a continuous recording system, describe the frequency of humidity recording in the notes.***	Yes		4.2, 9.3.4, 19.1
18.4	The pharmacy maintains records of temperature and humidity that are specific to the cleanroom suite. ***Temperature and humidity for drug storage areas will be documented in the general pharmacy module.*** ***If the pharmacy only uses an SCA, inspector should answer statement as N/A.***	Yes		4.2, 9.3.4, 19.1
18.5	The pharmacy can readily retrieve temperature and humidity records. ***If the electronic monitoring system is only capable of providing text message alerts for excursions alone (eg, a report cannot be generated for ongoing temperature conditions), inspector should answer statement as "No."***	Yes		4.2, 9.3.4, 19.1

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		Observation	Inspector Notes	USP Reference(s)
18.6	The pharmacy controls temperature and humidity to maintain appropriate working conditions if no overnight drug storage occurs and/or is following the most restrictive drug label. ***Inspector note: Per USP <797>, the cleanroom suite should be maintained at a temperature of 20°C or cooler and a relative humidity of 60% or below to minimize the risk of microbial proliferation and to provide comfortable conditions for compounding personnel attired in the required garb. CRT is defined as 20°C-25°C per USP <659>.***	Yes		4.2, 9.3.4, 19.1
18.7	The placement of the HVAC unit does not cause cross contamination or interfere with the functioning of the classified area. ***Inspector note: Air streams from the HVAC system(s) can disrupt the unidirectional airflow of an open faced PEC such as a laminar airflow workbench (LAFW).***	Yes		4, 4.2
18.8	Temperature monitoring devices are verified for accuracy at least every 12 months or as required by the manufacturer. ***Inspector note: Monitoring devices are typically calibrated or replaced.***	Yes		4.2, 9.3.4
18.9	Humidity monitoring devices are verified for accuracy at least every 12 months or as required by the manufacturer. ***Inspector note: Monitoring devices are typically calibrated or replaced.***	Yes		4.2, 9.3.4

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		Observation	Inspector Notes	USP Reference(s)
19.0	Does the pharmacy store drugs in the cleanroom suite overnight and/or for long periods of time? ***Inspector note: Long periods of time is not defined as pre-compounding preparation right before compounding activities are commenced.***	N/A		4.2, 9.3.4, 19.1
20.0	If the pharmacy is storing drugs inside the cleanroom suite overnight and/or long periods of time, are any of the drugs stored unable to tolerate temperature excursions?	N/A		4.2, 9.3.4, 19.1
21.0	What is the current temperature of the cleanroom suite/SCA? ***Record in the Inspector Notes.***		At the time of inspection, the temperature is: 64.1 degrees Fahrenheit.	4.2, 9.3.4, 19.1
22.0	What is the current relative humidity percentage of the cleanroom suite/SCA? ***Record in the Inspector Notes.***		55 % relative humidity.	4.2, 9.3.4, 19.1
23.0	Is the humidity maintained at less than 60% relative humidity (RH) in the compounding area to minimize risk of microbial proliferation?	Yes		4.2, 9.3.4, 19.1

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		Observation	Inspector Notes	USP Reference(s)
24.0	Is differential positive pressure maintained in compliance with USP <797> standards? ***Inspector note: Per USP <797>, no pressure differential is required between the SCA and the surrounding area.*** ***If no, go to compliance statements.*** ***Inspector should view logs and current status (while observing compounding) to verify.*** ***If the pharmacy uses an SCA for sterile compounding environment, inspector should answer statement as N/A.***	Yes		4.2.1, 4.2.5, 5
24.1	The facility design creates room separation to allow positive pressure differentials between spaces (rooms) for movement of air from higher quality air to lower quality air. ***Inspector should review a graphic of the airflow contained in the certification report.***	Yes		4.2.1, 4.2.5, 5
24.2	The facility has a system in place to continuously monitor pressure differentials (eg, magnehelic gauge). ***Per USP, pressure differentials need to be monitored continuously, but personnel are not specifically required to visually monitor pressure during compounding activities.***	Yes		4.2.1, 4.2.5, 5
24.3	The facility has a record system to record pressure differentials on days when compounding occurs. ***Inspector note: Per USP, the quantitative results from the pressure monitoring device must be reviewed and documented at least daily on the days when compounding is occurs.***	Yes		4.2.1, 4.2.5, 5

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		Observation	Inspector Notes	USP Reference(s)
24.4	The differential positive pressure between unclassified and the first space in the compounding suite is at least 0.020 inch water column. ***Inspector note: Per USP, certifiers should confirm (this is a USP recommendation) positive pressure around doorways, pass-throughs and any opening in the cleanroom suite with smoke testing (to confirm positive pressure is maintained) with initial certification of the cleanroom suite.*** ***If no, record the observed pressure differential between the two identified spaces (eg, ISO Class 8 anteroom and the general pharmacy area).***	Yes		4.2.1, 4.2.5, 5
24.5	The differential positive pressure between adjacent classified areas is at least 0.020 inch water column. ***If no, record the observed pressure differential between the two identified spaces (eg, ISO Class 8 anteroom and the ISO Class 7 buffer room).***	Yes		4.2.1, 4.2.5, 5
24.6	Pressure differential monitoring and quantitative results are reviewed and documented at least daily on days when compounding occurs.	Yes		4.2.1, 4.2.5, 5
25.0	Does the pharmacy have a policy in place to cease compounding when the pharmacy is unable to maintain positive pressure differentials (outside of anticipated variations due to opening and closing of doors)?	Yes		4.2.1, 4.2.5, 5
26.0	Are pressure differential monitoring procedures in place that include an alarm or alert when there is an excursion? ***Inspector note: USP <797> does not require there to be an alarm or an alert.***	No		4.2.5

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		Observation	Inspector Notes	USP Reference(s)
27.0	Does the facility perform both sterile and nonsterile compounding?	Yes		4.2.1
28.0	If the pharmacy performs nonsterile compounding and sterile compounding, are the designated areas separate and distinct from each other?	Yes		4.2.1
29.0	If PECs are placed into the same room that are used for both sterile and nonsterile compounding, is the pharmacy in compliance with USP <797> standards? ***Inspector note: Per USP <797>, PECs used for both sterile and nonsterile compounding may be placed in the same room only if the PECs are sufficiently effective that the room can continuously maintain ISO Class 7 classification.*** ***If no, go to compliance statements.*** ***If the pharmacy does not perform nonsterile compounding in the same room as sterile compounding, inspector should answer this question as N/A.***	N/A		4.2.1, 4.2.6
29.1	PECs used for nonsterile compounding are placed at least one meter away from PECs used for sterile compounding.	N/A		4.2.1
29.2	Particle-generating activity must not be performed while sterile compounding is in process.	N/A		4.2.1
29.3	PECs are sufficiently effective that the room can continuously maintain ISO Class 7 classification air quality during nonsterile compounding.	N/A		4.2.1

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		Observation	Inspector Notes	USP Reference(s)
30.0	Does the pharmacy prepare Category 2 and Category 3 CSPs from nonsterile components? ***Inspector note: Category 1 CSPs can be made from nonsterile components.*** ***If the pharmacy does not compound using nonsterile components, the inspector should answer question as N/A.***	Yes		4.2.1, 4.2.6
31.0	Does the pharmacy's presterilization procedures comply with USP <797> standards? ***If no, go to compliance statements.*** ***If the pharmacy does not compound using nonsterile components, the inspector should answer question as N/A.***	Yes		4.2.6
31.1	Presterilization procedures, such as weighing and mixing, are completed in an ISO Class 8 or better environment (eg, anteroom or buffer room). ***Inspector note: This statement only applies for Category 2 and Category 3.***	Yes		4.2.6
31.2	Presterilization procedures, such as weighing and mixing, are performed in a single-use containment glove bag, CVE, BSC, or CACI to minimize the risk of airborne contamination. ***Inspector note: This statement only applies for Category 2 and Category 3. CVEs, BSCs, or CACIs used for presterilization procedures must be certified at least every six months.***	Yes		4.2.6

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		Observation	Inspector Notes	USP Reference(s)
	Certification and Environmental Monitoring Inspector to review past two (2) Certification reports for the SEC and all PECs.			5
32.0	Does the pharmacy ensure that each area related to CSP preparation is certified to meet the classified air quality standard appropriate for the activities conducted in that area in compliance with USP <797> standards? ***If no, go to compliance statements.*** ***Inspector is to review current certification reports.***	Yes		5
32.1	The most recent PEC and SEC certification reports are available for review.	Yes		4.2, 5, 20
32.2	Certification of all classified areas, including PECs, is performed at least every six months.	Yes		4.2.3, 5
32.3	Certification of all classified areas, including PECs, is performed whenever a device is relocated or a major service to the facility is performed. ***Inspector note: Classified areas must be recertified if there are changes to the area such as redesign, construction, replacement or relocation of any PEC, or alteration in the configuration of the room that could affect airflow or air quality.***	Yes		5
32.4	Certification reports are reviewed by the designated person(s). ***Inspector note: If the designated person(s) review is not documented, describe how it is ensured that the review occurred.***	Yes		4.2, 5

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Inspector Notes	USP Reference(s)
32.5	All ISO Class 5 PECs (laminar airflow workbenches or areas, BSCs, CAIs, CACIs, pharmaceutical isolators, IVLFZ, and robotic enclosures) have been certified within the last six months. ***If no, record the date of the last certification and include a copy of the certification report with the inspection report.***	Yes		4.2.3, 5
32.6	All PECs meet ISO Class 5 air quality requirements with (total, nonviable) particle counts documented within the report. ***Inspector note: Per ISO definition, ISO Class 5 areas are certified as having less than 3,520 particles per cubic meter of air under dynamic operating conditions.*** ***If no, describe what occurred and the pharmacy's response to total airborne particle sampling results, data evaluation, and action level (eg, pharmacy took PEC out of service, pharmacy ordered new HEPA filter, PEC was repaired and re-certified).***	Yes		4.1.1, 5.1 Table 4
32.7	All ISO Class 7 and 8 SECs (clean/buffer rooms and anterooms) have been certified within the last six months. ***Inspector note: Per ISO definition, ISO Class 7 areas are certified as having less than 352,000 particles per cubic meter of air under dynamic operating conditions and ISO Class 8 areas are certified as having less than 3,520,000 particles per cubic meter of air under dynamic operating conditions.*** ***If no, record the date of the last certification and include a copy of the certification report with the inspection report.***	Yes		4.1.1, 4.1.2, 5.1 Table 4

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32.8	All SECs meet ISO Class 7 air quality requirements and ISO Class 8 air quality requirements where permitted, with particle counts documented within the report. ***If no, describe what occurred and the pharmacy's response (eg, pharmacy reduced BUD, pharmacy used an alternative facility, pharmacy followed mitigation strategies, and/or disaster planning processes).***	Yes		4.1.1, 5.1 Table 4
33.0	Does the certification report received by the pharmacy have all required elements documented for the pharmacy's designated person(s) to make an informed decision related to functionality of PEC and SEC environments in compliance with USP <797> standards? ***Inspector note: It is recommended that the designated person review the certification report in its entirety.*** ***If no, go to compliance statements.***	Yes		5, 20
33.1	The certification report includes information about the equipment used for performing each test including last calibration date (or date when next calibration is due). ***Inspector note: Per USP, "total particle count testing must be performed under dynamic operating conditions using calibrated electronic equipment" and "all impaction air samplers must be serviced and calibrated as recommended by the manufacturer."***	Yes		5.1, 6.1, 20
33.2	The certification report includes the name of the certifier. ***Inspector note: Per USP <797>, a qualified certifier may have received training and education from professional organizations such as the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) and Controlled Environment Testing Association (CETA). Both organizations provide certification (Registered Certification Professional – Sterile Compounding Facilities), education, and resources.***	Yes		5

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33.3	The certification report describes the "dynamic conditions" including the number of personnel in the cleanroom suite. ***Inspector note: Compounders can perform mock compounding activities and/or performing media-fill while the certifier is conducting testing. Number of personnel present in the SEC must be documented.***	Yes		5, 20
33.4	**SEC: Airflow testing** is performed and documented on the certification report to determine acceptability of the **air volume and room air exchange rate (ACPH).** ***Inspector note: Per USP <797>, unclassified SCAs have no ACPH requirement.*** ***If pharmacy only compounds in an SCA, inspector should answer statement as N/A.***	Yes		4.2.4, 5 Table 6
33.5	**SEC:** All of the following ACPH required elements were documented on the certification report: the ACPH from HVAC, the ACPH contributed from the PEC, and the total ACPH. ***If pharmacy only compounds in an SCA, inspector should answer statement as N/A.***	Yes		4.2.4, 5
33.6	**The ISO Class 8 anteroom** is certified and documented as having a minimum of 20 ACPH with at least 15 ACPH of the total air change rate coming from HVAC through HEPA filters located in the ceiling. ***If the pharmacy has an ISO Class 7 anteroom, inspector should mark as N/A.***	Yes		4.2.4, 5 Table 6

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		Observation	Inspector Notes	USP Reference(s)
33.7	**The ISO Class 7 buffer room and ISO Class 7 anteroom (if required)** is certified and documented as having a minimum of 30 ACPH with at least 15 ACPH of the total air change rate in a room coming from the HVAC through HEPA filters located in the ceiling. ***Inspector note: If the PEC is used to meet the minimum total ACPH requirements, the PEC must not be turned off, except for maintenance.***	Yes		4.2.4, 5 Table 6
33.8	**SEC: Airflow testing** is performed and documented on the certification report to determine acceptability of the **room pressure differential** in doorways between adjacent rooms.	Yes		4.2.5, 5
33.9	**SEC:** The differential pressure measured was at least 0.020 inch water column positive from the cleanroom to the anteroom and between the anteroom and all adjacent spaces with the doors closed. ***Inspector note: No pressure differential is required between the SCA and the surrounding area.***	Yes		4.2.1, 4.2.5, 5
33.10	**SEC:** All SEC HEPA filters were leak tested (to confirm **HEPA filter integrity**).	Yes		5
33.11	**SEC:** All SEC HEPA filters with leaks were repaired. ***If leaks were not repaired, describe what actions pharmacy took (eg, pharmacy implemented mitigation strategies such as reduced BUD or used alternative pharmacy location).*** ***If no repairs were needed, inspector should answer statement as N/A.***	Yes		5

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		Observation	Inspector Notes	USP Reference(s)
33.12	**PEC: (Dynamic airflow) Smoke pattern tests** are performed for each PEC during dynamic operating conditions to demonstrate unidirectional airflow and sweeping action over and away from the CSPs. ***Inspector note: Per USP, "HEPA-filtered air must be supplied by the PEC at a velocity sufficient to sweep particles away from critical sites and maintain unidirectional airflow during operations. Proper design, control, and use minimizes turbulence and creation of eddies or stagnant air in the PEC."*** ***Describe if smoke pattern testing of PEC was documented thoroughly in the report or through video.***	Yes		4.2.2, 4.2.3, 5
33.13	**PEC: Dynamic airflow smoke pattern** confirms equipment and supplies necessary for performing compounding activities in the PEC do not disrupt unidirectional airflow. ***Inspector note: Per USP, "Proper placement of equipment in a PEC must be initially verified by a dynamic airflow smoke pattern test to demonstrate minimal disruption in airflow. The dynamic airflow smoke pattern test must be repeated if equipment is placed in a different location."***	Yes		4.2.2, 4.2.3, 4.5, 5, 9.1
33.14	**PEC: Total (nonviable) particle count** testing was performed under dynamic operating conditions using calibrated electronic equipment. ***Inspector note: Per USP, "Measurements of total airborne particles must be taken in each PEC at locations where there is greatest risk to the exposed CSPs, containers, and closures...Measurements of total airborne particles in other classified areas, including the buffer room(s) and anteroom(s), should be taken at representative locations that reflect the quality of air in the room(s)."***	Yes		5, 5.1

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		Observation	Inspector Notes	USP Reference(s)
33.15	**PEC:** All PEC HEPA filters were leak tested (to confirm **HEPA filter integrity**). ***Inspector note: The certification report for each PEC should show air velocities within the PEC.***	Yes		5
33.16	**PEC:** All PEC HEPA filters with leaks identified were repaired. ***If leaks were not repaired, describe what actions pharmacy took (example: PEC taken out of service until HEPA filter could be replaced).*** ***If no repairs were needed, inspector should answer statement as N/A.***	N/A		5
33.17	**PEC-IVLFZ:** Pharmacy's integrated vertical laminar flow zone (IVLFZ) meets design, functional requirements, and certification requirements under USP <797>. ***Inspector note: Per USP <797>, "Strategic location of air returns in addition to full coverage of HEPA-filters above the work surface is required. Both static and dynamic smoke studies of air returns in addition to full coverage of HEPA-filtered air void of turbulence, dead air zones, and refluxing from the HEPA filters to and across the entire work area and to the air returns must be documented (eg, with video)."*** ***If pharmacy does not use an IVLFZ, inspector should answer statement as N/A.***	N/A		4.2.3

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33.18	If a **robotic enclosure is used as the PEC,** or placed within the PEC, a dynamic airflow smoke pattern test must be performed initially and at least every 6 months thereafter to ensure that: 1) it is properly integrated into the facility, 2) there is no turbulence or refluxing at any critical site(s), 3) room air does not enter the PEC where sterile products and/or preparations may be exposed, and 4) all processes can be performed without introducing contamination to the direct compounding area(s). ***If pharmacy does not use a robotic enclosure, inspector should answer statement as N/A.***	N/A		4.2.3
34.0	Was smoke testing performed in SEC to confirm all particle generating equipment (eg, computers, printers, refrigerators, PECs) do not disrupt airflow? ***Inspector note: This question will be N/A unless the pharmacy is new, has recently completed construction, or equipment has been moved within SEC since last certification.***	N/A		5
35.0	Does the pharmacy have an established environmental monitoring (eg, microbiological air and surface monitoring) program in compliance with USP <797> standards? ***Inspector note: Per USP, "The goals of a microbiological air and surface monitoring program are to determine whether contamination is present at unacceptable levels and to assess whether proper personnel practices are being followed, cleaning and disinfecting agents are effective, and environmental quality is maintained."*** ***If no, go to compliance statements.***	Yes		6, 6.1, 6.2

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		Observation	Inspector Notes	USP Reference(s)
35.1	Environmental monitoring program (eg, viable air and/or surface monitoring) is performed initially in the selected sampling sites to establish a baseline level of environmental quality for each classified area, ie, each ISO Class 5 PEC, each ISO Class 7, and ISO Class 8 room.	Yes		6, 6.1, 6.2
35.2	Environmental monitoring program (eg, viable air and/or surface monitoring) is performed in conjunction with the certification of new facilities and equipment.	Yes		6, 6.1, 6.2
35.3	Environmental monitoring program (eg, viable air and/or surface monitoring) is performed after any servicing of facilities or equipment.	Yes		6, 6.1, 6.2
35.4	Environmental monitoring program (eg, viable air and/or surface monitoring) is performed in response to identified problems (eg, positive growth in sterility tests of sterile compounded preparation).	Yes		6, 6.1, 6.2
35.5	Environmental monitoring program (eg, viable air and/or surface monitoring) is performed in response to identified trends (eg, repeated positive gloved fingertip and thumb sampling results, failed media fill testing, or repeated observations of air or surface contamination).	Yes		6, 6.1, 6.2

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		Observation	Inspector Notes	USP Reference(s)
35.6	Results from the environmental monitoring program (eg, viable air and/or surface monitoring) are reviewed in response to changes that could impact the sterile compounding environment (eg, change in cleaning agents) and in conjunction with personnel data (ie, training records, visual observations, competency assessments) to assess the state of control and to identify potential risks of contamination. ***Inspector note: Per USP, the program is reviewed to "assess risks for contamination, potential routes of contamination, and the adequacy of cleaning and disinfecting agents and procedures. Regular review of the sampling data must be performed to detect trends and the results of the review must be documented."***	Yes		6, 6.1, 6.2, 20 Table 4, Table 7, Table 8
35.7	The pharmacy ensures that viable air and surface sampling is performed by a trained and competent individual who is familiar with the methods and procedures for air sampling and surface testing. ***If sampling is conducted by internal personnel, inspector should verify that documented training and competencies are located in the employee file.***	Yes		6, 6.1, 6.2
35.8	Environmental monitoring program (eg, viable air and/or surface monitoring) describes/identifies corrective actions to minimize the risk of CSP contamination and that these corrective actions are documented.	Yes		6, 20
36.0	Is surface sampling performed at the end of a compounding activity or shift but before the area has been cleaned and disinfected (to obtain a sample that is representative of the typical compounding conditions at the pharmacy)? ***Inspector note: this is a USP recommendation.***	Yes		6.1, 6.3

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		Observation	Inspector Notes	USP Reference(s)
37.0	Does the pharmacy send out all air quality for viable airborne samples to an external lab (third party) for incubation and processing? ***If pharmacy exclusively does internal incubation and results processing, inspector should answer statement as N/A.***	Yes		6.2.2
38.0	Does the pharmacy send out all surfaces for viable particle samples to an external lab (third party) for incubation and processing? ***If pharmacy exclusively does internal incubation and results processing, inspector should answer statement as N/A.***	Yes		6.3
39.0	For any samples that are sent to an external lab (third party), does the pharmacy receive a report from the third party confirming incubation parameters meet USP <797> requirements (eg, the correct temperature and the correct length of incubation time are documented in the report)? ***Inspector note: Incubation parameters are the same as seen in statements 40.6-40.7 and 41.4-41.5.*** ***This question applies for any air or surface sample sent to an external lab. If no, describe observations.***	Yes		6.2.2
40.0	Are processes for sampling and monitoring **air quality for viable airborne** particles in compliance with USP <797> standards? ***Inspector note: Per USP <797>, facilities performing any Category 3 compounding must adhere to the increased environmental monitoring requirements for all classified areas where Category 3 CSPs are compounded and increased environmental monitoring requirements apply at all times regardless of whether Category 3 CSPs are being compounded on a given day.*** ***Review six months of air sampling data to verify. If no, go to compliance statements.***	Yes		6.2, 6.2.1, 6.2.2, 6.2.3, 14.4.2 Box 5, Table 7

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		Observation	Inspector Notes	USP Reference(s)
40.1	All classified areas are sampled using a volumetric active air sampling device (impaction air sampler). ***Inspector note: This sampling must be performed during dynamic operating conditions (to obtain a sample that is representative of the typical compounding conditions at the pharmacy).***	Yes		6.1, 6.2.1
40.2	All classified areas are sampled at the **frequencies** specified by USP for volumetric active air sampling. ***Inspector note: Per USP <797>, Category 1 and Category 2 compounding frequency is every six months and Category 3 compounding frequency is monthly.*** ***For facilities compounding any Category 3 CSPs, this must be completed within 30 days prior to the commencement of any Category 3 compounding and at least monthly thereafter regardless of the frequency of compounding Category 3 CSPs.***	Yes		6.2.1, 14.4.2
40.3	At least one cubic meter (1000 L) of air is tested using the volumetric active air sampling device from each sample location.	Yes		6.2.2 Box 5
40.4	All impaction air samplers are serviced and calibrated as recommended by the manufacturer.	Yes		6.1
40.5	The pharmacy uses an appropriate microbiological growth media for sampling. ***Inspector note: An appropriate microbiological growth media means a media that supports the growth of bacteria and fungi (eg, TSA), accompanied by a COA that verifies that the media meets expected growth promotion, pH, and sterilization requirements.***	Yes		6.2.2 Box 5

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40.6	The pharmacy incubates all air samples for time and temperature in compliance with USP <797> following the one media device method. ***Inspector notes: Per USP <797> (Box 5), when using the one media device method, sampling media is to be covered, inverted, and incubated at 30°C–35°C for no less than 48 hours. Then, after examination and recording of results, further incubated at 20°C–25°C for no less than five additional days.*** ***If the pharmacy does not utilize this method or sends offsite, inspector should answer statement as N/A.***	Yes		6.2.2 Box 5
40.7	The pharmacy incubates all air samples for time and temperature in compliance with USP <797> following the alternative two media device method. ***Inspector note: Per USP <797> (Box 5), two samples may be collected for each sample location and incubated concurrently to shorten the overall incubation period. Both samples are TSA, or one sample is TSA and the other fungal media (eg, malt extract agar [MEA] or sabouraud dextrose agar [SDA]). Each sample is incubated in a separate incubator, one sample at 30°C-35°C for no less than 48 hours the other sample at 20°C-25°C for no less than five days. If fungal media is used, incubate at 20°C-25°C for no less than five days.*** ***If the pharmacy does not utilize this method or sends offsite, inspector should answer statement as N/A.***	Yes		6.2.2 Box 6
40.8	Results for all plates are recorded for each sample and did not exceed USP <797> Table 7 action levels (or internal action levels if more restrictive). **ISO Class 5: >1 cfu/m^3/device** **ISO Class 7: >10 cfu/m^3/device** **ISO Class 8: > 100 cfu/m^3/device** ***Inspector note: Per USP <797>, if two sampling media devices are collected at a single location, all recovered growth on each must be documented and action levels applied to each sampling media separately.***	Yes		6.2.3 Table 7

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40.9	For any air sample locations exceeding action levels, pharmacy works with the assistance of a microbiologist to identify any microorganisms recovered to the genus level. ***Inspector note: Per USP <797>, an attempt must be made (meaning the lab attempted to identify the microorganisms and was unsuccessful).***	Yes		6.2.3
40.10	For any areas that exceed action levels, an investigation is conducted to attempt to determine cause and a corrective action plan is implemented.	Yes		6.2.3
41.0	Are processes for sampling and monitoring **surfaces for viable particles** in compliance with USP <797> standards? ***Review six months of surface sampling data to verify. If no, go to compliance statements.***	Yes		6.3
41.1	**Surfaces** and pass-through chambers in the cleanroom suite and SCA are sampled for microbial contamination for each classified area. ***Inspector note: Sampling locations must include work surfaces in each classified room, the interior of each ISO Class 5 PEC, and all pass-through chambers connecting to classified areas. USP recommends samples be taken from: equipment contained within the PEC, staging or working area near the PEC, and frequently touched surfaces.***	Yes		6.3, 6.3.1

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41.2	**Surfaces** within the cleanroom suite and SCA are sampled at the **frequencies** specified by USP for viable particle surface sampling. ***Inspector note: Category 1 and Category 2 CSP surface sampling frequency is monthly and Category 3 compounding is weekly, regardless of the frequency of compounding Category 3 CSPs.*** ***Additionally, surface sampling is to be performed within the PEC used to prepare Category 3 CSPs, at the end of each batch, before cleaning and disinfection occurs unless a self-enclosed robot is used. If a self-enclosed robot is used, frequency is at least once daily at the end of compounding operations.*** ***For facilities compounding any Category 3 CSPs, a surface sampling must be completed prior to assigning BUDs longer than the limits established in Table 13.***	Yes		6.3, 6.3.1, 14.4.2
41.3	The pharmacy uses an appropriate microbiological growth media for sampling. ***Inspector note: An appropriate microbiological growth media means a surface sampling device with a raised convex surface for sampling flat surfaces is used that contain general microbial growth media that supports the growth of bacteria and fungi (eg, TSA supplemented with additives that neutralize effects of any disinfecting agent, eg, lecithin and polysorbate 80), accompanied by a COA that verifies that the media meets expected growth promotion, pH, and sterilization requirements. Per USP, "sterile swabs wetted with sterile water or a sterile neutralizing buffer may be used when sampling irregular surfaces and difficult-to-reach locations such as crevices, corners, and spaces between surfaces."***	Yes		6.3.2 Box 6

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		Observation	Inspector Notes	USP Reference(s)
41.4	The pharmacy incubates all surface samples in compliance with USP <797> following the one media device method. ***Inspector notes: Per USP <797>, when using the one media device method, sampling media is to be covered, inverted, and incubated at 30°C-35°C for no less than 48 hours. Then, after examination and recording of results, further incubated at 20°C-25°C for no less than five additional days.*** ***If the pharmacy does not utilize this method or sends offsite, inspector should answer statement as N/A.***	Yes		6.3.2 Box 6
41.5	The pharmacy incubates all surface samples in compliance with USP <797> following the alternative two media device method. ***Inspector note: Per USP <797>, two samples may be collected for each sample location and incubated concurrently to shorten the overall incubation period. Both samples are TSA; or one sample is TSA and the other fungal media (eg, MEA or SDA). Media must be supplemented with neutralizing additives (eg, lecithin and polysorbate 80). Each sample is incubated in a separate incubator, one sample at 30°C-35°C for no less than 48 hours the other sample at 20°C-25°C for no less than five days. If fungal media is used, incubate at 20°C-25°C for no less than five days.*** ***If the pharmacy does not utilize this method or sends offsite, inspector should answer statement as N/A.***	Yes		6.3.2 Box 7

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

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e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Inspector Notes	USP Reference(s)
41.6	Results for all plates are recorded for each sample and did not exceed USP <797> Table 8 action levels (or internal action levels if more restrictive). **ISO Class 5: >3 cfu/media device** **ISO Class 7: >5 cfu/media device** **ISO Class 8: > 50 cfu/media device** ***Inspector note: Per USP <797>, if two sampling media devices are collected at a single location, all recovered growth on each must be documented and action levels applied to each sampling media device separately.***	Yes		6.3.3 Table 8
41.7	For any surface sample locations exceeding action levels, pharmacy works with the assistance of a microbiologist to identify any microorganisms recovered to the genus level. ***Inspector note: Per USP <797>, an attempt must be made (meaning the lab attempted to identify the microorganisms and was unsuccessful).***	Yes		6.3.3
41.8	For any areas that exceed action levels, an investigation is conducted to determine cause, and a corrective action plan is implemented.	Yes		6.3.3

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		Observation	Inspector Notes	USP Reference(s)
	Compounding Personal Hygiene and Garbing			
42.0	Does the pharmacy have a process to ensure all personnel entering the compounding area adhere to restrictions intended to minimize the risk of contamination in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		3.1
42.1	Compounding personnel are required to report conditions that may contaminate the sterile preparation and environment to the designated person(s). ***Inspector note: Per USP <797>, examples of conditions that have a higher risk of contaminating the CSP and sterile environment includes: rashes, recent tattoos, oozing sores, conjunctivitis, or active respiratory infections.***	Yes		3, 3.1
42.2	The designated person(s) is responsible for evaluating whether compounding personnel should be excluded from working in compounding areas before their conditions have been resolved. ***Inspector note: Per USP <797>, the designated person(s) may permit accommodations as long as the quality of the CSP and environment will not be affected.***	Yes		3, 3.1
42.3	Any accommodations permitted by the designated person(s) are documented.	Yes		3.1
42.4	Food (including mints, gum, etc) and drinks are not permitted in anterooms, buffer rooms, or segregated compounding areas.	Yes		3.1

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		Observation	Inspector Notes	USP Reference(s)
43.0	Does the pharmacy stock the necessary garb to ensure minimum garbing requirements are continuously met in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		3.3
43.1	The pharmacy stocks gowns and/or coveralls that are low-lint with sleeves that fit snugly around the wrists and an enclosed neck.	Yes		3.3
43.2	The pharmacy stocks shoe covers that are low lint.	Yes		3.3
43.3	The pharmacy stocks head covers that are low lint and cover the hair and ears.	Yes		3.3
43.4	The pharmacy stocks facial hair covers (not masks) that are low-lint. ***If the pharmacy does not have personnel with beards, inspector should answer this statement as N/A.***	Yes		3.3
43.5	The pharmacy stocks masks that are low lint.	Yes		3.3
43.6	The pharmacy stocks sterile, powder-free gloves.	Yes		3.3
43.7	**Category 1 and Category 2:** All non-disposable garb used to prepare Category 1 and Category 2 CSPs is laundered before reuse. ***If only disposable items are used, inspector should mark as N/A.***	Yes		3.3

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		Observation	Inspector Notes	USP Reference(s)
43.8	**Category 3 only:** The pharmacy stocks low lint face and neck coverings that ensure no skin is exposed. ***Inspector note: This is an additional garbing requirement for facilities preparing any Category 3 CSPs.*** ***If the pharmacy does not prepare Category 3 CSPs, inspector should answer statement as N/A.***	N/A		3.3, 14.4.2
43.9	**Category 3 only:** The pharmacy stocks sterile, low lint outer garb (including sterile sleeves over gauntlet sleeves when a RABS is used). ***Inspector note: This is an additional garbing requirement for facilities preparing any Category 3 CSPs.*** ***If the pharmacy does not prepare Category 3 CSPs, inspector should answer statement as N/A.***	N/A		3.3
43.10	**Category 3 only:** All non-disposable garb used to prepare Category 3 CSPs is **laundered and resterilized** with a validated cycle before each use. ***Document whether laundering and sterilization is performed in-house or by an outside vendor.*** ***If only disposable items are used, inspector should answer statement as N/A.***	N/A		3.3, 14.4.2

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		Observation	Inspector Notes	USP Reference(s)
	Media-Fill			
44.0	Is the media-fill testing simulation performed by the pharmacy in compliance with USP <797> standards? ***Inspector note: Per USP, "When performing a media-fill test, simulate the most difficult and challenging aseptic compounding procedures encountered by the person replacing all the components used in the CSPs with soybean-casein digest media. The simulation must capture elements that could potentially affect the sterility of the CSP."*** ***If no, go to compliance statements.***	Unknown	The media fill document for the compounding staff does not specify the number of units created during the media fill exercise.	2.3
44.1	The simulation captures factors associated with the length of the process that can pose contamination risk (eg, operator fatigue, quality of equipment).	Unknown		2.3
44.2	The simulation captures number of aseptic additions or transfers.	Unknown		2.3
44.3	The simulation captures number, type, and complexity of manipulations.	Unknown		2.3
44.4	The simulation captures number of personnel in the buffer room or SCA.	Unknown		2.3
44.5	Does the facility define "the most difficult and challenging procedures" and the rationale for how they are the most challenging? ***Inspector note: Best practice is for this to be documented in an SOP. Inspectors may also find this information documented on a training/competency assessment checklist. For complex/variety of compounding practices, inspectors may find additional media fills are completed (more than what is required by the USP chapters).***	Unknown		2.3, 20

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		Observation	Inspector Notes	USP Reference(s)
45.0	Are the pharmacy's media-fill storage, review, and preparation processes in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		2.3
45.1	If pharmacy uses commercial sterile microbial growth media, a COA was obtained. ***If pharmacy does not use commercial sterile microbial growth media, inspector should answer statement as N/A.***	Yes		2.3
45.2	The COA for the commercial sterile microbial growth media includes statements from the supplier that the lot of the growth media will support the growth of microorganisms. ***If pharmacy does not use commercial sterile microbial growth media, inspector should answer statement as N/A.***	Yes		2.3
45.3	Storage of commercial sterile microbial growth media is in accordance with manufacturer instructions. ***If pharmacy does not use commercial sterile microbial growth media, inspector should answer statement as N/A.***	Yes		2.3

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		Observation	Inspector Notes	USP Reference(s)
45.4	Commercial sterile microbial growth media is stored and used before its expiration date. ***Inspector note: Media is to be inoculated by the expiration date, meaning that the test needs to be started (not that incubation needs to be completed before the expiration date).*** ***If pharmacy does not use commercial sterile microbial growth media, inspector should answer statement as N/A.***	Yes		2.3
45.5	Sterile-to-sterile media-fill testing microbial growth media (non-commercial) was prepared and growth promotion capability was demonstrated prior to use, following USP <71>. ***If pharmacy only uses commercial sterile microbial growth media, inspector should answer statement as N/A.***	N/A		2.3
45.6	Nonsterile starting components (commercially available nonsterile soybean-casein digest powder) are dissolved to make a 3% nonsterile solution, manipulated in a manner that simulates nonsterile-to-sterile compounding activities, with a minimum of one positive control container. ***If pharmacy does not perform sterile compounding using nonsterile ingredients, inspector should answer statement as N/A.***	Yes		Box 2

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		Observation	Inspector Notes	USP Reference(s)
	Cleaning and Disinfection			7
46.0	Is the pharmacy equipped with the necessary cleaning and disinfecting equipment and supplies that comply with USP <797> standards? ***If no, go to compliance statements.***	Yes		7, 7.1.1, 7.1.2 <1072>
46.1	All cleaning and disinfecting supplies (eg, wipers, sponges, pads, and mop heads), with the exception of tool handles and holders, are low lint (and sterile if used within PEC).	Yes		7.1.2
46.2	Reusable cleaning tools are made of cleanable materials (no wood handles or any other porous material).	Yes		7.1.2
46.3	Reusable cleaning tools are dedicated for use in the classified areas or SCA and are not removed from these areas except for disposal.	Yes		7.1.2
46.4	The pharmacy has the appropriate cleaners **EPA-registered disinfecting agent(s)** to adequately perform cleaning and disinfection. ***Inspector note: Examples of EPA-registered disinfectants include, but are not limited to: phenolics; oxidizers, such as peroxyacetic acid and sodium hypochlorite; quaternary ammonium; and hydrogen peroxide. If the agent is EPA-registered, a registration number will be on the label. Compounding personnel should have access to SDS and information/knowledge on dwell times. Per USP, Box 7, the pharmacy is to ensure the contact time specified by the manufacturer is achieved.***	Yes	Sterile IPA	7.1.1 Box 7 <1072>

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		Observation	Inspector Notes	USP Reference(s)
46.5	The pharmacy has the appropriate **EPA-registered sporicidal agent(s)** to adequately perform sporicidal disinfection. ***Inspector notes: Examples of EPA-registered agents include but are not limited to: oxidizers such as peroxyacetic acid, sodium hypochlorite, and hydrogen peroxide.*** ***Compounding personnel should have access to SDS and information/knowledge on dwell times. Per USP, Box 8, the pharmacy is to ensure the contact time specified by the manufacturer is achieved.*** ***Per USP, Inspector should check to see if agent is effective against Clostridium difficile.***	Yes	Peridox	7.1.1 Box 7 <1072>
46.6	All cleaning and disinfectant agents are appropriately labeled including expiration dates. ***Inspector should verify that no expired agents are present.***	Yes		7.1.1
46.7	When used in the PEC, any cleaning and disinfecting agents that are not "ready-to-use" sterile formulations are diluted using sterile water. ***If only ready-to-use sterile formulations are used, inspector should answer statement as N/A.***	Yes		7.1.1
47.0	Does the pharmacy's documented **cleaning and disinfection** activities for surfaces in the classified areas and/or SCA comply with the **frequencies** specified in USP <797> Table 10? ***Review cleaning logs to verify. If no, go to compliance statements.***	Yes		7.2 Table 10
47.1	All interior surfaces of the PEC are cleaned and disinfected on days when compounding occurs.	Yes		7.2 Table 10

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		Observation	Inspector Notes	USP Reference(s)
47.2	All interior surfaces of the PEC are cleaned and disinfected when surface contamination is known or suspected.	Yes		7.2 Table 10
47.3	The removable work tray inside the PEC is cleaned and disinfected on days when compounding occurs. ***If the PEC is not equipped with a removeable work tray, inspector should answer statement as N/A.***	Yes		7.2 Table 10
47.4	All equipment inside the PEC is cleaned and disinfected on days when compounding occurs.	Yes		7.2, 9.1 Table 10
47.5	All work surfaces outside of the PEC (eg, counters, work tables) are cleaned and disinfected on days when compounding occurs.	Yes		7.2 Table 10
47.6	All pass-through chambers are cleaned and disinfected on days when compounding occurs. ***If the pharmacy is not equipped with a pass-through chamber, inspector should answer statement as N/A.***	Yes		7.2 Table 10
47.7	Floors in the buffer room, anteroom, and/or SCA are cleaned and disinfected on days when compounding occurs.	Yes		7.2 Table 10
47.8	Sinks used for hand hygiene are cleaned and disinfected on each day of use.	Yes		4.4, 7.2, Table 10
47.9	Walls, doors, and door frames are cleaned and disinfected monthly.	Yes		7.2 Table 10

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		Observation	Inspector Notes	USP Reference(s)
47.10	Storage and shelving bins are cleaned and disinfected monthly.	Yes		7.2 Table 10
47.11	All equipment outside the PEC are cleaned and disinfected monthly. ***Inspector note: Equipment in the SEC/SCA may include, but is not limited to: carts, refrigerators, computers, barcode readers, and label printers.***	Yes		7.2 Table 10
47.12	Ceilings in the buffer room and anteroom are cleaned and disinfected monthly. ***If the pharmacy performs compounding only in a SCA, inspector should answer statement as N/A.***	Yes		7.2 Table 10
47.13	Ceilings in the SCA are required to be cleaned and disinfected only when visibly soiled and when surface contamination is suspected. ***If the pharmacy performs compounding only in a cleanroom suite, inspector should answer statement as N/A.***	Yes		7.2 Table 10
47.14	The surface of the removable work tray and the area underneath the removable work tray of the PEC is cleaned and disinfected monthly. ***If the PEC is not equipped with a removable work tray, inspector should answer statement as N/A.***	Yes		7.2 Table 10
48.0	Does the pharmacy's documented application of **sporicidal disinfectant** on surfaces comply with the **frequencies** specified for each CSP category in USP <797> Table 10? ***Inspector note: Per USP <797>, if the pharmacy prepares any Category 3 CSPs, the cleaning requirements for Category 3 must be followed at all times regardless of whether a Category 3 CSPs is prepared on any given day.*** ***Review cleaning logs to verify. If no, go to compliance statements.***	Yes		7.2, 14.4.2 Table 10

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		Observation	Inspector Notes	USP Reference(s)
48.1	**Sporicidal disinfectant** is applied to all interior surfaces of the **PEC** at the specified frequency. ***Inspector note: For Category 1 and Category 2 compounding only, the application frequency is monthly. For any Category 3 compounding, the application frequency is weekly.***	Yes		7.2, Table 10
48.2	Sporicidal disinfectant is applied to equipment inside the PEC at the specified frequency. ***Inspector note: For Category 1 and Category 2 compounding only, the application frequency is monthly. For any Category 3 compounding, the application frequency is weekly.***	Yes		7.2 Table 10
48.3	Sporicidal disinfectant is applied to work surfaces outside the PEC (eg, counters, work tables) at the specified frequency. ***Inspector note: For Category 1 and Category 2 compounding only, application frequency is monthly. For any Category 3 compounding, application frequency is weekly.***	Yes		7.2 Table 10
48.4	Sporicidal disinfectant is applied to surfaces in the pass-through chambers at the specified frequency. ***Inspector note: For Category 1 and Category 2 compounding only, the application frequency is monthly. For any Category 3 compounding, the application frequency is weekly.*** ***If the facility is not equipped with a pass-through chamber, inspector should answer statement as N/A.***	Yes		7.2 Table 10

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		Observation	Inspector Notes	USP Reference(s)
48.5	Sporicidal disinfectant is applied to the floors in the buffer room, anteroom, and SCA at least monthly. ***Inspector note: For Category 1 and Category 2 compounding only, the application frequency is monthly. For any Category 3 compounding, the application frequency is weekly.***	Yes		7.2 Table 10
48.6	Sporicidal disinfectant is applied to walls, doors, and door frames at least monthly. ***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.***	Yes		7.2 Table 10
48.7	Sporicidal disinfectant is applied to storage shelving and bins at least monthly. ***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.***	Yes		7.2 Table 10
48.8	Sporicidal disinfectant is applied to equipment stored outside the PEC at least monthly. ***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.***	Yes		7.2 Table 10
48.9	Sporicidal disinfectant is applied to ceilings in the buffer room, anteroom, and SCA at least monthly. ***Inspector note: Per USP <797>, Table 10, the application frequency is monthly for all category types. Per USP, ceilings of the SCA are required to be cleaned, disinfected, and applied with sporicidal disinfectant only when visibly soiled and when surface contamination is suspected. The SCA may not have an accessible ceiling.***	Yes		7.2 Table 10

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		Observation	Inspector Notes	USP Reference(s)
48.10	Sporicidal disinfectant is applied to sinks used for hand hygiene at least monthly. ***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.***	Yes		4.4, 7.2 Table 10
48.11	Sporicidal disinfectant is applied to the work surface of the removable tray in the PEC and area underneath the removable work tray at least monthly. ***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.*** ***If the PEC is not equipped with a removable work tray, inspector should answer statement as N/A.***	Yes		7.2 Table 10
	Components FDA defines manufacturer... as used in section 510 of the Federal Food, Drug, and Cosmetic Act, includes the activities of relabelers, repackers, and salvagers. When not modified by "domestic" or "foreign," the term includes both domestic manufacturers and foreign manufacturers.			9
49.0	Does the pharmacy compound CSPs using active pharmaceutical ingredients (APIs) and non-API components? ***Inspector note: Per USP <797>, non-API components may include pharmaceutical excipients, sterile containers, and container closure systems.*** ***If the pharmacy does not compound using API or non-API components, inspector should answer this question as N/A.***	Yes		9.3
50.0	Is the pharmacy's selection of active API and non-API components in compliance with USP <797> standards? ***Verify by selecting products from the shelf of different suppliers and ask to see the COAs for those products. If no, go to compliance statements.*** ***If the pharmacy does not compound using API or non-API components, inspector should answer this question as N/A.***	No	A review of the COA for Glutathione revealed it is labeled for Dietary Supplements Only (Doc01_ST50.0).	9.3

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50.1	**APIs:** APIs used are compliant with the criteria in the USP–NF monograph, if one exists. ***If pharmacy does not compound CSPs that have a USP monograph, inspector should answer this statement as N/A.***	N/A		9.3.1
50.2	**APIs:** All APIs used have a COA that includes the specifications (eg, compendial requirements for quality) and that test results for the component show that the API meets expected quality.	No		9.3.1
50.3	**APIs:** All APIs used are manufactured by an FDA-registered facility. ***Inspector note: This is a Federal Food, Drug, and Cosmetic Act, Section 503A, requirement as well. Inspector should verify the pharmacy looks up the name of the manufacturer listed on the COA to determine if they are registered as an FDA drug establishment https://dps.fda.gov/decrs.***	Yes		9.3.1
50.4	All **non-API components** comply with the criteria in the USP–NF monograph, if one exists.	Yes		9.3.1
50.5	All **non-API components** are accompanied by documentation (eg, COA, labeling) that include the specifications and test results and shows that the component meets the specifications.	Yes		9.3.1

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Inspector Notes	USP Reference(s)
50.6	All **non-API components** used are manufactured by an FDA-registered facility. ***Inspector note: Per USP <797>, "If a component cannot be obtained from an FDA-registered facility, the designated person(s) must select an acceptable and reliable source (see USP <1197> Good Distribution Practices for Bulk Pharmaceutical Excipients). The compounding facility must establish the identity, strength, purity, and quality of the ingredients obtained from that supplier by reasonable means. Reasonable means may include but are not limited to visual inspections, evaluation of a COA supplied by the manufacturer, and/or verification by analytically testing a sample to determine conformance with the COA or other specifications."***	Yes		9.3.1
51.0	Does the pharmacy have processes in place to evaluate API and non-API components upon receipt and before use in compliance with USP <797> standards? ***Inspector note: Non-API components may be defined as excipients, containers, and container closure systems.*** ***If no, go to compliance statements.*** ***If the pharmacy does not compound with API or other non-API components, inspector should answer question as N/A.***	Unknown		9.3.2, 9.3.3
51.1	APIs or other components have been evaluated for use in sterile drug preparation. ***Inspector note: Per USP <797>, "Components labeled with 'not for pharmaceutical use,' 'not for injectable use,' 'not for human use' or an equivalent statement must not be used to compound for these purposes."*** ***If no, photograph and describe in the notes column. Request copies of the invoices for products with these types of labels.***	Unknown	A review of the COA for Glutathione revealed it is labeled for Dietary Supplements Only (Doc01_ST50.0).	9.3.2, 9.3.3

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		Observation	Inspector Notes	USP Reference(s)
51.2	Upon receipt of each lot of a component, personnel verify the labeling and condition of each component and examine the external packaging for evidence of deterioration and other aspects of unacceptable quality (eg, outer packaging is damaged, temperature-sensing indicators show that the component has been exposed to excessive temperatures).	Yes		9.3.2, 9.3.3
51.3	Each lot of commercially available sterile, depyrogenated containers and container-closure systems are accompanied by a COA or other documentation showing conformance with established specifications for sterility and depyrogenation requirements.	Yes		9.3.1, 9.3.2, 9.3.3
51.4	The date of receipt by the pharmacy is clearly marked on each API or component package that lacks a vendor expiration date and are assigned and labeled with an expiration date not to exceed one year after receipt by the pharmacy.	Yes		9.3.2, 9.3.3
51.5	All components are reinspected before use. ***Inspector note: Per USP <797>, all packages must be inspected to detect container breaks, looseness of the cap or closure, and deviation from the expected appearance, aroma, and/or texture of the contents that might have occurred during storage. Sterile container closures are visually reinspected to ensure that they are free from defects that could compromise sterility and that they are otherwise suitable for their intended use.***	Yes		9.3.2, 9.3.3
51.6	Any component found to be of unacceptable quality upon receipt or reinspection prior to use is promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal.	Yes		9.3.2, 9.3.3
51.7	Any other lots of that component from that vendor are examined to determine whether other lots have the same defect.	Yes		9.3.2, 9.3.3

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		Observation	Inspector Notes	USP Reference(s)
	Equipment and Supplies			9
52.0	Is the pharmacy equipped with the appropriate supplies and equipment used for compounding in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		9, 9.1, 9.2
52.1	Supplies (eg, beakers, utensils, needles, syringes, filters, and tubing sets) that contact components are not reactive, additive, sorptive, and do not alter the quality of sterile compounded preparation. ***Inspector note: The appropriate supplies are available as applicable to the type of CSPs prepared (eg, non-PVC, silicone-free, able to withstand high heat, able to be sterilized).***	Yes		9.2
52.2	Any supplies that are in direct contact with CSPs are sterile and/or depyrogenated.	Yes		9.2
52.3	The equipment must be able to be cleaned using the required agents and tools without damaging the equipment and/or contaminating the compounded preparation. ***Inspector note: Equipment used in compounding are of suitable composition and the surfaces that contact components are not reactive or sorptive.***	Yes		9.1

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		Observation	Inspector Notes	USP Reference(s)
52.4	When nonsterile ingredients, products, components, or devices (eg, non-sterile APIs and nonsterile vials and closures) are used for compounding, the pharmacy has the appropriate equipment to sterilize the finished product. Per USP, "Injectable compounded preparations that contain nonsterile components or that come into contact with nonsterile devices (eg, containers, tubing) during any phase of the compounding procedure must be sterilized within 6 hours after completing the preparation to minimize the generation of bacterial endotoxins in CSPs." ***If the pharmacy does not perform compounding that requires sterilization, inspector should answer statement as N/A.***	Yes		9.1, 9.3.1, 10
53.0	Does the pharmacy operate and maintain records for all equipment used for compounding in accordance with manufacturer specifications and USP <797> standards? ***If no, go to compliance statements.***	Yes		9.1, 20
53.1	Automated, mechanical, or electronic equipment (monitoring equipment, autoclaves, ovens, etc) are periodically inspected and calibrated yearly or in accordance with the equipment manufacturer guidelines.	Yes		9.1, 9.3.4
53.2	Automated compounding devices (ACDs) and other similar equipment (single channel or multi-channel) are assessed for accuracy and calibrated daily, prior to initial use, and a daily record is maintained. ***Inspector note: Per USP, "The precision of the equipment can be monitored based on an assessment of day-to-day variations in its accuracy measures. Compounding personnel must maintain a daily record of the accuracy measurements on the days the equipment is in use. Corrective actions must be implemented if accuracy measurements are outside the manufacturer's specification."***	Yes		9.1

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		Observation	Inspector Notes	USP Reference(s)
53.3	Incubators used for environmental and personnel monitoring are placed in a location outside of the sterile compounding area and calibrated in accordance with manufacturer's instructions. ***If the pharmacy does not incubate samples and or/media-fills in-house, inspector should answer statement as N/A.***	Yes		6.1, 6.2.2, 6.3.2
53.4	Incubators used for environmental and personnel monitoring are monitored for temperature during incubation periods either manually or by use of a continuous recording device. ***Inspector note: Incubators store media at 20˚C-25˚C and 30˚C-35˚C. If the pharmacy has more than one incubator, review records for both incubators.*** ***View incubator temperature records to verify. Evaluate the size of the incubator and volume of media it can store. If the pharmacy does not incubate samples and/or media-fills in-house, inspector should answer statement as N/A.***	Yes		6.2.2, 6.3.2 Box 5
	Compounding Personnel Observation - Inspector ***must*** observe personnel performing compounding and related activities. This section will require the inspector to observe the staff while performing compounding and related activities. If the inspector is unable to view activities from a window or other observation area, it is expected they will gown/garb into compounding area. It is acceptable for pharmacy staff to perform mock compounding activities (with sterile saline or other drug) as long as all observations can be viewed.			
54.0	**Personnel Preparation Observation:** Before entering the compounding area, do compounding personnel remove any items that are not easily cleanable or are not necessary for compounding in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		3.1
54.1	All outer garments such as hats, scarves, sweaters, bandanas, vests, coats, and jackets are removed.	Yes		3.1

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		Observation	Inspector Notes	USP Reference(s)
54.2	Makeup and/or cosmetics are removed.	Yes		3.1
54.3	All hand, wrist, and other exposed jewelry, including piercings such as earrings, lip or eyebrow piercings, etc, are removed and any jewelry that cannot be removed is covered.	Yes		3.1
54.4	Earbuds or headphones are removed.	Yes		3.1
54.5	Electronic devices that are not necessary for compounding or other required tasks are prohibited from entering the compounding areas.	Yes		3.1
54.6	Nails are kept clean and neatly trimmed.	Yes		3.1
54.7	Any nail polish, artificial nails, or extenders are removed.	Yes		3.1
54.8	If worn, eyeglasses are wiped. ***If none of the pharmacy staff wear glasses, inspector should answer statement as N/A.***	N/A		3.1
54.9	Any accommodations permitted by the designated person(s) have been documented. ***Inspector note: Per USP <797>, accommodations may be permitted as long as the quality of the CSP and environment will not be affected.***	N/A		3.1

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		Observation	Inspector Notes	USP Reference(s)
55.0	**Hand Hygiene Observation:** Were compounding personnel entering the compounding area observed performing the appropriate hand washing procedures in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		3.2 Box 3
55.1	All personnel entering the compounding area performed hand hygiene.	Yes		3.2 Box 3
55.2	The order of hand washing was performed in the appropriate sequence in relation to the placement of the sink. ***Inspector note: If hand hygiene is completed outside of a classified area, alcohol-based hand rub must be used prior to donning garb.***	Yes		3.2 Box 3
55.3	Fingernails are cleaned under warm running water using a disposable nail cleaner (eg, nail pick). ***Inspector note: During observations, inspect whether nail picks are available for use when performing hand hygiene.***	Yes		3.2 Box 3
55.4	Brushes are not used for hand hygiene.	Yes		3.2 Box 3
55.5	Hands and forearms are washed up to the elbows with soap and warm water for at least 30 seconds. ***Inspector note: Compounding personnel describe method for ensuring they have washed for 30 seconds (example: clock or timer is available near the sink).***	Yes		3.2 Box 3

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		Observation	Inspector Notes	USP Reference(s)
55.6	Soap containers are not refilled or topped off.	Yes		3.2
55.7	Hands and forearms are completely dried up to the elbows with low-lint disposable towels or wipers.	Yes		3.2 Box 3
55.8	Hand dryers are not used for hand hygiene.	Yes		3.2 Box 3
56.0	**Garbing Observation:** Were compounding personnel observed following the appropriate garbing procedures in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		3.3
56.1	All personnel entering the compounding area are fully garbed (with the required garb as determined by the facility SOPs).	Yes		3.3
56.2	Compounding personnel entering the cleanroom suite and/or SCA adhere to the minimum garbing requirements in USP <797>. ***Inspector note: Per USP <797>, additional garbing requirements must be continuously met in the buffer room where Category 3 CSPs are prepared, regardless of whether Category 3 CSPs are compounded on a given day.***	Yes		3.3
56.3	Donning procedures are performed in an order that reduces the risk of contamination. ***Inspector note: USP recommends (not requires) the donning procedure to be performed in the anteroom.*** ***If no, inspector must describe in the notes column why a risk of contamination is a concern.***	Yes		3.3

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		Observation	Inspector Notes	USP Reference(s)
56.4	Doffing procedures are performed in an order that reduces the risk of contamination.	Yes		3.3
56.5	The order of garbing was performed in the appropriate sequence in relation to the placement of the sink. ***Inspector note: If hand hygiene is completed outside of a classified area, alcohol-based hand rub must be used prior to donning garb.***	Yes		3.2, 3.3
56.6	Sterile gloves are donned in a classified room or SCA. ***Inspector note: If hand hygiene is completed outside of a classified area, alcohol-based hand rub must be used prior to donning garb and again before sterile gloves are donned, see USP <797> FAQ #97.***	Yes		3.2
56.7	Skin is not exposed inside the ISO Class 5 PEC.	Yes		3.3
56.8	Garb is replaced immediately if it becomes visibly soiled or if its integrity is compromised.	Yes		3.3

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		Observation	Inspector Notes	USP Reference(s)
56.9	**Category 1 and Category 2 only:** Upon exit of the compounding area, all garb (except for gowns) is discarded or laundered prior to reuse. ***Inspector note: Gowns (disposable and non-disposable) may be reused within the same shift by the same person only if stored appropriately. If the facility prepares any Category 3 CSPs, additional garbing requirements must be followed and gowns must not be reused, inspector should answer statement as N/A.***	Yes		3.3
56.10	**Category 1 and Category 2 only:** Gowns reused within the same shift and by the same person are maintained in a manner that prevents contamination. ***Inspector note: Per USP <797>, gowns stored for reuse must be maintained in a classified area or adjacent to or within the SCA in a manner that prevents contamination (eg, away from sinks to avoid splashing). If the facility prepares any Category 3 CSPs, additional garbing requirements must be followed and gowns must not be reused; inspector should answer statement as N/A.***	Yes		3.3
57.0	List the name(s) of the CSPs observed by the inspector as part of live compounding demonstration.		NAD 200mg/ml Injection	
58.0	**Compounding Observation:** Are compounding personnel observed using the appropriate aseptic technique that ensures the quality of the CSP and the environment is maintained in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		1, 2.1, 2.3

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		Observation	Inspector Notes	USP Reference(s)
58.1	All sterile compounding is performed in a PEC with ISO Class 5 conditions or better. ***If the pharmacy only performs immediate use compounding, inspector should answer this statement as N/A.***	Yes		4.1.2
58.2	**Category 2 and Category 3 only:** All PECs are placed in a cleanroom suite. ***Inspector note: Per USP, "If compounding only Category 1 CSPs, the PEC may be placed in an unclassified SCA."*** ***If the pharmacy only prepares Category 1 CSPs, inspector should answer this statement as N/A.***	Yes		4.1.2
58.3	Compounding personnel ascertain before use that components are of the correct identity, appropriate quality, within the expiration date, and have been stored under the proper conditions.	Yes		9.3.3
58.4	All items are wiped with a sporicidal disinfectant, EPA-registered disinfectant, or sterile 70% IPA prior to being introduced into the clean side of the anteroom, placed into a pass-through chamber, and/or brought into the SCA. ***Inspector note: The wiping procedure or agents used should not compromise the packaging integrity or render the product label unreadable. Disinfectant dwell time minimums, as specified by the manufacturer, are to be followed.***	Yes		8.1

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		Observation	Inspector Notes	USP Reference(s)
58.5	Before any item is introduced into the PEC, it is wiped with sterile 70% IPA using sterile low-lint wipers and allowed to dry before use. ***Inspector note: Per USP, "When sterile items are received in sealed containers designed to keep them sterile until opening, the sterile items may be removed from the covering as the supplies are introduced into the ISO Class 5 PEC without the need to wipe the individual sterile supply items with sterile 70% IPA. The wiping procedure must not render the product label unreadable."***	Yes		8.2
58.6	Aseptic processes and manipulations are performed in a manner intended to minimize the risk of contamination. ***Inspector note: Observe the compounder's technique to ensure proper aseptic technique is utilized such as: preparation occurs in the direct compounding area (DCA); the compounder does not interrupt first air during the compounding process; proper set up of equipment, supplies, and components that ensure first air is not interrupted; the compounder handles the syringe in a manner that does not introduce contaminates (touch contamination on the plunger rod); proper entry and exit of materials in ISO Class 5 PEC; and frequent sanitization of gloves.***	Yes		2.3
58.7	All critical sites (eg, vial stoppers, ampule necks, and IV bag septums) are wiped with sterile 70% IPA in the PEC and allowed to dry before puncturing.	Yes		7, 8.3
58.8	Gloves are disinfected with sterile 70% IPA immediately before compounding and regularly throughout the compounding process. ***Inspector note: Per USP, best practice is to re-sanitize each time hands re-enter the PEC. This may not occur when compounder is staging the next batch.***	Yes		3.3

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		Observation	Inspector Notes	USP Reference(s)
58.9	Gloves are regularly inspected for holes, punctures, or tears, and are replaced immediately if such defects are detected.	Yes		3.3
59.0	Do compounding personnel adhere to the USP established time limits for components after initial puncture or entry in compliance with USP <797> standards? ***Look at punctured, stored containers and confirm if puncture time or BUD is noted on the container and stored within time limits. If no, go to the compliance statements.***	Yes		15
59.1	Single dose containers (entered or punctured only in an ISO Class 5 air or cleaner air) are not used beyond 12 hours after initial puncture or entry or assigned BUD, whichever is shorter. ***Inspector note: This applies to conventionally manufactured single-dose vials, compounded single-dose CSPs used as components, and CSP stock solutions. The labeled storage requirements during that 12-hour period must be maintained. Additionally, per USP, "This time limit for entering or puncturing (a single-dose CSP or CSP stock solution) is not intended to restrict the BUD of the final CSP."***	Yes		15.1, 16.2
59.2	Multiple-use containers are not used for more than 28 days after initial puncture or entry, manufacturer specifications, or assigned BUD, whichever is shorter. ***Inspector note: This applies to conventionally manufactured multiple-dose vials and compounded multiple-dose CSPs used as components. Multiple-dose CSPs are required to meet the criteria for antimicrobial effectiveness testing (USP <51>) and must be stored under the conditions upon which its BUD is based (eg, refrigerator or controlled room temperature).***	Yes		14.5, 15.2, 16.1

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59.3	The remaining contents of opened single-dose ampules (or vials where container closure system has been removed) are discarded immediately. ***Inspector note: Ampules or vials where the container closure system has been removed must not be stored for any time period.***	Yes		15.1
59.4	Pharmacy bulk package containers of sterile drugs for parenteral use are only entered or punctured in an ISO Class 5 PEC. ***Inspector note: Per USP, the pharmacy bulk package system must be used according to the manufacturer's labeling.***	Yes		15.3
60.0	**Inspect several different finished compounded sterile preparations.** Are all the finished compounded sterile preparations free from any evidence of particulates, filaments, floaters, or signs of contamination? ***Inspector note: If found, request the compounded preparation to be quarantined and notify NABP immediately. Additionally, list the name(s) of the compounded preparation(s) observed; description of type of contamination suspected (eg, filament or floater); number of preparations affected (eg, two of the five vials on the shelf); lot or batch information; BUD assigned; and collect photographs, copy of MFR, and CR.***	Yes		12

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61.0	Are there procedures for in-process checks performed by a pharmacist? ***Inspector note: In-process checks are safety steps for complex, multi-step compounding processes or high risk drugs or high risk populations (eg, neonates).*** ***These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists and visual inspection of product. Documentation of the compounding accuracy is recommended to be performed by someone other than the compounder to ensure proper measurement, reconstitution, and component usage. Some checks may be done retrospectively and with the assistance of technology.***	Yes		2 Table 2, Table 3
62.0	**Cleaning and Disinfection Observation:** Does the pharmacy perform cleaning and disinfection activities in compliance with USP <797> standards? ***If inspector is unable to observe cleaning activities (due to timing of compounding activities observed), inspector should interview compounder(s) to have them walk through their normal process. If this occurs, inspector should record in notes column "process only."*** ***If no, go to compliance statements.***	Yes		7
62.1	All cleaning and disinfection activities are performed by appropriately garbed personnel.	Yes		7
62.2	Cleaning and disinfection are performed on all surfaces in the classified area and SCA.	Yes		7

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Inspector Notes	USP Reference(s)
62.3	Cleaning is performed in the direction of clean to dirty areas.	Yes		7
62.4	Reusable cleaning tools are disinfected prior to and after each use.	Yes		7.1.2
62.5	Only sterile cleaning, disinfecting, and sporicidal agents are permitted for use in the PEC. ***Inspector note: If pharmacy utilizes non-ready to use (RTU) agents, they must be diluted with sterile water. Per USP, "Once opened, sterile cleaning and disinfecting agents and supplies (eg, closed containers of sterile wipers) and sterile 70% IPA may be reused for a time period specified as by the manufacturer and/or described in the facility written SOPs."***	Yes		7.1.1, 7.1.2
62.6	Only sterile supplies and equipment are permitted for use in the PEC. ***Inspector notes: Non-disposable cleaning tools or handles must be properly disinfected prior to entering the PEC and prior to use.***	Yes		7.1.1, 7.1.2
62.7	Compounding personnel are using the appropriate sterile cleaning, disinfecting, and sporicidal agents within the PEC.	Yes		7.1.1

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		Observation	Inspector Notes	USP Reference(s)
62.8	Compounding personnel are using the appropriate cleaning and disinfecting procedures and techniques within the PEC. ***Inspector note: Per USP, "All cleaning, disinfecting, and application of sporicidal disinfectants must be documented according to the facility's SOPs"; "Cleaning must be performed in the direction of clean to dirty areas"; and when 70% sterile IPA is used, it is used last and allowed to dry. There are differing opinions on the best order of cleaning. Procedure includes using a sterile low-lint wiper to all surfaces. Allow surfaces to dry completely before beginning compounding.***	Yes		7.1.2 Box 7, Box 8
62.9	The manufacturer's directions or published data for the minimum contact time is followed for each of the cleaning, disinfecting, and sporicidal disinfectant used. ***Per USP, contact times should be included in the SOP based on the agent used.***	Yes		7.1.1 Box 7, Box 8
62.10	Sterile 70% IPA is applied to all surfaces in the ISO Class 5 PEC at the frequencies specified by USP during active compounding. ***Inspector note: Per USP <797>, sterile 70% IPA must be applied: immediately before initiating compounding procedures, to the work surface of the PEC at least every 30 minutes (if the compounding process takes 30 minutes or less), to the work surface of the PEC immediately after compounding (when the compounding process takes more than 30 minutes), after each batch or lot is completed, and after cleaning and disinfecting.***	Yes		7

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		Observation	Inspector Notes	USP Reference(s)
	Sterilization and Depyrogenation			10
63.0	Does the pharmacy compound preparations with any nonsterile starting components? ***If the pharmacy does not compound preparations with any nonsterile starting components, inspector should answer question as N/A.***	Yes		10
64.0	Are injectable compounded preparations that contain nonsterile components or that come into contact with nonsterile devices (eg, containers, tubing) during any phase of the compounding procedure, sterilized within six hours after completing the preparation? ***If no, describe observations and collect a copy of the master formulation record, a copy of the compounding record, and a copy of the process for sterilization.*** ***If the pharmacy does not compound with nonsterile components or devices, or they only compound sterile ophthalmic and/or sterile drugs administered by inhalation, inspector should answer question as N/A.***	Yes		10
65.0	**Filter Sterilization:** Does the pharmacy use the appropriate type of sterilization method, equipment, documentation, and testing in compliance with USP <797> standards? ***View compounding records for CSPs sterilized by filtration to verify.*** ***Inspector note: The sterilization method used must sterilize the CSP without degrading its physical and chemical stability (eg, affecting its strength, purity, or quality) or the packaging integrity.*** ***If no, go to compliance statements.*** ***If the pharmacy does not use this sterilization method, inspector should answer question as N/A.***	Yes		10.2 USP <1229.4>

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		Observation	Inspector Notes	USP Reference(s)
65.1	Sterilization by filtration is performed in an ISO 5 environment.	Yes		4.1.2, 10.2
65.2	Filters used have enough capacity to filter the required volumes. ***Inspector note: Per USP, "The filter dimensions and the CSP to be sterilized by filtration should permit the sterilization process to be completed without the need for replacement of the filter during the process."***	Yes		10.2
65.3	The 0.2 micron sterile micro-porous membrane filter used to sterilize CSP solutions is chemically and physically compatible with the CSP. Inspector note: Per USP <797>, sterilizing filters must be appropriate for pharmaceutical use. Sterilizing filters labeled "for laboratory use" or equivalent must not be used. "Sterilizing filters must be certified by the manufacturer to retain at least 107 microorganisms of a strain of Brevundimonas diminuta per square centimeter of upstream filter surface area under conditions similar to those in which the CSPs will be filtered (ie,, pressure, flow rate, and volume filtered)."	Yes		10.2
65.4	Confirmation of filter integrity (bubble testing) is performed and documented for each filter used with each batch sterilized by filtration. ***Inspector note: If multiple filters are required for the compounding process, each of the filters must be tested.*** ***If no, collect a copy of the master formulation record and compounding record.***	Yes		10.2

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		Observation	Inspector Notes	USP Reference(s)
65.5	A prefiltration step is performed for any CSPs that are known to contain excessive particulate matter. ***Inspector note: The prefiltration step consists of using a filter with a larger nominal pore size (eg, 1.2 micron) or a separate filter of larger nominal pore size should be placed upstream of (ie, prior to) the sterilizing filter to remove gross particulate contaminants before the CSP is passed through the sterilizing-grade filter.***	Yes		10.2
65.6	CSPs that are prepared using a filter that failed integrity tests are either discarded or, after investigating the cause of the failure and selection of an appropriate filter, refiltered for sterilization not more than one additional time. ***If no, collect a copy of the master formulation record and compounding record.***	Yes		10.2
65.7	Single-use filters are only used once.	Yes		4.1.2, 10.2
66.0	**Steam Sterilization:** Does the pharmacy use the appropriate type of sterilization method, equipment (autoclave), documentation, and testing in compliance with USP <797> standards? ***Inspector note: The sterilization method used must sterilize the CSP without degrading its physical and chemical stability (eg, affecting its strength, purity, or quality) or the packaging integrity.*** ***View documentation on compounding records for CSPs sterilized by steam to confirm. If no, go to compliance statements.*** ***If the pharmacy does not use this sterilization method, inspector should answer question as N/A.***	N/A		10.3 USP <1229.1>

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		Observation	Inspector Notes	USP Reference(s)
66.1	The pharmacy has evaluated if steam sterilization would cause degradation of the drug. ***Inspector note: Per USP, compounded preparations that are degraded by moisture, pressure, or temperatures used may not be sterilized by steam heat.***	N/A		10.3
66.2	Steam supplied is free of contaminants and generated using water per manufacturer's specifications.	N/A		10.3
66.3	Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization.	N/A		10.3
66.4	Items are placed in the autoclave in a manner that allows steam to reach them without entrapment of air. ***Inspector note: The pharmacy should have the autoclave cycle validated for the size of the batch, sterilization temperature, and sterilization time to ensure the load will be sterile.***	N/A		10.3 USP <1229.1>
66.5	Sealed containers used are able to generate steam internally (eg, small amount of water in empty crimped vials).	N/A		10.3

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		Observation	Inspector Notes	USP Reference(s)
66.6	The appropriate biological indicators (USP <1229>) are used to verify the effectiveness of each sterilization run or load and documented in the compounding record. ***Inspector note: Per USP <797>, "The effectiveness of steam sterilization must be verified and documented with each sterilization run or load by using appropriate biological indicators, such as spores of Geobacillus stearothermophilus (ATCC 12980, ATCC 7953, or equivalent; see Biological Indicators for Sterilization USP <1229.5>), and other confirmation methods such as physicochemical indicators (see Physicochemical Integrators and Indicators for Sterilization USP <1229.9>). The date, run, and load numbers of the steam sterilizer used to sterilize a CSP is documented in the compounding record."***	N/A		10.3 USP <1229.5> USP <1229.9>
66.7	All items are directly exposed to steam under adequate pressure for the length of time necessary as determined by use of appropriate biological indicators to render the items sterile. ***Inspector note: Per USP <797>, the duration of the exposure period must include sufficient time for the entire contents of the CSP and other items to reach the sterilizing temperature. The CSP and other items must remain at the sterilizing temperature for the duration of the sterilization period (an example provided in the chapter is 20-60 minutes at 121°C saturated steam under a pressure of 15 psi, depending on the volume or size of the CSP being sterilized).*** ***Any parameters for the autoclave must be set through validation.***	N/A		10.3 USP <1229.1>
66.8	A calibrated data recorder or chart is used to monitor each cycle and to examine for cycle irregularities (eg, deviations in temperature or pressure) and results documented on the CR.	N/A		10.3, 20

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		Observation	Inspector Notes	USP Reference(s)
67.0	**Dry Heat Sterilization:** Does the pharmacy use the appropriate type of sterilization method, equipment, documentation, and testing in compliance with USP <797> standards? ***Inspector note: The sterilization method used must sterilize the CSP without degrading its physical and chemical stability (eg, affecting its strength, purity, or quality) or the packaging integrity. USP <1229.8> also applies.*** ***View documentation on compounding records for CSPs sterilized by dry heat to confirm. If no, go to compliance statements.*** ***If the pharmacy does not use this sterilization method, inspector should answer question as N/A.***	N/A		10.4 USP <1229.8>
67.1	The pharmacy has the appropriate dry heat sterilization equipment. ***Inspector note: Dry heat sterilization is usually performed in an oven designed for sterilization at 160°C or higher. The dry heat oven should be able to get to the appropriate temperature and pressure, for example, not be a toaster oven.***	N/A		10.4
67.2	Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization.	N/A		10.4
67.3	During sterilization, sufficient space is left between materials to allow for circulation of hot air.	N/A		10.4
67.4	CSPs and other items are exposed to dry heat for the length of time necessary for all items to reach sterilizing temperature of 160°C or higher. ***Inspector note: Per USP <797>, if lower temperatures are used, they are validated by biological indicators (see USP <1229.8>, Validation of Dry Heat Sterilization, Biological Indicators). The calibrated oven must be equipped with temperature controls and a timer.***	N/A		10.4

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		Observation	Inspector Notes	USP Reference(s)
67.5	The appropriate biological indicators are used to verify the effectiveness each sterilization run or load and documented in the compounding record. ***Inspector note: Per USP <797>, "The effectiveness of dry heat sterilization must be verified and documented with each sterilization run or load by using appropriate biological indicators, such as spores of Bacillus atrophaeus (ATCC 9372; see Biological Indicators for Sterilization USP <1229.5>) and other confirmation methods (e.g., temperature-sensing devices). The date, run, and load numbers of the dry heat oven used to sterilize a CSP must be documented in the CR."***	N/A		10.4 USP <1229.5>
67.6	A calibrated data recorder or chart is used to monitor each cycle and the data is reviewed to identify cycle irregularities (eg, deviations in temperature or exposure time) and results documented on the CR.	N/A		10.4, 20
68.0	**Dry Heat Depyrogenation:** Is the appropriate depyrogenation method used and documented in compliance with USP <797> standards? ***View documentation records of items depyrogenated to confirm. If the pharmacy does not use this method, inspector should answer question as N/A.***	Yes		10.1 USP <1228.1>
68.1	Glassware, metal, and other thermostable containers are exposed to dry heat for the length of time necessary for all items to be rendered pyrogen free.	Yes		10.1

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		Observation	Inspector Notes	USP Reference(s)
68.2	The effectiveness of the dry heat depyrogenation cycle is established and documented. ***Inspector note: Per USP <797>, this must be done initially, re-established any time there are changes made to the cycle (eg, load conditions, duration, temperature), and verified at least annually by using endotoxin challenge vials (ECVs) to demonstrate that the cycle is capable of achieving a ≥ 3-log reduction in endotoxins (see Bacterial Endotoxins Test USP <85>). The verification must be documented.***	Yes		10.1 USP <1228.1> USP <85>
68.3	Items that are not thermostable are depyrogenated by multiple rinses with sterile, nonpyrogenic water (eg, sterile water for injection or sterile water for irrigation) and then thoroughly drained or dried immediately before use in compounding. ***Inspector note: USP <1228.4> Depyrogenation by Rinsing also applies.***	Yes		10.1 USP <1228.4>
	Master Formulation and Compounding Records **Inspector should review a minimum of five (5) master formulation records and five (5) compounding records.**			**11**
69.0	Are **Master Formulation Records (MFRs)** created and maintained in compliance with USP <797> standards? ***If no, go to the compliance statements.***	Yes		11.1
69.1	The pharmacy creates and maintains MFRs for CSPs that are prepared for more than one patient.	Yes		11.1, 20
69.2	MFR changes and alterations are approved and documented according to the pharmacy's SOPs.	Yes		11.1
69.3	The pharmacy creates and maintains MFRs for CSPs that are prepared from nonsterile ingredients.	Yes		11.1, 20

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69.4	The MFR includes the name, strength or activity, and dosage form of the sterile compounded preparation.	Yes		11.1, 20
69.5	The MFR includes the identities and amounts of all ingredients.	Yes		11.1, 20
69.6	The MFR includes the type and size of container closure.	Yes		11.1, 20
69.7	The MFR includes complete instructions for preparing the sterile compounded preparation, including equipment, supplies, a description of the compounding steps, and any special precautions.	Yes		11.1, 20
69.8	The MFR includes a physical description of the final CSP.	Yes		11.1, 20
69.9	The MFR includes the BUD and storage requirements.	Yes		11.1, 14.2, 20
69.10	The MFR includes the reference source to support the stability of the CSP.	Yes		11.1, 20
69.11	The MFR includes quality control procedures (eg, pH testing, filter integrity testing).	Yes		11.1, 20

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69.12	The MFR includes other information as needed to describe the compounding process and ensure repeatability (eg, adjusting pH and tonicity, sterilization method).	Yes		11.1, 20
69.13	The MFR includes all required release tests, and if applicable, sterility test methods, process, number and endotoxin test and limits.	Yes		11.1, 12, 20
70.0	Are **Compounding Records (CR)** created and maintained in compliance with USP <797> standards? ***Inspector note: Per USP, a prescription or medication order or label may serve as the CR. Also, a copy of the MFR can be made that contains spaces for recording the information needed to complete the CR (eg, both the MFR and CR are on the same document/form). A CR may be kept electronically, if readily retrievable, as long as it contains all required information.*** ***If no, go to compliance statements.***	Yes		11.2 Box 10
* 70.1	The pharmacy creates and maintains CRs for all for immediate-use CSPs prepared for more than one patient. ***Inspector note: if pharmacy does not prepare any CSPs for immediate-use, inspector should answer compliance statement as N/A.***	Yes		11.2 Box 10
70.2	The pharmacy creates and maintains CRs for all Category 1, Category 2, and Category 3 CSPs.	Yes		11.2 Box 10
70.3	The CR includes the name, strength or activity, dosage form of the CSP, and (if applicable) the MFR reference.	Yes		11.2 Box 10

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70.4	The CR includes the date and time of preparation.	Yes		11.2 Box 10
70.5	The CR includes an assigned internal identification number (eg, prescription, order, or lot number).	Yes		11.2 Box 10
70.6	The CR includes the identity of the individual(s) involved in the compounding process.	Yes		11.2 Box 10
70.7	The CR includes identity of the individual(s) verifying the final CSP.	Yes		11.2 Box 10
70.8	The CR includes the name of each component.	Yes		11.2 Box 10
70.9	The CR includes the vendor/manufacturer, lot number, and expiration date for each component. ***Inspector note: this is required for CSPs prepared for more than one patient and for CSPs prepared from nonsterile ingredient(s).***	Yes		11.2 Box 10
70.10	The CR includes the weight or volume of each component.	Yes		11.2 Box 10
70.11	The CR includes the strength or activity of each component.	Yes		11.2 Box 10
70.12	The CR includes the total quantity compounded.	Yes		11.2 Box 10

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70.13	The CR includes the final yield (eg, quantity, containers, number of units).	Yes		11.2 Box 10
70.14	The CR includes the assigned BUD and storage requirements.	Yes		11.2 Box 10
70.15	The CR includes results of quality-control procedures (eg, visual inspection, filter integrity testing, pH testing).	Yes		11.2, 12 Box 10
70.16	The CR includes calculations made to determine and verify quantities and/or concentrations of components. ***Inspector note: Per USP, "If applicable, the CR must also include...Calculations."***	Yes		11.2 Box 10
70.17	The CR is verified by the pharmacist for appropriateness and accuracy with in-process and final checks. ***Inspector note: "Documentation must comply with all laws and regulations of the applicable regulatory jurisdiction."***	Yes		2, 11.2, 12.1, 13, 20 Box 10
71.0	Are the pharmacy's labels for CSPs in compliance with USP <797> standards and display all required information? ***If no, go to compliance statements.***	Yes		13 USP <7>

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71.1	Information on the label is prominently and legibly displayed. ***Inspector note: Definition of labeling includes other accompanying materials with the CSP, which includes, "written, printed, or graphic matter on the immediate container or on or inside any package or wrapper in which it is enclosed." The shipping container is not included in the definition of the "label."***	Yes		13
71.2	Labeling meets any state or federal regulatory requirements.	Yes		13
71.3	Labeling on the immediate container includes an assigned internal identification number (eg, barcode, prescription, order, or lot number).	Yes		13
71.4	Labeling on the immediate container includes the active ingredients and their amounts, activity, or concentration.	Yes		13
71.5	Labeling on the immediate container includes the storage conditions, if other than controlled room temperature.	Yes		13
71.6	Labeling on the immediate container includes the BUD. Per USP, "Each CSP label must state the date, or the hour and date, beyond which the preparation must not be used and must be discarded (ie, the BUD)."	Yes		13, 14.1
71.7	The compounded CSP label does not use the term "expiration date" or equivalent.	Yes		13, 14.1 USP <7>
71.8	Labeling on the immediate container includes the dosage form.	Yes		13

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		Observation	Inspector Notes	USP Reference(s)
71.9	Labeling on the immediate container includes the total amount or volume when not obvious from the container.	Yes		13
71.10	Labeling on the immediate container states that the CSP is a single-dose container (when space permits).	Yes		13
71.11	Labeling on the immediate container states that the CSP is a multiple-dose container.	Yes		13
71.12	Labeling includes the route of administration, as applicable.	Yes		13
71.13	Labeling includes any special handling instructions and/or warning statements, as applicable.	Yes		13
71.14	Labeling includes the compounding facility name and contact information if the CSP is to be sent outside of the facility or health care system in which it was compounded..	Yes		13
72.0	Does the label contain information identifying the CSP is a compounded preparation? ***Inspector note: Per USP, this is a recommendation/should.***	Yes		13 USP <7>

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Sterile Compounding Inspection for USP <797>

Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
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		Observation	Inspector Notes	USP Reference(s)
	Establishing BUDs			**14**
73.0	**Category 1 and Category 2 CSPs:** Does the pharmacy assign BUDs for Category 1 and Category 2 CSPs in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		14, 14.1, 14.2
73.1	The assigned BUD does not exceed the shortest expiration date of any of the individual commercially available starting components.	Yes		14.3
73.2	When assigning BUDs, the pharmacy ensures that the CSP formulation remains chemically and physically stable and that its packaging maintains its integrity for the duration of the assigned BUD.	Yes		14.3
73.3	**Category 1 CSPs:** BUDs for **Category 1 CSPs** prepared in an SCA do not exceed the limits established in Table 12. ***Inspector note: Per USP <797> Table 12, BUD maximum limits for Category 1 CSPs are defined as 12 hours at controlled room temperature (CRT 20°C-25°C) or 24 hours refrigerated (2°C-8°C).*** ***If no Category 1 CSPs are prepared, inspector should answer statement as N/A.***	N/A		14.3, Table 12

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		Observation	Inspector Notes	USP Reference(s)
73.4	**Category 2 CSPs:** BUDs for **aseptically processed (by filtration) Category 2 CSPs** that **do not** undergo sterility testing do not exceed the limits established in Table 13. ***Inspector note: Per USP <797> Table 13, BUD maximum limits for aseptically processed Category 2 CSPs using one or more nonsterile starting components are defined as: one day CRT; four days refrigerator; and 45 days freezer. Aseptically processed Category 2 CSPs using only sterile starting components are defined as: four days CRT; 10 days refrigerator; and 45 days freezer.*** ***If no aseptically processed Category 2 CSPs are prepared, inspector should answer statement as N/A.***	Yes		14.3, Table 13
73.5	**Category 2 CSPs:** BUDs for **aseptically processed (by filtration) Category 2 CSPs** where **sterility testing and endotoxin testing (if applicable) are performed** and passed do not exceed the limits established in Table 13. ***Inspector note: Per USP <797> Table 13, BUD maximum limits for aseptically processed Category 2 CSPs, that were sterility tested and passed, regardless of starting components being sterile or nonsterile, are defined as: 30 days CRT; 45 days refrigerator; and 60 days freezer.*** ***If no aseptically processed Category 2 CSPs are prepared, inspector should answer statement as N/A.***	Yes		14.3, 14.2.1, 14.2.3, Table 13

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		Observation	Inspector Notes	USP Reference(s)
73.6	**Category 2 CSPs:** BUDs for **terminally sterilized Category 2 CSPs** that **do not** undergo sterility testing do not exceed the limits established in Table 13. ***Inspector note: Per USP <797> Table 13, BUD maximum limits for terminally sterilized to probability of nonsterile unit (PNSU) of 10^{-6} (eg, dry heat, steam, irradiation) Category 2 CSPs are defined as: 14 days CRT; 28 days refrigerator; and 45 days freezer.*** ***If no terminally sterilized Category 2 CSPs are prepared, inspector should answer statement as N/A.***	Yes		14.3, 14.2.1, Table 13
73.7	**Category 2 CSPs:** BUDs for **terminally sterilized Category 2 CSPs** where **sterility testing and endotoxin testing (if applicable) are performed** and passed do not exceed the limits established in Table 13. ***Inspector note: Per USP <797> Table 13, BUD maximum limits for terminally sterilized to PNSU of 10^{-6} (eg, dry heat, steam, irradiation) Category 2 CSPs are defined as: 45 days CRT; 60 days refrigerator; and 90 days freezer. Endotoxin testing is required for Category 2 injectable CSPs compounded from one or more nonsterile component(s) and assigned a BUD that requires sterility testing.*** ***USP <797> recommends that all injectable Category 2 CSPs made from one or more nonsterile components are also endotoxin tested.*** ***If no terminally sterilized Category 2 CSPs are prepared, inspector should answer statement as N/A.***	Yes		14.3, 14.2.1, 14.2.3, Table 13

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		Observation	Inspector Notes	USP Reference(s)
74.0	Does the pharmacy ensure the assigned BUD does not exceed the shortest beyond use date of any individual compounded components? ***Inspector note: Per USP, "the BUD should generally not exceed the shortest BUD of any of the individual compounded components. However, there may be acceptable instances when the BUD of the final CSP exceeds the BUD assigned to compounded components (eg, pH-altering solutions). If the assigned BUD of the final CSP exceeds the BUD of the compounded components, the physical, chemical, and microbiological quality of the final CSP must not be negatively impacted." Other examples where this may occur: formula within a formula, preservative-free compounded component used in a preserved final CSP, "in-use" times for pharmacy bulk packages, and cyclosporine ophthalmic stock solution.*** ***If no, inspector should describe the observations, including the name of the component whose BUD was shorter than the assigned BUD of the final CSP.***	Yes		14.3
75.0	Are BUDs for **Category 3 CSPs** assigned in compliance with all conditions outlined in USP <797> standards and do not exceed the maximum limits established in Table 14? ***Inspector note: If all of the conditions described for Category 3 CSPs are not met, the applicable BUD must not exceed the established maximum limits in Table 13 for Category 2 CSPs.*** ***If no, go to compliance statements.*** ***If the pharmacy does not prepare Category 3 CSPs, inspector should answer question as N/A.***	N/A		14.3, 14.4., 14.4.1, 14.4.2, 14.4.3, 14.4.4, Table 14
75.1	The assigned BUD does not exceed the shortest expiration date of any of the individual starting components.	N/A		14.3 Table 14

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		Observation	Inspector Notes	USP Reference(s)
75.2	When assigning BUDs, the pharmacy ensures that the CSP formulation remains chemically and physically stable and its packaging maintains its integrity for the duration of the assigned BUD.	N/A		14.3 Table 15
75.3	BUDs for **Category 3 CSPs** do not exceed the maximum limits for aseptically processed (eg, filtered) established in Table 14. ***Inspector note: Per USP <797> Table 14, BUD maximum limits for aseptically processed Category 3 CSPs where sterility testing (and endotoxin testing, if applicable) had been performed and passed are defined as: 60 days CRT; 90 days refrigerator; and 120 days frozen.***	N/A		14.4.1 Table 14
75.4	BUDs for **Category 3 CSPs** do not exceed the maximum limits for terminally sterilized established in Table 14. ***Inspector note: Per USP <797> Table 14, BUD maximum limits terminally sterilized Category 3 CSPs where sterility testing (and endotoxin testing, if applicable) had been performed and passed are defined as: 90 days CRT; 120 days refrigerator; and 180 days frozen.***	N/A		14.4.1 Table 14

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		Observation	Inspector Notes	USP Reference(s)
75.5	**Category 3 CSPs** are supported by stability data obtained using methods described in USP <1225> or a validated noninferior stability-indicating analytical method. ***Inspector note: Per USP <797>, Category 3 CSPs must prepared according to the EXACT formulation (API and other ingredients of identical grade and procedures) from which the stability data is derived. Category 3 CSPs must be packaged and stored in container closure of the same materials of composition as used in study and the facility must have documentation of the stability study.*** ***View records to verify the preparation exactly matches the preparation cited in the documentation including concentration of all active ingredients, excipients, etc.***	N/A		14.4.3 Table 14 USP <1225>
75.6	**Category 3 CSPs** undergo sterility testing. ***Inspector note: Sterility testing is performed on all Category 3 CSPs.***	N/A		14.4.4 Table 14 USP <71>
75.7	**Category 3 CSPs** undergo bacterial endotoxin testing. ***If all compounds prepared are ophthalmics and/or drug administered by inhalation, bacterial endotoxin is not required, inspector should answer statement as N/A.***	N/A		12.3, 14.4.4 Table 14 USP <85>
75.8	**Category 3 CSPs** undergo particulate matter testing. ***Inspector note: If the Category 3 CSP is an injection or an ophthalmic solution, particulate matter testing is also conducted once per formulation with acceptable results (See USP <788> Particulate Matter in Injections and USP <789> Particulate Matter in Ophthalmic Solutions).***	N/A		14.4.3 Table 14 USP <788>, <789>

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		Observation	Inspector Notes	USP Reference(s)
75.9	**Category 3 CSPs** undergo an evaluation for the container closure system. ***Inspector note: The container closure system used is evaluated for and conforms to container closure integrity to the end of the BUD (see USP <1207> Package Integrity Evaluation— Sterile Products). Evaluation must be done once for each formulation and for each container closure system in which it will be packaged.***	N/A		14.4.3 Table 14 USP <1207>
76.0	Are **multiple-dose CSPs prepared** in compliance with USP <797> standards? ***If no, go to compliance statements.*** ***If the pharmacy does not prepare multiple-dose CSPs, inspector should answer question as N/A.***	Yes		14.5
76.1	Multiple-dose CSPs are prepared as a Category 2 or Category 3 CSP only.	Yes		14.5
76.2	When preservatives are used, they are appropriate for the CSP formulation and the route of administration. Inspector note: Per USP <797>, "The preservative must not be inactivated by any ingredients in the CSP, and some preservatives are not always appropriate for the patient (eg, neonates) or route of administration (eg, intrathecal or ophthalmic injection)."	Yes		14.5

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		Observation	Inspector Notes	USP Reference(s)
76.3	Aqueous multiple-dose CSPs pass antimicrobial effectiveness testing in accordance with USP <51>. ***Inspector note: Per USP <797>, a test can be one test done for each formulation in the particular container-closure system in which it will be packaged, or test results provided by an FDA-registered facility or in appropriate peer-reviewed literature,, provided the sterile compounded preparation formulation and container-closure system used are exactly the same as those tested, unless a bracketing study is performed. The concentration of all other ingredients (including preservatives) must be the same throughout the bracketing study. Additionally, multiple-dose, nonpreserved, aqueous topical, and topical ophthalmic CSPs prepared as a Category 2 or Category 3 CSP are not required to pass antimicrobial effectiveness testing if the preparation is: For use by a single patient, labeled (in the label or labeling) to indicate that, once opened, it must be discarded after 24 hours when stored at controlled room temperature and/or that, once opened, it must be discarded after 72 hours when stored under refrigeration.***	N/A		14.5 USP <51>
76.4	Multiple-dose CSPs are labeled to indicate the beyond use date of the CSP once it is opened or punctured. ***Inspector note: Labeling on the CSP should indicate that once the CSP container is entered or punctured, it must not be used for longer than the assigned BUD or 28 days (if supported by antimicrobial effectiveness testing results), whichever is shorter.*** ***Inspector should review the CR or final compounded preparation to verify the label contains this information.***	Yes		14.5
76.5	Container-closure systems used are evaluated for maintaining integrity (USP <1207>) for each formulation and fill volume. ***Inspector note: Per USP <797>, the container closure integrity test needs to be conducted only once on each formulation and on fill volume in the particular container closure system in which the multiple-dose CSP will be packaged.***	Yes		14.5 USP <1207>

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		Observation	Inspector Notes	USP Reference(s)
	Finished Preparation Release Checks and Tests			12
77.0	Are all CSPs visually inspected for quality prior to release or dispensing in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		12.1
77.1	The CSP label is visually inspected to confirm that the CSP and its labeling match the prescription or medication order.	Yes		12.1
77.2	CSPs are visually inspected for quality characteristics such as discoloration, visible particulates, or cloudiness.	Yes		12.1
77.3	CSPs are visually inspected to verify container closure integrity (eg, checking for leakage, cracks in the container, or improper seals).	Yes		12.1
77.4	A visual inspection is also repeated prior to release or dispense for CSPs that have been stored in the pharmacy and not released or dispensed on the day of preparation.	Yes		12.1

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		Observation	Inspector Notes	USP Reference(s)
77.5	Any CSPs found to be of unacceptable quality (eg, observed defects) are promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal.	Yes		12.1
78.0	For any CSPs assigned beyond use dates that require sterility testing, does the pharmacy ensure that all testing is performed, evaluated, and documented in accordance with USP <71> or a validated alternative method that is noninferior to USP <71> testing and USP <797> standards? ***Inspector note: Alternative testing methods may not be accepted in all regulatory jurisdictions that the pharmacy conducts business.*** ***If no, go to compliance statements.*** ***If the pharmacy does not prepare any CSPs that require sterility testing, inspector should mark as N/A.***	Yes		12.2

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		Observation	Inspector Notes	USP Reference(s)
78.1	The required number of sterile compounded preparation units, as described in USP <71> and USP <797>, are tested. ***Inspector note: Per USP <71> Table 3, the minimum number of items to be tested for each medium is:*** ***Parenterals*** ***Not more than 100 containers = 10% or four containers, whichever is greater*** ***More than 100, but not more than 250 containers = 10 containers*** ***Large volume parenterals*** ***2% or 10 containers, whichever is less*** ***Non-parenterals (eye drops, inhalation, pellets, etc.)*** ***Not more than 200 containers = 5% or two containers, whichever is greater*** ***More than 200, but not more than 250 containers = 10 containers*** ***Per USP <797>, if the number of CSPs compounded in a single batch is less than what is needed for testing as specified in USP <71> Table 3, additional units must be compounded to be able to perform testing as follows:*** ****If 1-39 CSPs are compounded in a single batch, the sterility testing must be performed on a number of units equal to 10% of the number of CSPs prepared, rounded up to the next whole number.*** ****If more than 40 CSPs are prepared in a single batch, the sample sizes specified in USP <71> Table 3 must be used.***	Yes		12.2, 14.2.3 USP <71>
78.2	Batch sizes of sterile CSPs do not exceed 250. ***Inspector Note: Per USP <797>, the maximum batch size for all sterile compounded preparation requiring sterility testing is limited to 250 final yield units.***	Yes		12.2, 14.2.3

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		Observation	Inspector Notes	USP Reference(s)
78.3	Pharmacy is utilizing an alternative method for sterility assurance testing (other than USP <71>). ***Inspector note: Per USP, "If an alternative method is used for sterility testing, the method must be validated (see USP <1223>) and demonstrated to be suitable for that CSP formulation."*** ***If an alternative method is used, describe the method used and how the pharmacy ensures they are compliant with state-specific regulations.***	Yes		12.2 USP <71>, <1223>
78.4	When sterility testing identifies a failure, the pharmacy has processes to investigate and identify any contributing factors. ***Inspector note: Per USP, "Sterility tests resulting in failures must prompt an investigation into the possible causes and must include identification of the microorganism, as well as an evaluation of the sterility testing procedure, compounding facility, process, and/or personnel that may have contributed to the failure. The source(s) of the contamination, if identified, must be corrected, and the facility must determine whether the conditions causing the sterility failure affect other CSPs. The investigation and resulting corrective actions must be documented."*** ***Additionally, some rapid sterility test methods do not allow for the identification of the recovered microorganisms. If one of these methods is used, the pharmacy is not in compliance with the chapter, as the investigation must include identification of the recovered microorganism.***	Yes		12.2

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		Observation	Inspector Notes	USP Reference(s)
79.0	For any CSPs assigned BUDs that require **bacterial endotoxin testing**, does the pharmacy ensure that all testing is performed and documented in compliance with USP <85> and USP <797> standards? ***Inspector note: Endotoxin limits reflect limits in an official monograph, or calculated as described in USP Chapter <85> for the route of administration for humans, and for animals based on weight.*** ***Although USP <797> refers to USP <85> Bacterial Endotoxins Test for calculating endotoxin limits for the appropriate route of administration, it does not address products administered epidurally or administered directly into the central nervous system. CSPs administered epidurally should have the same endotoxin limit as that of intrathecally administered CSPs.*** ***If no, go to compliance statements.*** ***If the pharmacy does not prepare CSPs that require bacterial endotoxin testing, inspector should answer question as N/A.***	Yes		12.3 USP <85>
79.1	The pharmacy has an appropriate procedure for calculating/determining endotoxin limits. ***Per USP, there are endotoxin limits listed in USP product and compounded preparation monographs. The laboratory may be performing the calculation rather than the pharmacy; however, if done in house, this should be included in the pharmacy SOPs.*** ***If the dosage form does not require, inspector should answer statement as N/A.***	Yes		12.3
79.2	The pharmacy collects patient weight to make bacterial endotoxin calculation for an animal patient. ***If the dosage form does not require or the pharmacy does not compound sterile preparations for animals, inspector should answer statement as N/A.***	Yes		12.3

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79.3	Bacterial endotoxins testing (USP <85>) is performed on all **injectable Category 2 CSPs** compounded from one or more nonsterile components that are assigned a BUD requiring sterility testing per Table 13. ***Inspector note: USP <797> recommends that all injectable Category 2 CSPs made from one or more nonsterile components is also endotoxin tested.***	Yes		12.3 Table 13 USP <85>
79.4	Bacterial endotoxins testing (USP <85>) is performed on all **injectable Category 3 CSPs** compounded from one or more nonsterile components.	Yes		12.3 Table 13 USP <85>
79.5	Any CSPs with failed endotoxin testing are quarantined, not further released, and action is taken for any product released prior to receipt of failed test results. ***View testing records and note any products with failed results and actions taken.***	Yes		12.2, 12.3
	CSP Packaging, Shipping and Transport			**19**
80.0	Are processes and techniques for packaging and transporting CSPs in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		19.1, 19.2, 19.3
80.1	The pharmacy uses the appropriate shipping containers and packaging materials (eg, coolers and light-resistant packaging) based on the product specifications.	Yes		19.2

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80.2	CSPs are appropriately packaged to protect against damage, leakage, contamination, degradation, and adsorption during storage and transport. ***Inspector should look at packaging materials used to ensure cushioning to prevent breakage of glass vials and ensure that container is generally clean without non-microbial growth that would come in direct contact with CSPs.***	Yes		19.2
80.3	Specific handling instructions when applicable, are included on the exterior of the container.	Yes		19.3
80.4	The pharmacy selects transport modes that ensure CSPs are delivered properly in undamaged, sterile, and stable conditions (eg, no undue exposure to heat, cold, or light). ***Inspector note: Transport modes include pneumatic tube transport systems and should not be used if the CSP is sensitive to shaking.***	Yes		19.3
	Quality Assurance and Quality Control			18
81.0	**Quality Assurance and Quality Control (QA/QC):** Does the pharmacy's SOP on quality assurance and quality control meet the requirements in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		18 USP <1163>
81.1	Description of procedures for complaint handling, adverse events, and recalls that include corrective action, investigation, reporting, and documentation requirements.	Yes		18.1, 18.2

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Inspector Notes	USP Reference(s)
81.2	**QA/QC Out-Of-Specification (OOS) SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process to determine the severity of the problem and the urgency for implementation and completion of the recall.	Yes		18.1
81.3	**QA/QC OOS SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process to determine the distribution of any affected CSP, including the date and quantity of distribution.	Yes		18.1
81.4	**QA/QC OOS SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process to identify patients who have received the CSP.	Yes		18.1
81.5	**QA/QC OOS SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process for the disposal and documentation of the recalled CSP.	Yes		18.1
81.6	**QA/QC OOS SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process to investigate and document the reason for failure.	Yes		18.1
82.0	Does the pharmacy ensure that QA and QC programs are conducted in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		18, 20

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Sterile Compounding Inspection for USP <797>

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e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Inspector Notes	USP Reference(s)
82.1	The pharmacy has a formal QA/QC program with documented activities. ***Inspector note: Per USP, "Designated person(s) must ensure that the facility has formal, written QA and QC programs that establish a system of: adherence to procedures; prevention and detection of errors and other quality problems; evaluation of complaints and adverse events; and appropriate investigations and corrective actions."***	Yes		18
82.2	The pharmacy's QA/QC program is reviewed at least once every 12 months by the designated person(s) and the results of the review are documented.	Yes		18
82.3	The designated person(s) reviews all complaints to determine whether the complaint indicates a potential quality problem with the CSP.	Yes		18.2, 20
82.4	All complaints and adverse events are thoroughly investigated. ***Inspector note: Per USP <797>, the timeframe is specified in the facility SOP. Additionally, USP states, "The investigation must consider whether the quality problem extends to other CSPs."*** ***If facility SOP permits a long investigation period, include in the inspector notes the SOP's expected time frame to complete an investigation. State may have a more aggressive time frame to complete an investigation and report quality events to the state.***	Yes		18.2, 18.3, 20

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Sterile Compounding Inspection for USP <797>

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e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Inspector Notes	USP Reference(s)
82.5	The record of each complaint is maintained by the pharmacy regardless of the source of the complaint (eg, email, telephone, or mail) and includes the minimum required information. ***Inspector note: Per USP <797>, the complaint record must contain the following information:*** ***-Name of the complainant or other unique identifier;*** ***-Date the complaint was received;*** ***-Nature of the complaint;*** ***-The response to the complaint; and*** ***-Results of any investigation and any follow-up.*** ***In addition, to the extent that the information is known, the following should be recorded:*** ***-The name and strength of the CSP and the assigned internal identification number (eg, prescription, order, or lot number).*** ***If no, inspector should document what is missing in the notes column.***	Yes		18.2, 20
82.6	The pharmacy's QA/QC program includes documentation of steps necessary for completing a recall, including reporting the recall to appropriate regulatory agencies. ***Inspector note: Per USP, "The recall must be reported to appropriate regulatory bodies as required by laws and regulations of the applicable regulatory jurisdiction."***	Yes		18.1, 18.2

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Sterile Compounding Inspection for USP <797>

Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Inspector Notes	USP Reference(s)
83.0	If a CSP is dispensed or administered **before the results of release testing are known**, does the pharmacy ensure procedures for recalls and out-of-specification notifications are conducted and documented in compliance with USP <797> standards? ***Inspector note: Per USP <797>, if a CSP is dispensed or administered before the results of release testing are known, the facility must have procedures in place to notify, recall, and investigate.*** ***If no, go to the compliance statements.***	N/A		18.1, 20
83.1	The pharmacy has a process in place to immediately notify the prescriber of a failure of specifications with the potential to cause patient harm (eg, sterility, strength, purity, bacterial endotoxin, or other quality attributes).	N/A		18.1
83.2	The pharmacy has a process in place to recall any unused dispensed CSPs and quarantine any stock remaining in the pharmacy.	N/A		18.1
83.3	The pharmacy has a process in place to investigate if other lots are affected and recall if necessary.	N/A		18.1

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Sterile Compounding Inspection for USP <797>

Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Inspector Notes	USP Reference(s)
	Personnel Training and Evaluation - Verify records of all compounding personnel (up to 10). **Use the records tab to document records reviewed.**			2
84.0	Is the pharmacy's documented hand hygiene and garbing competency evaluations compliant with USP <797> standards? ***Inspector note: Only "No" or "Missing" documents would cause this question to be answered no.*** ***If no, refer to the records review worksheet for details.***	Yes		2.2, 20 Box 1, Table 1
85.0	Is the pharmacy's documented aseptic manipulation competency evaluation compliant with USP <797> standards? ***Inspector note: Only "No" or "Missing" documents would cause this question to be answered no.*** ***If no, refer to the records review worksheet for details.***	Yes		2.3, 20 Box 2, Table 1
86.0	Is the pharmacy's documented training program and ongoing competency evaluation compliant with USP <797> standards? ***Inspector note: Only "No" or "Missing" documents would cause this question to be answered no.*** ***If no, refer to the records review worksheet for details.***	Yes		2, 2.1, 17 Table 2, Table 3

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Sterile Compounding Personnel Records Review

Select personnel with compounding responsibilities for your records review; preferably select staff performing compounding duties at time of inspection or staff identified during CR review.
- **Recommend also pulling supervising personnel file.**
- **Inspector can consider pulling non-compounder employee file ("Other") who cleans and stocks compounding area but who does not compound (Note: frequency of competency assessment will be defined by pharmacy SOPs).**

Review five (5) personnel files and document your observations. (For applicants seeking a Class E-S Non-Resident Sterile Compounding Inspection (Texas Sampling), review a total of 10 personnel records.)
- ***Note: long-term employees may not have initial training available, if this is the case, you may select an alternative file. If an alternate file is not available, document length of service of long-term employee.**

Inspector Note: soybean casein digest medium and trypticase soy broth are the same media.

Inspector Instructions	Demonstrating Knowledge and Competency of Core Skills (Section 2:1)
1. Use the drop-down list and make the appropriate selection for the Employee Title, Personnel Function, and CSP Category Type for the files reviewed. *Do not record the employee name, only the title or position. **2. Review the selected files to verify that the required training and competency records are present in the personnel file and comply with USP <797> standards for training and demonstrated competency.** **3. Select the appropriate response for each item reviewed.** **-Select "Yes" if the document is present in the records and the competency evaluation was conducted in compliance USP <797> standards.** **-Select "No" if the document is present but is not compliant with USP <797> standards (eg, incorrect frequency of test, GFT and surface sample was not conducted after media-fill, failed tests did not include a corrective action, etc). Document the area(s) of non-compliance in the notes column.** **-Select "Missing" if the document is not present in the file.** **-Select "N/A" if the training does not apply, eg, long-term employees may not have initial training available. Document further in the notes column.** **4. Use the notes column to document any pertinent information.**	**USP requirements:** **1. Personnel who perform or oversee compounding *or support activities* must be trained in the SOPs and trained on maintaining the quality of the environment (See Table 2).** **2. Compounding personnel and supervising personnel must complete training needed to demonstrate knowledge of principles and competency of skills for performing sterile manipulations and achieving and maintaining appropriate environmental conditions (See Table 2 and Table 3). This must be completed initially and every 12 months in at least the following areas:** **-Hand hygiene** **-Garbing** **-Cleaning and disinfection** **-Calculations, measuring, and mixing** **-Aseptic technique** **-Achieving and/or maintaining sterility (and apyrogenicity if compounding with nonsterile components)** **-Use of equipment** **-Documentation of the compounding process (eg, master formulation and compounding records)** **-Principles of high-efficiency particulate air (HEPA)-filtered unidirectional airflow within the ISO Class 5 area** **-Proper use of PECs** **-Principles of movement of materials and personnel within the compounding area** **3. Personnel who only perform restocking or cleaning and disinfecting duties outside of the primary engineering control (PEC) must complete ongoing training as required by the facility's SOPs (See Table 3).** **4. Personnel compounding only immediate-use CSPs must complete training as required by the facility's SOPs (See Table 3).** **5. All training and evaluations must be documented.**

Employee Record #	Employee Title	Personnel Function	CSP Category Type	Compounding SOPs	*Initial Training and Competency in Maintaining the Quality of the Environment	*Initial Training and Competency in Sterile Compounding Principles and Practices	Ongoing Training and Competency in Sterile Compounding Principles and Practices	Notes
				Compounders and Supervising Personnel: Initially and at least every 12 months **Other Personnel (examples: persons who do not compound but clean/disinfect and restock or who perform in-process checks; persons who only compound immediate use): Initially and as defined by pharmacy SOPs**				
#1	Pharmacist	Supervising/Direct Oversight	Category 2 only	Yes	Yes	Yes	N/A	

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#2	Pharmacy Technician	Compounder	Category 2 only	Yes	Yes	Yes	N/A	
#3								
#4								
#5								
#6								
#7								
#8								
#9								
#10								

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Inspector Instructions	Hand Hygiene and Garbing Competency Evaluation (Section 2.2)
1. Use the drop-down list and make the appropriate selection for the Employee Title, Personnel Function, and CSP Category Type for the files reviewed. *Do not record the employee name, only the title or position. 2. Review the selected files to verify that the required training and competency records are present in the personnel file and comply with USP <797> standards for training and demonstrated competency. 3. Select the appropriate response for each item reviewed. -Select "Yes" if the document is present in the records and the competency evaluation was conducted in compliance USP <797> standards. -Select "No" if the document is present but is not compliant with USP <797> standards (eg, incorrect frequency of test, GFT and surface sample was not conducted after media-fill, failed tests did not include a corrective action, etc). Document the area(s) of non-compliance in the notes column. -Select "Missing" if the document is not present in the file. -Select "N/A" if the training does not apply, eg, long-term employees may not have initial training available. Document further in the notes column. 4. Use the notes column to document any pertinent information.	USP requirements: 1. The garbing and hand hygiene competency evaluation consists of a visual observation and gloved fingertip and thumb sampling (GFT) of both hands. 2. The initial competency evaluation consists of three (3) separate and complete hand hygiene observation, followed by a full garbing procedure and a GFT after garbing. The initial three (3) successful completions must be in succession—failure of any of the three (3) initial garbing competency evaluations requires repeat testing until personnel successfully complete three (3) evaluations in a row. 3. The pharmacy uses a microbiological growth media device (eg, plates, paddles, or slides) containing general microbial growth agar (eg, trypticase soy agar [TSA]) supplemented with neutralizing additives (eg, lecithin and polysorbate 80) that supports both bacterial and fungal growth. 4. The media device is incubated at 30°C-35°C for no less than 48h and then at 20°C-25°C for no less than an additional five days. 5. Failure is indicated by visual observation of improper hand hygiene and garbing procedures and/or GFT results that exceed the defined action levels. Action level after garbing: >0 cfu/total from both hands. 6. Documentation includes, at minimum: -Name of the person evaluated -Evaluation date and time -Media and components used including manufacturer, expiration date, and lot number -Starting temperature for each interval of incubation -Dates of incubation -Results (the number of cfu per hand must be recorded; microbial identification of the cfu is not required by the chapter for GFT) -Results of the evaluation and any corrective actions -Name of the observer and personnel reading and documenting the results

Employee Record #	Employee Title	Personnel Function	CSP Category Type	Hand Hygiene and Garbing Visual Observation	*Initial GFT x 3 (Post hand washing and garbing)	Subsequent GFT (Post handwashing and garbing)	Documented Failures and Retraining Needs (If none, please mark as N/A)	Notes
				Category 1 and 2 compounders: Initially and at least every 6 months Category 3 compounders: Initially at least every 3 months Supervising Personnel: Initially and at least every 12 months				
#1	Pharmacist	Supervising/Direct Oversight	Category 2 only	Yes	Yes	Yes	N/A	
#2	Pharmacy Technician	Compounder	Category 2 only	Yes	Yes	Yes	N/A	
#3								
#4								
#5								
#6								
#7								
#8								
#9								
#10								

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Inspector Instructions	Aseptic Manipulation Competency (Section 2.3)
1. Use the drop-down list and make the appropriate selection for the Employee Title, Personnel Function, and CSP Category Type for the files reviewed. *Do not record the employee name, only the title or position. 2. Review the selected files to verify that the required training and competency records are present in the personnel file and comply with USP <797> standards for training and demonstrated competency. 3. Select the appropriate response for each item reviewed. -Select "Yes" if the document is present in the records and the competency evaluation was conducted in compliance USP <797> standards. -Select "No" if the document is present but is not compliant with USP <797> standards (eg, incorrect frequency of test, GFT and surface sample was not conducted after media-fill, failed tests did not include a corrective action, etc). Document the area(s) of non-compliance in the notes column. -Select "Missing" if the document is not present in the file. -Select "N/A" if the training does not apply, eg, long-term employees may not have initial training available. Document further in the notes column. 4. Use the notes column to document any pertinent information. 5. Document in notes if initial aseptic manipulation competencies are present in files (*unless long-term employee).	USP requirements: 1. Media-fill testing procedures simulate the most difficult compounding procedures encountered by personnel. 2. The pharmacy conducts media-fill testing as described in Box 2. 3. The final containers are incubated at 20°C-25°C and 30°C-35°C for a minimum of seven days at each temperature band. 4. Failure is indicated by visible turbidity or other visual manifestations of growth in the media in one or more container closure unit(s) on or before 14 days. 5. Immediately following the media-fill test, GFT is performed on both hands and inside of an ISO Class 5 PEC. Failure is indicated by visual observation of GFT results that exceed defined action levels. Action level after media-fill testing: >3 cfu/total from both hands. 6. Immediately following the GFT, a surface sample of the direct compounding area inside the PEC is performed in accordance with USP standards for surface sample monitoring and action levels. Action level ISO Class 5: >3 cfu/media device. 7. Failure in the media fill, GFT, or surface sampling constitutes an overall failure of the aseptic manipulation competency. 8. Documentation includes, at minimum: -Name of the person evaluated -Evaluation date and time -Media and components used including manufacturer, expiration date, and lot number -Starting temperature for each interval of incubation -Dates of incubation -Results (for GFT, the number of cfu per hand must be recorded and for surface samples, the number of cfu per sample must be recorded. Note: microbial identification of the cfu is not required for media-fill testing) -Results of the evaluation and any corrective actions -Name of the observer and personnel reading and documenting the results

Employee Record #	Employee Title	Personnel Function	CSP Category Type	Aseptic Manipulation Visual Observation	Media-fill	GFT (post media-fill)	Surface Sampling (post media-fill)	Documented Failures and Retraining Needs (If none, please mark as N/A)	Notes
				Category 1 and 2 compounders: Initially and at least every 6 months Category 3 compounders: Initially and at least every 3 months Supervising Personnel: Initially and at least every 12 months					
#1	Pharmacist	Supervising/Direct Oversight	Category 2 only	Yes	Yes	Yes	Yes	N/A	
#2	Pharmacy Technician	Compounder	Category 2 only	Yes	Yes	Yes	Yes	N/A	
#3									
#4									
#5									
#6									
#7									
#8									
#9									
#10									

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GLOSSARY USP <797>
ACD: Automated compounding device.
ACPH: Air changes per hour.
Active pharmaceutical ingredient (API): Any substance or mixture of substances intended to be used in the compounding of a preparation, thereby becoming the active ingredient in that preparation and furnishing pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans and animals or affecting the structure and function of the body. Also referred to as *Bulk drug substance*. A conventionally manufactured drug product is not an API but is typically manufactured from an API(s).
Added substance: An ingredient that is necessary to compound a preparation but is not intended or expected to cause a pharmacologic response if administered alone in the amount or concentration contained in a single dose of the compounded preparation. The term is used synonymously with the terms *inactive ingredient, excipient, and pharmaceutical ingredient.*
Administration: The direct application of a sterile product or preparation to a single patient by injecting, infusing, or otherwise providing a sterile product or preparation in its final form.
Airlock: A space with interlocked doors, constructed to maintain air pressure control when items move between two adjoining areas (generally with different air cleanliness standards). The intent of an airlock is to prevent ingress of particulate matter and microbial contamination from a lesser-controlled area.
Alcohol-based hand rub: An alcohol-containing preparation (liquid, gel, or foam) designed for application to the hands of health care personnel to inactivate microorganisms and/or temporarily suppress their growth. Such preparations may contain one or more types of alcohol, other active ingredients, excipients, and humectants.
Allergenic extract compounding area (AECA): A designated space, area, or room that is not required to be classified, with a visible perimeter that is suitable for preparation of allergenic extract prescription sets.
Allergenic extract prescription set: Combinations of licensed allergenic extracts that would be mixed and diluted to provide subcutaneous immunotherapy to an individual patient, even though these allergenic extract combinations are not specified in the approved BLAs for the licensed biological products.
Allergenic extract: A biological substance used for the diagnosis and/or treatment of allergic diseases such as allergic rhinitis, allergic sinusitis, allergic conjunctivitis, bee venom allergy, and food allergy.
Anteroom: An ISO Class 8 or cleaner room with fixed walls and doors where personnel hand hygiene, garbing procedures, and other activities that generate high particulate levels may be performed. The anteroom is the transition room between the unclassified area of the facility and the buffer room.

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GLOSSARY USP <797>
Aseptic processing: A method by which separate, sterile components (eg, drugs, containers, or closures) are brought together under conditions that maintain their sterility. The components can either be purchased as sterile or, when starting with nonsterile components, can be separately sterilized prior to combining (eg, by membrane filtration or by autoclave).
Aseptic technique: A set of methods used to keep objects and areas free of microorganisms and thereby minimize infection risk to the patient. It is accomplished through practices that maintain the microbe count at an irreducible minimum.
Assigned trainer: One or more individuals assigned by the designated person(s) to be responsible and accountable for directly providing the training, observation, and/or evaluation of personnel for the preparation of CSPs.
Batch: More than one CSP prepared as described in the MFR in a single, discrete process, and expected to have uniform character and quality, within specified limits.
Beyond-use date (BUD): The date, or the hour and date, after which a CSP must not be used, stored, or transported. The date is determined from the date and time the preparation is compounded.
Biological safety cabinet (BSC), Class II: A ventilated cabinet with an open front and inward and downward unidirectional HEPA-filtered airflow and HEPA-filtered exhaust. A BSC used to prepare a CSP must be capable of providing an ISO Class 5 or better environment for preparation of the CSPs.
Biological safety cabinet (BSC): A ventilated cabinet that may be used for compounding. These cabinets are divided into three general classes (Class I, Class II, and Class III). Class II BSCs are further divided into types (Type A1, Type A2, Type B1, Type B2, and Type C1).
BLA: Biological license application.
Blood components: Any therapeutic constituent of blood separated by physical or mechanical means (eg, white cells, red cells, platelets, plasma, serum). It is not intended to include plasma-derived products (eg, albumin, coagulation factors, immunoglobulins) manufactured under an approved BLA or equivalent.
BMBL: Biosafety in Microbiological and Biomedical Laboratories.
Buffer room: An ISO Class 7 or cleaner room with fixed walls and doors where PEC(s) that generate and maintain an ISO Class 5 environment are physically located. The buffer room may only be accessed through the anteroom or another buffer room.
Bulk drug substance: See the entry for *Active pharmaceutical ingredient*.

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GLOSSARY USP <797>
Category 1 CSP: A CSP that is assigned a BUD of 12 hours or less at controlled room temperature or 24 hours or less refrigerated that is compounded in accordance with all applicable requirements for Category 1 CSPs in this chapter.
Category 2 CSP: A CSP that may be assigned a BUD of greater than 12 hours at controlled room temperature or greater than 24 hours refrigerated that is compounded in accordance with all applicable requirements for Category 2 CSPs in this chapter.
Category 3 CSP: A CSP that may be assigned a BUD exceeding the limits in *Table 13* for Category 2 CSPs and is compounded in accordance with all applicable requirements for Category 3 CSPs in this chapter.
CDC: Centers for Disease Control and Prevention.
Certificate of analysis (COA): A report from the supplier of a component, container, or closure that accompanies the supplier's material and contains the specifications and results of all analyses and a description of the material.
CFU: Colony-forming units.
Classified area: An area that maintains an air quality classification based on the ISO standards required in this chapter (see also the definition for *ISO class).*
Cleaning agent: An agent, usually containing a surfactant, used for the removal of substances (eg, dirt, debris, microbes, and residual drugs or chemicals) from surfaces.
Cleaning: The process of removing substances (eg, organic and inorganic material) from objects and surfaces, normally accomplished by manually or mechanically using water with detergents or enzymatic products.
Cleanroom suite: A classified area that consists of both an anteroom and buffer room.
Component: Any ingredient used in the compounding of a preparation, including any active ingredient, added substance, or conventionally manufactured product.
Compounded sterile preparation (CSP): A preparation intended to be sterile that is created by combining, admixing, diluting, pooling, reconstituting, repackaging, or otherwise altering a drug product or bulk drug substance.
Compounded stock solution: A sterile mixture of components that is used to compound additional CSPs.
Compounding area: The area where compounding is occurring (ie, a cleanroom suite, inside the perimeter of the SCA, or AECA).

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GLOSSARY USP <797>
Compounding aseptic containment isolator (CACI): A type of RABS that uses HEPA filtration to provide an ISO Class 5 unidirectional air environment designed for the compounding of sterile HDs.
Compounding aseptic isolator (CAI): A type of RABS that uses HEPA filtration to provide an ISO Class 5 unidirectional air environment designed for compounding of sterile non-HDs.
Compounding record (CR): Documents the compounding of each CSP.
Compounding: The process of combining, admixing, diluting, pooling, reconstituting, repackaging, or otherwise altering a drug product or bulk drug substance to create a sterile preparation.
Container closure system: Packaging components that together contain and protect the dosage form. This includes primary packaging components and secondary packaging components, if the latter are intended to provide additional protection.
Containment glove bag: A single-use disposable glove bag that is capable of containing airborne chemical particles.
Containment ventilated enclosure (CVE): A non-ISO classified full or partial enclosure that uses ventilation principles to capture, contain, and remove airborne contaminants through HEPA filtration and prevent their release into the work environment.
Conventionally manufactured product: A pharmaceutical dosage form, usually the subject of an application approved by the applicable national regulatory agency, that is manufactured under current good manufacturing practice conditions.
Critical site: A location that includes any component or fluid pathway surfaces (eg, vial septa, injection ports, and beakers) or openings (eg, opened ampules and needle hubs) that are exposed and at risk of direct contact with air (eg, ambient room or HEPA filtered), moisture (eg, oral and mucosal secretions), or touch contamination.
Designated person(s): One or more individuals assigned to be responsible and accountable for the performance and operation of the facility and personnel as related to the preparation of CSPs.
Direct compounding area (DCA): A critical area within the ISO Class 5 PEC where critical sites are exposed to unidirectional HEPA-filtered air, also known as first air.
Disinfectant: A chemical or physical agent used on inanimate surfaces and objects to destroy fungi, viruses, and bacteria. Sporicidal disinfectants are considered a special class of disinfectants that also are effective against bacterial and fungal spores.
Dynamic airflow smoke pattern test: A PEC test in which a visible source of smoke, which is neutrally buoyant, is used to observe air patterns within the unidirectional space (i.e., the DCA) under dynamic operating conditions (see the entry for *Dynamic operating conditions).* This test is not appropriate for ISO Class 7 or ISO Class 8 cleanrooms that do not have unidirectional airflow (see the entry for *Visual smoke study).*

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Dynamic operating conditions: Conditions in the compounding area in which operating personnel are present and simulating or performing compounding. The conditions should reflect the largest number of personnel and highest complexity of compounding expected during routine operations as determined by the designated person(s).
ECV: Endotoxin challenge vial.
EPA: US Environmental Protection Agency.
Excipient: See the entry for *Added substance.*
FDA: US Food and Drug Administration.
Filter integrity test: A test (eg, bubble point test) of the integrity of a sterilizing-grade filter performed after the filtration process to detect whether the integrity of the filter has been compromised.
Final yield: The total number of containers prepared at the end of the compounding process prior to release testing.
First air: The air exiting the HEPA filter in a unidirectional air stream.
Formulation: The specific qualitative and quantitative composition of the final CSP.
Garb: Items such as gloves, garments (eg, gowns), shoe covers, head and facial hair covers, masks, and other items designed to reduce particle shedding from personnel and minimize the risk of contamination of CSP(s).
GFT: Gloved fingertip and thumb testing.
Hazardous drug (HD): Any drug identified by at least one of the following six criteria: carcinogenicity, teratogenicity or developmental toxicity, reproductive toxicity in humans, organ toxicity at low dose in humans or animals, genotoxicity, or new drugs that mimic existing HDs in structure or toxicity.
High-efficiency particulate air (HEPA) filtration: Being, using, or containing a filter designed to remove 99.97% of airborne particles measuring 0.3-micron or greater in diameter passing through it.
HVAC: Heating, ventilation, and air conditioning.
Integrated vertical laminar flow zone (IVLFZ): A designated ISO Class 5 area serving as the PEC within an ISO Class 7 or cleaner buffer room. In the IVLFZ, unidirectional airflow is created by placing HEPA filters over the entire surface of the worktables and by effective placement of air returns.
IPA: Isopropyl alcohol.

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ISO class: An air-quality classification from the International Organization for Standardization.
ISO: International Organization for Standardization.
Label: The part of the labeling on the immediate container.
Labeling: All labels and other written, printed, or graphic matter on the immediate container or on or inside any packaging system or wrapper in which the article is enclosed, except any outer shipping container.
Laminar airflow system (LAFS): A device or zone within a buffer room that provides an ISO Class 5 or better air quality environment for sterile compounding. The system provides a unidirectional HEPA-filtered airflow.
Laminar airflow workbench (LAFW): A device that is a type of LAFS that provides an ISO Class 5 or better air quality environment for sterile compounding. The device provides a unidirectional HEPA-filtered airflow.
Line of demarcation: A visible line on the floor that separates the clean and dirty sides of the anteroom.
Low-lint wiper: A wiper exhibiting few, if any, fibers or other contamination, visible without magnification, which is separate from or easily removed from the wiper material in a dry condition.
Master formulation record (MFR): A detailed record of procedures that describes how the CSP is to be prepared.
MEA: Malt extract agar.
Media-fill test: A simulation used to qualify processes and personnel engaged in sterile compounding to ensure that the processes and personnel are able to prepare CSPs without contamination.
Monograph: A quality documentary standard within *USP–NF* that articulates the quality expectations for a medicine including for its identity, strength, purity, and performance. It also describes the tests to validate that a medicine and its ingredients meet these criteria.
Multiple-dose container: A container of sterile product for parenteral administration (eg, injection or infusion) that is designed to contain more than one dose of the sterile product. A multiple-dose container is usually required to meet the antimicrobial effectiveness testing criteria. See <659>Injection Packaging Systems, Multiple-dose container.
One-step disinfectant cleaner: A product with an EPA-registered (or equivalent) claim that it can clean and disinfect a nonporous surface in the presence of light to moderate organic soiling without a separate cleaning step.

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Oversight: The review, monitoring, and supervision of actions taken by personnel, bearing responsibility for those actions, and being available for consultation if and when needed, even if not physically present.
Pass-through chamber: An enclosure with sealed doors on both sides that should be interlocked. The pass-through chamber is positioned between two spaces for the purpose of minimizing particulate transfer while moving materials from one space to another.
Perimeter: A visible demarcation (such as a door, walls, or visible marking on the floor) that defines the SCA or AECA.
Pharmaceutical isolator: An enclosure that provides HEPA-filtered ISO Class 5 unidirectional air operated at a continuously higher pressure than its surrounding environment and is decontaminated using an automated system. It uses only decontaminated interfaces or rapid transfer ports for materials transfer. [Note—A CAI or CACI is not a pharmaceutical isolator.]
Pharmacy bulk package: A conventionally manufactured sterile product for parenteral use that contains many single doses intended for use in a pharmacy admixture program. A pharmacy bulk package may either be used to prepare admixtures for infusion or, through a sterile transfer device, for filling sterile containers. See <659>*Injection Packaging Systems, Pharmacy bulk package.*
Positive-pressure room: A room that is maintained at higher pressure than the adjacent spaces, and therefore the net airflow is out of the room.
PPE: Personal protective equipment.
Preservative: A substance added to inhibit microbial growth.
Primary engineering control (PEC): A device or zone that provides an ISO Class 5 air quality environment for sterile compounding.
Probability of a nonsterile unit (PNSU): The probability of an item being nonsterile after it has been exposed to a verified sterilization process. A PNSU value can only be applied to terminal sterilization. [Note—This is also called the sterility assurance level (SAL).]
Pyrogen: A substance that induces a febrile reaction in a patient.
Quality assurance (QA): A system of procedures, activities, and oversight that ensures that the compounding process consistently meets quality standards.
Quality control (QC): The sampling, testing, and documentation of results that, taken together, ensure that specifications have been met before release of the CSP.
Reconstitution: The process of adding a diluent to a conventionally manufactured product to prepare a sterile solution or suspension.
Release inspection and testing: Visual inspection and testing performed to ensure that a preparation meets appropriate quality characteristics.

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Repackaging: The act of removing a sterile product or preparation from its original primary container and placing it into another primary container, usually of smaller size without further manipulation.
Restricted-access barrier system (RABS): An enclosure that provides HEPA-filtered ISO Class 5 unidirectional air that allows for the ingress and/or egress of materials through defined openings that have been designed and validated to preclude the transfer of contamination, and that generally are not to be opened during operations. Examples of RABS include CAIs and CACIs.
SDA: Sabouraud dextrose agar.
Secondary engineering control (SEC): The area where the PEC is placed (eg, a cleanroom suite or an SCA). It incorporates specific design and operational parameters required to minimize the risk of contamination within the compounding area.
Segregated compounding area (SCA): A designated space, area, or room that is not required to be classified and is defined with a visible perimeter. The SCA must contain a PEC and is suitable for preparation of Category 1 CSPs only.
Single-dose containers: A container of sterile product for parenteral administration (eg, injection or infusion) that is designed for use with a single patient as a single injection/infusion. A single-dose container usually does not contain a preservative. See <659> Injection Packaging Systems, Single-dose container.
SOP: Standard operating procedure.
Specification: The tests, analytical methods, and acceptance criteria to which any component, CSP, container closure system, equipment, or other material used in compounding CSPs must conform to be considered acceptable for its intended use.
Sporicidal disinfectant: A chemical or physical agent that destroys bacterial and fungal spores when used in sufficient concentration for a specified contact time. It is expected to kill all vegetative microorganisms.
Stability: The extent to which a product or preparation retains physical and chemical properties and characteristics within specified limits throughout its expiration or BUD.
Sterility assurance level (SAL): See the entry for *Probability of a nonsterile unit* (PNSU).
Sterility: The absence of viable microorganisms.
Sterilization by filtration: Passage of a gas or liquid through a sterilizing-grade membrane to yield filtrates that are sterile.

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Sterilizing-grade filter: Filter membranes that are documented to retain 100% of a culture of 10^7 microorganisms of a strain of *Brevundimonas diminuta* per square centimeters of membrane surface under a pressure of not less than 30 psi. Such filter membranes are nominally 0.22- or 0.2-µm pore size.
Terminal sterilization: The application of a lethal process (eg, steam, dry heat, irradiation) to sealed containers for the purpose of achieving a predetermined PNSU of greater than 10−6 or a probability of less than one in one million of a nonsterile unit.
TSA: Trypticase soy agar.
Unclassified space: A space not required to meet any air cleanliness classification based on the ISO.
Unidirectional airflow: Air within a PEC moving in a single direction in a uniform manner and at sufficient velocity to sweep particles away from the DCA.
Verify: To confirm that a method, process, system, or equipment will perform as expected under the conditions of actual use.
Visual smoke study: A test, used in ISO Class 7 and ISO Class 8 rooms that do not have unidirectional airflow, in which a visible source of smoke, which is neutrally buoyant, is used to verify an absence of stagnant airflow. This test does not need to be performed under dynamic operating conditions and is not appropriate for PECs (see the entry for *Dynamic airflow smoke pattern test*).
Workflow management system: Technology comprised of hardware and/or software that allows for automation to assist in the verification of components of, and preparation of, CSPs and to document components and processes.

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Hazardous Drugs - Handling in Health Care Settings

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Notes
General Information and Scope:			
1.00	Does the pharmacy handle any drugs on the National Institute for Occupational Safety and Health (NIOSH) list that **require** all the containment requirements of USP <800>?	No	
1.01	Does the pharmacy handle any ***hazardous drug*** active pharmaceutical ingredients (HD API)? *If yes, please list.*	Yes	Testosterone USP
1.02	Does the pharmacy handle any antineoplastic requiring manipulations (which can produce particles, aerosols, or gasses)? *If yes, please list.*	No	
2.00	Does the pharmacy handle any drugs on the NIOSH list that **do not** require all containment requirements of <800>?	No	
2.01	Does the pharmacy handle any final dosage forms of HDs (either compounded or manufactured unless required by the manufacturer) that do not require further manipulation other than counting and repackaging? *If yes, please list.*	No	
2.02	Does the pharmacy handle any dosage forms of other HDs **that are handled in full compliance** with containment requirements of <800>? *If yes, please list.*	No	
2.03	Does the pharmacy handle any dosage forms of other HDs **that are not handled** using all containment requirements of <800>? *If yes, please list.*	No	

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		Observation	Notes
	List of Hazardous Drugs		
3.00	The pharmacy maintains a list of any items it handles that are included on the current NIOSH list of antineoplastic and other HDs. ***Review and attach list.*** *Verify that pharmacy has access to a copy of current NIOSH list.*	Yes	
4.00	The pharmacy reviews this list at least every 12 months for additions, deletions, or other changes and documents the review. *Verify documentation and* ***list date*** *of last change/review.*	Yes	
5.00	The pharmacy reviews this list whenever the pharmacy adds a new agent or dosage form to the items it handles.	Yes	
6.00	The pharmacy has a system in place for the evaluation of new drugs (purchased, stored, handled, and/or dispensed) to determine whether they are considered HD.	Yes	
6.01	Pharmacy evaluates the drugs against the current version of the NIOSH list.	Yes	
6.02	In the absence of information, the pharmacy treats any new drug as an HD.	Yes	
7.00	If the pharmacy handles any HDs not using all containment requirements of <800>, an assessment of risk was performed for each drug and dosage form individually to determine alternative containment strategies, if needed, and work practices for each. *Review documentation of assessment and SOPs related to work practices/alternative containment.*	Yes	

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		Observation	Notes
8.00	The assessment of risk evaluation performed by the pharmacy's organization includes all required information, for each drug and dosage form. *The first five (5) items below must be included in the evaluation in order to be compliant.*	Yes	
8.01	Type of HD (eg, antineoplastic, non-antineoplastic, reproductive risk only);	Yes	
8.02	Dosage form;	Yes	
8.03	Risk of exposure;	Yes	
8.04	Packaging;	Yes	
8.05	Manipulation; and	Yes	
8.06	If applicable, Table II and III drugs have alternative containment strategies and/or work practices to minimize occupational exposure.	Yes	
8.07	The assessment of risk is reviewed at least every 12 months, and the review is documented. *Enter date of last review in the notes.*	Yes	
	Personnel Responsibilities		
9.00	The pharmacy has a designated person(s) to oversee the handling of HDs who is qualified and trained for development of standard operating procedures (SOPs); overseeing compliance with standards, laws, and rules; ensuring competency of personnel; and ensuring environmental control.	Yes	
9.01	The designated person oversees the monitoring of the facility, including testing/sampling programs, maintaining, and documentation, and acting on results.	Yes	

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Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Notes
	Documentation and Standard Operating Procedures (SOPs)		
10.00	The assessment of risk and SOPs for handling HDs addresses all potential types of exposure, including all activities occurring within the operation that present an opportunity for exposure:	[redacted]	
10.01	**Receiving**: Contacting HD residues on packaging, work surfaces, floors	Yes	
10.02	**Dispensing**: Counting or packaging tablets and capsules	Yes	
10.03	**Compounding/other manipulations**: Crushing/splitting tablets, opening capsules, pouring liquids, weighing or mixing, constituting/reconstituting powdered/lyophilized HDs, expelling air from HD syringes, HD residue on personal protective equipment (PPE), cleaning activities of HD areas, and HD equipment maintenance.	Yes	
10.04	**Administration and other patient care activities** (if applicable).	Yes	
10.05	**Spills**: Spill generation, management, and disposal.	Yes	
10.06	**Transport**	Yes	
10.07	**Waste**: Collection and disposal of HD waste and trace contaminated waste	Yes	
11.00	SOPs are reviewed at least every 12 months by the designated person, and the review is documented.	N/A	

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		Observation	Notes
12.00	SOPs are readily available to all who may need to handle HD or respond to a spill (pharmacy employees, housekeeping, nursing personnel, delivery personnel, etc). *Describe whether P&Ps are available electronically, by paper, or both.*	Yes	Electronic
13.00	SOPs address at a minimum: *If no, document "missing" in Inspector Notes for each SOP topic*		Please note NABP did not review each SOP for alignment on USP <800>. The SOP(s) described below is/are a reflection of any self-assessment completed by the pharmacy and/or shared with the inspector during the onsite inspection.
13.01	Hazard communication program plan	Yes	
13.02	Competent personnel	Yes	
13.03	Occupational safety program	Yes	
13.04	Designation of HD areas	Yes	
13.05	Receiving HDs, including handling of damaged shipping containers/breakages	Yes	
13.06	A list of HDs	Yes	
13.07	Storage of HDs	Yes	
13.08	Compounding of HDs	Yes	
13.09	Use and maintenance of proper engineering controls (eg, containment primary engineering control [C-PECs], containment secondary engineering control [C-SECs], and closed system drug transfer device [CSTDs]) to include SOPs for repairs, loss of power, moving, etc.	Yes	

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		Observation	Notes
13.10	Hand hygiene and proper use of appropriate PPE based on activity (eg, receipt, transport, compounding, administration, spill, disposal).	Yes	
13.11	Deactivation, decontamination, cleaning, disinfection SOPs include all of the following:	[redacted]	
13.11.01	Agents used	Yes	
13.11.02	Dilutions, if used	Yes	
13.11.03	Frequency	Yes	
13.11.04	PPE to be worn (appropriate PPE resistant to the agents used, two pairs of chemotherapy gloves, impermeable disposable gowns, and eye, face, and respiratory protection if warranted--addressed in SOPs)	Yes	
13.11.05	Documentation requirements	Yes	
13.12	Receiving SOPs to include communications with suppliers about packaging and visual/other inspection of shipping containers for signs of damage and how to handle damaged containers.	Yes	
13.13	If a shipping container appears damaged and **does not need to be opened**:	[redacted]	
13.13.01	It is sealed without opening and wrapped in impervious plastic;	Yes	
13.13.02	Labeled as "hazardous"; and	Yes	
13.13.03	Returned to the supplier after contacting the supplier or disposed of as hazardous waste if supplier declines return.	Yes	

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Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Notes
13.14	If a damaged shipping container **must be opened:**		
13.14.01	Container is sealed in plastic or an impervious container;	Yes	
13.14.02	It is transported to the C-PEC before opening, preferably nonsterile compounding C-PEC, if available;	Yes	
13.14.03	container is placed on a plastic-backed preparation mat;	Yes	
13.14.04	It is opened and undamaged items are removed and wiped down with a disposable wipe;	Yes	
13.14.05	Damaged item is enclosed in an impervious container and labeled "hazardous";	Yes	
13.14.06	Damaged item is returned to the supplier or disposed of as hazardous waste;	Yes	
13.14.07	Deactivate, decontaminate, and clean the C-PEC in accordance with SOPs; and	Yes	
13.14.08	If a sterile compounding C-PEC must be used, it is also disinfected after cleaning prior to resuming any sterile compounding activities.	Yes	
13.15	Safe work Practices SOPs	Yes	
13.16	Dispensing SOPs	Yes	
13.17	Packaging and labeling SOPs	Yes	
13.18	Transport SOPs	Yes	

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		Observation	Notes
13.19	Administering SOPs, if applicable	Yes	
13.20	*Recommendation: Environmental monitoring (eg, wipe sampling) SOPs*	No	
13.21	HD waste segregation and disposal (including reference to following local, state, and federal regulations) SOPs	Yes	
13.22	Spill prevention and direction of spill cleanup and control SOPs must address the following:		
13.22.01	Size and scope of spill;	Yes	
13.22.02	Responsible person for handling spills;	Yes	
13.22.03	Location of spill kits and clean-up materials;	Yes	
13.22.04	Capacity of the spill kits;	Yes	
13.22.05	PPE to be worn during spills;	Yes	
13.22.06	Handling of worn PPE and any exposed clothing under PPE;	Yes	
13.22.07	Use of appropriate full-face, chemical cartridge-type respirator or powered air-purifying respirators (PAPR) if capacity of spill kit is exceeded or known or suspected airborne exposure to vapors/gases; and	No	Not currently on site, is being ordered.
13.22.08	Medical evaluation/incident reporting/documentation/other handling of persons potentially exposed or with direct skin/eye contact to the HD.	Yes	

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Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Notes
13.23	***Recommendation:*** *Does the pharmacy have a medical surveillance program? (a comprehensive control program to monitor and identify potential worker health care issues from HD exposure.)*	No	
14.00	The **hazard communication program** SOP has policies and procedures that ensure worker safety in all aspects of HD handling relevant to the pharmacy and ensure effective personnel training in proper labeling, transport, storage, and disposal of HDs, use of Safety Data Sheets (SDSs), based on the Globally Harmonized System of Classification and Labeling of Chemicals (GHS).	Yes	
15.00	The pharmacy's hazard communication program includes, at a minimum, all of the following:		
15.01	A written plan that describes how the standard will be implemented;	No	SOP does not currently address.
15.02	How containers of HDs/hazardous chemicals will be labeled, tagged, or marked with the identity of the material and appropriate hazard warnings;	Yes	
15.03	SDSs are maintained for each hazardous chemical they use (29 CFR 1910.1200);	Yes	
15.04	How SDSs are readily accessible to personnel during each work shift and when they are in their work areas;	Yes	
15.05	Information and training provided to personnel prior to initial assignment to work with a hazardous chemical and whenever the hazard changes; and	Yes	
15.06	Personnel of reproductive capability confirm in writing that they understand the risks of handling HDs.	Yes	

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Hazardous Drugs - Handling in Health Care Settings

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e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Notes
	Personnel Training --*Check four employee files for documentation*		
16.00	All personnel handling HDs are trained based on their job function prior to independently handling HDs.	Yes	
17.00	Personnel file contains the employee's acknowledgement of the risk of handling HD (as part of the hazardous communication program).	Yes	
18.00	For non-sterile HD compounding, personnel competency is observed and assessed at least annually for proper compounding technique, with no concerns identified.	N/A	
19.00	For sterile HD compounding, personnel competency is observed and assessed at least annually for proper sterile compounding aseptic technique, with no concerns identified.	No	
20.00	After initial HD training, personnel are trained prior to introduction of any new HD or new equipment, or prior to any significant change in process or SOP.	Yes	
21.00	All HD training and assessments are documented for each employee who transports, compounds, or administers HDs, and meets Occupational Safety and Health Administration Standard 1910.120 and any other requirements of law or regulation.	Yes	
22.00	All personnel who perform custodial HD waste removal and cleaning in HD handling areas are trained in appropriate procedures to protect themselves and the environment.	Yes	
23.00	HD training, based on employee file review, all of the following are present:		
23.01	Overview of pharmacy's HD list and their risks;	Yes	

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		Observation	Notes
23.02	Review of the SOPs related to HDs;	Yes	
23.03	Proper use of PPE;	Yes	
23.04	Proper use of equipment and devices (eg, engineering controls);	Yes	
23.05	Appropriate procedures for deactivation, decontamination, cleaning, and disinfection (if applicable);	Yes	
23.06	Response to known or suspected HD exposure;	Yes	
23.07	Spill management;	Yes	
23.08	Proper disposal of HDs and trace-contaminated materials; and	Yes	
23.09	New HD drug/new equipment or prior to any significant change in process or SOP.	Yes	
24.00	If respiratory protection is needed for any HDs handled, personnel are fit tested and trained in the proper use of the respirator.	Yes	
Personal Protective Equipment			
25.00	For sterile and nonsterile compounding with HDs, personnel wear gowns; head, hair, and shoe covers; and two pairs of chemotherapy gloves.	Yes	
26.00	Appropriate PPE is readily accessible where HD is handled, include all of the following:	[redacted]	

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		Observation	Notes
26.01	Receipt (PPE appropriate to HD as set forth in SOPs, and at a minimum, chemotherapy gloves worn);	Yes	
26.02	Storage;	Yes	
26.03	Transport;	Yes	
26.04	Nonsterile Compounding (if performed by the pharmacy);	N/A	No nonsterile HD compounding.
26.05	Sterile Compounding (if performed by the pharmacy);	Yes	
26.06	Administration, if applicable;	N/A	
26.07	Deactivation/decontamination, cleaning, and disinfecting (appropriate PPE resistant to the agents used, two pairs of chemotherapy gloves, impermeable disposable gowns, and eye, face, and respiratory protection if warranted/addressed in SOPs);	Yes	
26.08	Spill control;	Yes	
26.09	Waste disposal; and	Yes	
26.10	If administering injectable antineoplastics, two pairs of chemotherapy gloves and permeability resistant gowns are worn.	N/A	
27.00	Disposable PPE is not reused.	Yes	
28.00	Reusable PPE is decontaminated and cleaned after each use.	N/A	

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		Observation	Notes
29.00	**Gloves**: The pharmacy is using appropriate gloves for the activities conducted (chemotherapy gloves meet ASTM standard D6978 -- or its successor -- and are resistant to cleaning agents used) and are resistant to cleaning agents used.	Yes	
29.01	**Recommendation**: Are *chemotherapy gloves worn for handling all HDs including non-antineoplastics and for reproductive risk only HDs?*	Yes	
29.02	Chemotherapy gloves are powder-free.	Yes	
29.03	Chemotherapy gloves are inspected for physical defects before use and defective gloves (eg, pin holes, tears, weak spots) are discarded.	Yes	
29.04	For sterile compounding, the outer chemotherapy gloves are sterile.	Yes	
29.05	Chemotherapy gloves are changed when torn, punctured, or contaminated.	Yes	
29.06	**Recommendation**: Are *chemotherapy gloves changed every 30 minutes (unless otherwise recommended by the manufacturer)?*	No	
29.07	Hands are washed with soap and water after removing chemotherapy gloves.	Yes	
30.00	**Gowns**: The pharmacy is using appropriate gowns for the activities conducted (if required for type of compounding based on standards or assessment of risk).	Yes	
30.01	Gowns are disposable.	Yes	

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		Observation	Notes
30.02	Gowns resist permeability of HDs and are not laboratory coats, surgical scrubs, or isolation gowns (selected based on HDs handled).	Yes	
30.03	Gowns close in the back, are long sleeved, and have closed cuffs that are elastic or knit.	Yes	
30.04	Gowns do not have seams or closures that will allow HDs to pass through.	Yes	
30.05	Gowns are changed in accordance with the manufacturer's instructions, or if no permeation information is available, they are changed every two to three hours or immediately after a spill or splash.	Yes	
30.06	Gowns worn in HD areas are not worn to other areas.	Yes	
31.00	**Head, hair** (beard and moustache, if appropriate), **and shoe and sleeve covers.** The pharmacy is using appropriate head, hair, and shoe and sleeve covers for the type of compounding based on standards or assessment of risk to provide protection from contact with HD residue, if required.	Yes	
31.01	When HD compounding, a second pair of shoe covers are donned before entering the C-SEC and doffed when exiting the C-SEC.	Yes	
31.02	Shoe covers worn in HD areas are not worn into other areas of the facility.	Yes	
32.00	**Eye and Face Protection:** The pharmacy is using appropriate eye and face PPE protection for the activities conducted (based on assessment of risk that HDs are irritating to the eyes and mucous membranes, where there is risk of spills or splashes when working outside of a C-PEC), if required.	Yes	

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		Observation	Notes
32.01	If a risk to eyes, goggles (or a full-face respirator) are worn. *Eyeglasses or safety glasses with side shields are not substituted for goggles.*	Yes	
32.02	If a risk to face and eyes, goggles plus a face shield (or a full-face respirator) are worn.	Yes	
33.00	**Respiratory Protection**: The pharmacy is using appropriate respiratory PPE protection for the activities conducted (receiving, transport, compounding, administration, and waste disposal) based on assessment of risk based on type of HD and type of activity, if required. *Indicate what type of PPE which is available to employees (and is fit-tested, when required).*	Yes	
33.01	Fit-tested NIOSH-certified N95 respirator;	No	
33.02	Elastomeric half-mask with a multi-gas cartridge and P100-filter;	No	
33.03	Full-face piece, chemical cartridge-type respirator;	No	
33.04	PAPR; and/or	No	
33.05	Other (describe in notes).	N/A	
34.00	Surgical masks are **not** used as PPE when respiratory protection is needed.	Yes	

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		Observation	Notes
35.00	The pharmacy uses an appropriate respiratory PPE for large HD spills; deactivating, decontaminating, and cleaning underneath the work surface of the C-PEC; and when there is known or suspected airborne exposure to powders or vapors. *Indicate what type of PPE which is available to employees (and is fit-tested, when required).*	Unknown	The facility currently only carries Testosterone USP in its HD inventory.
35.01	Fit-tested NIOSH-certified N95 respirator;	No	
35.02	Elastomeric half-mask with a multi-gas cartridge and P100-filter;	No	
35.03	Full-facepiece, chemical cartridge-type respirator;	No	
35.04	PAPR; and/or	No	
35.05	Other (describe in notes).	N/A	
36.00	Surgical masks are **not** used as PPE when respiratory protection is needed.	Yes	
37.00	**Disposal of Used PPE**: Is all PPE worn during handling of HDs considered contaminated with at least trace quantities?	Yes	
37.01	Worn PPE is placed in an appropriate HD waste container.	Yes	
37.02	The HD waste container is located in reasonable proximity to HD PPE doffing activities.	Yes	
37.03	Chemotherapy gloves, and sleeve covers if worn, are carefully removed and discarded immediately into an approved HD trace waste container inside the C-PEC or contained in a sealable bag for discarding outside the C-PEC.	Yes	

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		Observation	Notes
Facilities and Engineering Controls			
38.00	There are signs prominently displayed before the entrance to all HD handling areas designating the hazard.	No	
38.01	Access to these areas are restricted to authorized personnel who have been appropriately trained.	Yes	
38.02	HD areas are located away from breakrooms/refreshment areas for personnel, patients, and/or visitors.	Yes	
39.00	There are designated HD areas for any of the following:		
39.01	Receiving and unpacking of HDs	Yes	
39.02	Storage of HDs	Yes	
39.03	Nonsterile HD compounding (if performed by the pharmacy)	N/A	
39.04	Sterile HD compounding (if performed by the pharmacy)	Yes	
40.00	***Recommendation:*** *If there is a requirement for certain designated areas to have negative pressure from surrounding areas, is there an uninterrupted power source (UPS) to the ventilation systems in order to maintain negative pressure in the case of power loss?*	Yes	
41.00	**Receipt**: Are HDs received and unpacked (removed from external shipping containers) in an appropriate environment? *Describe.*	Yes	

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		Observation	Notes
41.01	Antineoplastics and HD APIs are unpacked in an area with air pressure relative to surrounding areas that is either neutral or negative pressure. *Indicate the type of environment. If the environment is positive pressure, it is non-compliant.*	Yes	
41.01.01	Neutral	No	
41.01.02	Negative	Yes	
42.00	HDs are not unpacked in a sterile compounding area (eg, no external containers are brought into C-SEC).	Yes	
43.00	**Storage:** Are HDs stored in a manner to minimize accidental exposure? *Describe.*	Yes	
43.01	HDs are not stored on the floor.	Yes	
43.02	HDs are stored in a manner to minimize breakage and spillage.	Yes	
43.03	If facility is in an area prone to specific types of natural disasters, appropriate precautions are taken (eg, raised front lips on shelving in earthquake prone areas).	Yes	
44.00	Antineoplastic HDs that require manipulation (other than counting and repackaging final dosage forms) and HD API are stored separately from non-HDs.	Yes	
44.01	These HDs are stored in an externally ventilated, negative pressure room.	Yes	

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		Observation	Notes
44.02	The HD storage room has at least 12 air changes per hour (ACPH).	Yes	
44.03	Refrigerated antineoplastic HDs are stored in a dedicated refrigerator in a negative pressure area with at least 12 ACPH (eg, storage room, buffer room, or containment segregated compounding area [C-SCA]).	N/A	
44.04	**Recommendation:** *If the refrigerator is located in a buffer room, is an exhaust located adjacent to the refrigerator's compressor and behind the refrigerator?*	No	
45.00	If non-antineoplastic, reproductive risk only, and final dosage forms of antineoplastics are stored with other non-HD inventory, there is a written policy/SOP addressing it.	Yes	
46.00	**Compounding:** There are appropriate engineering controls to protect the HD preparation from cross-contamination, and if sterile compounding, from microbial contamination, during all phases of the compounding process.	Yes	
47.00	All HD compounding are performed within a C-PEC located in a C-SEC room.	Yes	
47.01	The C-SEC for both sterile and nonsterile HD compounding has all of the following:		
47.01.01	Has fixed walls;	Yes	
47.01.02	Is externally vented;	Yes	

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		Observation	Notes
47.01.03	Is able to meet (12) or exceed ACPH requirements;	Yes	
47.01.04	Is physically separated (ie, a different room) from other preparation areas; and	Yes	
47.01.05	Has a negative pressure differential of between 0.01 inches and 0.03 inches of water column relative to all adjacent areas.	Yes	
48.00	The C-PEC operates continuously if it supplies some or all of the negative pressure in the C-SEC or if it is used for sterile compounding.	Yes	
49.00	There is a sink readily available for handwashing on the hazardous side.	Yes	
49.01	There is an eyewash station readily available.	Yes	
49.02	Water sources and drains are a minimum of 1 meter away from the C-PEC.	Yes	
50.00	Does the pharmacy engage in **nonsterile HD compounding**? If yes, complete 50.01-54. If no, skip to 55:	No	
50.01	Select the location where **nonsterile HD compounding** is performed type(s):	[redacted]	
50.01.01	C-PECs used for sterile HD compounding are located in a different room than C-PECs used for nonsterile HD compounding	N/A	

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		Observation	Notes
50.01.02	C-PECs used for sterile HD compounding are located in the same room as C-PECs used for nonsterile HD compounding.	N/A	
50.02	Select the type(s) of containment primary engineering control(s) used for **nonsterile HD compounding**:	[redacted]	
50.02.01	Class I biological safety cabinet (BSC)	N/A	
50.02.02	Class II BSC	N/A	
50.02.03	Containment ventilated enclosure (CVE)	N/A	
50.02.04	Compounding aseptic containment isolator (CACI)	N/A	
50.02.05	Other, describe	N/A	
51.00	Indicate if the C-PEC used for **nonsterile HD compounding** (must be one of two below in order to be compliant):	[redacted]	
51.01	Is externally vented *(preferred)*; **and/or**	N/A	
51.02	Has redundant High Efficiency Particulate Air (HEPA) filters in series	N/A	
52.00	Does the pharmacy use the same C-PEC (Class II BSC or CACI) used for sterile HD compounding and nonsterile HD compounding?	N/A	
52.01	Is **nonsterile HD compounding** only "occasional"? / *If yes, please describe frequency and quantity.*	N/A	

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		Observation	Notes
52.02	Is the **nonsterile HD compounding** activity only occurring when sterile HD compounding is not being performed?	N/A	
52.03	Is the C-PEC decontaminated, cleaned, and disinfected prior to resuming sterile compounding?	N/A	
53.00	The C-SEC has at least 12 ACPH. *Verify documentation and monitoring.*	N/A	
54.00	The ceilings, walls, floors, fixtures, shelving, counters, and cabinets are smooth, impervious, free from cracks and crevices, and non-shedding. *If non-compliant describe.*	N/A	
55.00	Does the pharmacy engage in **sterile HD compounding**? If yes, complete 55.01-61.02.03. If no, skip to 62.	Yes	
55.01	Select the type(s) of containment primary engineering control(s) used for **sterile HD compounding**:	[redacted]	
55.01.01	CACI	No	
55.01.02	Class II BSC, Type A1 (formerly Type A and not suitable for volatile toxic chemicals and volatile radionuclides)	No	
55.01.03	Class II BSC, Type A2 (formerly Type B3)	Yes	
55.01.04	Class II BSC, Type B1	No	
55.01.05	Class II BSC, Type B2 (total exhaust for volatile components)	No	

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Hazardous Drugs - Handling in Health Care Settings

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Notes
55.01.06	Class III BSC	No	
55.01.07	LAFW (not for antineoplastics)	No	
55.01.08	CAI (not for antineoplastics)	No	
56.00	The C-PEC maintains ISO Class 5 or better air quality and is under continuous operation, unless power loss or repair occurs.	Yes	
57.00	Is the C-PEC used for **sterile HD compounding** externally vented?	Yes	
58.00	If a BSC or CACI that is used for **sterile HD compounding** is also used for non-HD preparations, is the non-HD preparation placed into a protective outer wrapper during removal from the C-PEC?	N/A	
58.01	If used for both, is the non-HD preparation labeled to require PPE handling precautions?	N/A	
59.00	If the C-SEC is an unclassified containment segregated HD compounding area (C-SCA: enclosed separate room with fixed walls, but not ISO classified), beyond-use dates (BUDs) are limited in accordance with <797> as Category 1 compounded sterile preparations.	N/A	
59.01	The C-SEC (C-SCA) has at least 12 ACPH. *Verify documentation and monitoring.*	Yes	
59.02	A handwashing sink is at least one meter or more away from the C-PEC	Yes	

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Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Notes
59.02.01	Describe whether the sink is inside the C-SCA or directly outside the C-SCA	[redacted]	
60.00	If BUDs are longer than the Category 1 BUDs specified in <797>, the PEC is located in a C-SEC, which is an ISO Class 7 buffer room adjacent to an ISO Class 7 anteroom.	Yes	
60.01	The buffer room has fixed walls.	Yes	
60.02	The buffer room is externally vented.	Yes	
60.03	The buffer room has HEPA-filtered supply air.	Yes	
60.04	The buffer room has at least 30 ACPH.	Yes	
60.05	The buffer room has a negative pressure differential of between 0.01 inches and 0.03 inches of water column relative to the anteroom.	Yes	
60.06	The anteroom has fixed walls.	Yes	
60.07	The ante room has a minimum of 30 ACPH of HEPA-filtered supply air.	Yes	
60.08	The ante room maintains positive pressure of at least 0.02 inches water column relative to any adjacent unclassified areas.	Yes	
60.09	The handwashing sink is located in the anteroom at least 1 meter or more away from the door to the buffer room to prevent contamination into the negative pressure buffer room.	Yes	

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Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Notes
61.00	If the negative-pressure HD buffer room is entered through a positive-pressure non-HD buffer room, there is a line of demarcation within the buffer room for donning and doffing PPE.	Yes	
61.01	There is a design and method to contain and minimize HD contamination when **transporting** HDs, HD CSPs, and HD waste into and out of the negative pressure buffer room:	Yes	
61.02	Indicate how HD contamination is minimized:		
61.02.01	Pass-through chamber between negative pressure buffer room and adjacent space included in the facility's certification not compromising air quality in the buffer room *(verified in the facility's semi-annual certification report that pass through has not compromised air quality in the buffer room)*.	Yes	
61.02.02	Use of sealed containers	No	
61.02.03	Other, *describe*	N/A	
	Environmental Quality and Control - Surface wipe sampling		
62.00	**Recommendation: Surface wipe sampling** is performed routinely (initially and at least every six months) to monitor HD containment processes and trends, which includes all of the following:	No	
62.01	Interior of C-PEC and equipment within the C-PEC	No	
62.02	Pass-through chambers	No	
62.03	Surfaces in staging or work areas near the C-PEC	No	
62.04	Areas adjacent to the C-PEC (eg,. floors directly under, staging, and dispensing areas)	No	
62.05	Areas immediately outside the HD buffer room or the C-SCA	No	

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Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Notes
	Receiving		
63.00	Recommendation: HDs are packaged by the supplier in impervious plastic to segregate them from other drugs and decrease possibility of exposure during unpacking and internal transfer.	Yes	
64.00	HDs are delivered to the HD storage area immediately after unpacking.	Yes	
65.00	A spill kit is readily accessible in the receiving area.	Yes	
66.00	Containers are visually examined for signs of damage or breakage prior to opening.	Yes	
67.00	If a shipping container appears damaged and does not need to be opened, it is sealed, enclosed in an impervious container, labeled "hazardous" on the outside, and returned to the supplier after contact or disposed of as hazardous waste.	Yes	
67.01	If a damaged shipping container must be opened, it is done so according to SOPs, to include sealing the container in plastic or an impervious container, transporting it to the C- PEC for unpacking, removing, and wiping the outside of the undamaged items with disposable wipes, resealing the damaged items in an impervious container and marking it "hazardous," returning it to the supplier after contact or disposing as hazardous waste, and deactivating, decontaminating, and cleaning the C-PEC.\	Yes	
68.00	Damaged packages are considered spills and reported to the designated person. ***List last date of damaged package receipt.***	Yes	

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Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Notes
	Labeling, Packaging, Transport, and Disposal		
69.00	HDs requiring special HD handling are always clearly labeled as hazardous during transport and in accordance with any laws related to labeling of HDs.	Yes	
70.00	Labeling processes do not introduce contamination into non-HD handling areas.	Yes	
71.00	Packaging materials are chosen that protect the HD and healthcare worker against damage, leakage, contamination, and degradation during transport, but also maintains the physical integrity, stability, and sterility of the HD.	Yes	
72.00	Pneumatic tubes are not used for transporting any liquid HDs or antineoplastic HDs.	N/A	
73.00	Labeling on HDs shipped outside the pharmacy meets all of the following requirements:		
73.01	Labeling specified in SDS for transport;	Yes	
73.02	Storage and disposal instructions; and	Yes	
73.03	Labeled with HD category.	Yes	

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Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Notes
	Dispensing, Packaging, and Compounding Processes		
74.00	Counting of antineoplastics is done by hand (eg, not placed into automated counting devices).	N/A	
75.00	Clean, dedicated (not used for non-HD purposes), or disposable equipment is used for counting, packaging, and compounding of HDs.	Yes	
75.01	**Recommendation**: Equipment is decontaminated after every use.	Yes	
75.02	**Recommendation**: When compounding, a plastic-backed preparation mat is placed on the C-PEC work surface and changed and discarded appropriately as HD waste. All of the following should apply in order to make this a Yes.	N/A	
75.02.01	Immediately if a spill occurs	N/A	
75.02.02	Regularly during use	N/A	
75.02.03	At the end of a shift	N/A	
76.00	APIs or other powdered HDs are handled in a C-PEC during particle-generating activities, such as crushing, opening capsules, and weighing powders.	Yes	

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Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Notes
Deactivating and Decontaminating (Cleaning and Disinfecting are performed in accordance with Chapters <795> and <797>)			
77.00	The pharmacy has chosen appropriate oxidizing agent(s) for deactivation and decontamination and proven effective by testing.	Yes	
78.00	Wipes or other appropriate delivery mechanisms (eg, not a spray bottle) are used for deactivation and decontamination.	Yes	
79.00	The C-PEC must be decontaminated. *All of the following must be done to be compliant:*	Yes	
79.01	Between compounding of different HDs	Yes	
79.02	At least daily when used	Yes	
79.03	Any time a spill occurs	Yes	
79.04	Before and after certification	Yes	
79.05	Any time voluntary interruption occurs	Yes	
79.06	If the ventilation tool is moved	Yes	
80.00	HD containers are wiped down prior to placing them in the C-PEC and the solution used does not alter the product label.	Yes	

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Facility Name: US Compounding Factory LLC dba US Compounding Factory
e-Profile ID: 1866128
Inspection Date: 9/29/2025 & 9/30/2025

		Observation	Notes
81.00	Areas, other than the work surface of the C-PEC, where contamination can build up (such as areas under the work tray), are deactivated, decontaminated, and cleaned at least monthly.	Yes	
82.00	Additional PPE (eg, respirator) is used in accordance with SOPs, to protect the worker if containment airflows are compromised by opening the cabinets to get to these areas.	Unknown	No respiratory PPE is present.
	Spill Control		
83.00	Spills are contained and cleaned immediately.	Yes	
84.00	Trained/qualified personnel are always available during operation with HDs to handle spills.	Yes	
85.00	Only trained/qualified personnel engage in spill containment and cleanup.	Yes	
86.00	There are signs available to restrict access to spill areas.	Yes	
87.00	Spill kits, containing all ingredients necessary to clean HD spills, are readily available in all areas where HDs are routinely handled.	Yes	
88.00	Spill materials are disposed of as hazardous waste.	Yes	
89.00	The circumstances and management of all spills are documented. ***Review documentation for spills for the last year and list the most recent date.***	N/A	No spills since opening 01/2025

4VVV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-Nevada	☑ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH_____	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☑ Other: Specialty Pharmacy Home Infusion Pharmacy	☑ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☑ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☑ Other: Specialty, Home Infusion

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: BioPlus Specialty Infusion AL, LLC

Physical Address: 2511 Ross Clark Circle

City: Dothan State: AL Zip: 36301

Mailing Address (if different from physical address): 3200 Lake Emma Rd, Unit 1000

City: Lake Mary State: FL Zip: 32746

Telephone: 866-580-8100 Toll Free # (NAC 639.708, NRS 639.23286): 866-580-8100

Fax: 888-889-6702 Contact Email: license@bioplusrx.com

Website: www.bioplusinfusion.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Jason Flebotte

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19525

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Jason Flebotte	NV Pharmacist Registration #: 19525
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Alabama

Parent Company (if any): BioPlus Specialty Infusion Holdings, Inc

Corporation/Organization Name: BioPlus Specialty Infusion AL, LLC

Mailing Address: 3200 Lake Emma Rd, Unit 1000

City: Lake Mary State: FL Zip: 32746

Telephone: 866-580-8100 Email: license@bioplusrx.com

Contact Person Name: April Paslay

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for BioPlus Specialty Infusion AL,LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Nicholas Maroulis

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

4/27/26

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Jason Flebotte hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for BioPlus Specialty Infusion AL, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 17 day of April, 2026

Notary Public

MY COMMISSION EXPIRES 04/02/2030

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicholas Maroulis - Vice President

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

4/27/26

Date

Board Use Only	Date Received: 6/11/26	Amount: $500 Ck. 633125535

BioPlus®
Specialty Pharmacy

Ownership

BioPlus Specialty Infusion Holdings, LLC – 100% Direct Owner

220 Virginia Avenue
Indianapolis, IN 46204
Tax ID: 454958559

BioPlus Specialty Infusion AL, LLC – Director/Manager List

Kirk Nilson
[redacted]
0% ownership interest

Danielle Anne Swenson
[redacted]
0% ownership interest

Vincent Edward Scher
[redacted]
0% ownership interest

Santa Barbara Specialty Pharmacy, LLC – Officer List

Kirk Nilson - President
[redacted]
0% ownership interest

Kathleen Susan Kiefer – Secretary
[redacted]
0% ownership interest

Vincent Edward Scher - Treasurer
[redacted]
0% ownership interest

Eric Kenneth Noble – Assistant Treasurer
[redacted]
0% ownership interest

Nicholas Maroulis – Vice President
[redacted]
0% ownership interest

Wes Allen
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that BioPlus Specialty Infusion AL, LLC was formed in Houston County on October 2, 2002. The Alabama Entity Identification number for this entity is 000-685-146. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

04/27/2026

Date

Wes Allen **Secretary of State**

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: BioPlus Specialty Infusion AL, LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 2511 Ross Clark Circle

City: Dothan State: AL Zip: 36301-4912

Mailing Address (if different from physical address): 3200 Lake Emma Rd, Unit 1000

City: Lake Mary State: FL Zip: 32746

Telephone: 866-580-8100 Website: www.bioplusinfusion.com

Licensing Company Email: license@bioplusrx.com

Section 2: Personal Information

First: Jason Middle: Last: Flebotte

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: AL Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Moody High School		1993	
Address	**City**	**State**	**Zip**
714 High School Dr	Moody	AL	35004
Diploma/Degree obtained, if any			
High School			
School Name		**From - To (MM/YY – MM/YY)**	
Samford University		1993-1999	
Address	**City**	**State**	**Zip**
800 Lakeshore Dr	Birmingham	AL	35229
Diploma/Degree obtained, if any			
Doctor of Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/20 - Present	[redacted]	[redacted]	AL	[redacted]
10/18-05/20			AL	
11/16-12/18			AL	
06/04-06/17			AL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
BioPlus Specialty Infusion AL, LLC			10/18-present	
Business Address	**City**		**State**	**Zip**
2511 Ross Clark Circle Dothan	Dothan		AL	36301
Phone	**Title**		**Number of Employed Hours**	
866-580-8100	National Director of Infusion Operations		15,840	
Description of Duties				
overseeing pharmacy operations, compliance, and clinical services, ensuring regulatory adherence, staff competency, and high-quality patient care while managing budgets, workflows, and cross-functional coordination.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Jason Flebotte, **certify that as the designated representative for**

BioPlus Specialty Infusion AL, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ____ I am at least 21 years of age;
3. ____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jason Flebotte

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/4/22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jason Flebotte

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/4/21

Date

Please have this section completed in the presence of a Notary Public.

State of Alabama, ss. County of Houston

I, Jason A. Flebotte, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/4/21

Date

Subscribed and Sworn to before me this 4 day of June 21

Notary Public Signature

(Seal)

Alabama Board of Pharmacy

USP 797 INSPECTION REPORT

DEMOGRAPHICS

License #
110739

Name:

Kroger Specialty Infusion

DEA#
[redacted]

Address
2511 Ross Clark Circle

ZIP
36301

City
Dothan

State
AL

Phone
866-580-8100

Inspection Type
Sterile USP

Inspection Date
8/21/2024

Supervising Pharmacist

Jason Flebotte

Supervising Pharmacist License Number

13808

Sterile Compounding Manager / Designated Person

Carly Martin

Sterile Compounding Manager / Designated Person License Number

20476

Type of Practice

Institutional

X Licensed Retail

Institutional

Nuclear Pharmacy

Veterinary Pharmacy

Mail Deliver (in State)

Mail Delivery (out of state)

Number of PEC's

Number of LAFW

4

Number of IVLFZ

Number of CAI's

Number of BSC's

Number of CACI's

Volume Dispensed

Total prescriptions/orders filled per day

120

% Sterile compounded prescriptions/orders

30.00%

% Compounded Controlled Substance Prescriptions

< 1

0

% Compounded Hazardous Prescriptions

0

% Compounded Veterinary Prescriptions

0

Personnel

Number of Compounding Pharmacists

5

Number of Compounding Technicians

4

Ratio of Pharmacists to Technicians

Pharmacy Operations

	Yes	No	N/A
1. Does the pharmacy dispense sterile compounded preparations pursuant to a prescription/order?	X		
2. Does the pharmacy compound an approved commercially available product? - The compounded preparation produces a clinical difference from a commercially available drug that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner.		X	
3. Does the pharmacy compound Category 1 sterile products?	X		
4. Does the pharmacy compound Category 2 sterile products?	X		
5. Are Category 2 CSPs compounded from non-sterile components?		X	
6. Does the pharmacy compound Category 3 sterile products?		X	
7. Does the pharmacy compound Immediate-Use sterile products?		X	
8. Does the pharmacy perform compounding with hazardous drugs?		X	
9. Does the pharmacy perform central prescription filling		X	
10. Pharmacy has Policy/Procedure manual to outline and explain all components and operations of compounding sterile products.	X		
11. Is the pharmacy licensed in other states?			
AR, CT, DC, FL, GS, KS, KY, LA, MD, MS, MO, NC, NE, NJ, SC, TN, TX, VA, WV	X		
12. Does the pharmacy hold any accreditations?			
ACHC, URAC	X		

13. Has the pharmacy been inspected by any other agencies or organizations?	Yes	No	N/A
		X	

14. Is the pharmacy under any restrictions, limitations, or waivers by any state the pharmacy is licensed in?	Yes	No	N/A
		X	

15. All pharmacists and technicians hold an active registration with the Alabama Board of Pharmacy.	Yes	No	N/A
	X		

Personnel Training and Evaluation

1. Personnel who compound or have direct oversite of compounding personnel, have demonstrated knowledge of principles and completed competency skills in at least the following. Must be completed initially and at least every 12 months after. (USP 797 - (2.1)	Yes	No	N/A
- *Cleaning and disinfection* - *Calculations, measuring and mixing* - *Use of equipment* - *Documentation of the compounding process* - *Principles of HEPA filtered unidirectional airflow in ISO 5* - *Proper use of PEC's* - *Principles of movement of materials and personnel within the compounding area*	X		

2. Before beginning to compound or have direct oversite over compounding personnel, personnel have successfully completed an initial garbing competency evaluation 3 separate times in succession. (USP 797 - (2.2)	Yes	No	N/A

- Three separate and complete full hand hygiene and full garbing procedure *- Three separate gloved fingertip and thumb sampling of both hands after garbing* *- Visual evaluation during hand hygiene and garbing* *- 0 CFU's total from both hands*	X		

3. Compounding personnel have completed garbing and hand hygiene competency evaluations every six months for Category 1 and Category 2 compounds. (USP 797 - (2.2)		No	N/A
- 0 CFU's total from both hands	X		

4. Personnel compounding Category 3 compounds have completed garbing and hand hygiene competency evaluations every 3 months. (USP 797 - (2.2)	Yes	No	N/A
- 0 CFU's total from both hands			X

5. Personnel who have direct oversite of compounding personnel, but do not compound, have completed hand hygiene and garbing competency evaluations every 12 months. (USP 797 - (2.2)	Yes	No	N/A
- 0 CFU's total from both hands	X		

6. The pharmacy has documentation of any failed hand hygiene and garbing competency evaluation. (USP 797 - (2.2)	Yes	No	N/A
	X		

Box 1. Gloved Fingertip and Thumb Sampling Procedures

- Use one sampling media device (e.g., plates, paddles, or slides) per hand, containing general microbial growth agar (e.g., trypticase soy agar [TSA]) supplemented with neutralizing additives (e.g., lecithin and polysorbate 80) as this agar supports both bacterial and fungal growth.
- Label each media device with a personnel identifier, right or left hand, and the date and time of sampling.
- Do not apply sterile 70% isopropyl alcohol (IPA) to gloves immediately before touching the media device because this could cause

- Do not apply sterile 70% isopropyl alcohol (IPA) to gloves immediately before touching the media device because this could cause a false-negative result. Using a separate media device for each hand, collect samples from all gloved fingertips and thumbs from both hands by rolling fingertip pads and thumb pad over the agar surface.
- Incubate the media device at 30°–35° for no less than 48 h and then at 20°–25° for no less than 5 additional days. Samples must be incubated in an incubator. Handle and store media devices to avoid contamination and prevent condensate from dropping onto the agar during incubation and affecting the accuracy of the cfu reading (e.g., invert plates).
- Record the number of cfu per hand (left hand, right hand).
- Determine whether the cfu action level is exceeded by counting the total number of cfu from both hands.

7. Compounding personnel or personnel who have direct oversite of compounding personnel, have completed an initial aseptic manipulation competency evaluation. (USP 797 - (2.3)

- *visual observation*
- *Media-fill testing*
- *Gloved fingertip and thumb sampling after media fill*
  - *No more than 3 CFU's total from both hands*
- *Surface sampling of the direct compounding area after media fill*
  - *No more than 3 CFU's in ISO class 5*

Yes	No	N/A
X		

8. Personnel compounding Category 1 and Category 2 compounds have completed an aseptic manipulation competency evaluation every 6 months. (USP 797 - (2.3)

- *visual observation*
- *Media-fill testing*
- *Gloved fingertip and thumb sampling after media fill*
  - *No more than 3 CFU's total from both hands*
- *Surface sampling of the direct compounding area after media fill*
  - *No more than 3 CFU's in ISO class 5*

Yes	No	N/A
X		

9. Personnel compounding Category 3 compounds have completed an aseptic manipulation competency evaluation every 3 months. (USP 797 - (2.3)

- *visual observation*
- *Media-fill testing*
- *Gloved fingertip and thumb sampling after media fill*
  - *No more than 3 CFU's total from both hands*

Yes	No	N/A
		X

- *Surface sampling of the direct compounding area after media fill*
    - *No more than 3 CFU's in ISO class 5*

10. Personnel who have direct oversite of compounding personnel, but do not compound, have completed an aseptic manipulation competency evaluation every 12 months. (USP 797 - (2.3)	Yes	No	N/A
	X		

- *visual observation*
- *Media-fill testing*
- *Gloved fingertip and thumb sampling after media fill*
    - *No more than 3 CFU's total from both hands*
- *Surface sampling of the direct compounding area after media fill*
    - *No more than 3 CFU's in ISO class 5*

11. Media-fill test simulate the most difficult and challenging aseptic compounding procedures and capture elements that could potentially affect the sterility of the CSP. (USP 797 - (2.3)	Yes	No	N/A
	X		

- *Factors associated with length of process*
- *Number of aseptic additions or transfers*
- *Number, type, and complexity of manipulations*
- *Number of personnel in the buffer room or SCA*

12. The pharmacy has documentation of any failed aseptic manipulation competency evaluation. (USP 797 - (2.3)	Yes	No	N/A
	X		

13. Training policy outlined in the pharmacies policy and procedure manual. (USP 797 - (20)	Yes	No	N/A
	X		

Box 2. Media-Fill Testing Procedures

- If all of the starting components are sterile to begin with, manipulate them in a manner that simulates sterile-to-sterile compounding activities, and transfer the sterile soybean–casein digest media into the same types of container closure systems commonly used at the facility. Do not further dilute the media unless specified by the manufacturer.
- If some of the starting components are nonsterile to begin with, dissolve a commercially available nonsterile soybean–casein digest powder in nonbacteriostatic water to make a 3% nonsterile solution. Manipulate it in a manner that simulates nonsterile-to-sterile compounding activities. Prepare at least 1 container as the positive control to demonstrate growth promotion, which is indicated by visible turbidity upon incubation.
- Once the compounding simulation is completed and the final containers are filled with the test media, perform a gloved fingertip and thumb sample on each hand and surface sample of the direct compounding area inside the PEC. Take the samples prior to

disinfecting gloves and PEC. Handle and store samples to avoid contamination and prevent condensate from dropping onto the agar during incubation and affecting the accuracy of the cfu reading (e.g., invert containers)

- Incubate the final containers at 20°–25° and 30°–35° for a minimum of 7 days at each temperature band to detect a broad spectrum of microorganisms. The order of the incubation temperatures must be described in the facility's SOPs. Final containers must be incubated in an incubator.
- Failure is indicated by visible turbidity or other visual manifestations of growth in the media in one or more container closure unit(s) on or before 14 days.

Personal Hygiene and Garbing

	Yes	No	N/A
1. Before entering a compounding area, individuals must remove any items that are not easily cleanable or are not necessary for compounding. (USP 797 - (3.1) ***- Remove personal outer garments, cosmetics, exposed jewelry/piercings, artificial nails*** ***- no earbuds or headphones*** ***- No electronic devices that are not necessary for compounding*** ***- Wipe eyeglasses if worn*** ***The designated person may permit accommodations as long as the quality of the CSP and environment will not be affected.***	X		

	Yes	No	N/A
2. Hand washing includes removing debris under fingernails, washing hands and forearms with soap for at least 30 seconds, and low-lint disposable towels or wipes to dry hands. (USP 797 - (3.2) ***- If hand washing is performed outside of the ante-room, alcohol based hand rub must be applied before donning garb. (USP 797 - (3.3)***	X		

	Yes	No	N/A
3. Garb must be donned and doffed in an order that reduces risk of contamination and is documented in the policies and procedures. (USP 797 - (3.3)	X		

	Yes	No	N/A
4. Category 1 and Category 2 garbing includes the following. (USP 797 - (3.3) ***- Low-lint garment with sleeves that fit snugly around the wrists with an enclosed neck*** ***- Low-lint covers for shoes*** ***- Low-lint cover for head that covers the hair and ears, and if applicable, a cover for facial hair.*** ***- Low-lint face mask*** ***- Sterile powder-free gloves***	X		

5. Category 3 garbing includes the following additional requirements. (USP 797 - (3.3) - *No exposed skin in the buffer room* - *All low-lint outer garb must be sterile* - *Disposable garbing items must not be reused, and laundered garb must not be reused without being laundered and resterilized with a validation cycle*	Yes	No	N/A
			X

6. Alcohol based hand rub is applied before donning sterile gloves. (USP 797 - (3.2) - *Sterile gloves are donned in a classified room or SCA.*	Yes	No	N/A
	X		

Facility Design - Cleanroom Suite

1. The pharmacy has an ISO classified anteroom and buffer room separated from the surrounding unclassified areas of the facility by fixed walls and doors with controls in place to minimize the flow of lower-quality air in the more controlled areas. USP 797 - (4.2.1)	Yes	No	N/A
	X		

2. The anteroom and buffer room is supplied with High-efficiency Particulate Air Filtration (HEPA). (USP 797 - (4.2.1) - *HEPA filters are located in ceiling* - *Air returns in the cleanroom suite are low on the wall.* - *If air returns are not low on the wall, a visual smoke study has been performed to show the absence of stagnant airflow.*	Yes	No	N/A
	X		

3. The anteroom has a line of demarcation to separate the clean side from the dirty side. (USP 797 - (4.2.1)	Yes	No	N/A
	X		

4. A sink with hot and cold running water is available for hand hygiene is located in the ante room. (USP 797 - (4.4) - *If located outside of ante room, it is in a clean space to minimize the risks of bringing contaminants into the anteroom.*	Yes	No	N/A
	X		

5. All surfaces of ceilings, walls, floors, doors, door frames, fixtures, shelving, work surfaces, counters, and cabinets in the classified area must be smooth, impervious, free from cracks and crevices, and Non shedding. (USP 797 - (4.3.1)	yes	No	N/A
	X		

6. Floors must include coving to the sidewall, or the juncture between the floor and the wall must be caulked. (USP 797 - (4.3.1)	Yes	No	N/A
	X		

7. Walls must be constructed of, or may be covered with, durable material (e.g., epoxy painted wall or heavy-gauge polymer) and the integrity of the surface must be maintained. (USP 797 - (4.3.1)	Yes	No	N/A
	X		

8. If ceilings consist of inlaid panels, the panels must be caulked around each panel to seal them to the support frame. (USP 797 - (4.3.1)	Yes	No	N/A
			X

9. Junctures between the ceiling and the walls and between the walls and floor must be sealed to eliminate cracks and crevices. (USP 797 - (4.3.1)	Yes	No	N/A
	X		

10. Doors in the anteroom and buffer room are coordinated to prevent both being open at the same time by interlocking, training, or signage. (USP 797 - (4.2.1) - *No tacky mats in ISO rated areas.*	Yes	No	N/A
	X		

11. Pass-through chambers are coordinated to prevent both from being open at the same time by interlocking, training, or signage. USP 797 - (4.2.1)	Yes	No	N/A
Not equipped			X

12. Buffer room does not contain plumbed water sources such as a sink, eyewash station, showers, or floor drains. (USP 797 - (4.4)	Yes	No	N/A
	X		

Environmental Controls - cleanroom suite

1. Certification of the cleanroom suite must be performed initially and recertification must be performed at least every 6 months and includes: (USP 797 - (5)	Yes	No	N/A
- *Airflow testing* - *HEPA filter integrity testing* - *Total particle count testing* - *Dynamic airflow smoke pattern test in each PEC*	X		
Last conducted 2/1/2024 by TSS			

2. Total airborne particle count testing is conducted in all classified areas every 6 months. (USP 797 - (5.1)	Yes	No	N/A
	X		

3. Anteroom is certified as ISO 8 having less than 3,520,000 particles, greater than or equal to 0.5 microns, per cubic meter of air. (USP 797 - (4.1.2) - (Table 4)	Yes	No	N/A
	X		

4. Buffer room is certified as ISO 7 having less than 352,000 particles, greater than or equal to 0.5 microns, per cubic meter of air. (USP 797 - (4.1.2) - (Table 4)	Yes	No	N/A
	X		

5. A minimum differential positive pressure of 0.02 inch water column is required between adjacent ISO-classified areas. (USP 797 - (4.2.5)	Yes	No	N/A
- *Anteroom is at least 0.02" w.c. positive pressure to unclassified area.* - *Buffer room is at least 0.02" w.c. positive pressure to anteroom* - *Pressures are continuously monitored by a pressure differential monitoring device.* - *The results from the pressure monitoring device are reviewed and documented at least daily.*	X		

6. ISO 7 buffer room is certified as having a minimum of 30 total HEPA filtered Air Changes Per Hour (ACPH). (USP 797 - (4.2.4)

- At least 15 ACPH of the total air change rate in a room must come from the HVAC through HEPA filter located in the ceiling.

- The HEPA filtered air from the PEC, when added to the HVAC supplied HEPA filtered air, must increase the total HEPA filtered ACPH to at least 30 ACPH.

- The ACPH from HVAC, ACPH contributed from the PEC, and the total ACPH must be documented on the certification report.

Yes	No	N/A
X		

7. ISO 8 anteroom is certified as having a minimum of 20 total HEPA filtered ACPH. (USP 797 - (4.2.4)

- At least 15 ACPH of the total air change rate in a room must come from the HVAC through HEPA filters located in the ceiling

- The total ACPH must be documented on the certification report.

Yes	No	N/A
X		

8. All HEPA filters in the cleanroom suite are leak tested. (USP 797 - (5)

Yes	No	N/A
X		

9. The temperature and humidity of each room in the cleanroom suite is monitored. (USP 797 - (4.2)

- Temperature should be 20 degrees C (68 degrees F) or cooler and a relative humidity of 60%.

- Readings are documented at least daily or stored on continuous reading device.

- Must be controlled by HVAC system

- No free-standing air conditioners, humidifiers, or dehumidifiers

- Monitoring devices must be verified for accuracy every 12 months or as required by manufacturer.

Yes	No	N/A
X		

10. Microbiological air and/or surface monitoring is conducted in all classified areas during dynamic operations. (USP 797 - (6.1)

- In conjunction with the certification of new facilities and equipment

- After any servicing of facilities or equipment

- In response to identified problems (e.g., positive growth in sterility tests of CSP's)

- In response to identified trends

- In response to changes that could impact the sterile compounding environment.

Yes	No	N/A
X		

11. Viable air sampling is conducted in all classified areas during dynamic operating conditions. (USP 797 - (6.1) - *Sampling is performed using a volumetric impaction air sampler* - *At least 1 cubic meter or 1000 Liters of air is sampled.* - *Diagram of sampling locations and procedures for collecting samples (frequency, time of day, action levels)*	Yes	No	N/A
	X		

12. Pharmacies that compound category 1 and category 2 compounds, viable air sampling is performed every 6 months. (USP 797 - (6.2.1)	Yes	No	N/A
	X		

13. Category 3 compounding pharmacies perform monthly viable air sampling. (USP 797 - (6.2.1) - *Must be completed at least 30 days prior to the commencement of any category 3 compounding.*	Yes	No	N/A
			X

14. Viable air sampling procedures are in compliance with Active Air Sampling Procedures for Viable Airborne Monitoring outlined in USP 797. (USP 797 - (Box 5)	Yes	No	N/A
	X		

Box 5

1. Follow the manufacturer's instructions for operation of the impaction air sampler, including placement of media device(s).
2. Using the impaction air sampler, test at least 1 cubic meter or 1000 L of air from each location sampled.
3. At the end of each sampling period, retrieve the media device and cover it. Handle and store media devices to avoid contamination and prevent condensate from dropping onto the agar during incubation and affecting the accuracy of the cfu reading (e.g., invert plates).
4. Incubate the media device at 30°–35° for no less than 48 h. Examine for growth. Record the total number of discrete colonies of microorganisms on each media device as cfu per cubic meter of air on an environmental sampling form based on sample type (i.e., viable air), sample location, and sample date.
5. Then incubate the media device at 20°–25° for no less than 5 additional days. Examine for growth. Record the total number of discrete colonies of microorganisms on each media device as cfu per cubic meter of air on an environmental sampling form based on sample type (i.e., viable air), sample location, and sample date.
6. Alternatively, to shorten the overall incubation period, two sampling media devices may be collected for each sample location and

b. Alternatively, to shorten the overall incubation period, two sampling media devices may be collected for each sample location and incubated concurrently.

A. Both media devices could be TSA or one media device could be TSA and the other fungal media (e.g., malt extract agar [MEA] or Sabouraud dextrose agar [SDA]).

B. Incubate each media device in a separate incubator. Incubate one media device at 30°–35° for no less than 48 h, and incubate the other media device at 20°–25° for no less than 5 days. If fungal media are used as one of the samples, incubate the fungal media sample at 20°–25° for no less than 5 days.

C. Count the total number of discrete colonies of microorganisms on each media device, and record these results as cfu per cubic meter of air.

D. Record the results of the sampling on an environmental sampling form based on sample type (i.e., viable air), and include the sample location and sample date.

15. A general microbiological growth media that supports the growth of bacteria and fungi is used. (USP 797 - (6.2.2)

Yes	No	N/A
X		

- COA's from the manufacturer verify that the sampling media devices meet the expected growth promotion, pH, and sterilization requirements

16. Total CFU count of viable air samples at each ISO rated location did not exceed action levels. (USP 797 - (Table 7)

Yes	No	N/A
X		

- ISO 5 No more than 1
- ISO 7 No more than 10
- ISO 8 No more than 100

17. If the total CFU count of viable air samples at each ISO rated location exceeded action levels. (USP 797 - (6.2.3)

Yes	No	N/A
X		

- Cause investigated
- Corrective action taken
- Data collected in response to corrective action must be reviewed to confirm the actions have been effective.

- Attempt made to identify any microorganism recovered to genus level
- corrective action should include resampling of failed areas to confirm corrective action was successful

18. Surface sampling includes diagram of sampling locations and procedures for collecting samples (frequency, time of day, action levels) (USP 797 - (6.1)	Yes	No	N/A
	X		

19. Surface sampling is conducted in each of the following. (USP 797 - (6.3.1) - *Each ISO rated area* - *Pass through chambers* - *Equipment contained withing the PEC* - *Staging or work areas near the PEC* - *Frequently touched surfaces*	Yes	No	N/A
	X		

20. Pharmacies that compound category 1 and category 2 compounds, surface sampling is conducted monthly. (USP 797 - (6.3.1)	Yes	No	N/A
	X		

21. Category 3 compounding pharmacies perform surface sampling weekly and prior to assigning extended beyond use dating. (USP 797 - (6.3.1) - *Conducted in the PEC at the end of each batch before cleaning and disinfection.*	Yes	No	N/A
			X

22. Surface sampling is in compliance with surface sampling procedures outlined in USP 797. (USP 797 - (Box 6)	Yes	No	N/A
	X		

Box 6

1. Remove the cover from the surface sampling media device. Using a rolling motion, firmly press the media surface onto the surface to be sampled. The media device will leave a residue of growth media on the sample site. After sampling, clean and disinfect the sampled area to remove the residue from the surface.
2. Cover each media device. Handle and store media devices to avoid contamination and prevent condensate from dropping onto the agar during incubation and affecting the accuracy of the cfu reading (e.g., invert plates).
3. Incubate media device(s) at 30°–35° for no less than 48 h. Examine for growth. Record the total number of discrete colonies of microorganisms on each media device as cfu per media device on an environmental sampling form based on sample type (i.e., surface), sample location, and sample date.
4. Incubate the media device at 20°–25° for no less than 5 additional days. Examine for growth. Record the total number of discrete colonies of microorganisms on each media device (cfu per sample) on the environmental sampling record based on sample type (i.e., surface), sample location, and sample date.
5. Alternatively, to shorten the overall incubation period, two surface sampling media devices may be collected for each sample location and incubated concurrently.

   A: Both media devices could be TSA or one media device could be TSA and the other fungal media (e.g., malt extract agar

(MEA) or Sabouraud dextrose agar (SDA)). Media must be supplemented with neutralizing additives (e.g., lecithin and polysorbate 80).

B. Incubate each media device in a separate incubator. Incubate one media device at 30°–35° for no less than 48 h, and incubate the other media device at 20°–25° for no less than 5 days. If fungal media are used, incubate the fungal media device at 20°–25° for no less than 5 days.

C. Count the total number of discrete colonies of microorganisms on each media device, and record these results as cfu per media device.

D. Record the results of the sampling on an environmental sampling form based on sample type (i.e., surface), and include the sample location and sample date.

23. Surface sampling media contains a general microbial growth media (e.g., TSA) supplemented with neutralizing additives (e.g., lecithin and polysorbate 80). (USP 797 - (6.3.2)

Yes	No	N/A
X		

- COA's from the manufacturer verify that the sampling media devices meet the expected growth promotion, pH, and sterilization requirements

24. Total CFU count of each surface location does not exceed action levels. (USP 797 - (Table 8)

- ISO 5 No more than 3
- ISO 7 No more than 5
- ISO 8 No more than 50

Yes	No	N/A
X		

25. If the total CFU count of surface sample locations exceed action levels. (USP 797 - (6.3.3)

- Cause investigated
- Corrective action taken
- Data collected in response to corrective action must be reviewed to confirm the actions have been effective.
- Attempt made to identify any microorganism recovered to genus level

Yes	No	N/A
X		

26. The designated person is familiar with viable air and surface monitoring requirements, interpretation of the results, ensures all testing is performed appropriately, and evaluates results to detect issues or trends. (USP 797 - (4.2) (6.1)

Yes	No	N/A

	X		

Primary Engineering Control(s)

1. The PEC(s) is located in an ISO 7 buffer room of a clean room suite that minimizes conditions that could increase the risk of microbial contamination. (USP 797 - (4.2.1)	Yes	No	N/A
- *Away from strong air currents from open doors.*	X		
- *Away from air streams from the HVAC system that could disrupt unidirectional airflow of an open faced PEC.*			

2. PEC(s) is free from visible damage and unsanitary conditions. (USP 797 - (4)	Yes	No	N/A
	X		

3. PEC(s) have been certified within the last six months to meet ISO 5 having less than 3,520 particles, greater than or equal to 0.5 microns, per cubic meter of air. (USP 797 - (4.2.3)	Yes	No	N/A
- *Dynamic airflow smoke pattern test performed to demonstrate unidirectional airflow.*	X		
- *HEPA filter integrity testing conducted.*			
2/1/2024 TSS			

4. Only equipment necessary for performing compounding activities is permitted in PEC. (Usp 797 - (4.5)	Yes	No	N/A
	X		

5. Viable air sampling is conducted in PEC(s) during dynamic operating conditions. (USP 797 - (6.1)	Yes	No	N/A
- *Sampling is performed using a volumetric impaction air sampler*	X		
- *At least 1 cubic meter or 1000 Liters of air is sampled.*			
- *Diagram of sampling locations and procedures for collecting samples (frequency, time of day, action levels)*			

6. Pharmacies that compound category 1 and category 2 compounds, viable air sampling in PEC(s) is performed every 6 months. (USP 797 - (6.2.1)	Yes	No	N/A
	X		

7. Category 3 compounding pharmacies perform monthly viable air sampling in PEC(s). (USP 797 - (6.2.1)	Yes	No	N/A

- *Must be completed at least 30 days prior to the commencement of any category 3 compounding.*			X

8. Viable air sampling procedures are in compliance with Active Air Sampling Procedures for Viable Airborne Monitoring outlined in USP 797. (USP 797 - (Box 5)	Yes	No	N/A
	X		

9. Total CFU count of viable air samples taken in the PEC did not exceed action levels. (USP 797 - (Table 7)	Yes	No	N/A
- *ISO 5 No more than 1*	X		

10. If the total CFU count of viable air samples taken in the PEC(s) exceeded action levels. (USP 797 - (6.2.3)	Yes	No	N/A
- *Cause Investigated*	X		

- *Corrective action taken*
- *Data collected in response to corrective action must be reviewed to confirm the actions have been effective.*
- *Attempt made to identify any microorganism recovered to genus level*
- *corrective action should include resampling of failed areas to confirm corrective action was successful*

11. Surface sampling is conducted monthly for pharmacies that compound category 1 and category 2 compounds,. (USP 797 - (6.3.1)	Yes	No	N/A
- *Includes equipment contained in PEC(s)*	X		

12. Surface sampling weekly and prior to assigning extended beyond use dating for category 3 compounding pharmacies. (USP 797 - (6.3.1)	Yes	No	N/A
- *Conducted in the PEC at the end of each batch before cleaning and disinfection.*	X		
- *Includes equipment contained in PEC(s)*			

13. Surface sampling is in compliance with Surface Sampling Procedures outlined in USP 797. (USP 797 - (Box 6)	Yes	No	N/A
	X		

14. Total CFU count of each surface location in PEC(s) did not exceed action levels. (USP 797 - (Table 8)	Yes	No	N/A
- *ISO 5 No more than 3*	X		

15. If the total CFU count of surface sample locations exceed action levels in PEC(s). (USP 797 - (6.3.3)	Yes	No	N/A
- *Cause Investigated* - *Corrective action taken* - *Data collected in response to corrective action must be reviewed to confirm the actions have been effective.* - *Attempt made to identify any micraorganism recovered to genus level*	X		

16. Pharmacy is utilizing a RABS (CAI) to prepare Category 2 CSP's	Yes	No	N/A
- *It is located in a cleanroom suite (USP 797 - (4.2.3)* - *Sterile gloves are worn over the gloves attached to the RABS sleeve. (USP 797 - (3.3)* - *Recovery time after opening the transfer chamber to achieve ISO 5 is documented. (USP 797 - (4.2.3)*			X

17. If the PEC(s) used for non-sterile compounding is placed in the same room as the PEC(s) for sterile compounding, they are at least 1 meter apart. (USP 797 - (4.2.1)	Yes	No	N/A
- *Particle generating activity must not be performed when sterile compounding is in process.*			X

<u>PEC located in a Segregated Compounding Area (SCA)</u>

1. All surfaces (walls, floors, counters, equipment) is clean, uncluttered and dedicated to compounding. (USP 797 - (4.3.2) (4.2.1)	Yes	No	N/A
- *The area within 1 meter of the PEC is dedicated only for sterile compounding* - *The compounding area shall have cleanable surfaces to include walls, ceilings, and floors. (34-23-152)*			X

	Yes	No	N/A
2. Located away from unsealed windows or doors that connect to the outdoors, restrooms, warehouses, or food preparation areas. (USP 797 - (4.2.1)			X
3. Access to the SEC is restricted to authorized personnel and required materials. (USP 797 - (4.2.1)			X
4. The hand washing sink is at least 1 meter away from the PEC. (USP 797 - (4. - *The sink may be either inside the SCA or in close proximity to the SCA.*			X
5. The PEC inside the SCA is in a location that minimizes conditions that could increase the risk of microbial contamination. (USP 797 - (4.2.1) - *The PEC is free from visible damage and unsanitary conditions (USP 797 - (4)*			X
6. PEC(s) have been certified within the last six months to meet ISO 5. (USP 797 - (4.2.3) - *Dynamic airflow smoke pattern test performed to demonstrate unidirectional airflow.* - *HEPA filter integrity testing conducted.*			X
7. Only equipment necessary for performing compounding activities is permitted in PEC. (USP 797 - (4.5)			X
8. All garbing requirements are followed by personnel compounding sterile products. (USP 797 - (3.3)			X
9. Viable air sampling in PEC(s) located in the segregated compounding area is performed every 6 months. (USP 797 - (6.2.1)			X

10. Viable air sampling is conducted in PEC(s) during dynamic operating conditions. (USP 797 - (6.1)

Yes	No	N/A
		X

- *Sampling is performed using a volumetric impaction air sampler*
- *At least 1 cubic meter or 1000 Liters of air is sampled.*
- *Diagram of sampling locations and procedures for collecting samples (frequency, time of day, action levels)*

11. Total CFU count of viable air samples taken in the PEC did not exceed action levels. (USP 797 - (Table 7)

Yes	No	N/A
		X

- *ISO 5 No more than 1*

12. Viable air sampling procedures are in compliance with Active Air Sampling Procedures for Viable Airborne Monitoring outlined in USP 797. (Box 5)

Yes	No	N/A
		X

13. If the total CFU count of viable air samples taken in the PEC(s) exceeded action levels. (USP 797 - (6.2.3)

Yes	No	N/A
		X

- *Cause investigated*
- *Corrective action taken*
- *Data collected in response to corrective action must be reviewed to confirm the actions have been effective.*
- *Attempt made to identify any microorganism recovered to genus level*
- *corrective action should include resampling of failed areas to confirm corrective action was successful*

14. Surface sampling is conducted monthly. (USP 797 - (6.3.1)

Yes	No	N/A
		X

- *Includes equipment contained in PEC(s)*

15. Total CFU count of each surface location in PEC(s) did not exceed action levels. (USP 797 - (Table 8)

Yes	No	N/A
		X

- *ISO 5 No more than 3*

16. Surface sampling is in compliance with Surface Sampling Procedures outlined in USP 797. (USP 797 - (Box 6)	Yes	No	N/A
			X

17. If the total CFU count of surface sample locations exceed action levels in PEC(s). (USP 797 - (6.3.3) - *Cause investigated* - *Corrective action taken* - *Data collected in response to corrective action must be reviewed to confirm the actions have been effective.* - *Attempt made to identify any microorganism recovered to genus level*	Yes	No	N/A
			X

18. The designated person is familiar with viable air and surface monitoring requirements, interpretation of the results, ensures all testing is performed appropriately, and evaluates results to detect issues or trends. (USP 797 - (4.2) (6.1)	Yes	No	N/A
			X

19. Compounded sterile products compounded in the SCA are given a beyond use date of 12 Hr. room temperature and 24 Hrs. refrigerated. (USP 797 - (Table 12)	Yes	No	N/A
			X

<u>Cleaning, Disinfecting, Applying Sporicidal Disinfectants and Sterile 70% IPA. (7)</u>

1. All cleaning and disinfecting activities are performed by trained and appropriately garbed personnel using facility-approved agents and procedures. (USP 797 - (7)	Yes	No	N/A
			X

2. Pharmacies compounding Category 1 and Category 2 CSP's, the PEC and equipment inside the PEC is cleaned and disinfected daily when compounding occurs. (USP 797 - (7) (Table 10) - *70% sterile IPA is applied after cleaning and disinfecting* - *All cleaning, disinfecting and sporicidal agents used in PEC are sterile (USP 797 - (7.1.1)*	Yes	No	N/A
			X

- *Sporicidal disinfectant applied Monthly.*
- *Manufacturer's directions for contact time is followed.*

	Yes	No	N/A
3. Category 3 compounding pharmacies clean and disinfect the PEC and equipment inside the PEC daily when compounding occurs. (USP 797 - (7) (Table 10) - *70% sterile IPA is applied after cleaning and disinfecting* - *All cleaning, disinfecting and sporicidal agents used in PEC are sterile (7.1.1)* - *Sporicidal disinfectant is applied Weekly* - *Manufacturers direction for contact time is followed.*			X
4. Pharmacies compounding Category 1 and Category 2 CSP's, work surfaces, floors, sink(s) and pass-through chamber(s) are cleaned and disinfected daily when compounding occurs. (USP 797 - (7) (Table 10) - *Sporicidal disinfectant applied Monthly.* - *Manufacturer's directions for contact time is followed.*			X
5. Category 3 compounding pharmacies perform daily cleaning and disinfecting of work surfaces, floors, sink(s) and pass-through chambers daily. (USP 797 - (7) (Table 10) - *Sporicidal disinfectant is applied Weekly* - *Manufacturers direction for contact time is followed.*			X
6. Pharmacies compounding Category 1, Category 2, and Category 3 CSP's, walls, doors, ceiling, storage shelving, bins, and equipment is cleaned and disinfected monthly. (USP 797 - (7) (Table 10) - *Ceilings of SCA are only required to be cleaned and disinfected when visibly soiled or when surface contamination is suspected.* - *Manufacturers direction for contact time is followed.*			X
7. All cleaning and disinfecting supplies (wipers, sponges, pads, and mop heads) must be low lint. (USP 797 - (7.1.2)			X

Compounding Procedures

	Yes	No	N/A
1. Compounding personnel verify that CSP components are the correct identity, quantity, storage conditions, and within expiration date before compounding. (USP 797 - (9.3.3)			X

	Yes	No	N/A
2. Compounding was observed or simulated during the inspection.			X

	Yes	No	N/A
3. Before items are introduced into the clean side of the ante room, placed into pass-through chambers, or brought into the SCA, they are wiped with a disinfectant. (USP 797 - (8.1) *- sporicidal disinfectant, EPA-registered disinfectant or sterile 70% IPA is used.* *- Low lint wipers are used by personnel wearing gloves.*			X

	Yes	No	N/A
4. The PEC is disinfected with sterile 70% IPA before initiating compounding. (USP 797 - (7)			X

	Yes	No	N/A
5. Before items are introduced into the PEC, items are wiped with sterile 70% IPA and allowed to dry. (USP 797 - (8.2)			X

		No	N/A
6. Critical sites (vial stoppers, ampule necks, and intravenous bag septums) are wiped with sterile 70% IPA. (USP 797 - (8.3)			X

	Yes	No	N/A
7. Compounding personnel use appropriate aseptic technique. (USP 797 - (2) *- Proper use of 1st air* *- Gloves are disinfected with sterile 70% IPA before compounding and regularly throughout the compounding process*			X

Equipment, Supplies, and Components

	Yes	No	N/A
1. The equipment used in compounding is appropriate, clean and capable of operating properly. (USP 797 - (9.1) *- Equipment is of suitable composition and not reactive or sorptive.* *- Calibration and maintenance is based on manufacturer's recommendations.*	X		

- *Daily record of accuracy assessment is maintained.*

	Yes	No	N/A
2. Automated Compounding Devices (ACD's) have an accuracy assessment conducted each day before being used to compound CSP's. (USP 797 - (9.1)			
- *Daily record maintained*	X		

	Yes	No	N/A
3. Equipment designed to deliver a specific volume of solution(s) and/or scales have an accuracy assessment conducted each day before being used to compound CSP's. (USP 797 - (9.1) / (34-23-153)			
- *Daily record maintained*	X		

	Yes	No	N/A
4. All Active Pharmaceutical Ingredients (API's) are evaluated for suitability for use in sterile drug preparations. (USP 797 - (9.3.1)			
- *Components or API's are NOT labeled "not for pharmaceutical use", "not for injectable use", "not for human use", or an equivalent statement.*			X

	Yes	No	N/A
5. Active Pharmaceutical Ingredients (API's) and Components: (USP 797 - (9.3.1)			
- *Comply with the criteria in the USP-NF monograph if one exists*			X
- *Have a Certificate of Analysis (COA) that includes the specifications and meets the expected quality.*			
- *Manufactured in a FDA registered facility*			
- *In expiry date and stored within manufacturers guidelines*			
- *Stored in a manner to prevent contamination, mix-ups, and deterioration*			

	Yes	No	N/A
6. Components that cannot be obtained from FDA-registered facilities, the compounding facility must establish the identity, strength, purity, and quality of the ingredients. (USP 797 - (9.3.1)			X

	Yes	No	N/A
7. The temperature and humidity where all API's and components are stored is monitored. (USP 797 - (9.3.4)			
- *Daily log maintained*			X

- *Manitoring equipment is callbrated or verified for accuracy as recommended by the manufacturer or every 12 months.*

	Yes	No	N/A
8. Any API or component found to be of unacceptable quality is labeled as rejected and segregated from active stock. (USP 797 - (9.3.3)			X

	Yes	No	N/A
If a component is transferred from the original container, the new container has the following information: (34-23-157)			X

- *Component name*
- *Manufacturer*
- *Lot number*
- *Expiration date*

Compounding Records (CR), Visual Inspection, and Final Check

	Yes	No	N/A
1. A master formulation (MFR) is created for all CSP's prepared from nonsterile ingredients or CSP's prepared for more than one patient. (USP 797 - (11.1)	X		

- *Name, strength or activity, and dosage form of the CSP*
- *Identities and amounts of all ingredients*
- *Type and size of container closure system*

- *Complete instructions for preparing the CSP, including equipment, supplies, description of the compounding steps, and any special precautions*
- *Physical description of the final CSP*
- *BUD and storage requirements*
- *Reference source to support the stability of the CSP*
- *Quality control procedures (e.g., pH testing, filter integrity testing)*
- *Other information needed to describe the compounding process to ensure repeatability*

	Yes	No	N/A
2. A Compounding Record (CR) is created for all Category 1, Category 2, and Category 3 CSP's. (USP 797 - (11.2)	X		

- *A prescription or medication order or label may serve as the CR*
- *Required information may be stored electronically*

3. The Compounding Record (CR) contains the following information. (USP 797 - (11.2)

Yes	No	N/A
X		

- *Name, strength or activity, and dosage form of the CSP*
- *Date and time of preparation of the CSP*
- *Assigned internal identification number (Prescription, order, lot number)*
- *A method to identify the individuals involved in the compounding process*
- *Name of each component*
- *Weight or volume of each component*
- *Strength or activity of each component*
- *Total quantity compounded*
- *Final yield (quantity, containers, number or units)*
- *Assigned BUD and storage requirements*
- *Results of QC procedures*
- *If Applicable*
  - *Vendor, lot number, and expiration date for each component for CSP's prepared for more than one patient and for CSP's prepared from nonsterile ingredients*
  - *MFR reference for the CSP*
  - *Calculations made to determine and verify quantities and/or concentrations of components*

4. A visual inspection of the final compounded product is performed. (USP 797 - (12.1)

Yes	No	N/A
X		

- *Physical appearance (particulate matter, discoloration)*

- *Container closure integrity*

	Yes	No	N/A
5. The label on the CSP contains the following. (680-x-2-.13) (USP 797 - (13)			
- *Name and address of the dispensing pharmacy*	X		
- *Directions for use*			
- *Assigned internal identification number (prescription, barcode, lot number)*			
- *Active ingredients and their amounts, activities, or concentration*			
- *Storage conditions*			
- *Beyond Use Date*			
- *Dosage form*			
- *Total amount or volume*			
- *Type of dose container (single, multiple)*			
- *Routes of administration*			
- *Special handling instructions and warning statements*			

	Yes	No	N/A
6. A final verification and check is performed by a pharmacist before the CSP is dispensed. (680-x-2-.14e) (USP 797 - (12) - (12.1)			
- *Visual check of the CSP and container*	X		
- *Prescription/orders and label*			
- *Compounding record (medications, amounts, calculations, quality control)*			

	Yes	No	N/A
7. If a CSP is dispensed or administered before the results of release testing (endotoxin and sterility testing) are known, the following procedures are in place. (USP 797 - (18.1)			
- *Immediately notify the prescriber of the failure*	X		
- *Recall any unused dispensed CSP's and quarantine any remaining stock*			
- *Investigate if other lots are affected*			

- *Procedure to determine the distribution of any affected CSP*
- *Procedure to identify patients who may have received CSP*
- *Procedure to investigate and document the reason for the failure*

8. The pharmacy has a SOP for handling complaints such as quality, labeling, or possible adverse reactions. (USP 797 - (18.2)	Yes	No	N/A
	X		

- *Investigation into the cause of the problem*
- *Corrective action*
- *Documentation (nature, date received, response)*

Product Dating / Beyond Use Dates

1. Compounded products are assigned beyond use dates in compliance with USP 797 limits. (Table 12 / Tabe 13 / Table 14)	Yes	No	N/A
	X		

Table 12. BUD Limits for Category 1 CSPs*

Storage Conditions	
Controlled Room Temperature (20°–25°)	Refrigerator (2°–8°)
≤12 h	≤24 h

* [illegible]

Table 13. BUD Limits for Category 2 CSPs*

Preparation Characteristics		Storage Conditions		
Compounding Method	Sterility Testing Performed and Passed	Controlled Room Temperature (20°–25°)	Refrigerator (2°–8°)	Freezer (–25° to –10°)
Aseptically processed CSPs	No	Prepared from one or more non-sterile starting component(s): 1 day	Prepared from one or more non-sterile starting component(s): 4 days	Prepared from one or more non-sterile starting component(s): 45 days
		Prepared from only sterile starting components: 4 days	Prepared from only sterile starting components: 10 days	Prepared from only sterile starting components: 45 days
	Yes	30 days	45 days	60 days
Terminally sterilized CSPs	No	14 days	28 days	45 days
	Yes	45 days	60 days	90 days

* A shorter BUD must be assigned when the ingredients and chemical stability of the CSP or least stable ingredient dictate [illegible]

Table 14: BUD Limits for Category 3 CSPs[1]

Preparation Characteristics	Storage Conditions		
Compounding Method	Controlled Room Temperature (20°–25°)	Refrigerator (2°–8°)	Freezer (−25° to −10°)
Aseptically processed, sterility tested, and passing all applicable tests for Category 3 CSPs	60 days	90 days	180 days
Terminally sterilized, sterility tested, and passing all applicable tests for Category 3 CSPs	90 days	120 days	180 days

[1] A shelf-life extension based on appropriate physical and chemical stability data may be assigned.

2. A manufactured single dose container may be used up to 12 hrs. after initial entry if entered in an ISO 5. (USP 797 - (15.1)	Yes	No	N/A
	X		

3. Opened single dose ampules are not stored. (USP 797 - (15.1)	Yes	No	N/A
			X

4. Manufactured multiple-dose containers are given a beyond use date of 28 days after initial entry if entered in ISO 5. (USP 797 - (15.2)	Yes	No	N/A
	X		

5. Manufactured pharmacy bulk packages are used according to the manufacturer's labeling and entered in ISO 5. (USP 797 - (15.3)	Yes	No	N/A
	X		

6. A CSP used a component is assigned a BUD consistent with USP Table 14 (Establishing Beyond-Use Dates). (USP 797 - (16)	Yes	No	N/A
- The final CSP is assigned a BUD consistent with USP Table 14 (Establishing Beyond-Use Dates)			X

7. A compounded multiple dose product that contains a preservative must be compounded as a Category 2 or Category 3 compound, pass antimicrobial effectives testing in accordance with <51> and have a container closure integrity test conducted. (USP 797 - (14.5)	Yes	No	N/A
- Antimicrobial effectiveness testing is conducted once for each formulation in the particular container closure system in which it will be packaged.			X

- *antimicrobial effectiveness testing results from an FDA-registered facility or published in peer-reviewed literature sources if the formulation and container closure system are exactly the same.*
- *Antimicrobial effectiveness testing may be performed on a low concentration and on a high concentration of the active ingredient*

	Yes	No	N/A
8. Non preserved compounded multiple-dose aqueous topical and topical Opthalmic products, antimicrobial effectiveness testing is not required if. (USP 797 - (14.5)			
- *Prepared as a Category 2 or Category 3, and* - *For use by a single patient, and* - *Labeled to indicate that once opened, it must be discarded after 24 hr. room temperature once opened and 73 hr. when refrigerated.*			X

	Yes	No	N/A
9. Compounded stock solutions and compounded single dose products. (USP 797 - (16.2)			
- *Must be entered in ISO and stored under conditions BUD is based.* - *May be used for compounding up to 12 hrs. or its assigned BUD and remainder discarded.* - *The time limit for entering or puncturing is not intended to restrict the final BUD of the CSP.*			X

Extended Beyond Use Dating / Non-Sterile Components

	Yes	No	N/A
1. If preparing Category 2 or Category 3 CSP's from nonsterile components, presterilization procedures, such as weighing and mixing, are completed in an ISO 8 or better environment. (USP 797 - (4.2.6)			
- *Performed in a containment ventilated enclosure (CVE), single use containment glove bag, BCS, or CACI.* - *The CVE used is certified at least every six months.*			X

	Yes	No	N/A
2. Injectable CSP's that contain nonsterile components or that come in contact with nonsterile devices (e.g., containers, tubing) during any phase of the compounding process are sterilized within 6 hr. after completing the preparation. (USP 797 - (10)			
			X

3. Sterility testing is performed on Category 2 CSP's assigned a BUD that requires sterility testing. (USP 797 - (12.2)

- *Sterility testing is performed according to <71>*
- *Appropriate number of CSP's are sent for testing.*
- *Or a validated alternative method (see 1223) that is not inferior to <71>.*

Yes	No	N/A
		X

4. Bacterial endotoxin testing is performed on Category 2 injectable CSP's compounded from one or more nonsterile components and assigned a BUD that requires sterility testing. (USP 797 - (12.3)

- *In the absence of a bacterial endotoxin limit in an official USP-NF monograph, must not exceed limit calculated in <85> for the appropriate route of administration for humans.*

Yes	No	N/A
		X

5. Depyrogenation by dry heat. (USP 797 - (10.1)

- *Glass, metal, or other thermostable containers that come in contact with the CSP are depyrogenated by dry heat. (9.2)*
- *Duration and exposure period must include sufficient time for the items to reach the depyrogenation temperature.*
- *The effectiveness of the cycle is verified using endotoxin challenge vials (ECV's) initially and at least once annually after.*

Yes	No	N/A
		X

6. Sterilization by filtration. (USP 797 - (10.2)

- *Sterilizing filter are 0.22 micron or smaller, sterile, depyrogenated and appropriate for pharmaceutical use.*
- *Chemically and physically compatible with all ingredients of the CSP*
- *Filters are certified by the manufacturer to retain at least 107 microorganisms of a strain of Brevundimonas Diminuta on each square centimeter upstream filter surface area under conditions similar to those in which the CSP will be filtered (pressure, flow rate, volume)*
- *Filters do not contain a label that states "for laboratory use only" or similar wording.*
- *Each filter used to sterilize the CSP must undergo the manufacturers recommended integrity testing.*

Yes	No	N/A
		X

7. Sterilization of CSP's by steam heat. (Usp 797 - (10.3)

Yes	No	N/A

		X

- CSP's must be directly exposed to steam under adequate pressure for the length of time necessary (e.g., 20-60 minutes at 121 degrees saturated steam under a pressure of 15 psi, depending on the volume or size of the CSP being sterilized)

- CSP must be placed to allow steam to reach the CSP without entrapment of air and must include sufficient time for the entire contents of the CSP to reach sterilizing temperature.

- Immediately before filling containers that will be steam sterilized, solutions must be passed through a filter with a nominal pore size of not larger that 1.2 micron for removal of particulate matter.

- The effectiveness of steam sterilization must be verified with each sterilization run or load by using appropriate biological indicators, such as spores of Geobacillus Stearothermophilus.

8. Sterilization by dry heat. (USP 797 - (10.4)

Yes	No	N/A
		X

- The duration of the exposure period must include sufficient time for the entire contents of the CSP to reach sterilizing temperature and remain for the duration of the sterilizing period.

- Immediately before filling containers that will be sterilized by dry heat, solutions must be passed through a filter with a nominal pore size of not larger that 1.2 micron for removal of particulate matter.

- The dry heat oven must be certified and equipped with temperature controls and a timer.

- The effectiveness of dry heat sterilization must be verified with each sterilization run or load by using appropriate biological indicators, such as spores of Bacillus Astophaeus.

9. Each time a Category 3 CSP is prepared, sterility testing is performed. (USP 797 - (14.4.4)

Yes	No	N/A
		X

- Sterility testing is performed according to <71>

- Appropriate number of CSP's are sent for testing.

- Or a validated alternative method (see 1223) that is not inferior to <71>.

10. Each time a Category 3 CSP is prepared, bacterial endotoxin testing is performed. (USP 797 - (14.4.4)

Yes	No	N/A

- In the absence of a bacterial endotoxin limit in an official USP-NF monograph, must not exceed limit calculated in <85> for the appropriate route of administration for humans.			X

	Yes	No	N/A
11. The BUD assigned to Category 3 CSP's must be supported by stability data obtained using a stability-indicating analytical method validated based on characteristics described in <1225>. (USP 797 - (14.4.3)			
- Able to distinguish the active ingredient from its degradants and impurities (e.g., by forced degradation studies) and quantify the amount of the active ingredient.			X
- Must be prepared according to the exact formulation from which the stability data are derived and same container closure system.			
- Documentation of the stability study, description of methodology, validation of the method, the stability-indicating analytical method, and all results of the study.			

	Yes	No	N/A
12. If the Category 3 CSP is an injection or ophthalmic solution, particulate-matter testing has been conducted once for each formulation and container closure system. (USP 797 - (14.4.3)			X

	Yes	No	N/A
13. Category 3 CSP's do not exceed to BUD's permitted by USP 797. (USP 797 - (Table 14)			X

Hazardous Drugs. USP 800

	Yes	No	N/A
1. For final dosage forms of hazardous drugs that do not require further manipulation and are not required to follow the containment requirements of USP 800, an assessment of risk with alternative containment strategies/and or work practices has been performed. (USP 800 - (2), (Box 1)			
- *Type of HD*			
- *Dosage form*			
- *Risk of exposure*			
- *Packaging*			
- *Manipulation*			X

- *Reviewed every 12 months*

2. Antineoplastic HDs and all HD API's are unpacked in an area that is neutral/normal or negative pressure areas. (USP 800 - (5.1)/ (10)

Yes	No	N/A
		X

- *PPE, including chemotherapy gloves must be worn when unpacking antineoplastic and API HDs.*
- *HDs are delivered to the storage area immediately after unpacking*

3. Antineoplastic HD's requiring manipulation and any HD API are stored separately from non-HDs. (USP 800 - (5.2)

Yes	No	N/A
		X

- *Stored in an externally ventilated room*
- *Negative pressure room with at least 12 air changes per hour*
- *Dedicated refrigerator*

4. The pharmacy has a hazard communication program to ensure worker safety during all aspects of HD handling. (USP 800 - (8)

Yes	No	N/A
		X

- *A written plan that describes how the standard will be implemented*
- *Have SOPs for proper labeling, transport, storage, and disposal of HDs*
- *Have an Safety Data Sheet (SDS) for each hazardous chemical they use and are readily accessible to personnel during each work shift.*
- *Personnel who may be exposed to hazardous chemicals when working must be provided information and training before being able to work with hazardous chemicals*
- *Personnel of reproductive capability must confirm in writing that they understand the risks of handling HDs*

5. All personnel who handle HDs have received initial training and competency evaluations and at least every 12 months after on the following. (USP 800 - (9)

Yes	No	N/A
		X

- *Overview of entity's list of HDs and their risks*
- *Review of the entity's SOP's related to handling of HDs*
- *Proper use of PPE*
- *Proper use of equipment and devices*
- *Response to known or suspected HD exposure*
- *Spill management*
- *Proper disposal of HDs and trace contamination*

Yes	No	N/A
		X

6. The surfaces of ceilings, walls, floor, fixtures, shelving, counters and cabinets where hazardous CSPs are compounded are smooth, impervious, free from cracks and crevices and non-shedding. (USP 800 - (5.3.1)

Yes	No	N/A
		X

7. Anteroom is certified as (USP 800 - (5.3.2)

- ISO 7 having less than 352,000 particles, greater than or equal to 0.5 microns, per cubic meter of air.

- certified as having a minimum of 30 total HEPA filtered Air Changes Per Hour.

- Has at least 0.02" w.c. positive pressure to the unclassified area and pressure is reviewed and documented daily.

- Certification is conducted every six months

Yes	No	N/A
		X

8. The HD buffer room is certified as having the following : (USP 800 - (5.3.2)

- ISO 7 having less than 352,000 particles, greater than or equal to 0.5 microns, per cubic meter of air.

- A minimum of 30 total HEPA filtered air changes per hour

- Externally vented

- Negative pressure between 0.01 and 0.03 inches of water column relative to adjacent areas and pressure is reviewed and documented daily.

- Certification is conducted every six months.

Yes	No	N/A
		X

9. The C-SCA - Containment Segregated Compounding Area is certified as having the following. (USP 800 (5.3.2)

- Fixed walls

- Negative pressure between 0.01" and 0.03" w.c. relative to adjacent areas

- Externally vented

- Minimum of 12 ACPH

- Sink is at least 1 meter from C-PEC or directly outside the C-SCA

Yes	No	N/A
		X

10. The C-PEC is certified as ISO 5 having less than 3,520 particles, greater than or equal to 0.5 microns, per cubic meter of air. (USP 797 - (4.2.3)

- Externally vented through HEPA filtration

- *Certification is conducted every six months*

	Yes	No	N/A
11. An eyewash station and /or other emergency or safety precautions is readily available. (USP 800 - (5.3)			X

	Yes	No	N/A
12. Personnel who compound hazardous CSPs are fully garbed with gowns, hair covers, shoe covers, 2 pair of chemotherapy gloves, and respiratory protection. (USP 800 - (7)			X

- *Gowns are disposable and shown to resist permeability (USP 800 - 7.2)*
- *A second pair of shoe covers is donned before entering the HD compounding area. (USP 800 - 7.3)*
- *Appropriate eye and face protection is worn when there is a risk of spills or splashes. (USP 800 - 7.4)*
- *Gloves meet ASTM standard D6978 (USP 800 - 7.1)*
- *A NIOSH certified N-95 mask or more protective respiratory is worn when protection from HD exposure is required. (USP 800 - (7.5)*

	Yes	No	N/A
13. The following is doffed before entering areas where non-hazardous drugs are compounded. (USP 800 - (7.1) / (7.2) / (7.6)			X

- *Outer pair of chemotherapy gloves*
- *Gown*
- *Outer shoe covers*

	Yes	No	N/A
14. Pharmacies compounding Category 1 and Category 2 hazardous CSPs, deactivate, decontaminate, clean and disinfect the following daily: (USP 797 (7) - USP 800 (15).			X

- *Work surfaces, floors, sinks, pass through chamber*
- *Sporicidal disinfectant applied Monthly*

15. Category 3 pharmacies compounding hazardous CSPs, deactivate, decontaminate, clean and disinfect the following daily: (USP 797 (7) - USP 800 (15).	Yes	No	N/A
- *Work surfaces, floors, sinks, pass through chamber*			X
- *Sporicidal disinfectant applied Weekly*			

16. Pharmacies compounding Category 1, Category 2, Category 3 hazardous CSPs deactivate, decontaminate, clean and disinfect the following monthly: (USP 797 (7) (Table 10) - USP 800 (15)	Yes	No	N/A
- *Walls, ceiling, doors, storage shelving, bins, and equipment*			X

17. The PEC for pharmacies compounding Category 1 and Category 2 hazardous CSPs are deactivated, decontaminated, cleaned, and disinfected daily and between compounds with different components. (USP 797 (7) (Table 10) - USP 800 (15)	Yes	No	N/A
- *All agents used in the PEC are sterile*			X
- *Sporicidal disinfectant applied Monthly*			

18. The PEC for Category 3 pharmacies compounding hazardous CSPs is deactivated, decontaminated, cleaned, and disinfected daily and between compounds with different components. (USP 797 (7) (Table 10) - (USP 800 (15)	Yes	No	N/A
- *All agents used in the PEC are sterile*			X
- *Sporicidal disinfectant applied Weekly*			

19. The pharmacy has a spill kit readily available in all areas where hazardous drugs are routinely handled. (USP 800 - (16)	Yes	No	N/A
			X

Alabama Board of Pharmacy

Notes and Comments

Status:

Closed- Compliant

Board of Pharmacy Inspector:

C.Shaw

Alabama Board of Pharmacy Disclaimer : During this inspection, not all rules and regulations may have been inspected for compliance. This does not preclude or excuse your compliance with all applicable rules and regulations of the Alabama Board of Pharmacy.

Alabama State Board of Pharmacy

2026

This is to certify:

Bioplus Specialty Infusion AL, LLC
2511 Ross Clark Circle
Dothan, AL 36301

Permit Number:

110739

Is Duly Licensed as a:

Community Pharmacy

Specialty Services:

Parenteral
Sterile Compounding

Supervising Pharmacist

Jason Allen Flebotte
13808

IN COMFORMITY WITH THE PROVISIONS OF ACT #205, GENERAL ACTS OF ALABAMA, 1966 SPECIAL SESSION, AND RULES AND REGULATIONS OF THE BOARD. THIS CERTIFICATE MUST BE CONSPICIOUSLY DISPLAYED AND EXPIRE ON THE LAST DAY OF

December 2026

THIS IS YOUR RECEIPT FOR FEE PAID AS REQUIRED BY LAW
THIS PERMIT IS NOT TRANSFERRABLE

Donna C. Yeatman
EXECUTIVE SECRETARY

2026

Alabama State Board of Pharmacy

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE

Controlled Substance Number:

CS110739

Business Activity:

Community Pharmacy

Schedules:

II, III, IV, V

The Controlled Substance Act of 1971 reads in part as follows:
Section 304 (Revocation and Suspension of the Registration.)

(a) A registration under Section 303 to manufacture, distribute, or dispense a controlled substance may be suspended or revoked by the Certifying Boards upon a finding that the registrant:

(1) Has furnished false or fraudulent material information in any application filed under this Act,

(2) Has been convicted of a felony under any State or Federal law relating to any controlled substance or

(3) Has had his Federal registration suspended or revoked to manufacture, distribute, or dispense controlled substances

(4) Has violated the provisions Act 205 (al-a32) Code of Alabama 1940 (Recomp. 1958)

Date Issued: 12/06/2000

Expiration Date: 12/31/2026

Bioplus Specialty Infusion AL, LLC
2511 Ross Clark Circle
Dothan, AL 36301

CERTIFICATE MUST BE PROMINENTLY DISPLAYED AT ALL TIMES

ALABAMA STATE BOARD OF PHARMACY

111 Village Street
Birmingham, AL 35242

Permit Verification

Name: Bioplus Specialty Infusion AL, LLC

Pharmacy Number: 110739

Permit Type: Pharmacy

Permit Status: Active

Date Issued: 07/15/1996

Expiration Date: 12/31/2026

Disciplinary Action: No Discipline

Date Prepared: May 12, 2026

Jon Linna, R.Ph.
Executive Secretary

4WWW

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	■ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			■ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	■ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Fidelis Specialty Pharmacy

Physical Address: 1002 S Baldwin Ave

City: Arcadia State: CA Zip: 91007

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 626-447-2138 Toll Free # (NAC 639.708, NRS 639.23286): 866-643-2042

Fax: 626-447-6433 Contact Email: elee@fidelis-rx.com

Website: fidelis-rx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Eliza Lee

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): _____

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Eliza Lee	NV Pharmacist Registration #: 21954
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Wagner Lemus

Business Name: Fidelis Health Group, LLC

Business Address: 5275 Arville Street, Suite 156

City: Las Vegas State: NV Zip: 89118

Telephone: 702-815-0800 Email: wlemus@fidelis-rx.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacy Manager (title) for Fidelis Specialty Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Eliza Lee

Print Name of Authorized Person

Eliza Lee

Original signature of Authorized Person (copies or stamps not accepted)

4/14/26

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Eliza Lee hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacy Manager (title) for Fidelis Specialty Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Eliza Lee
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

_____
Notary Public

PLEASE SEE ATTACHED NOTARY CERTIFICATE

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 15 day of April,

2026 by Eliza Lee,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature (Seal)

MIMI BANZON
Notary Public - California
Los Angeles County
Commission # 2494906
My Comm. Expires Aug 15, 2028

OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages ____ Document Date ____

Additional information

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one with does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
  - Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
  - Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.

2015 Version www.NotaryClasses.com 800-873-9865

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Eliza Lee

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Eliza Lee

Original signature of Authorized Person (copies or stamps not accepted)

4/14/26

Date

Board Use Only	Date Received: 5/19/26	Amount: $850.00

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational or qualification, as applicable, documents on file in this office for

FIDELIS HEALTH GROUP LLC

Organizational Documents on File	Filing Date
Articles of Organization	07/10/2013

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence FIDELIS HEALTH GROUP LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, and by virtue of the laws of the State of Nevada since 07/10/2013, and is in good standing in this state.

SECRETARY OF STATE

STATE OF NEVADA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/12/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202602126485430
You may verify this certificate online at
https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Fidelis Specialty Pharmacy

Pharmacy/Wholesaler License # (if applicable) PHY 56957

Physical Address 1002 S Baldwin Ave

City Arcadia State CA Zip 91007

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 626-447-2138 Website fidelis-rx.com

Licensing Company Email contact@fidelis-rx.com

Section 2: Personal Information

First Eliza Middle _____ Last Lee

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City [redacted] State CA Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Michigan College of Pharmacy		09/11-04/15	
Address	City	State	Zip
1007 E Huron St	Ann Arbor	MI	48104
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of Michigan		09/06-12/10	
Address	City	State	Zip
500 S State St #2005	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Northview High School		09/02-05/06	
Address	City	State	Zip
4451 Hunsberger Ave NE	Grand Rapids	MI	49525
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/22-04/26	[redacted]	[redacted]	CA	[redacted]
10/21-11/22			CA	
06/18-10/21			MI	
09/17-06/18			MI	
09/15-09/17			MI	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Fidelis Specialty Pharmacy			05/24-04/26	
Business Address		**City**	**State**	**Zip**
1002 S Baldwin Ave		Arcadia	CA	91007
Phone	**Title**		**Number of Employed Hours**	
626-447-2138	Pharmacy Manager		3920	
Description of Duties				
Manage day-to-day pharmacy operations, including management of drug distribution, record keeping, inventory and staff training. Maintain all standards and regulations that govern the practice of pharmacy, regulations, and federal requirements				

Business Name			From - To (MM/YY – MM/YY)	
Meijer Specialty Pharmacy			11/21-05/24	
Business Address		**City**	**State**	**Zip**
2514 N Ontario St		Burbank	CA	91504
Phone	**Title**		**Number of Employed Hours**	
800-657-2212	Pharmacist In Charge		5200	
Description of Duties				
Oversee all aspects of pharmacy operations, including medication dispensing, inventory management and staff supervision. Lead a team of pharmacists, technicians and a shipping lead to provide guidance, training, and support.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Eliza Lee, **certify that as the designated representative for**

Fidelis Specialty Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. EL I am at least 21 years of age;
3. EL I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. EL I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. EL I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. EL I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. EL I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Eliza Lee

Print Name (First, Last)

Eliza Lee

Original Signature (electronic, copies or stamps not accepted)

4/14/26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Eliza Lee

Print Name (First, Last)

Eliza Lee

Original Signature (electronic, copies or stamps not accepted)

4/14/26

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Eliza Lee, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Eliza Lee

Original Signature

4/15/26

Date

Subscribed and Sworn to before me this _____ day of _____.

_____

Notary Public Signature

PLEASE SEE ATTACHED NOTARY CERTIFICATE

(Seal)

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 15 day of April,

2026 by Eliza Lee,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature (Seal)

MIMI BANZON
Notary Public - California
Los Angeles County
Commission # 2494906
My Comm. Expires Aug 15, 2028

OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

Additional information

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one with does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
  - Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
  - Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.

2015 Version www.NotaryClasses.com 800-873-9865

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 12/6/2024 Inspector: Anna Yamada

Firm: FIDELIS SPECIALTY PHARMACY Phone: (626) 447-2138

Address: 1002 S BALDWIN AVE City: ARCADIA Zip: 91007

Ownership: CORPORATION

Permit #: PHY56957 Permit Exp: 11/1/2025 DEA#: [redacted] DEA Exp: 9/30/2026

Date of Self Assessment Form: 8/19/2024 Other Permit #: N/A Date of DEA Inventory: 11/27/2024

Hours M-F: 8:30AM-5PM Hours Saturday CLOSED Hours Sunday: CLOSED

PIC ELIZA LEE RPH80506 Administrator

RPH Consultant

Staff RPH Name:	License #:	Staff Name:	License #:
ALISON H LE	RPH77754		
GLORIA COTTEN	RPH50494		
GARRY C CHAN	RPH37144		

Inspector Remarks:

Closed door specialty pharmacy located in a strip mall specializing in hemophilia patients. Pharmacy primarily dispenses injectable hemophilia drugs with limited oral drugs. Pharmacy dispenses an average of <5 RXs per day and typically staffed with 1 RPH/1driver per day. RPH on call 24 hours 7 days a week. Pharmacy primarily delivers prescriptions to "local" patients (within 2-3 hour drive from Napa to San Diego) and also ships prescriptions via FedEx (priority next day) to other parts of California. Pharmacy is only licensed in CA. PIC Lee recently associated as new PIC for pharmacy. Here today for routine inspection.

ROUTINE INSPECTION: PIC Lee assisted with inspection.
Consultation: RXs primarily delivered or shipped to patients- Written notice of consultation provided with all RXs and PIC provides oral consultation over the phone prior to delivery.
QA for med errors: Policy in place, no medication errors to report
CURES: Transmitting and enrolled in PDMP
RX Label: Patient centered and description printed

The following were reviewed:
Subscriber alert, NTC/Point Language/Permit posted, H/C water, DEA inventory, self-assessment, invoices, prescription records, CSOS (educated on electronically receiving CIIs), p/p (theft and impairment, TCH, temporary absence, RPH does not administer immunizations)
Drug Stock= Limited- Orders drugs when ready to be dispensed to patient- refrigerator and freezer temperature continuously electronically monitored and PIC alerted if out of range
CII inventory and reconciliation= Completed 11/27/24; pharmacy only stocks and dispenses a very limited number of CIIs and does not currently stock any CIII-CV
Security= Only RPH possesses key to pharmacy
WLS=ABC, BiocareSD, McKesson, FFF
RD=Inmar
Computer=CPR+

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Gavin Newsom, Governor

INSPECTION REPORT

CMPD= PHY does not compound
Autorefill= Not offered
Take-Back= Not offered

Topics to Educate

1. BPC 4052.04 – Pharmacist may furnish COVID-19 oral therapeutics following a positive test.
   - "COVID-19 oral therapeutics" means drugs that are approved or authorized by the FDA for the treatment of COVID-19 and administered orally.
   - Prior to furnishing COVID-19 oral therapeutics, a pharmacist shall utilize relevant and appropriate evidence-based clinical guidelines published by FDA in providing these patient care services.
   - A pharmacist who furnishes COVID-19 oral therapeutics shall notify patient's PCP or enter appropriate information into patient record system shared with PCP, as permitted by that PCP. If the patient does not have a PCP, the pharmacist shall provide the patient with a written record of the drugs furnished and advise the patient to consult a physician of the patient's choice.
   - Document the kind and amounts of COVID-19 oral therapeutics furnished, as well as any information regarding testing services provided, in the patient's record in the record system maintained by the pharmacy.
   - Retain records for 3 years.
2. BPC 4113 – PIC authority to make staffing decisions
   - PIC may make staffing decisions to ensure sufficient personnel are present in the pharmacy to prevent fatigue, distraction, or other conditions that may interfere with a pharmacist's ability to practice competently and safely.
   - If PIC is not available, a pharmacist on duty may adjust staffing according to workload if needed.
   - PIC or pharmacist on duty shall immediately notify the store management of any conditions that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff. If the conditions are not resolved within 24 hours, the PIC or RPH on duty shall ensure the BOP is timely notified. Conditions that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff include, but are not limited to:
     - Workplace safety and health hazards that present an immediate risk of death, illness or irreparable harm to patients, personnel, or pharmacy staff.
     - Sustained temperatures that could impact ambient temperature drug stability according to manufacturer data on acceptable drug storage conditions.
     - Vermin infestation that poses a risk to the safety or efficacy of medicine.
3. BPC 4113.1 – Reporting medication errors within 14 days from discovery.
   - Applies to "community pharmacies" – *i.e.*, any pharmacy that dispenses medication to an outpatient (but not including facilities of CDCR).
   - Per the BOP's AB 1286 Implementation Statement, the reporting of medication errors under BPC 4113.1 will not be required until the BOP approves an entity to receive the reports.
4. BPC 4113.6 – Chain community pharmacy subject to BPC 4113.5 must be staffed at all times with at least one clerk or pharmacy technician fully dedicated to performing pharmacy-related services. The BOP will not take action against a pharmacy for violation of this staffing requirement if any of the following conditions apply:
   - RPH on duty waives the requirement in writing during specified hours based on workload need.
   - The pharmacy is open beyond normal business hours (*i.e.*, before 8am, after 7pm). During the hours before 8am and after 7pm, the staffing requirement shall not apply.
   - The pharmacy's prescription volume per day on average is less than 75 prescriptions per day based on the average daily prescription volume for the past calendar year. However, if the pharmacist is also expected to provide additional pharmacy services (such as immunizations or CLIA-waived tests) this exception does not apply.

   When staffing of pharmacist hours within a chain community pharmacy does not overlap sufficiently, scheduled closures for lunch time for all pharmacy staff shall be established and publicly posted, and included on the outgoing telephone message.
5. BPC 4115 – Pharmacy technician may, under the direct supervision and control of a pharmacy, prepare and administer influenza and COVID-19 vaccines via injection or intranasally, prepare and administer epinephrine, perform specimen collection for tests that are

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INSPECTION REPORT

CLIA waived, receive prescription transfers, and accept clarification on prescriptions under certain specified conditions.
6. BPC 4231 – CE required for pharmacists to renew their pharmacist license must now include at least one hour of participation in a cultural competency course which meets specified requirements.
7. The Board has posted on its website the FAQ's to address the changes in pharmacy law related AB1286, dated 12/21/2023. Here's the link: https://pharmacy.ca.gov/publications/ab1286_faqs.pdf

DISCLAIMER:
Any issues referenced/discussed in this report are not intended to be an all-inclusive list of issues that may exist at your facility. Your facility is responsible for investigating and determining the causes of any issues and items to be corrected and for preventing their recurrence. Further review of items provided at inspection, may result in further communication after this report.

Inspector Anna Yamada
626-234-5519 (phone)
916-702-6068 (fax)
Anna.yamada@dca.ca.gov (e-mail)

Licensee Remarks:

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) Eliza Lee

Pharmacist (print) Eliza Lee

Inspector (sign) _____

Inspector (print) Anna Yamada

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

VOID VOID VOID

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 56957

NAME: FIDELIS SPECIALTY PHARMACY

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

1002 S BALDWIN AVE
ARCADIA CA 91007
LOS ANGELES COUNTY

ISSUANCE DATE

NOVEMBER 1, 2018

EXPIRATION DATE

NOVEMBER 1, 2026

CURRENT DATE / TIME

APRIL 15, 2026
1:27:48 PM

LICENSE RELATIONSHIPS

NAME: LEE, ELIZA

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 80506 **PRIMARY STATUS:** CLEAR

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

May 20, 2026

Nevada Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: FIDELIS SPECIALTY PHARMACY

License Type: PHARMACY

License Number: PHY 56957

Status: ACTIVE

Issue Date: 11/01/2018

Expiration Date: 11/01/2026

Address of Record: 1002 S BALDWIN AVE ARCADIA, CA 91007

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Executive Officer

By

Ann Altamirano
Public Inquiry Analyst
(916) 518-3045
Pharmacy.PublicRecords@dca.ca.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Fidelis Specialty Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PHY 56957

Physical Address: 1002 S Baldwin Ave

City: Arcadia State: CA Zip: 91007

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 626-447-2138 Website: fidelis-rx.com

Licensing Company Email: contact@fidelis-rx.com

Section 2: Personal Information

First: Wagner Middle: A Last: Lemus

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: CA Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Palisades Charter High School			08/1988 - 05/1991	
Address		**City**	**State**	**Zip**
15777 Bowdoin St		Pacific Palisades	CA	90272
Diploma/Degree obtained, if any				
High School Diploma				
School Name			**From - To (MM/YY – MM/YY)**	
Santa Monica College			08/1991 - 05/1992	
Address		**City**	**State**	**Zip**
1900 Pico Blvd		Santa Monica	CA	90405
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
El Camino College			08/1992 - 05/1994	
Address		**City**	**State**	**Zip**
16007 Crenshaw Blvd		Torrance	CA	90506
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/2021 - Present	[redacted]	[redacted]	CA	[redacted]
11/2015 - 01/2021	[redacted]	[redacted]	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Fidelis Health Group, LLC			07/2013 - Present
Business Address	**City**	**State**	**Zip**
1002 S. Baldwin Avenue	Arcadia	CA	91007
Phone	**Title**		
866-643-2042	President/Founder		
Description of Duties			
Responsible for overall leadership of the company, including operations, financial performance, regulatory compliance, strategic growth, and ensuring high-quality patient care.			

Business Name			From - To (MM/YY – MM/YY)
Wal Capital, LLC			06/2014 - Present
Business Address	**City**	**State**	**Zip**
5275 Arville Street, Suite 156	Las Vegas	NV	89118
Phone	**Title**		
866-643-3547	50% Owner		
Description of Duties			
Co-ownership and oversight of investment holding entity, including financial management and ownership interest in Fidelis Health Group, LLC			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Wagner Lemus

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/22/2026

Date

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of RIVERSIDE

I, WAGNER LEMUS, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/24/26

Date

Subscribed and Sworn to before me this 24th day of APRIL 2026.

Notary Public Signature

NAYAN P. GHELANI
Notary Public - California
Riverside County
Commission # 2507899
My Comm. Expires Jan 20, 2029

(Seal)

4XXX

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Dangerous drugs ☒ Controlled substances DEA #: [redacted] ☒ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: HERBERTRX, PLLC DBA H&H PHARMACY

Physical Address: 500 WILSON PIKE CIRCLE SUITE 320

City: BRENTWOOD State: TN Zip: 37027

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 615-835-2007 Toll Free # (NAC 639.708, NRS 639.23286): 888-727-5930

Fax: 877-646-7924 Contact Email: INFO@HANDHRX.COM

Website: N/A

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): WILLIAM HERBERT

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 22442

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: WILLIAM HERBERT	NV Pharmacist Registration #: 22442
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: WILLIAM HERBERT

Business Name: H&H PHARMACY

Business Address: 500 WILSON PIKE CIRCLE SUITE 320

City: BRENTWOOD State: TN Zip: 37027

Telephone: 615-423-6947 Email: INFO@HANDHRX.COM

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the PIC/OWNER (title) for H&H PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

WILLIAM HERBERT

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

5.13.26

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, WILLIAM HERBERT hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PIC/OWNER (title) for H&H PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 13th day of May, 2026

Notary Public

FADY SEIF
Notary Public
Williamson County, State of Tennessee
My Commission Expires: February 6, 2029

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

WILLIAM HERBERT

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

5·13·26

Date

Board Use Only	Date Received: 5/19/26	Amount: $500-MO55241178158 ✓

Division of Business and Charitable Organizations
Department of State
State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-741-2286
tncab.tnsos.gov/portal/

Tre Hargett
Secretary of State

WILLIAM HERBERT
[redacted]

05/11/2026

Request Type: Certificate of Existence/Authorization
Issuance Date: 05/11/2026

Request #: C2026051003

Document Receipt

Order Number: C2026051003
Verification #: CFE06E29
Receipt #: 2026-547856
Filing Fee: $20.00
Payment: Credit Card - 3921347404 $20.00

Entity Name:	HERBERTRX, PLLC		
SOS Control #:	001345877	Initial Filing Date:	08/26/2022
Entity Type:	Limited Liability Company (LLC)	Formation Locale:	TENNESSEE
Status:	Active	Duration Term:	Perpetual
Fiscal Year Close:	December	Annual Report Due:	04/01/2027
Business County:	WILLIAMSON	Additional Designation:	Professional Limited Liability Company
Managed By:	Member Managed		
Obligated Member Entity:	No		

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

HERBERTRX, PLLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
* has filed the most recent annual report required with this office;
* has appointed a registered agent and registered office in this State;
* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Verification #: CFE06E29

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler H&H PHARMACY

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 500 WILSON PIKE CIRCLE SUITE 320

City BRENTWOOD State TN Zip 37027

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 615-835-2007 Website _____

Licensing Company Email INFO@HANDHRX.COM

Section 2: Personal Information

First WILLIAM Middle _____ Last HERBERT

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Addres[redacted]

City [redacted] State TN Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
BELMONT UNIVERSITY			08/11-05/15
Address	**City**	**State**	**Zip**
1900 BELMONT BLVD	NASHVILLE	TN	37212
Diploma/Degree obtained, if any			
PHARMD			

School Name			From - To (MM/YY – MM/YY)
BIRMINGHAM SOUTHERN			08/07-05/11
Address	**City**	**State**	**Zip**
900 ARKADELPHIA RD	BIRMINGHAM	AL	35254
Diploma/Degree obtained, if any			
BS CHEMISTRY			

School Name			From - To (MM/YY – MM/YY)
MONTGOMERY BELL ACADEMY			08/01-05/07
Address	**City**	**State**	**Zip**
4001 HARDING PIKE	NASHVILLE	TN	37205
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/20-05/26	[redacted]	[redacted]	TN	[redacted]
06/20-08/20			OK	
4/16-5/20			TN	

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
JOHN HOLLIS PHARMACY			09/20-05/26	
Business Address		**City**	**State**	**Zip**
500 WILSON PIKE CIRCLE SUITE 212		BRENTWOOD	TN	37027
Phone	**Title**		**Number of Employed Hours**	
6153273234	PHARMACIST		11,000	
Description of Duties				
OVERSEE AND MANAGE ALL PHARMACY OPERATIONS				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, WILLIAM HERBERT, **certify that as the designated representative for**

HERBERTRX, PLLC DBA H&H PHARMACY,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ____ I am at least 21 years of age;
3. ____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

WILLIAM HERBERT

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5.13.26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

WILLIAM HERBERT

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5.13.26

Date

Please have this section completed in the presence of a Notary Public.

State of TN, ss. County of Williamson

I, William Herbert, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5.13.26

Date

Subscribed and Sworn to before me this 13th day of May.

Notary Public Signature

FADY SEIF
Notary Public
Williamson County, State of Tennessee
My Commission Expires: February 6, 2029

(Seal)

DEPARTMENT OF HEALTH
TENNESSEE BOARD OF PHARMACY
COMMUNITY INSPECTION
COMPLIANCE INSPECTION

PHARMACY	H+H Pharmacy
STREET	500 Wilson Pike Circle, Ste 320
CITY	Brentwood
ZIP	37027
DATE OPENED	—
TELEPHONE NO.	(615) 835-2007
LICENSE NO.	8137
EXPIRY DATE	9/30/2027
DEA NO.	FH6121139
EXPIRY DATE	10/31/2028
PHARMACIST IN CHARGE/Duty	William Herbert
LIC NO.	39647
EXPIRY DATE	7/31/2027

Inspected by	Date
Rita Golden	1/6/2026

This Inspection — Satisfactory: Yes ☒ No ☐

☐ Opening ☒ Relocation
☐ New Ownership ☐ Follow-up
☐ Counseling Compliance
☒ Periodic ☐ Remodeling

Compliance Yes	Compliance No	PERSONNEL
✓		1. Appropriate identification/Name Tags
✓		2. D. Ph./Tech ratios 1:1
✓		3. Personnel/apparel clean
✓		4. Tech registry & Affidavit

Compliance Yes	Compliance No	PHYSICAL REQUIREMENTS
✓		5. Certificates Displayed
✓		6. RX Dept. - Sufficient Space/Counseling
✓		7. Fully enclosed when applicable
✓		8. Key Lockable/Key Control

Compliance Yes	Compliance No	DRUGS AND EQUIPMENT
✓		9. Dispensing area clean, orderly, well lighted
✓		10. Sink, hot and cold water
✓		11. Refrigeration
✓		12. References, periodicals – electronic
✓		13. Vials and closures (child-proof)
✓		14. Shelves and drug stock clean
✓		15. Drugs in-date
✓		16. Labels correct on repackaging
✓		17. Legend drugs stored in RX Dept.
✓		18. Syringes/insulin, restricted products non-accessible

Pharmacy Hours: M-Th 9-4/F 9-12

Compliance Yes	Compliance No	
✓		19. RXs numerically filed
	✓	☐ All C's together ☐ C-II's separate ☒ Multiple file method
✓		20. Patients identifiable
✓		21. Prescribers identifiable
✓		22. New verbal RXs initialed by appropriate personnel
✓		23. Date of original dispensing
✓		24. Initials of dispensing D. Ph.
✓		25. Quantity dispensed indicated
N/A		26. Appropriate Emergency C-II RXs
✓		27. Computer labels applied appropriately to RXs
N/A		28. Pharmacist Signature Log
✓		29. Daily Print Out

Compliance Yes	Compliance No	DRUG PRODUCT SUBSTITUTION
✓		30. Authorization documented on Rx
✓		31. Manufacturer indicated on Rx or System
✓		32. Approved products used.

Compliance Yes	Compliance No	PATIENT COUNSELING
✓		33. Patient profiles
✓		34. Drug Utilization Review
✓		35. Patient Counseling

Compliance Yes	Compliance No	CONTROLLED SUBSTANCE RECORDS
		36. Readily retrievable — TW corrected
N/A		37. All C-II records separate
		38. DEA Form 222 Copy 3 on hand & completed
		39. Drug Receipt date on invoices
		40. Record of drug transfers
		41. ☒ Schedule V sales record book ☒ Methamphetamine Sales Log
N/A		42. Last DEA Inventory (date) 10/15/2025
✓		42. Last Theft/loss report (date) none
N/A		43. Access to Control Substance Monitoring Database

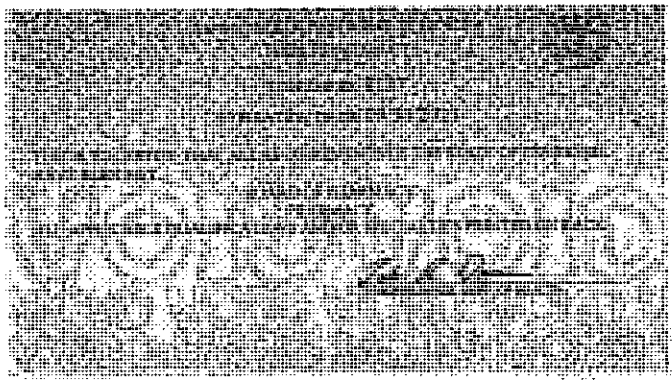
ITEMS TO BE CORRECTED: **RESPONSE REQUIRED** YES ☐ NO ☒

Immediately
Needs Improvement
Within 30 Days

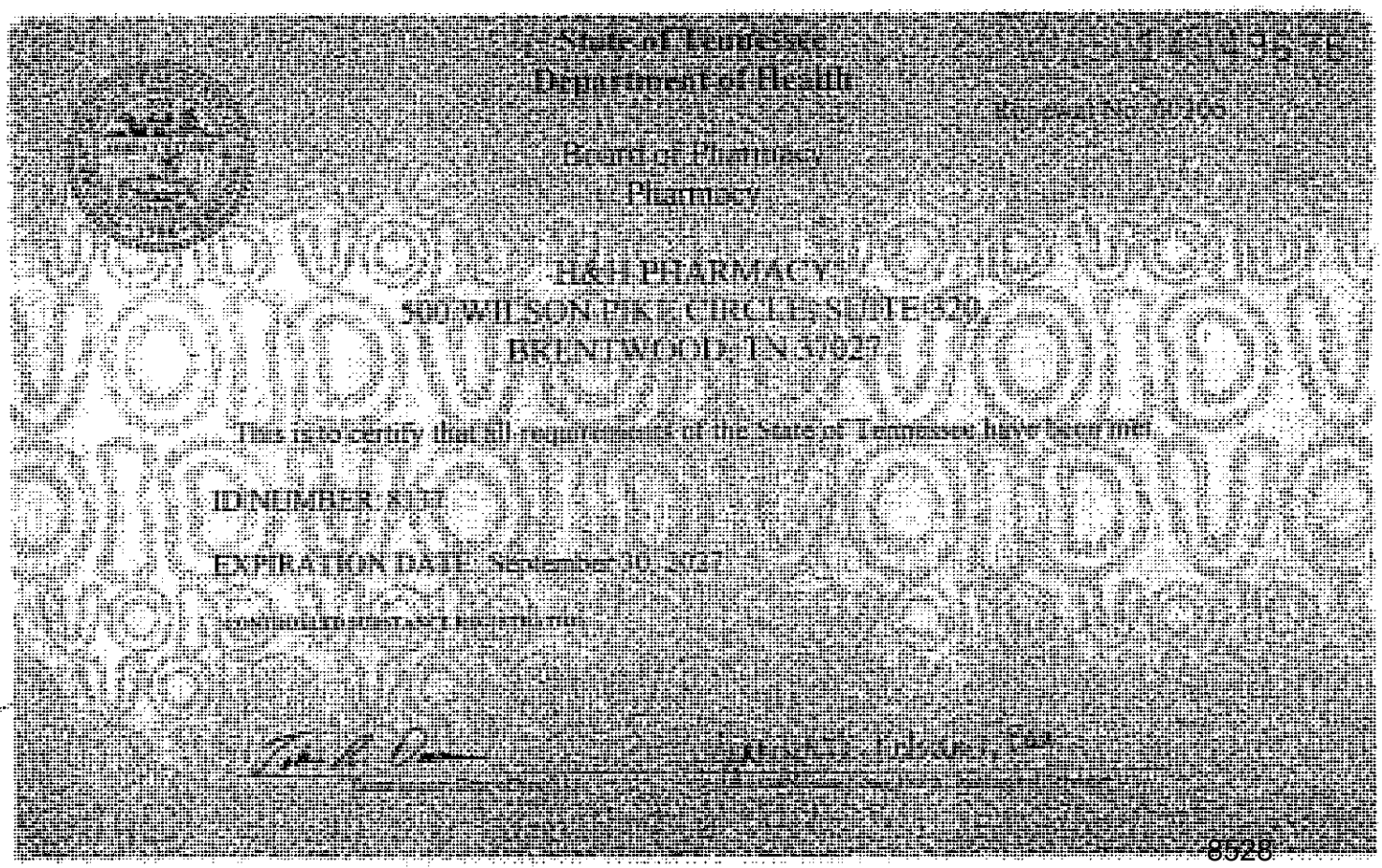
Remarks or Recommendations:

I [signature] hereby acknowledge and understand all notations made on this report, and confirm that
Pharmacist Signature
I will notify the Board of Pharmacy within 30 days, in writing, of the correction of all deficiencies. (If noted.)

PH-4031 REV 01/18 RDA SW-30



HERBERTRX, PLLC DBA H&H PHARMACY
500 WILSON PIKE CIRCLE
SUITE 320
BRENTWOOD, TN 37027



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 Mainstream Drive, Second Floor
Nashville, TN 37243
http://www.tn.gov/health

Board of Pharmacy
Pharmacy
1-800-778-4123 or

October 31, 2025

Herbertrx PLLC dba
H & H Pharmacy
500 Wilson Pike Circle Ste. 320
Brentwood, TN 37027

TO WHOM IT MAY CONCERN:

This verification can be considered primary source. To expedite the verification process, this is the standard format used by the Tennessee Board of Pharmacy. We are pleased to furnish the following information from our files:

PROFESSION:	Pharmacy
NAME:	H & H Pharmacy
ADDRESS:	500 Wilson Pike Circle Ste. 320 Brentwood, TN 37027
LICENSE NUMBER:	8137
ISSUE DATE:	September 11, 2025
EXPIRATION DATE:	September 30, 2027
CURRENT STATUS:	Licensed
STATUS DATE:	September 11, 2025
SPECIAL ENDORSEMENT:	Controlled Substance Registration

COMMENTS: There is no derogatory information in our files concerning this facilty.

Sincerely,

Tennessee Board of Pharmacy

VERFFACLTY

8529

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site H&H PHARMACY

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 500 WILSON PIKE CIRCLE SUITE 320

City BRENTWOOD State TN Zip 37027

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 615-835-2007 Website _____

Licensing Company Email INFO@HANDHRX.COM

Section 2: Personal Information

First WILLIAM Middle _____ Last HERBERT

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State TN Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
BELMONT UNIVERSITY		08/11-05/15	
Address	**City**	**State**	**Zip**
1900 BELMONT BLVD	NASHVILLE	TN	37212
Diploma/Degree obtained, if any			
PHARMD			
School Name		From - To (MM/YY – MM/YY)	
BIRMINGHAM SOUTHERN COLLEGE		08/07-05/11	
Address	**City**	**State**	**Zip**
900 ARKADELPHIA RD	BIRMINGHAM	AL	35254
Diploma/Degree obtained, if any			
BS CHEMISTRY			
School Name		From - To (MM/YY – MM/YY)	
MONTGOMERY BELL ACADEMY		08/01-05/07	
Address	**City**	**State**	**Zip**
4001 HARDING PIKE	NASHVILLE	TN	37205
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			
School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/20-05/26	[redacted]	[redacted]	TN	[redacted]
06/20-08/20			OK	
04/16-05/20			TN	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
JOHN HOLLIS PHARMACY			09/21-05/26
Business Address	**City**	**State**	**Zip**
500 WILSON PIKE CIRCLE SUITE 212	BRENTWOOD	TN	37027
Phone	**Title**		
6153273234	PHARMACIST		
Description of Duties			
OVERSEE AND MANAGE ALL PHARMACY OPERATIONS			

Business Name			From - To (MM/YY – MM/YY)
LOW-T CENTER			06/21-06/22
Business Address	**City**	**State**	**Zip**
2235 E MCEWEN DR	FRANKLIN	TN	37067
Phone	**Title**		
6156615698	PHARMACIST		
Description of Duties			
OVERSEE AND MANAGE ALL PHARMACY OPERATIONS			

Business Name			From - To (MM/YY – MM/YY)
QUALGEN			04/20-06/21
Business Address	**City**	**State**	**Zip**
301 ENTERPRISE DR	EDMOND	OK	73013
Phone	**Title**		
4055518216	PHARMACIST		
Description of Duties			
DEVELOP NEW DRUG PRODUCTS, ASSIST MANAGEMENT IN DAY TO DAY OPERATIONS			

Business Name			From - To (MM/YY – MM/YY)
PHARMEDIUM			02/16-04/20
Business Address	**City**	**State**	**Zip**
6100 GLOBAL DRIVE	MEMPHIS	TN	38141
Phone	**Title**		
	PHARMACIST		
Description of Duties			
SUPERVISE TECHNICIANS DURING COMPOUNDING, INVESTIGATE OUT OF SPEC EVENTS			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

WILLIAM HERBERT

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5.13.26

Date

Please have this section completed in the presence of a Notary Public.

State of TN, ss. County of Williamson

I, William Herbert, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5.13.26

Date

Subscribed and Sworn to before me this 13th day of May.

Notary Public Signature

FADY SEIF
Notary Public
Williamson County, State of Tennessee
My Commission Expires: February 6, 2029

(Seal)

4YYY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	■ New Pharmacy	■ Retail/Community	☐ Retail/Community
■ Out-of-State	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Non-sterile Compounding
	☐ Location Change *	☐ Internet	☐ Sterile Compounding
	☐ Name Change*	☐ Nuclear	■ Mail-Order Service
		☐ Other:	☐ Off-site Cognitive Services
	* If making a change, provide license #:		☐ Long Term Care
			☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	■ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Kroger Pharmacy #011

Physical Address: 301 Logistics Avenue, Suite 200

City: Jeffersonville State: IN Zip: 47130

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 812-406-2377 Toll Free # (NAC 639.708, NRS 639.23286): 800-214-3962

Fax: 812-406-2424 Contact Email: Nathan.Phillips@Kroger.com

Website: www.Kroger.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Jordan Conley

Supervising/Managing Pharmacist NV Pharmacist Registration #: 25107

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Jordan Conley	NV Pharmacist Registration #: 25107
Name: Nathan Phillips	NV Pharmacist Registration #: 25060
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N\A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: Ohio

Parent Company (if any): The Kroger Company

Corporation Name: Kroger Limited Partnership I

Mailing Address: 1014 Vine Street

City: Cincinnati State: OH Zip: 45202

Telephone: 513-762-1090 Email: nathan.phillips@kroger.com

Contact Person Name: Nathan Phillips

Date of SEC Registration: 08/20/1999	SEC Registration Number: B05000000348	Stock Exchange Symbol: Kr

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☒ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Managing Pharmacist (title) for Kroger Pharmacy #011 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Jordan Conley

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

May 29, 2026

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Jordan Conley hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Managing Pharmacist (title) for Kroger Pharmacy #011 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 29th day of May, 20 26

Donna J Passafiume
Notary Public

DONNA J PASSAFIUME
Notary Public - State at Large
Kentucky
My Commission Expires Jul. 09, 2029
Notary ID KYNP32864

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Carin Fike

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Carin L. Fike

Original signature of Authorized Person (copies or stamps not accepted)

6-2-26

Date

Board Use Only	Date Received: 6/9/26	Amount: $500ce

KRGP LLC

Name	Title
Vincent, George H.	President and Secretary
Fike, Carin L.	Vice President and Treasurer
Alsteen, Laura	Vice President
DeFrance, John D.	Vice President and Assistant Secretary
Grubbs, Kyle R.	Vice President and Assistant Secretary
Heiser, Stacey M.	Vice President and Assistant Secretary
Helton, Lisa A.	Vice President and Assistant Treasurer
Lancaster, Robert T.	Vice President
Matthews, Antonio L.	Vice President
Roberts, Dorothy D.	Assistant Secretary

Company	Shares	Value ($)
The Vanguard Group, Inc.	82,412,896	3,744,017,865
BlackRock, Inc.	59,647,173	2,709,771,069
Berkshire Hathaway Inc.	50,000,000	2,271,500,000
State Street Global Advisors, Inc.	34,016,113	1,545,352,014

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

KROGER LIMITED PARTNERSHIP I

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 13, 1997, and was in existence or authorized to transact business in the State of Indiana on May 28, 2026.

I further certify this Foreign Limited Partnership has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 28, 2026

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

LP97110042 / 20265097957

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on June 27, 2026.

Pharmacy
402 W. Washington Street
Indiana Government Center South, Room W072

Indianapolis, IN 46204

FACILITY
Kroger Pharmacy #011
301 Logistics Avenue, Suite 200
Jeffersonville IN 47130
Phone: 5025335467
Owner:

LICENSE
License No: 60006832A
Profession: Pharmacy
License Type: Pharmacy

Inspection Type:	Pharmacy Inspection
Inspection Date:	12/16/2025
Result:	Pass

Remarks: Routine Pharmacy Inspection conducted by Compliance Officer Kim Russell on December 16, 2025. Assisting during this inspection is Nate Phillips, R. Ph., Pharmacy Manager, Kroger Pharmacy #011 (JCF) Nathan.Phillips@Kroger.com. The pharmacy is within the warehouse, with no cages. Shipments are only to owned pharmacies for refill of customer medications. No patient phone calls; owned pharmacies (Kroger's, Jay C's) handle all customer contacts. No controls ordered from this pharmacy, no DEA. 30,000 prescriptions filled per day. Please contact me if you have any questions or concerns regarding this inspection, thank you. Please contact me if you have any questions, thank you.

Checklist Results

Pharmacy General Information	
1.1 Type of Inspection	Routine (RT)
1.5 County	Clark
1.6 Telephone number	812-406-2377
1.9 Controlled Substance Registration (CSR) number	60006832B
1.10 Controlled Substance Registration (CSR) status	Active
1.11 Controlled Substance Registration expiration date	12/31/2027
1.12 DEA registration number	None, no controls
1.14 DEA expiration date	N/A
1.16 Name of pharmacist-of-record at the time of inspection	Nate Phillips
1.17 Name of district manager	James Northcutt,General Manger
1.18 E-mail of district manager	Nathan.Phillips@Kroger.com
1.19 Size of company/number of pharmacies nationwide	Large Chain (4,000+)
1.21 Days and Times of operation?	M-T 6am to 11pm, Fri 6:00 to 2:30pm, Sun 2:30 to 11pm
1.22 Is pharmacy open 24 hours a day?	No
1.23 Total weekly hours	N/A

Absence of Pharmacist	
2.1 If institutional pharmacy, how are drugs obtained for patient use when pharmacy is closed?	N/A
2.2 If institutional pharmacy, is a pharmacist reconciling drug removal against the order within 24 hours?	N/A
2.3 If institutional pharmacy employs after hours pharmacy access, does only one (1) supervisory licensed nurse per shift have access?	N/A
2.3a - Is the proper drug information recorded as required by law?	N/A
2.3b - Is a copy of the drug order left in the pharmacy?	N/A
2.4 Excluding after hours access by a supervisory nurse in an institutional pharmacy, is the licensed area unoccupied when the pharmacist is absent?	N/A
2.5 If institutional pharmacy, is there an emergency access policy for closed pharmacy?	N/A
2.6 If retail pharmacy, does prescription department have appropriate signage for pharmacist absence?	N/A

Staff/Personnel	
3.1 How many pharmacists are employed by the pharmacy?	22
3.1a - Do all pharmacists possess a valid license?	Yes
3.1b - Are any of the licensees on probation?	No
3.1c - Are any of the licenses "Valid to Practice While Being Reviewed"?	No
3.2 How many technicians are employed by the pharmacy?	124
3.2a - Do all technicians possess a valid certification?	Yes
3.2b - Are any of the certifications on probation?	N/A
3.2c - Are any of the certifications "Valid to Practice While Being Reviewed"?	N/A
3.2d - What training does the pharmacy require of technicians?	Employer based
3.2e - Are all technicians wearing a nametag stating their profession?	Yes
3.2f - Are all technicians engaging in legally permitted activities	Yes
3.3 How many interns are employed by the pharmacy?	0
3.3a - Do all interns possess a valid registration?	N/A
3.3b - Are any of the registrations on probation?	N/A
3.3c - Are any of the registrations "Valid to Practice While Being Reviewed"?	N/A
3.4 Does the pharmacy have ancillary personnel working in the licensed area?	Yes
3.4a - Are ancillary personnel engaging in permitted activities?	Yes
3.4b - How many ancillary personnel are working in the licensed area at the time of inspection?	3
3.5 Are all licenses and certifications properly displayed?	Yes
3.6 Are the pharmacy technician files complete?	Yes
3.7 Is the technician ratio proper (6 to 1)?	Yes

Pharmacy Equipment/Security	
4.1 Is the pharmacy area properly equipped, and include the following?	Yes
4.1a - Scale (if performing non-sterile compounding)?	Operational
4.1b - proper documentation from Department of Weights and Measures	Yes
4.1c - refrigeration	Operational
4.1d - sink (proper sewage outlet)	Operational
4.1e - hot and cold water	Operational
4.1f - stationary / immobile	Yes
4.1g - well lit	Yes
4.1h - ventilated	Yes
4.1i - sanitary	Yes
4.1j - proper temperature	Yes
4.2 Does refrigerator contain only pharmaceutical products?	Yes
4.3 Is the pharmacy properly secured?	Yes
4.3a - Does the pharmacy have a motion detector?	Yes
4.3b - Does the pharmacy have an alarm?	Yes
4.3c - Does the pharmacy have a camera(s)?	Yes
4.3d - Does the pharmacy have locking doors?	Yes
4.3e - Does the pharmacy have a panic button?	Yes
4.3f - Does the pharmacy have a locking cage/gate?	No
4.3g - List any additional security measures.	None
4.4 What is the method of entry into the pharmacy?	Security Pass Code
4.5 Is the drive thru secure?	N/A
4.6 When closed, do non-authorized personnel have access to the perscription department?	No
4.7 What are the number of entrances to the pharmacy?	3

References	
5.1 How does the pharmacy access current Indiana pharmacy law?	internet
5.1a - Does the pharmacy have Facts and Comparisons either in digital or hard copy form?	Yes
5.1b - Does the pharmacy utilize Remington: The Science and Practice of Pharmacy?	Yes
5.1c - Does the pharmacy utilize PDR (Physician's Desk Reference)?	Yes
5.1d - Does the pharmacy utilize The Merck Manual?	Yes
5.1e - Does the pharmacy utilize other on-line subscriptions (Micromedex, Clinical Pharmacology, etc)?	Yes
5.1f - If pharmacy uses on-line service, are employees able to access?	Yes
5.2 For sterile compouding, does the pharmacy have at least one of the following reference materials?	N/A
5.2a - The Handbook on Injectable Drugs	N/A
5.2b - The King's Guide to Parenteral Admixtures	N/A
5.2c - another Board approved, printed or electronic database	N/A

Automated Medication Systems & Automatic Counting	
6.1 Does the pharmacy utilize a counting device(s)?	Yes
6.1a - Are policies and procedures in place?	Yes
6.1b - Are maintenance protocols followed and documented?	Yes
6.1c - Are quality assurance protocols followed and documented?	Yes
6.1d - Is there proper documentation of drugs dispensed?	Yes
6.2 Does the pharmacy utilize a cabinet(s)?	No
6.2a - Are policies and procedures in place?	N/A
6.2b - Are maintenance protocols followed and documented?	N/A
6.2c - Are quality assurance protocols followed and documented?	N/A
6.2d - Is the cabinet only accessible by authorized personnel?	N/A
6.2e - Is there proper documentation of drugs dispensed?	N/A
6.3 Does the pharmacy utilize an automated will-call machine?	No
6.3a - Are policies and procedures in place?	N/A
6.3b - Are maintenance protocols followed and documented?	N/A
6.3c - Are quality assurance protocols followed and documented?	N/A
6.3d - Is there proper documentation of drugs dispensed?	N/A
6.4 Does the pharmacy utilize another form of automation?	No
6.4a - Are policies and procedures in place?	N/A
6.4b - Are maintenance protocols followed and documented?	N/A
6.4c - Is there proper documentation for drugs dispensed?	N/A
6.4d - Are quality assurance protocols followed and documented?	N/A

AMS Automated Packaging Systems	
7.1 Is the pharmacy properly logging the lot and expiration date for the drugs?	N/A
7.2 Are the drugs properly labeled if repackaged?	N/A
7.3 Do the drugs properly fit in the bubble pack?	N/A
7.4 Does the pharmacy have written policies and procedures of operation?	N/A
7.5 Has the automation been inspected and approved by the Pharmacy Board?	N/A
7.6 Does the pharmacy have a written plan for recovery in an emergency that includes the following?	N/A
7.6a - Planning and preparation for an emergency	N/A
7.6b - Procedures for response to an emergency	N/A
7.6c - Procedures for notifying the Board, patients, and those they have contracts with	N/A
7.6d - Procedures for maintenance and testing of recovery plan	N/A
7.7 Does the pharmacy have a written policy for quality assurance that includes the following?	N/A
7.7a - Testing and accuracy of the system on a biannual basis	N/A
7.7b - Retaining all quality documents for two (2) years	N/A
7.7c - Continuous monitoring of the system	N/A
7.7d - Reporting recurring errors to the Board	N/A
7.7e - What is the protocol for measuring effectiveness of AMS?	N/A
7.8 Is all pharmacy personnel with access to AMS trained in the pharmacy's policies and procedures?	N/A
7.9 Does the pharmacy have a written program for preventative maintenance of the system?	N/A

Drug storage/labeling/destruction	
8.1 Are all drugs properly labeled including lot number and expiration or beyond use dating as required?	Yes
8.2 Have any drugs in active inventory exceeded expiration or beyond use dating?	No
8.2a - If yes, provide detailed information.	N/A
8.3 How often does the pharmacy check for expired drugs?	Daily
8.4 Are all drugs properly stored?	Yes
8.5 Does the pharmacy properly maintain a logbook for schedule V controlled substances dispensed without a prescription?	N/A
8.6 Does the pharmacy properly maintain a logbook for syringes dispensed without a prescription?	N/A
8.7 Is the pharmacy properly reporting all sales of pseudoephedrine products to the NPLEx tracking system?	N/A
8.7a - How are ephedrine and pseudoephedrine products stored?	N/A
8.8a - If yes, is storage and distribution in accordance with federal regulations?	N/A
8.9 Does the pharmacy have current pseudoephedrine purchasing limits posted?	N/A

Dispensing/Records Retention	
9.1 Has the data processing system been approved by the Indiana Board of Pharmacy?	Yes
9.2 What type of software application does the pharmacy use?	Sanitas Software Program
9.3 Does the pharmacy scan a hard copy of prescriptions?	N/A
9.4 How does the pharmacy back up files?	Off Site
9.5 Does the pharmacy have internet access?	Yes
9.6 How does the pharmacy maintain daily dispensing records?	Pharmacist signature log
9.7 Does the pharmacy retain these records for five (5) years?	Yes
9.8 Are HIPAA logs verifying all drugs dispensed that day signed by the pharmacist-in-charge?	Yes
9.9 What type of auxiliary procedure does the pharmacy have in place during system down time?	Generator
9.10 What type of filling system is used for prescriptions?	N/A
9.11a - If yes, where are the records stored?	N/A
9.11b - Is the data readily retrievable by the pharmacy?	Yes
9.11c - Who may access the data?	Pharmacy Managers

Fax/e-prescribing/Transfers	
10.1 Is the facsimile machine in the prescription department or a nonpublic area of the pharmacy?	N/A
10.1a - Does the facsimile prescription contain all information required by law (IC 25-26-13-2)?	N/A
10.1b - Excluding Rule 31 exceptions, have schedule II controlled substances been dispensed pursuant to a faxed prescription?	N/A
10.1c - Does original presciption have "valid only if transmitted by facsimile machine" on its face?	N/A
10.1d - If the facsimile does not contain required information, has the pharmacist verified the prescription with appropriate documentation (i.e., reduced to writing)?	N/A
10.2 Do all e-presciptions contain all of the information required by law?	N/A
10.2a - Is the Electronic Data Intermediary (EDI) approved by the Board of Pharmacy?	N/A
10.2b - Does the pharmacy maintain policies and procedures to ensure security of all information?	N/A
10.2c - Does the manual address the safety of the prescription?	N/A
10.2d - Does the manual address the safety of the practitioner's identity and privacy?	N/A
10.2e - Does the manual address the safety of the patient's identity, privacy and confidentiality?	N/A
10.3 If observed, are pharmacists properly processing transfers?	
10.3a - Is prescription pad form completed on transfer?	N/A
10.3b - On transfer out, is all required information recorded on the invalidated prescription?	N/A
10.3c - On transfer in, is all required information recorded on the transferred prescription?	N/A
10.3d - Does the pharmacy print out a "transfer in" and "transfer out" report to confirm it has been transmitted?	N/A

Remote Order Entry and Centralized Processing	
11.1 Is the pharmacy performing or contracting centralized processing services?	N/A
11.2 Do the parties involved have the same owner or a written contract?	
11.3 Does the pharmacy have a written policies and procedures manual for performing or contracting CPS?	N/A
11.3a - Does the manual address how the parties will comply with federal and state laws and regulations?	N/A
11.3b - Does the manual address maintenance records to identify the responsible pharmacist(s) in the dispensing and counseling processess?	N/A
11.3c - Does the manual address a mechanism for tracking the prescription drug order during each step in the dispensing process?	N/A
11.3d - Does the manual address a mechanism to identify on the prescription label all pharmacies involved in dispensing the prescription drug order?	N/A
11.3e - Does the manual address the provision of adequate security to protect the product integrity?	N/A
11.3f - Does the manual address the provision of adequate security to prevent the illegal use or disclosure of protected health information?	N/A
11.3g - Does the manual address the maintenance of a continuous quality improvement program for centralized prescription processing pharmacy services?	N/A

Generic Substitution	
12.1 Do substitutions have proper labeling?	Yes
12.2 Was the prescription followed and generic properly substituted?	Yes
12.3 Did the pharmacist inform the customer of substitution?	Yes
12.4 Was prescription dispensed with generically equivalent drug product (A, AB)?	Yes
12.5 Did the pharmacist list the name of the manufacturer, distributor or both of the drug actually dispensed?	Yes
12.6 What resource does the pharmacy use to determine generic equivalence?	Software application

Controlled Substances	
13.1 Does the pharmacy maintain a perpetual inventory for controlled substances?	N/A
13.1a - If yes, which controlled substance schedules are inventoried perpetually?	N/A
13.1b - If no, what is the date of last biennial inventory (Type II facilities and facilities without controlled substances are exempt).	N/A
13.1c - Is inventory within 2 years of last biennial inventory?	N/A
13.1e - Is the inventory signed by the pharmacist with date and time?	N/A
13.1f - Is the inventory complete?	N/A
13.1g - If incomplete, provide details.	N/A
13.2a - What is the method of storage?	N/A
13.2b - If method of storage is improper, provide explanation.	N/A
13.3 Who is your reverse distributor for destruction of controlled substances?	N/A
13.3a - Does the pharmacy properly maintain reverse distribution receipts?	N/A
13.4 Are controlled substance records maintained separately from all other pharmacy records?	N/A
13.5 Who is your primary Wholesale Drug Distributor for Controlled Substances?	N/A

DEA Forms	
14.2d - Are DEA Form 222's properly executed?	N/A
14.2j - Does the pharmacy have power of attorney that enables employees to place the order?	N/A
14.3 Does the pharmacy maintain copies of DEA Form 106 (theft and loss), if applicable?	N/A
14.4 Does pharmacy have DEA Form 41 on file if destroyed with witness of special agent or compliance officer?	N/A
14.5 Has the pharmacy reported theft of controlled substances to DEA within one (1) business day?	N/A
14.6 Have all thefts/losses been reported to the Pharmacy Board?	N/A
14.7 How many theft/losses have occurred since the previous routine inspection?	0

INSPECT	
15.1 Is the pharmacy currently reporting all controlled substance prescription data to INSPECT within seven (7) days of dispensing to a patient?	N/A
15.1a - If yes, provide verification of previous two submissions. Enter "Automatic Submission", if applicable.	N/A
15.1b - If no, has the pharmacy made arrangements with INSPECT to begin reporting?	N/A
15.2 After uploading prescription data to INSPECT, does the pharmacy regularly check to see if the system found errant records?	N/A
15.2a - If yes, does the pharmacy have an error correction procedure in place?	N/A
15.3 How many practitioners within the pharmacy utilize an individual practitioner INSPECT account?	N/A
15.4 Is the pharmacy part of a chain or is it a single location?	Chain
15.5 How does the pharmacy staff access the INSPECT account?	N/A
15.5a - Does the pharmacy (or parent corporation) prohibit staff from accessing INSPECT and/or the Internet?	
15.6 If Agent Access, is the practitioner aware of professional liability associated with the INSPECT account?	N/A
15.7 How many employees are trained to upload dispensing data to INSPECT?	N/A
15.8 Does the pharmacy have procedures to properly dispose hardcopy INSPECT reports?	N/A
15.8a - How long are hardcopy INSPECT reports saved before they are destroyed?	N/A
15.9 Has the pharmacy copied, faxed, e-mailed or transmitted INSPECT reports in any way?	N/A

Sterile Compounding: Policies and Procedures	
16.2e - Do the quality assurance procedures cover sterility testing or monitoring, if employed, in the case of routine bulk compounding from nonsterile chemicals-high risk level compounding?	N/A

Sterile Compounding: Engineering Controls	
17.2a - Total number of PEC's used	0
17.2b - Do the PEC's maintain ISO class 5 environment during in-use activity?	N/A
17.3 Are PECs located within appropriate secondary engineering controls?	N/A
17.4 Do secondary engineering controls (buffer area, ante area) maintain appropriate ISO classification?	N/A
17.5 If using CAI, is it located in an ISO class 7 buffer room?	N/A
17.5a - If no, does pharmacy have proper manufacturer documentation that it can maintain ISO class 5 environment during use?	N/A
17.6 Is appropriate pressure differential or airflow between control environments and the general pharmacy maintained and documented at least every work shift?	N/A
17.7 Is there a cleaning log for the PEC?	N/A
17.8 Is there a daily cleaning log for the counters, floors and work surfaces?	N/A
17.9 Is there a monthly cleaning log for the walls, ceiling and shelving?	N/A
17.10 Is there a cleaning log for the cleaning of BSC between uses if preparing both hazardous and non-hazardous preparations?	N/A
17.11 Are there proper containers for disposal of waste?	N/A
17.12 Does the pharmacy have records of necessary environmental sample testing maintained for two (2) years?	N/A
17.13 Does the pharmacy have total particle counts of each ISO classified area - performed not less than every six (6) months and when PEC is moved?	N/A
17.14 Does the pharmacy have volumetric air sampling for microorganisms in each ISO classified area - performed not less than every six (6) months?	N/A

Sterile Compounding: Personnel	
18.1 Is there documentation of all personnel preparing sterile pharmaceuticals?	N/A
18.2 Is there documentation of all support personnel assisting with sterile pharmaceuticals?	N/A
18.3 Are personnel assessments/competencies related to aseptic technique, garbing, and cleaning/disinfecting performed at least annually?	N/A
18.4 Does the pharmacy have documentation of training and assessment for all personnel engaging in preparation of sterile pharmaceuticals, including support personnel (housekeeping, environmental services) as related to garbing (assessment: observation, gloved fingertip sampling)?	N/A
18.5 Does the pharmacy have documentation of training and assessment for all personnel engaging in preparation of sterile pharmaceuticals, including support personnel (housekeeping, environmental services) as related to aseptic technique (assessment: written test, media-fill test)?	N/A
18.6 Does the pharmacy have documentation of training and assessment for all personnel engaging in preparation of sterile pharmaceuticals, including support personnel (housekeeping, environmental services) as related to cleaning/disinfecting procedures (assessment: observation, surface sampling via contact plates/swabs)?	N/A
18.7 Are personnel engaging in appropriate aseptic technique, garbing, and cleaning/disinfecting at the time of inspection?	N/A

Sterile Compounding: Labeling/Documentation	
19.1 Does the label on the dispensed sterile pharmaceutical contain all information required by law?	N/A
19.2 Does the label have the additional information required if dispensed at home or outside the facility?	N/A
19.3 Is there documentation of patient training by the pharmacists to patients in the home?	N/A
19.4 Are single- and multiple-dose containers (e.g., vials) being properly used and stored with appropriate BUD when applicable?	N/A
19.5 Does the pharmacy have disposable needles, syringes and other supplies needed for aseptic admixture?	N/A
19.6 Does the pharmacy have disinfectant cleaning tools and solutions (i.e. sterile 70 % IPA)?	N/A
19.7 Does the pharmacy have a hand washing agent with antibacterial action?	N/A
19.8 Does the pharmacy have disposable towels or wipes?	N/A
19.9 Does the pharmacy have filters and filtration equipment, if utilized?	N/A
19.10 Does the pharmacy have a hazardous drug spill kit if hazardous drugs are prepared?	N/A
19.11 Does the pharmacy have disposable gowns and gloves?	N/A
19.12 Does the pharmacy have a refrigerator with a thermometer and temperature log?	N/A
19.13 Does the pharmacy have an infusion device, if appropriate?	N/A
19.14 Does the pharmacy have a sink with hot and cold running water, outside of the buffer area?	N/A
19.15 Does the pharmacy use a computer system to monitor 797 compliance? (i.e. Simplify 797)	N/A

Non-sterile Compounding	
20.2 Does the pharmacy have an affiliation with a professional compounding organization?	N/A
20.2a - If yes, which one?	N/A
20.3 Does the regular pharmacy software application produce formula sheets?	N/A
20.4 Does the pharmacy record lot numbers and expiration dates of medications utilized during non-sterile compounding?	N/A
20.5 Does the pharmacy label compounded pharmaceuticals in accordance with USP 795?	N/A
20.6 Does the pharmacy check expiration dates of compounding chemicals?	N/A
20.7 Does the pharmacy assign beyond use dates to the compounded pharmaceuticals in accordance with USP 795?	N/A
20.7a - If yes, where does the pharmacy obtain it's information?	N/A
20.8a - If technicians are preparing compounded pharmaceuticals, how were they trained?	N/A
20.8b - Does the pharmacy submit sample compounds to outside testing labs for verification of the product strength and concentration?	N/A

Remote Locations (Type II only)	
21.1 If hospital (Type II) pharmacy, does pharmacy operate remote location(s)?	N/A
21.1a - If yes, how many remote locations?	0
21.2 Does the remote location have a pharmacist present?	N/A
21.3 Is a mechanical device used at the remote location(s)?	N/A
21.4 Is the remote location properly secured?	N/A

Emergency Drug Kits/Crash Carts	
22.1 For hospital pharmacies, do policies and procedures include determination of drugs and quantities to be included?	N/A
22.1a - For hospital pharmacies, do policies and procedures include labeling for expiration date?	N/A
22.1b - For hospital pharmacies, do policies and procedures include process for restocking the cart(s) or box(es)?	N/A
22.1c - For hospital pharmacies, do policies and procedures include security measures to prevent unauthorized access?	N/A
22.2 For Type III and Type VI permits, is the list of drugs/quantities included in each kit reviewed at least annually?	N/A
22.2a - Does the exterior labeling of the kit(s) meet the requirements of 859 IAC 1-28.1-9?	N/A
22.2b - Are all drugs contained in the kit(s) labeled as required by 856 IAC 1-28.1-9?	N/A
22.2c - Are controlled substances contained in the kit(s) included in the pharmacy's biennial inventory?	N/A
22.2d - Is the nurse responsible for removing drugs from the kit recording the information as required by 856 IAC 1-28.1-9?	N/A
22.2e - Is the restocking and resealing of the kit(s) being performed by the pharmacy?	N/A

Quality-Related Events/Patient Own Medications	
23.1 Have any sentinel events occurred as a result of pharmacy operations since the last inspection?	No
23.1a - If yes, how many?	0
23.1b - Are records of analysis and corrective action available for review?	N/A
23.2 Have any quality-related events occurred as a result of pharmacy operations since the last inspection?	No
23.2a - If yes, how many?	0
23.2b - Are records of analysis and corrective action available for review?	N/A
23.3 Are patient's own medications maintained exclusively in the patient care area or at the bedside?	N/A
23.4 Upon discharge or death, are such medications handled according to 856 IAC 1-28.1-14?	N/A

Special Medications	
24.1 Does the pharmacy report the dispensing of clozapine within five (5) days to the CNR?	N/A
24.1a - Which method does the pharmacy use for reporting the dispensing of clozapine?	N/A
24.2 Has the pharmacy received authorization from the iPLEDGE program to dispense isotretinoin (Accutane)?	N/A
24.2a - Is the MedGuide included with the prescription?	N/A
24.2b - Does the pharmacy have a record of pharmacist training for the iPLEDGE program?	N/A
24.3 Is the authorization number on all prescriptions for Thalomid?	N/A
24.3a - Is the pharmacy registered in the STEPS program for dispensing?	N/A
24.4- Does the pharmacy dispense any other "special medications" with an RDDS program?	N/A
24.5 Does the pharmacy follow proper FDA and manufacturers practices for other "special" medications such as Ticocin?	N/A

Immunization Rule	
25.1 What type of immunizations do pharmacists administer?	None
25.2 Does the pharmacy have a Doctor's standing order in place for influenza and/or shingles immunizations?	N/A
25.2a - If administering per a standing order, does the protocol contain all the information required by law?	N/A
25.2b - Is the protocol up to date (renewed annually)?	N/A
25.3 Have all pharmacists administering immunizations completed an ACPE accredited training program?	N/A
25.4 Is the pharmacist CPR certified?	N/A
25.5 Is the pharmacist the only person administering vaccinations within the licensed area?	N/A
25.6 What are the procedures in place to address emergency situations?	N/A
25.7 Does the pharmacy maintain records of adverse event reporting to the necessary physicians and VAERS as required?	N/A
25.8 Does the pharmacy notify the authorizing physician and the individual's primary care physician of immunization administration within 14 days?	N/A

Patient Confidentiality (HIPAA)	
26.1 How does the pharmacy dispose HIPAA trash?	Third party service
26.1a - Is the dumpster locked and secure?	Yes
26.1b - What is the name of off-site HIPAA vendor?	Shredd IT
26.2 Are HIPAA policies posted?	Yes
26.3 Are employees HIPAA trained?	Yes
26.3a - Is there documentation of training?	Yes
26.4 Does the pharmacy have policies and procedures in place to protect health information?	Yes
26.5 Has the pharmacy had a complaint filed with DHHS?	No

Prescription Audit	
27.1 Do all Controlled Substance prescriptions meet Indiana security feature requirements?	N/A
27.2 Do all Controlled Substance prescriptions contain all information required by law?	N/A

As the undersigned representative of the licensee, I affirm that the information provided during the inspection is true and accurate to the best of my knowledge. I understand that the licensee is responsible for the legal operations of the facility and I am executing this inspection form as, or on behalf of the licensee.

The alleged violator has voluntarily entered into an Opportunity to Correct Plan with the Indiana Professional Licensing Agency (PLA). Pursuant to IC 4-21.5-2.5-7, the alleged violator enters into a written Corrective Plan to correct the alleged violation(s) set forth above before the agency institutes an enforcement action which may include the filing of a Consumer Complaint with the Office of the Indiana Attorney General. Upon notice that the alleged violation(s) has been corrected, this Agency shall re-inspect not more than thirty (30) days after to determine if you have substantially complied with the applicable rule or state statute. If subsequent inspection identifies a failure to address previous violations the facility will "fail" the inspection and additional enforcement actions may be initiated against licensure.

In order to avoid additional enforcement action, the alleged violator must submit the Corrective Plan within five (5) business days after the initial inspection. A plan of corrective action can be either emailed to PLACompliance@pla.in.gov, or mailed to: Indiana Professional Licensing Agency, Attn: Compliance Division, 402 W. Washington St. RM W072, Indianapolis, IN 46204.

Signature of Inspector	12/17/2025 8:26:11 AM	Signature of Owner/Representative
	Date/Time	

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Pharmacy

Registration Number	Expire Date
60006832A	12/31/2027

Kroger Pharmacy #011
301 Logistics Avenue, Suite 200
Jeffersonville IN 47130

Mike Braun
Governor
State of Indiana

Lindsay M. Hyer
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Pharmacy

Registration Number	Expire Date
60006832A	12/31/2027

Kroger Pharmacy #011

Signature

STATE OF INDIANA

Mike Braun

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Digitally Certified Proof of Licensure

RE: Kroger Pharmacy #011

I, Lindsay M. Hyer, Executive Director of the Indiana Professional Licensing Agency and custodian of the records therein, hereby certify that the attached is the digitally certified proof of licensure, as requested, and as it appears in the files of the Indiana Professional Licensing Agency on the date/time certified.

To verify the authenticity of the digital certification as of the date and time stamp below, go to

https://secure.in.gov/apps/pla/search/verify/

and use our free web service. Simply browse to the location you saved the secure PDF document sent to you and upload to validate. You may also verify the authenticity in Adobe by ensuring the 'Certified by State of Indiana' blue ribbon displays at the top of the PDF.

Lindsay M. Hyer, Executive Director

Mon Apr 13 09:16:47 AM EST 2026

STATE OF INDIANA

Mike Braun

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Official Proof of Licensure
Digitally Certified Record

Personal Information

Facility Name:	Kroger Pharmacy #011
Address:	301 Logistics Avenue, Suite 200 Jeffersonville, IN 47130
Owner Name:	

License Information

Number Issued:	60006832A
License Type:	Pharmacy - Closed Door (III)
Status:	Active
Issue date:	03/03/2022
Expiration Date:	12/31/2027
Obtained By:	Application

This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For disciplinary action information, please visit our License Search & Verify service at https://mylicense.in.gov/EVerification/Search.aspx. Disciplinary action will either show under Previous Action or Violations. For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at https://www.in.gov/pla/professions/.

Digitally Certified on: Mon Apr 13 09:16:47 AM EST 2026

State of Indiana

DEMOGRAPHIC INFORMATION

Name: Kroger Pharmacy #011

Contact Person:

ADDRESS INFORMATION

Line 1: 301 Logistics Avenue, Suite 200
Line 2:
City/State/Zip: Jeffersonville IN 47130
County: Clark

LICENSE INFORMATION

Lic #:	60006832A	Profession:	Pharmacy Board	Type:	Pharmacy	Secondary:	Closed Door (III)
Status:	Active	Issued:	3/3/2022	Expiration:	12/31/2027	Renewed:	10/1/2025
Method:	Application						

LITIGATION INFORMATION

-

RELATED LICENSES

No Related Licenses

SPECIALTY INFORMATION

No Specialty Information

INSPECTION INFORMATION

Inspection Type: Pharmacy Inspection Report	Inspection Date: 3/2/2022	Inspection Grade: Pass
Inspection Type: Pharmacy Inspection Report	Inspection Date: 4/16/2024	Inspection Grade: Pass
Inspection Type: Pharmacy Inspection Report	Inspection Date: 12/16/2025	Inspection Grade: Pass

4ZZZ

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee
Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	■ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA # [redacted]
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			■ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	✓ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: NDVR PHARMACY LLC DBA LIFELINE CMO PHARMACY
Physical Address: 3233 CORPORATE CT
City: ELLICOTT CITY State: MD Zip: 2104 2
Mailing Address (if different from physical address): _____
City: _____ State: _____ Zip: _____
Telephone: 410205 1777 Toll Free # (NAC 639.708, NRS 639.23286): 877 4754335
Fax: 410205 1177 Contact Email: LIFELINECMORX@GMAIL.COM
Website: N/A
Nevada Business License # (if applicable) _____
Supervising/Managing Pharmacist Name (NRS 639.220): VIVIANE TANG
Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 25065

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: VIVIANE TANG	NV Pharmacist Registration #: 25065
Name: RAJESHWER R PINGILI (MARYLAND -17346)	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DELAWARE

Parent Company (if any): _____

Corporation/Organization Name: NDVR PHARMACY LLC

Mailing Address: 3233 CORPORATE CT

City: ELLICOTT CITY State: MD Zip: 21042

Telephone: 4102051777 Email: LIFELINECMORX@GMAIL.COM

Contact Person Name: RAJESHWER R PINGILI

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the PRESIDENT (title) for LIFELINE CMO PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

RAJESHWER R PINGILI

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

04/17/2026

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding:

Affidavit for Pharmacy License

I, RAJESHWER R PINGILI hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the MANAGER (title) for LIFELINE CMO PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 9th day of June, 2026

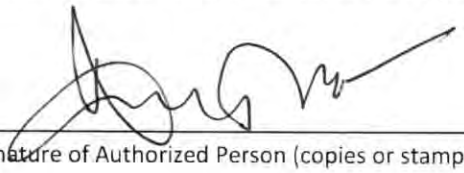
Notary Public

YO SUP BAK
NOTARY PUBLIC
HOWARD COUNTY
MARYLAND
My Commission Expires Aug. 20, 2028

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

RAJESHWER R PINGILI

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

04/17/2026

Date

Board Use Only	Date Received: 4/21/26	Amount: $500 Ck 3016237121-2 ✓

OWNERSHIP OF NDVR PHARMACY LLC (FEIN 33-4362948)

3233 CORPORATE CT, ELLICOTT CITY MD 21042

S. NO.	OWNER	% OF OWNERSHIP	FEIN/SSN	DATE OF BIRTH	ADDRESS
1	VK IRRV TRUST (MEMBER)	90	[redacted]	N/A	[redacted]
2	RAJESHWER R PINGILI (PRESIDENT)	10	[redacted]		

STATE OF MARYLAND
Department of Assessments and Taxation

I, BOB YEAGER OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES , OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT NDVR PHARMACY LLC (Z26021139) , REGISTERED MAY 02, 2025, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF DELAWARE, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 08, 2026.

R Yeager

Bob Yeager
Director

700 East Pratt Street, 2nd Flr, Ste 2700, Baltimore, Maryland 21202
Telephone Baltimore Metro (410) 767-1344 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: c3uQ7pMH3k69cWghAMpGsQ
To verify the Authentication Code, visit http://dat.maryland.gov/verify

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler LIFELINE CMO PHARMACY

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 3233 CORPORATE CT

City ELLICOTT CITY State MD Zip 21042

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 410-205-1777 Website WWW.LIFELINECMOPHARMACY.COM

Licensing Company Email LIFELINECMORX@GMAIL.COM

Section 2: Personal Information

First RAJESHWER Middle REDDY Last PINGILI

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State MD Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
ST. JOHNS UNIVERSITY		7/02 10/04	
Address	**City**	**State**	**Zip**
8000 UTOPIA PKWY	JAMAICA	NY	11439
Diploma/Degree obtained, if any			
MASTERS IN INDUSTRIAL PHARMACY			

School Name		From - To (MM/YY – MM/YY)	
KAKATIYA UNIVERSITY		11/97 12/01	
Address	**City**	**State**	**Zip**
KAKATIYA CAMPUS, VIDYARANYAPURI	HANAMKONDA	INDIA	
Diploma/Degree obtained, if any			
BACHELORS IN PHARMACY			

School Name		From - To (MM/YY – MM/YY)	
VIKAS JUNIOR COLLEGE		6/94 6/97	
Address	**City**	**State**	**Zip**
1 BRODIPET	GUNTUR	INDIA	
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/15 6/26	[redacted]	[redacted]	MD	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
LIFELINE SPECIALTY PHARMACY			12/17 6/26	
Business Address		**City**	**State**	**Zip**
6304 WOODSIDE CT, STE 100		COLUMBIA	MD	21046
Phone	**Title**		**Number of Employed Hours**	
4102031010	PRESIDENT		10000	
Description of Duties				
ADMINISTRATOR AND FILL IN PHARMACIST				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, RAJESHWER R PINGILI, **certify that as the designated representative for**

LIFELINE CMO PHARMACY,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. X I am at least 21 years of age;
3. X I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. X I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. X I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. X I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. X I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

RAJESHWER R PINGILI

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/09/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

RAJESHWER R PINGILI

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/9/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Maryland, ss. County of Howard

I, RAJESHWER R PINGILI, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/9/26

Date

Subscribed and Sworn to before me this 9th day of June, 2026.

Notary Public Signature

YO SUP BAK
NOTARY PUBLIC
HOWARD COUNTY
MARYLAND
My Commission Expires Aug. 20, 2028

(Seal)

MARYLAND
Department of Health
Wes Moore, Governor - Aruna Miller, Lt. Governor - Meena Seshamani, M.D., Ph.D. Secretary

MARYLAND BOARD OF PHARMACY
4201 Patterson Avenue, Baltimore, Maryland 21215-2299
Alash Patel, Board President. Deena Speights-Napata, Executive Director

COMMUNITY PHARMACY INSPECTION FORM

Maryland Pharmacy Permit Number	:	P09156
Corporate Pharmacy Name	:	NDVR Pharmacy LLC Dba Lifeline CMO Pharmacy
Pharmacy Name-Doing Business as (d/b/a) or Trade Name	:	
Street Address	:	3233 Corporate Court, Ellicott City, MD, 21042
Business Telephone Number	:	410-205-1777
Business Fax Number	:	410-205-1177
Inspection Date	:	05/06/2026
Arrival Time	:	10:04
Departure Time	:	11:57:13
Type of Inspection	:	◉ Annual
Previous Date	:	10/07/2025
Name of Inspector	:	Elizabeth M Reynolds

1. GENERAL INFORMATION

◉ Yes ○ No The pharmacy hours of operation are prominently displayed if the prescription area is not open the same hours as the establishment.

Pharmacy Hours							
Monday:	9am-5pm	Tuesday:	9am-5pm	Wednesday:	9am-5pm	Thursday:	9am-5pm
Friday:	9am-5pm	Saturday:	Closed	Sunday:	Closed		

◉ Yes ○ No All permits, licenses, and registrations are posted conspicuously. HO § 12-311, HO § 12-408(h) and HO § 12-6B-08

Maryland Pharmacy Permit Number	P09156	Expiration Date	05/31/2028
CDS Registration Number	4130613	Expiration Date	09/30/2028
DEA Registration Number	FL6256158	Expiration Date	03/31/2028

○ Yes ◉ No The pharmacy performs sterile compounding. (If yes, complete Sterile Compounding Inspection Form) COMAR 10.34.19

○ Yes ◉ No The pharmacy provides services to Comprehensive Care facilities or assisted living facilities. (If yes, complete Comprehensive Inspection Form) COMAR 10.34.23

○ Yes ◉ No The pharmacy fills original prescriptions received via the internet.

◉ Yes ○ No The pharmacy fills original prescriptions via e-prescribing.

○ Yes ◉ No The pharmacist fills mail order prescriptions.

If yes to any of the above, how does the pharmacist verify that a relationship exists between the patient and the prescriber? 21 C.F.R. § 1306.04, HG § 21-220; COMAR 10.19.03.02 and .07

This pharmacy will call the doctor in addition to using CRISP/PDMP to verify prescriptions.

Comments:

2. PERSONNEL

Name of Pharmacist Manager who is charged with ensuring compliance with all applicable laws
29953 29953: Viviane Tang

Pharmacist Employee	License #	Status	Exp. Date	Vaccine Certification #	Status	Exp. Date	
Viviane Tang	29953	Active	03/31/2028				
RAJESHWER PINGILI	17346	Active	03/31/2028	17346	Active	03/31/2026	

Registered Technicians	Registration #	Status	Exp. Date	
N/A	N/A	Inactive		

Unlicensed Personnel (non-registered)	Title	Duties	
N/A	N/A	N/A	

No vaccine registered pharmacists on duty at the time of this inspection.
At the time of this inspection, this pharmacy does not have any unlicensed personnel or technicians on staff.

Comments

3. PERSONNEL TRAINING

◉ Yes ○ No ○ N/A There are written policies and procedures to specify duties that may be performed by unlicensed personnel under the supervision of a licensed pharmacist. COMAR 10.34.21.03 and 10.34.21.05

○ Yes ○ No ◉ N/A All unlicensed personnel who perform tasks in the pharmacy receive documented training for the tasks they perform. COMAR 10.34.21.03B(1)

All personnel have received training in: (check all that apply) COMAR 10.34.21.03B(3) and (4)

◉ Yes ○ No ○ N/A Maintaining records

◉ Yes ○ No ○ N/A Patient confidentiality

◉ Yes ○ No ○ N/A Sanitation, hygiene, infection control

◉ Yes ○ No ○ N/A Biohazard precautions

◉ Yes ○ No ○ N/A Patient safety and medication errors COMAR 10.34.26.03

Comments:
This pharmacy uses PRS Compliance Track for their training.

○ Yes ◉ No The pharmacy wholesale distributes to another pharmacy (COMAR 10.34.37)

○ Yes ◉ No The pharmacy wholesale distributes to a wholesale distributor (COMAR 10.34.37)

○ Yes ○ No ◉ N/A The wholesale distribution business exceeds 5% of the pharmacy annual sales (COMAR 10.34.37)

Comments:
This pharmacy does not wholesale distribute to another pharmacy or wholesale distributor.

4. SECURITY COMAR 10.34.05

○ Yes ◉ No The pharmacy is designed to prevent unauthorized entry when the prescription area is closed during any period that the rest of the establishment is open. (If yes, briefly describe how access is restricted.) COMAR 10.34.05.02A (5)

Comments:
No part of this pharmacy is open past the posted business hours. This pharmacy has locked doors that prevent entry after the pharmacy is closed.

◉ Yes ○ No The pharmacy and/or pharmacy department has a security system. COMAR 10.34.05.02A (2)

◉ Yes ○ No The permit holder shall prevent an individual from being in the prescription area unless a pharmacist is immediately available on the premises to provide pharmacy services. COMAR 10.34.05.02A (3)

Comments:
This pharmacy has cameras, motion sensors, and door sensors in addition to the security alarm.

5. PHYSICAL REQUIREMENTS AND EQUIPMENT

◉ Yes ○ No Pharmacy area is clean and orderly. HO § 12-403(b) (11) (ii)2.

○ Yes ◉ No The pharmacy provides a compounding service (non-sterile procedures).

◉ Yes ○ No If yes, the pharmacy maintains equipment that enables it to prepare and dispense prescriptions properly within its scope of practice. COMAR 10.34.07.02

◉ Yes ○ No The pharmacy has a Class A prescription balance and weights, or a prescription balance with equivalent or superior sensitivity. COMAR 10.34.07.01A

◉ Yes ○ No The pharmacy has hot and cold running water.

◉ Yes ○ No The medication refrigerator(s) contain only prescription items. COMAR 10.34.07.01B

◉ Yes ○ No The medication refrigerator(s) have a thermometer and the current temperature is between (36–46F) USP. COMAR 10.34.07.01B

Temperature 39F

◉ Yes ○ No The current temperature of the pharmacy department is between 59 to 86 degrees F. COMAR 10.34.05.02A (1)(a)

Temperature 73F

○ Yes ○ No ◉ N/A If the pharmacy stocks medications requiring freezing, the freezer is maintained at temperatures required by the medications stored within it.

Temperature 3F

◉ Yes ○ No The pharmacy maintains at all times a current reference library that is appropriate to meet the needs of the practice specialty of that pharmacy and the consumers the pharmacy serves. HO § 12-403(b)(10)

◉ Yes ○ No The pharmacy has online resources. HO § 12-403(b)(15)

Comments:

At the time of this inspection, no medication was observed in the fridge or the freezer.
At the time of this inspection, this pharmacy has not performed any compounding of medications.

6. PRESCRIPTION LABELING, FILES AND STORAGE

◉ Yes ○ No Prescription files for each prescription prepared or dispensed are made and kept on file for at least 5 years. HO § 12-403(b)(13)(i)

The following label requirements are met if a drug is dispensed pursuant to a prescription: HO § 12-505

◉ Yes ○ No The name and address of the pharmacy; HG § 21-221(a)(1)

◉ Yes ○ No The serial number of the prescription; HG § 21-221(a)(2)

◉ Yes ○ No The date the prescription was filled; HO § 12-505(b)(1) and HG §21-221(a)(3)

◉ Yes ○ No The name of the prescriber: HG § 21-221(a)(4)

◉ Yes ○ No The name of the patient; HG § 21-221(a)(5)(i)

◉ Yes ○ No The name and strength of the drug or devices; HO § 12-505(c)

◉ Yes ○ No The directions for use; HO § 12-505(b)(2)(ii) and HG §21-221(a)(5)(ii)

◉ Yes ○ No The required cautionary statements or auxiliary labels; HG § 21-221(a)(5)(iii)

◉ Yes ○ No The name of generic manufacturer; and HO §§ 12-504(d)(2) and 12-505(c)(2)

◉ Yes ○ No The expiration date is indicated; HO § 12-505(b)(2)

◉ Yes ○ No The pharmacist and data-entry technician initials are on prescriptions. COMAR 10.34.08.01

◉ Yes ○ No Original prescriptions are dispensed within 120 days after the issue date. HO § 12-503

Comments:

See attached label below.

At the time of this inspection, this pharmacy has not ordered, stocked, or dispensed any CII or CIII to CV medications since opening. A non-controlled label was provided instead.

7. QUALITY ASSURANCE - PATIENT SAFETY / MEDICATION ERRORS

◉ Yes ○ No There are written policies that inform patients of the procedure to follow when reporting a suspected medication error to the permit holder, pharmacist, health care facility, or other health care povider. COMAR 10.34.26.02

◉ Yes ○ No The pharmacy maintains a minimum of two (2) continuous years of records clearly demonstrating the content of annual educational training provided to each member of the pharmacy staff involved in the medication delivery system regarding the roles and responsibilities of pharmacy staff in preventing medication errors. COMAR 10.34.26.03B

◉ Yes ○ No There is an ongoing quality assurance program that documents the competency and accuracy of all assigned tasks. COMAR 10.34.21.03E

Comments:

This pharmacy is a closed door pharmacy and does not service the general public, only patients who are enrolled in the consignment program through the manufacturer. A copy of the patients rights and responsibilities is mailed out with the prescriptions.
This pharmacy uses PRS Compliance Track for their Quality Assurance/Error Prevention training.
This pharmacy will keep a record of any medication error events that may occur.

8. CONFIDENTIALITY

◉ Yes ○ No Confidentiality is maintained in the creation, storage, access disposal and disclosure of patient records. HO § 12-403(b)(13). COMAR 10.34.10.03A and HIPAA Regulations

◉ Yes ○ No Any identifiable information contained in a patient's record is not disclosed unless authorized by the patient, or an order of the court, or as authorized pursuant to HG §4-301 through §4-307. COMAR 10.34.10.03B

Comments:

This pharmacy shreds their HIPAA information on site.

There was no visible HIPAA or PHI observed during the inspection.

9. INVENTORY CONTROL PROCEDURES

◉ Yes ○ No ○ N/A The pharmacy maintains invoices as required by law for accurate control and accountability of all pharmaceuticals. COMAR10.34.24.03

◉ Yes ○ No ○ N/A The pharmacy has a procedure in place for removal of all expired drugs (both prescription and OTC). COMAR 10.34.12.01

○ Yes ○ No ◉ N/A The pharmacy maintains records of wholesale distribution to other pharmacies separately from its other records. COMAR 10.34.37.03

○ Yes ○ No ◉ N/A The pharmacy maintains records of wholesale distribution to wholesale distributors separately from its records of wholesale distribution to other pharmacies. COMAR 10.34.37.03

Comments:

This pharmacy maintains their policies and procedures in a binder.

10. CONTROLLED SUBSTANCES

17346: RAJESHWER PINGILI

Power of Attorney: 17346

◉ Yes ○ No The pharmacy has a record of the most recent required biennial inventory of Schedule II - V controlled substances. COMAR 10.19.03.05B
Inventory Date: 10/07/2025
Biennial Inventory completed at
◉ Opening ○ Closing

○ Yes ◉ No The inventories and records of Schedule II-V drugs are maintained and readily available. COMAR 10.19.03.05 and 21 CFR 1304.03

○ Yes ◉ No Records are kept of all receipts of controlled substances entered into the pharmacy inventory (including DEA Form 222 or CSOS orders). COMAR 10.19.03.05

◉ Yes ○ No There are written policies and records for return of CII, CIII-V.

◉ Yes ○ No Hard copy or electronic prescription files are maintained chronologically for 5 years.

○ Yes ◉ No Schedule II controlled substances are dispersed throughout the stock of non-controlled substances or stored in such a manner as to obstruct theft or diversion. COMAR 10.19.03.12B (2)

◉ Yes ○ No All controlled substances prescriptions bear the name and address of the prescriber and patient. COMAR 10.19.03.07D (1)

◉ Yes ○ No The permit holder or pharmacist designee(s) has written policies and procedures for investigating discrepancies and reporting of theft or loss. COMAR 10.19.03.12B (4)

Comments:

At the time of this inspection, this pharmacy has not ordered, stocked, or dispensed any CII or CIII to CV medications since opening. This pharmacy has not had to send back any expired medications at the time of this inspection. This pharmacy plans on using Inmar as their reverse distributor.

11. AUTOMATED MEDICATION SYSTEMS ○ Yes ◉ No (if No, go to #12)

○ Yes ○ No ◉ N/A The facility uses an automated device(s) as defined in COMAR 10.34.28.02.

Policies and procedures exist for (check all that apply): COMAR 10.34.28.04A

○ Yes ○ No ◉ N/A Operation of the system

○ Yes ○ No ◉ N/A Training of personnel using the system

○ Yes ○ No ◉ N/A Operations during system downtime

○ Yes ○ No ◉ N/A Control of access to the device

○ Yes ○ No ◉ N/A Accounting for medication added and removed from the system.

○ ○ ◉ Yes No N/A Sufficient safeguards are in place to ensure accurate replenishment of the automated medication system. If yes, describe safe guards. COMAR 10.34.28.06

No automation.

Adequate records are maintained for at least two years addressing the following (check all that apply). COMAR 10.34.28.11

○ ○ ◉ Yes No N/A Maintenance records.

○ ○ ◉ Yes No N/A System failure reports.

○ ○ ◉ Yes No N/A Accuracy audits.

○ ○ ◉ Yes No N/A Quality Assurance Reports.

○ ○ ◉ Yes No N/A Reports on system access and changes in access.

○ ○ ◉ Yes No N/A Training records.

○ ○ ◉ Yes No N/A Devices installed after September 1, 2003 operate in a manner to limit simultaneous access to multiple strengths, dosage forms, or drug entities, and minimize the potential for misidentification of medications, dosages, and dosage forms accessed from the automated medication system. COMAR 10.34.28.04B

○ ○ ◉ Yes No N/A The pharmacy has records, documents, or other evidence of a quality assurance program regarding the automated medication system in accordance with the requirements of COMAR 10.34.28

Comments:
No automation.

12. OUTSOURCING ○ Yes ◉ No (if No, go to #13)

○ ○ ◉ Yes No N/A The facility outsources the preparation of medication or performs outsourcing functions for other pharmacies. COMAR 10.34.04.02

○ ○ ◉ Yes No N/A The facility serves as a primary pharmacy outsourcer to other pharmacies. COMAR 10.34.04.02

○ ○ ◉ Yes No N/A The facility serves as a secondary pharmacy. COMAR 10.34.04.02

○ ○ ◉ Yes No N/A The permit holder employs an outside agency/business entity for the provision of any pharmacy services, inclusive of staffing, remote order entry, and management.

If yes: Name of agency, state of incorporation, service contracted, and State of Maryland License/Permit Number: COMAR 10.34.04.06E

Comments:
No outsourcing.

○ ○ ◉ Yes No N/A The permit holder has written policies and procedures to specify the duties that may be performed by outside personnel. COMAR 10.34.21.03B(3)

If the pharmacy outsources a prescription order:

○ ○ ◉ Yes No N/A The original prescription order is filed as a prescription order at the primary pharmacy. COMAR 10.34.04.06D

○ ○ ◉ Yes No N/A Written policies exist for maintenance of documentation regarding transfer of prescription records. COMAR 10.34.04.06

○ ○ ◉ Yes No N/A Documentation is maintained, including the names and locations of the pharmacies, names of pharmacists, and a record of the preparations made. COMAR 10.34.04.03 and .05

The pharmacist from the primary pharmacy documents the following in a readily retrievable and identifiable manner; COMAR 10.34.04.06 (Check all that apply)

○ ○ ◉ Yes No N/A That the prescription order was prepared by a secondary pharmacy.

○ ○ ◉ Yes No N/A The name of the secondary pharmacy.

○ ○ ◉ Yes No N/A The name of the pharmacist who transmitted the prescription order to the secondary pharmacy.

12. OUTSOURCING Yes No (if No, go to #13)

○ Yes	○ No	◉ N/A	The name of the pharmacist at the secondary pharmacy to whom the prescription order was transmitted if the transmission occurred in an oral manner.
○ Yes	○ No	◉ N/A	The date on which the prescription order was transmitted to the secondary pharmacy.
○ Yes	○ No	◉ N/A	The date on which the medication was sent to the primary pharmacy.
○ Yes	○ No	◉ N/A	The primary and secondary pharmacies are both licensed in the State of Maryland, or operated by the federal government. COMAR 10.34.04.06F
○ Yes	○ No	◉ N/A	The primary pharmacy maintains, in a readily retrievable and identifiable manner, a record of preparations received from the secondary pharmacy. COMAR 10.34.04.06G

The permit holder at the secondary pharmacy maintains documentation in a readily retrievable and identifiable manner, which includes: COMAR 10.34.04.07 (Check all that apply)

○ Yes	○ No	◉ N/A	That the prescription order was transmitted from another pharmacy.
○ Yes	○ No	◉ N/A	The name and information identifying the specific location of the primary pharmacy.
○ Yes	○ No	◉ N/A	The name of the pharmacist who transmitted the prescription to the secondary pharmacy if the transmission occurred in an oral manner.
○ Yes	○ No	◉ N/A	The name of the pharmacist at the secondary pharmacy who accepted the transmitted prescription order.
○ Yes	○ No	◉ N/A	The name of the pharmacist at the secondary pharmacy who prepared the prescription order.
○ Yes	○ No	◉ N/A	The date on which the prescription order was received at the secondary pharmacy.
○ Yes	○ No	◉ N/A	The date on which the prepared product was sent to the primary pharmacy if it was sent back to the primary pharmacy.

13. Recommended Best Practices

○ Yes ◉ No	A perpetual inventory is maintained for Schedule II controlled substances.
◉ Yes ○ No	There are documented contingency plans for continuing operations in an emergency and for disaster recovery of required records.
◉ Yes ○ No	The pharmacy has written policies and procedures for the safe handling of drug recalls. See www.recalls.gov
◉ Yes ○ No	The pharmacy maintains records of all recalls. See www.recalls.gov

CONTROLLED DANGEROUS SUBSTANCES WORKSHEET

Pharmacy: NDVR Pharmacy LLC Dba Lifeline CMO Pharmacy
Permit#: P09156
Date: 05/06/2026

Rx#: 60041
Date Filled: 05/01/2026

DRUG	NDC Number	ON HAND INVENTORY	PERPETUAL INVENTORY	
N/A	N/A			Clear
N/A	N/A			Clear
N/A	N/A			Clear
N/A	N/A			Clear

Comments: At the time of this inspection, this pharmacy has not ordered, stocked, or dispensed any CII or CIII to CV medications since opening.

SCHEDULE II AUDIT

	Drug:	N/A
	NDC Number:	N/A
	Date of last Inspection/Biennial:	10/07/2025
Amount at last inspection/biennial	0.00	(A)
Purchased since inspection/biennial	0.00	(B)
Total inventory	0	(C) = A + B
Quantity Dispensed	0.00	(D)
Expected Inventory	0	(E) = C - D
Quantity on Hand	0.00	(F)
Discrepancy	0	(G) = (F-E)excess or (E-F) shortage

INVOICE REVIEW

CII: At the time of this inspection, this pharmacy has not ordered, stocked, or dispensed any CII or CIII to CV medications since opening.

CIII - CV: At the time of this inspection, this pharmacy has not ordered, stocked, or dispensed any CII or CIII to CV medications since opening.

PRESCRIPTION REVIEW

CII#: 0

Date: 05/06/2026

Comments: At the time of this inspection, this pharmacy has not ordered, stocked, or dispensed any CII or CIII to CV medications since opening.

CIII - CV#: 0

Date: 05/06/2026

Comments: At the time of this inspection, this pharmacy has not ordered, stocked, or dispensed any CII or CIII to CV medications since opening.

Choose File No file chosen

Caution: Federal law prohibits transfer of this drug to any person other than patient for whom prescribed

LIFELINE CMO PHARMACY

DEA# FL6256158

3233 CORPORATE CT ELLICOTT CITY, MD 21042 Ph : (877)475-4335 Fax : (410)205-1177

Rx#: 60041 5/1/2026

[redacted]

TAKE ONE TABLET BY MOUTH DAILY

RINVOQ TAB 15MG Qty:90

(BRAND for UPADACITINIB) D/S 90 Mfg: ABBVIE US

Dr. Farley, Patrick NDC: 00074-2306-30

Refill: 1 Times Until 4/30/2027 Use By:5/1/2027 Rph V TANG

DO NOT chew or crush. Swallow whole

May lower your ability to fight infections

DO NOT eat grapefruit or drink grapefruit juice

Take with or without food

Pharmacist Signature for Controlled Dangerous Substances Audit:

Vin Tang

INSPECTOR'S COMMENTS:

This inspection was reviewed with pharmacist Viviane Tang.

This pharmacy had their opening inspection on October 7, 2025 .

At the time of this inspection, this pharmacy only has 1 medication in stock.

This pharmacy is a consignment pharmacy that will help patients get medications at no cost or discounted when medications are not covered under insurance. The manufacturer will send the medication to the pharmacy for the pharmacy to fill the prescription and then mail to the patient. The prescriptions will either be filled through the consignment contract with the manufacturer or for cash. At the time of this inspection, this pharmacy has 1 contract with a manufacturer for this consignment program. This pharmacy is a closed door pharmacy and will not be serving the general public, only patients who are enrolled in the consignment program through the manufacturer.

At the time of this inspection, this pharmacy has not ordered, stocked, or dispensed any CII or CIII to CV medications since opening.

This pharmacy is licensed with 41 other states. See attached list.

These matters may be forwarded to the Board for review.

Inspector Signature: Elizabeth M Reynolds

Pharmacist Name (Print): 29953 29953: Viviane Tang Date: 05/06/2026

Signature: V Tang

Received a copy of this inspection report: V Tang

Supporting Documents.
P09156_05062026_8027_Lifeline CMO Pharmacy Out of State Licenses.docx
P09156_05062026_8027_Lifeline CMO Pharmacy Patients Rights and Responsibilites mailed out with scripts.pdf

205623 205623

State of Maryland

DEPARTMENT OF HEALTH

SIGNATURE OF BEARER

THE MARYLAND STATE BOARD OF PHARMACY
CERTIFIES THAT Ndvr Pharmacy LLC Dba Lifeline Cmo Pharmacy
IS A REGISTERED **Active**
License Expiration Date
Pharmacy 05/31/2028

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. REG. PERM. NO.	EXPIRATION DATE
P09156	05/31/2028

SECRETARY MDH

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

Pharmacy Change of Information

A Pharmacy must report changes in their names, addresses, place of employment or other contact information in order to receive renewal notices, newsletters and other important information. A copy of a legal document, such as a Marriage Certificate, must accompany name changes.

To report changes, submit a completed Change of Information form. The form may be downloaded from the Board's website at http://dlmh.maryland.gov/pharmacy/Pages/ChangeRequest.aspx, or contact the Board to have the form sent to you.

Return the completed form by mail, fax or email to:

Maryland Board of Pharmacy
P.O. Box 2051
Baltimore, Maryland 21203-2051
Toll Free: (800)-542-4964 Fax: (410) 358-6207
Email: dhmh.mdbop@maryland.gov

8582

Details

Demographic Information

Name: NDVR Pharmacy LLC Dba Lifeline CMO Pharmacy

Address Information

Address: 3233 Corporate Court

City: Ellicott City **State:** MD **Zip:** 21042

Maryland License\Permit Information

Number: P09156 **Type:** Pharmacy **Subtype:** Independent **Status:** Active

Original Issued: 10/7/2025 **Date Renewed:** 4/8/2026 **Expires:** 5/31/2028

No Speciality Information

Board Orders

Clicking on the corresponding link will allow documents to be viewed.

No Related Documents

****Please refer to the Board's Formal Disciplinary Action page for the listing of all disciplinary actions.****

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site LIFELINE CMO PHARMACY

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 3233 CORPORATE CT

City ELLICOTT CITY State MD Zip 21042

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 4102051777 Website WWW.LIFELINECMOPHARMACY.COM

Licensing Company Email LIFELINECMORX@GMAIL.COM

Section 2: Personal Information

First RAJESHWER Middle REDDY Last PINGILI

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State MD Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
ST. JOHNS UNIVERSITY		07/02 10/04	
Address	**City**	**State**	**Zip**
8000 UTOPIA PKWY	JAMAICA	NY	11439
Diploma/Degree obtained, if any			
MASTERS IN INDUSTRIAL PHARMACY			

School Name		From - To (MM/YY – MM/YY)	
KAKATIYA UNIVERSITY		11/97 12/01	
Address	**City**	**State**	**Zip**
KAKATIYA CAMPUS, VIDYARANYAPURI	HANAMKONDA	INDIA	506001
Diploma/Degree obtained, if any			
BACHELORS IN PHARMACY			

School Name		From - To (MM/YY – MM/YY)	
VIKAS JUNIOR COLLEGE			
Address	**City**	**State**	**Zip**
1 BRODIPET	GUNTUR	INDIA	
Diploma/Degree obtained, if any			
HIGH SCHOOL			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/15 06/26	[redacted]	[redacted]	MD	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
LIFELINE SPECIALTY PHARMACY			12/17 6/26
Business Address	**City**	**State**	**Zip**
6304 WOODSIDE CT, STE 100	COLUMBIA	MD	21046
Phone	**Title**		
4102031010	PRESIDENT		
Description of Duties			
ADMINISTRATOR AND FILL IN PHARMACIST			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

RAJESHWER R PINGILI

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/9/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Maryland, ss. County of Howard

I, RAJESHWER R PINGILI, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/9/2026

Date

Subscribed and Sworn to before me this 9th day of June, 2026.

Notary Public Signature

YO SUP BAK
NOTARY PUBLIC
HOWARD COUNTY
MARYLAND
My Commission Expires Aug. 20, 2028

(Seal)

4AAAA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Nufactor Inc

Physical Address: 701 Koehler Ave #2+3

City: Ronkonkoma State: NY Zip: 11779

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 800-323-6832 Toll Free # (NAC 639.708, NRS 639.23286): 800-323-6832

Fax: 855-270-7347 Contact Email: _____

Website: www.nufactor.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Menas Philippides

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24173

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Menas Philippides	NV Pharmacist Registration #: 24173
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): FFF Enterprises

Corporation/Organization Name: Nufactor Inc

Mailing Address: 701 Koehle Ave #2+3

City: Ronkonkoma State: NY Zip: 11779

Telephone: 800-323-6832 Email: nufactorny@gmail.com

Contact Person Name: Menas Philippides

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist-In-Charge (title) for Nufactor Inc (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Menas Philippides

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

2/9/26

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding.

Affidavit for Pharmacy License

I, Menas Philippides hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-In-Charge (title) for Nufactor Inc (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

PETER FOKIANOS
NOTARY PUBLIC-STATE OF NEW YORK
No. 01FO6389025
Qualified in Suffolk County
My Commission Expires 03-18-2027

SUBSCRIBED AND SWORN TO
Before me, a notary public this 10 day of Feb, 2026

Notary Public

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Menas Philippides

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

2/9/26

Date

Board Use Only	Date Received: 2/25/26	Amount: $500 CK 0500300423

February 20, 2026

Re: **Notification of Consent Order – Nufactor, Inc.**

Attention: Nevada State Board of Pharmacy:

In accordance with state pharmacy licensing and reporting requirements, Nufactor, Inc. is notifying the Board of a reprimand imposed by the North Carolina Board of Pharmacy on July 8, 2025.

The matter involved the inadvertent shipment of approximately four prescriptions for a single patient into North Carolina from our New York pharmacy location prior to the issuance of our North Carolina pharmacy permit. These prescriptions could have appropriately been filled and shipped through our licensed North Carolina pharmacy but were misrouted due to an internal error.

The North Carolina Board approved our pharmacy permit application, and as part of that approval process, we entered into a Consent Order of Reprimand addressing the shipments. No fine, suspension, or restriction was imposed, and our North Carolina permit is active and in good standing. For your reference, we have enclosed a copy of the Consent Order issued by the North Carolina Board of Pharmacy.

Nufactor, Inc. takes regulatory compliance seriously and has taken corrective steps to ensure all prescriptions are shipped only from duly licensed locations. We are making this disclosure now to ensure full transparency and compliance with each state's requirements.

Please let us know if the Board requires any additional information.

Sincerely,

Menas Philippides, RPh, IgCP
Director, Pharmacy
Nufactor, Inc.

Enclosure: North Carolina Board of Pharmacy Consent Order

FFF: Internal Use Only

STATE OF NORTH CAROLINA
NORTH CAROLINA BOARD OF PHARMACY

IN THE MATTER OF	)	
	)	
NUFACTOR, INC,	)	**CONSENT ORDER**
	)	**OF DISCIPLINE**
Permit Applicant.	)	

THIS MATTER came to be considered before a member of the North Carolina Board of Pharmacy (hereinafter, the "Board") pursuant to 21 N.C.A.C. 46 .2008. The Conference was scheduled for Monday, September 16, 2025, and, after appropriate notice, was heard on that day by a board member. Permit Applicant Nufactor, Inc., was informed of its right to be present at the pre-hearing conference and declined. The Board's General Counsel, Clinton R. Pinyan, represented the Board.

Respondent has agreed to waive a formal hearing in the above-referenced matter. It stipulates and agrees to the findings of fact and conclusions of law recited herein and to the order of discipline imposed. By its consent, Respondent also stipulates that it waives its right to appeal this Consent Order or challenge in any way the sufficiency of the findings of this Order as a basis for the action taken. Based upon the consent of the parties, the Board hereby enters the following:

FINDINGS OF FACT

1. On March 28, 2025, the Board received a permit application from Nufactor, Inc., located at 701 Koehler Avenue, Units 2+3, Ronkonkoma, New York ("Nufactor").

2. With that application, Nufactor disclosed that it had previously shipped four prescriptions into North Carolina. These were all non-controlled prescriptions shipped to one patient.

3. Nufactor represents, and the Board accepts, that these are the only prescriptions that Nufactor has dispensed from this pharmacy into North Carolina, and that it did so erroneously, as the prescriptions should have been dispensed from its North Carolina in-state permitted location.

CONCLUSIONS OF LAW

Dispensing drugs into the State of North Carolina without a permit violated G.S. § 90-85.38(b).

IT IS THEREFORE ORDERED:

Respondent Nufactor's permit application is **APPROVED,** and that permit is **REPRIMANDED.**

This is the _____ day of _____, 2025.

NORTH CAROLINA BOARD OF PHARMACY

By: _____
Keith A. Vance
President

Respondent Nufactor, Inc. has full knowledge that it has the right to a formal hearing, at which it would have the right to be represented at its expense by counsel, in this matter. Respondent freely, knowingly and voluntarily waives its right to such a hearing by entering into this Consent Order.

Respondent understands and agrees that by entering into this Consent Order, it certifies that it has read the foregoing Consent Order and that it voluntarily consents to the terms and conditions set forth therein and relinquishes any right to judicial review of Board actions that may be taken concerning this matter.

Respondent further understands that should it violate the terms and conditions of this Consent Order, the Board may take additional action.

Respondent understands and agrees that this Consent Order will not become effective unless and until approved by the Board.

Respondent understands that it has the right to have counsel of its choice review and advise them with respect to their rights and this Consent Order, and represents that it enters this Consent Order after consultation with counsel or after knowingly and voluntarily choosing not to consult with counsel. Respondent further agrees that the person who is executing this Consent Order has been duly authorized by any required corporation action to execute on behalf of Respondent.

CONSENTED TO BY: _____ Date 7/8/25

Printed Name: Menas Philippides

Title: Director of Pharmacy

STATE OF New York

Suffolk COUNTY

I, the undersigned Notary Public of the County and State aforesaid, do hereby certify that the above-named representative of Nufactor, Inc., personally appeared before me this day, and acknowledged the due execution of the foregoing document.

Date: 7-8-2025

Notary Public

Louise A Colucello

My commission expires: 02-26-2027

nufactor.
A SPECIALTY INFUSION COMPANY

Owner Information:

FFF Enterprises 100% Owner

Work: 701 Koehler Ave #2+3 Ronkonkoma, NY 11779

Ph: 800-323-6832

Officer Information:

Patrick Schmidt- CEO Home [redacted]

Work: 701 Koehler Ave #2+3 Ronkonkoma, NY 11779

Ph: 800-323-6832

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	NUFACTOR, INC.
DOS ID Number:	3095485
Entity Type:	FOREIGN BUSINESS CORPORATION
Entity Status:	AUTHORIZED
Date of Initial Filing with DOS:	08/26/2004
Statement Status:	CURRENT
Statement Due Date:	08/31/2026

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:	APPLICATION OF AUTHORITY
Date of Filing:	08/26/2004
Entity Name:	NUFACTOR, INC.

Document Type:	CERTIFICATE OF CHANGE
Date of Filing:	03/21/2006

Document Type:	BIENNIAL STATEMENT
Date of Filing:	08/01/2006

Document Type:	CERTIFICATE OF CHANGE
Date of Filing:	11/06/2007

Document Type:	BIENNIAL STATEMENT
Date of Filing:	08/13/2008
Effective Date:	08/01/2008

Document Type:	BIENNIAL STATEMENT
Date of Filing:	08/25/2010
Effective Date:	08/01/2010

Document Type:	BIENNIAL STATEMENT
Date of Filing:	08/08/2012
Effective Date:	08/01/2012

Document Type:	CERTIFICATE OF CHANGE
Date of Filing:	06/13/2013

Document Type:	BIENNIAL STATEMENT
Date of Filing:	08/22/2014
Effective Date:	08/01/2014

Document Type:	BIENNIAL STATEMENT
Date of Filing:	09/23/2016
Effective Date:	08/01/2016

Document Type:	BIENNIAL STATEMENT
Date of Filing:	08/01/2018

Document Type:	BIENNIAL STATEMENT
Date of Filing:	08/13/2020
Effective Date:	08/01/2020

Document Type:	BIENNIAL STATEMENT
Date of Filing:	08/01/2022

Document Type:	BIENNIAL STATEMENT
Date of Filing:	08/05/2024

Document Type: CERTIFICATE OF CHANGE BY AGENT

Date of Filing: 08/23/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on April 03, 2026 at 04:41 P.M.

WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Nufactor Inc.

Pharmacy/Wholesaler License # (if applicable) 039857

Physical Address 701 Koehler Ave, Suites 2+3

City Ronkonkoma State N.Y. Zip 11779

Mailing Address (if different from physical address)

City State Zip

Telephone 833-223-3360 Website www.nufactor.com

Licensing Company Email Nufactorny@gmail.com

Section 2: Personal Information

First Menas Middle Last Philippides

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State NY Zip [redacted]

Telephon[redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		N/A
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		N/A

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: St John's University		From - To (MM/YY – MM/YY): 09/84 - 05/87	
Address: 8000 Utopia Pkwy	City: Jamaica/Queens	State: NY	Zip: 11439
Diploma/Degree obtained, if any: B.S. Pharmacy			
School Name: Fordham University		From - To (MM/YY – MM/YY): 09/80 - 05/84	
Address: 441 East Fordham Rd	City: Bronx	State: NY	Zip: 10458
Diploma/Degree obtained, if any: B.S. General Science			
School Name: Garden City High School		From - To (MM/YY – MM/YY): 09/77 - 06/80	
Address: 170 Rockaway Ave	City: Garden City	State: NY	Zip: 11530
Diploma/Degree obtained, if any: H.S.			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY): 01/23 - Present	Address: [redacted]	City: [redacted]	State: NY	[redacted]
From - To (MM/YY – MM/YY): 12/14 - 01/23	Address: [redacted]	City: [redacted]	State: NY	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Nufactor Inc.			09/22 - present
Business Address	**City**	**State**	**Zip**
701 Koehler Ave	Ronkonkoma	NY	11779
Phone	**Title**	**Number of Employed Hours**	
833-223-3360	Pharmacy Director	6,760	
Description of Duties			
Manage a registered specialty infusion pharmacy			

Business Name			From - To (MM/YY – MM/YY)
Optum Infusion			07/21 - 08/22
Business Address	**City**	**State**	**Zip**
931 Conklin St	Farmingdale	NY	11735
Phone	**Title**	**Number of Employed Hours**	
800-346-6348	Pharmacist	2200	
Description of Duties			
Serviced home infusion patients			

Business Name			From - To (MM/YY – MM/YY)
Diplomat Infusion / Focus Rx			04/16 - 07/21
Business Address	**City**	**State**	**Zip**
2805 Veterans Highway	Ronkonkoma	NY	11779
Phone	**Title**	**Number of Employed Hours**	
889-464-8987	Pharmacy Manager	8000	
Description of Duties			
Managed Pharmacy Department			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Menas Philippides, certify that as the designated representative for Nufactor Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MP I am at least 21 years of age;
3. MP I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MP I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Menas Philippides
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/7/26
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Menas Philippides
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Suffolk

I, Menas Philippides, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/10/26
Date

Subscribed and Sworn to before me this 10 day of April 2026.

Notary Public Signature

PETER FOKIANOS
NOTARY PUBLIC-STATE OF NEW YORK
No. 01FO6389025
Qualified in Suffolk County
My Commission Expires 03-18-2027

(Seal)

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2025-28

SUPERVISING PHARMACIST
MENAS PHILIPPIDES

THIS IS TO CERTIFY

NUFACTOR, INC.
701 KOEHLER AVE
UNIT 2+3
RONKONKOMA, NY 11779-7403

is duly recorded as a

REGISTERED PHARMACY

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF DECEMBER, 2025.
THIS CERTIFICATE EXPIRES ON THE THIRTIETH DAY OF NOVEMBER, 2028.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER

039857

EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

8611

NUFACTOR, INC.

GENERAL INFO

ENFORCEMENT ACTIONS

Type	Pharmacy
Legal Name	NUFACTOR, INC.
Trade Name	---
Street Address	701 KOEHLER AVE UNIT 2+3 RONKONKOMA NY 11779-7403
Registration No	039857
Date First Registered	December 05, 2022
Registration Begins	December 01, 2025
Registered Through	November 30, 2028
Supervisor	038214 - PHILIPPIDES MENAS
Establishment Status	Active
Successor	NONE

April 13, 2026 01:47 PM (ET)

https://eservices.nysed.gov/professions/verification-search?pharmacyRegistrationNumber=039857&professionCode=020

NUFACTOR, INC.

GENERAL INFO

ENFORCEMENT ACTIONS

Registration No: 039857

No Enforcement Actions Found

April 13, 2026 01:47 PM (ET)

https://eservices.nysed.gov/professions/verification-search?pharmacyRegistrationNumber=039857&professionCode=020

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Nufactor Inc

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 701 Koehler Ave # 2+3

City: Ronkonkoma State: NY Zip: 11779

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 800-323-6832 Website: www.nufactor.com

Licensing Company Email: nufactorny@gmail.com

Section 2: Personal Information

First: Patrick Middle: Maurice Last: Schmidt

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: NY Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University California Los Angeles		1987-1988 & 1974-1977	
Address	**City**	**State**	**Zip**
405 Hilgard Ave	Los Angeles	CA	90095
Diploma/Degree obtained, if any			
Bachelor's Sociology			

School Name		From - To (MM/YY – MM/YY)	
West High School		1974	
Address	**City**	**State**	**Zip**
20401 Victor St	Torrance	CA	90503
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2014 - present	[redacted]	[redacted]	NC	[redacted]
07/2007 - present			CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
FFF Enterprises, Inc.			07/1988 - present	
Business Address		**City**	**State**	**Zip**
44000 Winchester Rd		Temecula	CA	92590
Phone	**Title**			
951-296-2500	Chief Executive Officer			
Description of Duties				
Officer, Owner, Executive				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Patrick M. Schmidt

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

24 January 2026

Date

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Guilford

I, Patrick M. Schmidt, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8 February 2026

Date

Subscribed and Sworn to before me this 8th day of February 2026

Kim Ancona

Notary Public Signature

KIM ANCONA NOTARY PUBLIC DAVIDSON COUNTY, NC

(Seal)

For question 5, the answer is yes. Below is the information you need for each matter to include on the page 6 attachment:

1. Case 1:
    a. **Date of event:** December 24, 2013
    b. **Disposition Date:** May 26, 2017
    c. **State:** Texas
    d. **City:** Sherman
    e. **County:** Grayson, Texas
    f. **Case Number:** 4:13-CV-755
    g. **Court:** United States District Court for the Eastern District of Texas, Sherman Division
    h. **Reason/Charge:** Action filed by Plaintiff AmerisourceBergen Specialty Group, Inc. alleging that FFF Enterprises infringed Plaintiff's patent.
    i. **Plaintiff/Defendant/Claimant/Respondent:** Amerisource Bergen Specialty Group, Inc. v. FFF Enterprises, Inc.
    j. **Lawsuit/Arbitration/Bankruptcy:** Lawsuit
    k. **Name of business/Industry/Entity:** FFF Enterprises, Inc.
    l. **Explanation:** This was a patent infringement lawsuit filed by Amerisource Bergen Specialty Group, Inc. alleging that FFF Enterprises, Inc. directly and indirectly infringed certain of the claims of Amerisource Bergen Specialty Group, Inc.'s patent. Matter was stayed in favor of a petition filed by FFF Enterprises, Inc. for Covered Business Method Patent Review under the Transitional Program for Covered Business Method Patents with the Patent Trial and Appeal Board. Matter was ultimately dismissed voluntarily by Plaintiff after conclusion of the review by the Patent Trial and Appeal Board. The Patent Review Board concluded that FFF Enterprises, Inc. did not infringe Amerisource Bergen Specialty Group, Inc.'s patent.

2. Case 2:
    a. **Date of event:** 8/26/2015
    b. **Disposition Date:** 11/10/2015
    c. **State:** Virginia
    d. **City:** Clarksburg
    e. **County:** Harrison County
    f. **Case Number:** 1:15-ap-0036
    g. **Court:** Northern District of Virginia (Clarksburg)
    h. **Reason/Charge:** adversary proceeding filed by liquidating trustee for Fairmont General Hospital, Inc. et al.
    i. **Plaintiff/Defendant/Claimant/Respondent**: Liquidating Trustee for Fairmont General Hospital, Inc. v. FFF Enterprises, Inc.
    j. **Lawsuit/Arbitration/Bankruptcy:** Adversary Proceeding pursuant to Sections 547 and 550 of Chapter 5 of title 11 of the United States Bankruptcy Code.
    k. **Name of business/Industry/Entity:** FFF Enterprises, Inc.
    l. **Explanation:** Adversary Proceeding pursuant to Sections 547 and 550 of Chapter 5 of title 11 of the United States Bankruptcy Code seeking to disallow transfers made by Debtor to FFF Enterprises during the "preference period." Matter was voluntarily dismissed by Plaintiff.

FFF Internal Use Only

3. Case 3:
    a. **Date of event:** May 08, 2012
    b. **Disposition Date:** December 19, 2012
    c. **State:** Delaware
    d. **City:** Wilmington
    e. **County:** New Castle County
    f. **Case Number:** 12-50687-MFW
    g. **Court:** U.S. Bankruptcy Court, District of Delaware
    h. **Reason/Charge:** adversary proceeding filed by liquidating Trustee of CRC Parent Corporation et al.
    i. **Plaintiff/Defendant/Claimant/Respondent:** Liquidating Trustee of CRC Parent Corporation et al. v. FFF Enterprises, Inc.
    j. **Lawsuit/Arbitration/Bankruptcy:** Lawsuit
    k. **Name of business/Industry/Entity:** FFF Enterprises, Inc.
    l. **Explanation:** Adversary Proceeding pursuant to Sections 547 and 550 of Chapter 5 of title 11 of the United States Bankruptcy Code seeking to disallow transfers made by Debtor to FFF Enterprises during the "preference period." Matter was voluntarily dismissed by Plaintiff.

4. Case 4:
    a. **Date of event:** October 10, 2014
    b. **Disposition Date:** October 28, 2015
    c. **State:** California
    d. **City:** Riverside
    e. **County:** Riverside
    f. **Case Number:** 5:14-cv-02092-BRO-DTB
    g. **Court:** United States District Court for the Central District of California (Eastern Division – Riverside)
    h. **Reason/Charge:** Action for Declaratory Judgment filed by FFF Enterprises, Inc. against AmerisourceBergen Specialty Group, Inc. and ASD Specialty Healthcare Inc. seeking to have the court the legal ownership of a patent which AmerisourceBergen Specialty Group, Inc. claimed it owned despite conflicting records.
    i. **Plaintiff/Defendant/Claimant/Respondent:** FFF Enterprises, Inc. v. ASD Specialty Healthcare, Inc., AmerisourceBergen Specialty Group, Inc. and Dale B. Danielwitz.
    j. **Lawsuit/Arbitration/Bankruptcy:** Lawsuit
    k. **Name of business/Industry/Entity:** FFF Enterprises, Inc.
    l. **Explanation:** Action for Declaratory Judgment filed by FFF Enterprises, Inc. against AmerisourceBergen Specialty Group, Inc. and ASD Specialty Healthcare Inc. seeking to have the court the legal ownership of a patent which AmerisourceBergen Specialty Group, Inc. claimed it owned despite conflicting records. The patent at issue is the subject of a lawsuit filed by AmerisourceBergen Specialty Group, Inc. against FFF Enterprises, Inc. on December 24, 2013 (see entry 1). Matter was voluntarily dismissed by FFF Enterprises, Inc.

5. Case 5:
    a. **Date of event:** June 11, 2019
    b. **Disposition Date:** July 31, 2019
    c. **State:** California

FFF Internal Use Only

d. **City:** Riverside
e. **County:** Riverside
f. **Case Number:** 5:19-cv-01072-JFW-SHK
g. **Court:** United States District Court for the Central District of California, Eastern Division (Riverside)
h. **Reason/Charge:** Action for Breach of Contract filed by FFF Enterprises against Campus Eye Group ASC PC, Campus Eye Group ASC LLC, and Campus Eye Group LLC
i. **Plaintiff/Defendant/Claimant/Respondent:** FFF Enterprises, Inc. v. Campus Eye Group PC et al.
j. **Lawsuit/Arbitration/Bankruptcy:** Lawsuit
k. **Name of business/Industry/Entity:** FFF Enterprises, Inc.
l. **Explanation:** Action filed for failure to pay for medical products ordered and received by Defendants and delivered by Plaintiff. Action was voluntarily dismissed by FFF Enterprises, Inc.

6. Case 6:
   a. **Date of event:** August 28, 2020
   b. **Disposition Date:** October 27, 2020
   c. **State:** California
   d. **City:** Los Angeles
   e. **County:** Los Angeles
   f. **Case Number:** 2:20-ap-01523-ER
   g. **Court:** U.S. Bankruptcy Court for the Central District of California (Los Angeles)
   h. **Reason/Charge:** Adversary Proceeding
   i. **Plaintiff/Defendant/Claimant/Respondent:** Liquidating Trustee of St. Francis Medial Center v. FFF Enterprises, Inc.
   j. **Lawsuit/Arbitration/Bankruptcy:** Lawsuit/Adversary Proceeding
   k. **Name of business/Industry/Entity:** FFF Enterprises, Inc.
   l. **Explanation:** Adversary Proceeding pursuant to Sections 547 and 550 of Chapter 5 of title 11 of the United States Bankruptcy Code seeking to disallow transfers made by Debtor to FFF Enterprises during the "preference period." Matter was voluntarily dismissed by Plaintiff.
7. Case 7:
   a. **Date of event:** June 26, 2021
   b. **Disposition Date:** January 12, 2022
   c. **State:** Delaware
   d. **City:** Wilmington
   e. **County:** New Castle
   f. **Case Number:** 21-509945-MFW
   g. **Court:** U.S. Bankruptcy Court, District of Delaware
   h. **Reason/Charge:** Adversary proceeding
   i. **Plaintiff/Defendant/Claimant/Respondent:** Liquidating Trustee for Center City Healthcare, LLC et al. v. FFF Enterprises, Inc.
   j. **Lawsuit/Arbitration/Bankruptcy:** Lawsuit/Adversary Proceeding
   k. **Name of business/Industry/Entity:** FFF Enterprises, Inc.
   l. **Explanation:** Adversary Proceeding pursuant to Sections 547 and 550 of Chapter 5 of title 11 of the United States Bankruptcy Code seeking to disallow transfers made by Debtor to FFF Enterprises during the "preference period." Matter was voluntarily dismissed by Plaintiff.

PMW

8. Case 8:
    a. **Date of event:** June 26, 2021
    b. **Disposition Date:** January 12, 2022
    c. **State:** Delaware
    d. **City:** Wilmington
    e. **County:** New Castle
    f. **Case Number:** 21-509945-MFW
    g. **Court:** U.S. Bankruptcy Court, District of Delaware
    h. **Reason/Charge:** Adversary proceeding
    i. **Plaintiff/Defendant/Claimant/Respondent:** Liquidating Trustee for Center City Healthcare, LLC et al. v. FFF Enterprises, Inc.
    j. **Lawsuit/Arbitration/Bankruptcy:** Lawsuit/Adversary Proceeding
    k. **Name of business/Industry/Entity:** FFF Enterprises, Inc.
    l. **Explanation:** Adversary Proceeding pursuant to Sections 547 and 550 of Chapter 5 of title 11 of the United States Bankruptcy Code seeking to disallow transfers made by Debtor to FFF Enterprises during the "preference period." Matter was voluntarily dismissed by Plaintiff.
9. Case 9:
    a. **Date of event:** January 30, 2019
    b. **Disposition Date:** August 14, 2020
    c. **State:** Texas
    d. **City:** Houston
    e. **County:** Harris County
    f. **Case Number:** 2019-07341
    g. **Court:** Harris County, 55th District Court
    h. **Reason/Charge:** Breach of Contract
    i. **Plaintiff/Defendant/Claimant/Respondent:** FFFF Enters. v. Egret Bay Neurology, P.A
    j. **Lawsuit/Arbitration/Bankruptcy:** Lawsuit
    k. **Name of business/Industry/Entity:** FFF Enterprises, Inc.
    l. **Explanation:** Breach of contract action filed by FFF Enterprises against a customer for failure to pay for pharmaceutical products supplied to customer. Matter dismissed.
10. Case 10:
    a. **Date of event:** June 28, 2017
    b. **Disposition Date:** June 15, 2020
    c. **State:** California
    d. **City:** Santa Ana
    e. **County:** Orange County
    f. **Case Number:** 30-2017-00928966-CU-BC-CXC
    g. **Court:** Superior Court of California
    h. **Reason/Charge:** Breach of Contract and other contract based claims
    i. **Plaintiff/Defendant/Claimant/Respondent:** Amy Wong v. Elizabeth Wong et al.
    j. **Lawsuit/Arbitration/Bankruptcy:** Lawsuit
    k. **Name of business/Industry/Entity:** FFF Enterprises, Inc. and Patrick Schmidt
    l. **Explanation:** The Claims relate to, and arise out of, Amy J. Wong's alleged ownership interest in the Wong Shares for FFF Enterprises, Inc. redeemed from Defendant Elizabeth Wong, as Trustee of the Wallace L.T. Wong Separate Property Revocable Trust.

Matter was stayed pending a dispute between Eliabeth Wong and Amy Wong in family court, which once was resolved, this matter was dismissed as to all defendants.

11. Case 11
    a. **Date of event:** September 18, 2017
    b. **Disposition Date:** July 23, 2019
    c. **State:** California
    d. **City:** Riverside
    e. **County:** Riverside
    f. **Case Number:** CC1701062
    g. **Court:** Superior Court of California
    h. **Reason/Charge:** Personal Injury
    i. **Plaintiff/Defendant/Claimant/Respondent:** Velasquez v. FFF Entreprises, Inc.
    j. **Lawsuit/Arbitration/Bankruptcy:** Lawsuit
    k. **Name of business/Industry/Entity:** FFF Enterprises, Inc.
    l. **Explanation:** Plaintiff Thomas Velasquez sued FFF Enterprises, Inc. for economic and personal injuries arising out of an industrial accident which occurred on 10/7/16 at Defendant's plant and loading dock. The parties reached a confidential settlement in this matter and the matter was dismissed on July 23, 2019.

12. Case 12
    a. **Date of event:** September 18, 2017
    b. **Disposition Date:** July 23, 2019
    c. **State:** California
    d. **City:** Riverside
    e. **County:** Riverside
    f. **Case Number:** CC1701062
    g. **Court:** Superior Court of California
    h. **Reason/Charge:** Personal Injury
    i. **Plaintiff/Defendant/Claimant/Respondent:** Velasquez v. FFF Entreprises, Inc.
    j. **Lawsuit/Arbitration/Bankruptcy:** Lawsuit
    k. **Name of business/Industry/Entity:** FFF Enterprises, Inc.
    l. **Explanation:** Plaintiff Thomas Velasquez sued FFF Enterprises, Inc. for economic and personal injuries arising out of an industrial accident which occurred on 10/7/16 at Defendant's plant and loading dock. The parties reached a confidential settlement in this matter and the matter was dismissed on July 23, 2019.

13. Case 13
    a. **Date of event:** March 25, 2022
    b. **Disposition Date:** September 1, 2022
    c. **State:** California
    d. **City:** Riverside
    e. **County:** Riverside
    f. **Case Number:** 202111- 15441859
    g. **Court:** EEOC/California Department of Fair Employment and Housing
    h. **Reason/Charge:** Age and disability discrimination
    i. **Plaintiff/Defendant/Claimant/Respondent:** Verano v. FFF Enterprises, Inc.
    j. **Lawsuit/Arbitration/Bankruptcy:** Charge of Discrimination
    k. **Name of business/Industry/Entity:** FFF Enterprises, Inc.

l. **Explanation:** Plaintiff, a former FFF employee, alleged he was discriminated against on the basis of age and perceived disability. The parties reached a confidential settlement in this matter and the matter was dismissed on September 1, 2022.

14. **Case 14**
    a. **Date of event:** October 9, 2020
    b. **Disposition Date:** January 20, 2022
    c. **State:** California
    d. **City:** Riverside
    e. **County:** Riverside
    f. **Case Number:** MCC2002005
    g. **Court:** Superior Court of the State of California, for the County of Riverside
    h. **Reason/Charge:** Pregnancy discrimination and wrongful termination
    i. **Plaintiff/Defendant/Claimant/Respondent:** Stephanie Harper v. NuFactor, Inc., United Staffing Associates, LLC, and Does 1 through 30
    j. **Lawsuit/Arbitration/Bankruptcy:** Lawsuit
    k. **Name of business/Industry/Entity:** NuFactor, Inc.
    l. **Explanation:** Plaintiff, a former temporary employee assigned to NuFactor by United Staffing Associates, LLC, filed suit alleging that NuFactor and United Staffing Associates, LLC discriminated against her and wrongfully terminated her employment because she was pregnant. NuFactor denied the allegations and filed an Answer on December 3, 2020. The parties subsequently reached a confidential settlement of the matter.
15. **Case 15**
    a. **Date of event:** August 1, 2021
    b. **Disposition Date:** Pending.
    c. **State:** California
    d. **City:** Riverside
    e. **County:** Riverside
    f. **Case Number:** CVRI2103626
    g. **Court:** Superior Court of the State of California, for the County of Riverside
    h. **Reason/Charge:** Wage and hour class action, including alleged unpaid wages, meal and rest period violations, unpaid minimum wage, and derivative claims
    i. **Plaintiff/Defendant/Claimant/Respondent:** Tanya Marie Bitanga, individually and on behalf of other members of the general public similarly situated v. NuFactor, Inc., FFF Enterprises, Inc., and Does 1 through 100 inclusive
    j. **Lawsuit/Arbitration/Bankruptcy:** Lawsuit
    k. **Name of business/Industry/Entity:** NuFactor, Inc. and FFF Enterprises, Inc.
    l. **Explanation:** Plaintiff filed a purported class action lawsuit alleging wage and hour violations arising out of her prior employment with FFF Enterprises, Inc. and NuFactor, Inc., including claims under the California Labor Code for unpaid wages, meal and rest period violations, unpaid minimum wage, and related derivative claims. FFF and NuFactor denied the allegations and filed an Answer denying each and every allegation of the complaint. The matter remains pending.
16. **Case 16**
    a. **Date of event:** November 15, 2023
    b. **Disposition Date:** April 8, 2024
    c. **State:** North Carolina
    d. **City:** Kernersville
    e. **County:** Forsyth

f. Case Number: 435-2024-00215
g. Court: U.S. Equal Employment Opportunity Commission
h. Reason/Charge: Disability discrimination and retaliation, including reasonable accommodation and discharge
i. Plaintiff/Defendant/Claimant/Respondent: Chermaine Fletcher v. FFF Enterprises, Inc.
j. Lawsuit/Arbitration/Bankruptcy: Charge of Discrimination
k. Name of business/Industry/Entity: FFF Enterprises, Inc.
l. Explanation: Claimant, a temporary worker placed at FFF Enterprises by Graham Personnel Services, alleged that FFF discriminated against her on the basis of disability and retaliated against her after she disclosed lifting restrictions, received a reasonable accommodation, suffered an on-the-job injury, and was then removed from her assignment and discharged. The charge asserted disability discrimination and retaliation under the Americans with Disabilities Act. The parties subsequently reached a confidential settlement of the matter.

17. **Case 17**
a. Date of event: January 25, 2024
b. Disposition Date: February 20, 2025
c. State: North Carolina
d. City: Charlotte
e. County: Mecklenburg
f. Case Number: 3:24-cv-00092
g. Court: United States District Court for the Western District of North Carolina, Charlotte Division
h. Reason/Charge: Breach of contract
i. Plaintiff/Defendant/Claimant/Respondent: Premier Healthcare Alliance, L.P. v. FFF Enterprises, Inc.
j. Lawsuit/Arbitration/Bankruptcy: Lawsuit
k. Name of business/Industry/Entity: FFF Enterprises, Inc.
l. Explanation: Plaintiff alleged that FFF Enterprises, Inc. breached a Group Purchasing Agreement by failing to pay certain administrative fees allegedly owed in connection with NuFactor's purchases of plasma-derived products, including Xembify and Gamunex, and by taking a unilateral setoff against payments to Premier. The complaint sought damages, interest, and attorneys' fees and costs under the agreement. The parties subsequently reached a confidential settlement of the matter.

18. **Case 18**
a. Date of event: November 17, 2023
b. Disposition Date: Pending; bench trial was held in January 2026 and the parties are awaiting the Court's decision
c. State: New Jersey
d. City: Trenton
e. County: Mercer
f. Case Number: 3:23-cv-20837-RK-DEA
g. Court: United States District Court for the District of New Jersey
h. Reason/Charge: Breach of contract
i. Plaintiff/Defendant/Claimant/Respondent: FFF Enterprises, Inc. v. Rising Pharma Holdings, Inc.
j. Lawsuit/Arbitration/Bankruptcy: Lawsuit
k. Name of business/Industry/Entity: FFF Enterprises, Inc.

l. Explanation: FFF Enterprises, Inc. filed suit against Rising Pharma Holdings, Inc. alleging breach of a Specialty Distribution Services Agreement relating to hydroxychloroquine and chloroquine phosphate products. FFF alleged, among other things, that Rising Pharma failed to honor contractual return and refund obligations for unsold product and failed to provide required inventory price protection and related credits following price reductions. The matter proceeded to a bench trial in January 2026, and the parties are currently awaiting the Court's decision.

19. **Case 19**

a. Date of event: August 8, 2023
b. Disposition Date: Pending; arbitration hearing was held and the parties are awaiting the arbitrators' decision
c. State: Arizona
d. City: Scottsdale
e. County: Maricopa
f. Case Number: 4875-4191-4229
g. Court: American Arbitration Association
h. Reason/Charge: Breach of contract and related claims which are subject to confidentiality.
i. Plaintiff/Defendant/Claimant/Respondent: NuFactor, Inc. v. Caremark, LLC; Caremark PCS, LLC; SilverScript Insurance Company; and Aetna, Inc.
j. Lawsuit/Arbitration/Bankruptcy: Arbitration
k. Name of business/Industry/Entity: NuFactor, Inc.
l. Explanation: NuFactor, Inc. initiated arbitration against Caremark, LLC, Caremark PCS, LLC, SilverScript Insurance Company, and Aetna, Inc., asserting breach of contract and related claims which are subject to confidentiality. The arbitration hearing has been completed, and the parties are currently awaiting the arbitrators' decision.

By: Patrick M. Schmidt

Name: Patrick M. Schmidt

Date: 17 March 2026

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National Association of Boards of Pharmacy®
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Business e-Profile ID:	1707102		**Inspection Information**
Legal Business Name:	Nufactor Inc	**Conference Call Date:**	2/5/2025
Doing Business As (DBA):	Nufactor Inc	**Start Time: 24-hour format (13:00)**	8:00
Address:	701 Koehler Ave. Unit 2 & 3	**End Time: 24-hour format (13:00)**	8:30
City:	Ronkonkoma	**Onsite Inspection Date(s):**	2/6/2025
State:	New York	**Start Time(s): 24-hour format (13:00)**	12:00
Zip Code:	11779	**End Time(s): 24-hour format (13:00)**	15:15
Telephone number:	800/323-6832	**Inspector Name(s):**	Peter Ragosta, RPh
Toll free number:	800/323-6832	**Inspection performed by (NABP, State, etc):**	NABP
Fax number:	855/270-7347	**Observer Name/Affiliation (if applicable):**	N/A
Website:	www.nufactor.com	**Observer Name/Affiliation (if applicable):**	N/A

Focused Information

The following, if any, are specific Section(s) and/or Question(s) to which the facility may want to consider further response. The facility is encouraged to read the inspection report in its entirety and carefully. As this Focused Information section is not all inclusive, there may be Section(s) and/or Question(s) not noted below to which the facility may want to consider further response.

General Pharmacy- 37.04, 47.06, and 47.07

Additional information on NABP's Inspection website.

NABP Disclaimer: NABP can only verify the authenticity of an Inspection Report if it is transmitted directly from NABP to an intended recipient. NABP cannot verify the authenticity of an Inspection Report transmitted from any other party.

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Pharmacy Hours of Operation	Check if 24/7: ☐		
	Open		Closed
	Start Time: (24-hour format)	End Time: (24-hour format)	(X)
Sunday			x
Monday	8:00	17:00	
Tuesday	8:00	17:00	
Wednesday	8:00	17:00	
Thursday	8:00	17:00	
Friday	8:00	17:00	
Saturday			x

Key Pharmacy Personnel	Name	Contact (e-mail)	e-Profile ID
Pharmacist In Charge	Menas Philippides	mphilippides@nufactor.com	355107
Nonsterile Designated person(s)	N/A	N/A	N/A
Sterile Designated person(s)	N/A	N/A	N/A
Hazardous Designated person(s)	N/A	N/A	N/A

Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	Menas Philippides	RPh/PIC	Y
2	Kathleen Powers	RPh	Y
3	Joseph Ebright	RPh	Y
4	Ashley Miro	Pharmacy Technician	N/A
5			
6			
7			
8			
9			
10			

If more than 10, list the first 10 below, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present.
N/A

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Business Licensure Information for State of Residence and Federal (board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	Registration/License Type	Registration/License Number & Expiration Date
New York State Board of Pharmacy	NUFACTOR INC.	Pharmacy	039857 & 11/30/2025
Drug Enforcement Administration	NUFACTOR INC.	DEA (Facility)	FN2323549 & 10/31/2025

Inspector Notes: Specialty pharmacy that dispenses primarily immunoglobulins, MABs, and topicals (DOC02_PI - List of Specialty/biological drugs). No compounding of biologicals. 99% of prescriptions are shipped directly to patients and one requires reconstitution of powder that is done by a homecare nurse (Gammagard SD). Only one product (Y-canth topical solution 0.7%) is shipped to medical practices for application to patients and does not require further manipulation (DOC01_GP69.00). Vendors are McKesson, Anda, and FFF Enterprises (which is the parent company of Nufactor) and no on-line platforms are utilized to purchase drugs. No Reli-On Insulin.
List states in which Non-Resident licenses are held: CT, DE, FL, GA, IA, IL, KY, MA, MD, MO, NC, NE, NH, NJ, OH, and PA.

Documents collected as part of the Inspection.
To obtain a copy of these documents please contact the facility directly. They are not included in the final report.

Document Name	Description
DOC01_GP69.00	Sample prescription label
DOC02_PI	List of specialty/biological drugs

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	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail		Central Fill/Processing/Shared Services	
Open to the Public		Nuclear Pharmacy	
Closed Door	x	Specialty Pharmacy	x
Drive-through window		White bagging/ clear bagging	x
Mail- in state (eg prescriptions are mailed through USPS or through common carrier) *See table below*	x	Outsourcing Facility	
Mail- out of state (eg prescriptions are mailed through USPS or through common carrier) *See table below*	x	FDA Registered Drug Establishment (eg Manufacturer, repackager, relabeler)	
Local Delivery (if out of state describe in note)		Wholesale Distributor	
Veterinary Pharmacy (occasionally dispenses prescriptions for animals)		Provide prescription drugs for "Office Use" (eg distributes)	
Institutional (hospital or correctional facility)		Handles Medical Marijuana	
Long-Term Care (nursing home, residential care)		Nonsterile Compounding	
Investigational Drugs, Clinical Trials/Research		Nonsterile Hazardous Drug Compounding	
Telepharmacy		Sterile Compounding	
Internet Pharmacy		Sterile Hazardous Drug Compounding	

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Compounded Nonsterile Preparations (CNSPs) Type "X" for all that apply		Compounded Sterile Preparations (CSPs) Type "X" for all that apply	
CNSPs with controlled substance(s)		CSPs with controlled substance(s)	
CNSPs with vitamins or nutritional supplements		CSPs with vitamins or nutritional supplements (includes total parenteral nutrition)	
CNSPs sold to other pharmacies - If so, list to whom – instate, out of state, under common ownership/shared services – central fill agreement; and state if patient specific or distributed		CSPs sold to other pharmacies - If so, list to whom - in state, out of state, under common ownership/shared services - central fill agreement; and state if patient specific or distributed	
Patient specific (compounded preparation labeled for an individually identified patient):		**Patient specific** (compounded preparation labeled for an individually identified patient):	
CNSPs for animals		CSPs for animals	
CNSPs for human patients		CSPs for human patients	
Distributed (compounded preparation leaves the pharmacy without a patient-specific label eg non patient-specific):		**Distributed** (compounded preparation leaves the pharmacy without a patient-specific label eg non patient-specific):	
CNSPs for animals		CSPs for animals	
CNSPs for human patients		CSPs for human patients	
CNSPs to practitioners for office use		CSPs to practitioners for office use	
CNSPs to hospitals, clinics, or surgery centers		CSPs to hospitals, clinics, or surgery centers	

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Types of CNSPs:		Categories of CSPs:	
Aqueous		Category 1 CSPs	
Nonaqueous		Category 2 CSPs	
Specific types:		Category 3 CSPs	
Solid oral preparations		Types of CSPs:	
Liquid oral preparations		Allergenic extracts	
Otic preparations		Allergenic extracts in addition to prescription patient sets	
Rectal preparations		Immediate Use	
Vaginal preparations		Proprietary bag and vial systems	
Topical preparations:		Blood-derived or other biological material (eg autologous serum)	
Nasal and sinus preparations:		Sterile injections/ sterile infusions	
Other (please list):		Ophthalmic dosage forms	
		Baths and soaks for live organs and tissues	
		Implants/ Pellets	
		Other (please list):	

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	Facility Size in Square Feet *(can be approximated)* and Number of PECs		Personnel
Total Pharmacy size:	4450	Total Pharmacists:	3
Nonsterile Compounding Room size:	NA	Number of Compounding Pharmacists:	0
Nonsterile Compounding powder hoods number:	NA	Total Student Interns:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	NA	Total Technicians:	2
Nonsterile HD Compounding CVE/BSC/CACI hoods number:	NA	Number of Compounding Technicians:	0
Sterile Compounding Ante Room size:	NA	Of technicians, how many are nationally certified?	2
Sterile Compounding Clean/Buffer Room size:	NA	Of technicians, how many are techs-in-training?	0
Sterile Compounding Number LAFW hoods/areas:	NA	Total Other Unlicensed Personnel:	0
Sterile Compounding Number BSC hoods:	NA	Ratio #Technician(s) : #Pharmacist(s) present at time of inspection:	1 Technician to 1 Pharmacist
Sterile Compounding Number CAI/CACI hoods:	NA	If multiple compounding suites are present under this licensed location (eg outsourcing facilities or hospital health systems), describe in notes other spaces where compounding occurs (eg location name, approximate size of space, and number and type of PECs:	NA
Negative Pressure Sterile HD Room size:	NA		
Sterile HD Compounding Number of BSC hoods:	NA		
Sterile HD Compounding Number of CACI hoods:	NA		

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Indicate the drug name, dosage or strength, and the size of the CSP sample obtained for testing. (N/A if no sample)	NA
Indicate the areas/rooms of the pharmacy entered to perform the CSP inspection. If the inspector did not fully garb and enter buffer room(s), indicate reason.	NA

Volume Dispensed		Volume Distributed	
Total Prescriptions Dispensed/day:	30	Total Orders Distributed/day:	0
% Veterinary Prescriptions	0%	% Veterinary Orders	0
% Controlled Substance Prescriptions	0%	% Controlled Substance Orders	0
% Nonsterile Compounded Prescriptions	0%	% Nonsterile Compounded Orders	0
% Sterile Compounded Prescriptions	0%	% Sterile Compounded Orders	0
% Hazardous Drugs (HD) Prescriptions	1%	% Hazardous Drugs (HD) Orders	0

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Definitions: DISPENSE means to provide a prescription drug or compounded preparation pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription drug or compounded preparation to a prescriber, another pharmacy, or health care entity for office use or stock and is NOT patient-specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription drugs and volume dispensed, and volume distributed per day (or week or month):
Note: if not available; request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
Alabama (AL)			
Alaska (AK)			
Arizona (AZ)			
Arkansas (AR)			
California (CA)			
Colorado (CO)			
Connecticut (CT)	60	0	month
Delaware (DE)	24	0	month
District of Columbia (DC)			
Florida (FL)	35	0	month
Georgia (GA)	15	0	month
Hawaii (HI)			
Idaho (ID)			
Illinois (IL)	4	0	month
Indiana (IN)			
Iowa (IA)	4	0	month
Kansas (KS)			
Kentucky (KY)	10	0	month
Louisiana (LA)			
Maine (ME)			
Maryland (MD)	4	0	month
Massachusetts (MA)	3	0	month
Michigan (MI)			
Minnesota (MN)			
Mississippi (MS)			
Missouri (MO)	10	0	month
Montana (MT)			

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States to which the pharmacy mails/delivers prescription drugs and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
Nebraska (NE)	2	0	month
Nevada (NV)			
New Hampshire (NH)	7	0	month
New Jersey (NJ)	115	0	month
New Mexico (NM)			
New York (NY)	100	0	month
North Carolina (NC)	4	0	month
North Dakota (ND)			
Ohio (OH)	50	0	month
Oklahoma (OK)			
Oregon (OR)			
Pennsylvania (PA)	80	0	month
Rhode Island (RI)			
South Carolina (SC)			
South Dakota (SD)			
Tennessee (TN)			
Texas (TX)			
Utah (UT)			
Vermont (VT)			
Virginia (VA)			
Washington (WA)			
West Virginia (WV)			
Wisconsin (WI)			
Wyoming (WY)			
Other:			

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding, Sterile Compounding Inspections, and Hazardous Drug Compounding are based on USP Chapters <795>, <797>, and <800>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Nufactor Inc dba Nufactor Inc
e-Profile ID: 1707102
Inspection Date: 02/05/2025 - 02/06/2025

		Observation	Notes
	General Pharmacy		
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	45 hours
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	No	
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	No	
4.01	Does the pharmacy hold .pharmacy verification?	No	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	No	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	No	
8.00	Are photographs allowed during the inspection **(no PHI)**?	Yes	
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**	[redacted]	N/A

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Facility Name: Nufactor Inc dba Nufactor Inc
e-Profile ID: 1707102
Inspection Date: 02/05/2025 - 02/06/2025

		Observation	Notes
Types of Practice Additional Questions	**If any part of a question is no, enter "No" and explain the observation.**		
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	Yes	New York: Less than 1% Non-resident states: 0%
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	No	
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	No	
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Nufactor Inc dba Nufactor Inc
e-Profile ID: 1707102
Inspection Date: 02/05/2025 - 02/06/2025

		Observation	Notes
General Operations and Licensure	**If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	No	Closed door.
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	Not routinely done. Last inspection was 10/27/2022.
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	No	No deficiencies.
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	Yes	Iowa conducted a remote inspection and found no deficiencies.
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	Yes	PMP waivers where allowed in some states.
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.*	No	
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	No	
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	No	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

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Facility Name: Nufactor Inc dba Nufactor Inc
e-Profile ID: 1707102
Inspection Date: 02/05/2025 - 02/06/2025

		Observation	Notes
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	Yes	URAC 3/1/2024; URAC Rare Diseases 9/1/2024; Joint Commission 12/3/2022
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	No	
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	Yes	On-site for 5 years.
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	Yes	On-site for 5 years.
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Both electronically and hard copy.
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronically.
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Both electronically and hard copy.
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	N/A	
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	SOP instructs that all state laws are followed and to direct questions as needed to corporate compliance.

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		Observation	Notes
	Personnel If any part of a question is no, enter "No" and explain the observation.		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	A shared file is kept and updated annually at corporate.
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	Corporate compliance audits randomly from the shared file.
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	N/A	
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.*	Yes	1 Technician to 1 Pharmacist.
	Facility and Security If any part of a question is no, enter "No" and explain the observation.		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	24/7 security company monitors the building. Pharmacy has cameras, motion sensors, and window sensors.
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	N/A	No controlled substances are stocked in this pharmacy.
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	Notify the security company and staff would remain on site until security was restored.
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	

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		Observation	Notes
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	N/A	No destruction on site.
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	No	No reverse distributor is contracted yet. PIC is in the process of contracting with a company.
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	Yes	Stericycle.
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	Yes	Office and conference room is available.
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	Yes	Manual temperature checks are currently in place and continuous monitoring is set to be implemented in the next month or so. The company is Sensitech. The temperature is 69 degrees F.
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	No	Temperature is currently recorded once a day.
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	No	Manual records of once a day recordings are in place and a continuous monitoring system is scheduled to be installed in the next month or so (Sensitech). Current range is 36-46 degrees F. Records are maintained indefinitely.

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		Observation	Notes
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	Yes	Rf1= 39.4 degrees F; Rf2= 39.1 degrees F; Rf3= 39 degrees F.
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	N/A	Ice packs.
42.01	Is the temperature in the freezer within the USP range (between −25° to −10°C or −13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	N/A	
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	Products would be placed in coolers and moved to a sister location.
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	Yes	HVAC contractor is in place for repairs and emergency service.
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.*	No	
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	N/A	

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		Observation	Notes
Product Receipt and Inventory If any part of a question is no, enter "No" and explain the observation.			
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	Yes	Corporate selects vendors and shares information with the pharmacy.
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	No	
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	McKesson, ANDA, and FFF Enterprises.
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	Yes	
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	No	
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	No	Compliance department checks all licenses of all vendors.
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	No	This is done at corporate level.
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	Yes	Any products that look suspicious are quarantined and returned to the vendor or wasted if cannot be returned. Also have a corporate purchasing manager that is contacted for direction.

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		Observation	Notes
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	No	None to date.
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	Yes	This is done at corporate level and the pharmacy receives the product from corporate with a packing slip.
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	Yes	
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	Yes	PIC only.
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	No	
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	N/A	No controlled substances are stocked in this pharmacy.
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	N/A	No controlled substances are stocked in this pharmacy.
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	No	

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		Observation	Notes
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	Yes	Perpetual inventory and cycle counts that compares what is on the shelf with what is in the computer.
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	Yes	The HR department would be contacted for guidance and the BOP/law enforcement would be contacted.
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	N/A	No controlled substances are stocked in this pharmacy.
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	N/A	No controlled substances are stocked in this pharmacy.
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	Yes	Last inventory was done on 12/12/2024 and the count was ZERO. It is routinely done every 2 years.
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	Yes	
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	No	
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	No	
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	

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		Observation	Notes
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	Monthly and includes OTCs.
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	
60.02	How often is active-stock examined for drugs past the expiration date?	[redacted]	Monthly and includes OTCs.
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	No	
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	Yes	
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	Yes	
Prescription Processing	**If any part of a question is no, enter "No" and explain the observation.**		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	At corporate level an admission team populates the initial information and the pharmacist on-stie would check and add information for completeness. The information is updated with each time the medication is dispensed.
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	N/A	

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		Observation	Notes
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	Would verify with medical provider first and then contact the BOP and law enforcement if it is actually fraudulent.
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	Yes	No prescriptions are filled based on any on-line platforms. All locations of medical providers and patients are verified.
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	Both.
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	Yes	
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how end by whom.*	Yes	The pharmacist verifies all information entered for every patient.
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	Prospective DUR is done prior to dispensing the prescription. A patient care consultant also contacts the patient to initiate the DUR which is then reviewed and completed by the pharmacist.

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		Observation	Notes
67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	No	
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	Yes	Electronically transmitted per each state's laws/regs.
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	N/A	No controlled substances are stocked in this pharmacy and they haven't had to check the PMP.
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	Pharmacist only.
67.07	Is the DUR process performed electronically by the computer system? ***Identify integrated drug database used.***	Yes	Medispan
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	N/A	

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		Observation	Notes
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	N/A	
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	Any new prescription order entry is done by the pharmacist and checked twice and recorded on a hard copy dispensing document.
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	Per state and federal requirements. DOC01_GP69.00.
70.00	**Confidentiality:** Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	CPR+
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	Cold chain testing is done twice a year.
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	No	
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	N/A	
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	N/A	
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	N/A	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding, Sterile Compounding Inspections, and Hazardous Drug Compounding are based on USP Chapters <795>, <797>, and <800>.

An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Nufactor Inc dba Nufactor Inc
e-Profile ID: 1707102
Inspection Date: 02/05/2025 - 02/06/2025

		Observation	Notes
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	
74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
	Patient Counseling and Communication **If any part of a question is no, enter "No" and explain the observation.**		
75.00	Does the pharmacist provide counseling for all <u>new</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	Everything is shipped to patients.
75.01	Is an "offer" to counsel made for all <u>new</u> prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
76.00	Does the pharmacist provide counseling for all <u>refilled</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	
76.01	Is an "offer" to counsel made for all <u>refilled</u> prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	

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Facility Name: Nufactor Inc dba Nufactor Inc
e-Profile ID: 1707102
Inspection Date: 02/05/2025 - 02/06/2025

		Observation	Notes
77.00	Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	N/A	
77.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	N/A	
78.00	Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Patient information sheet is enclosed with all medication orders and contains the toll-free phone to contact a pharmacist for any questions.
79.00	Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Patient information sheet is enclosed with all medication orders and contains the toll-free phone to contact a pharmacist for any questions.
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.*	Yes	Included with each prescription order.
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	Yes	Included with each prescription order.
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	N/A	Not currently.
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	Yes	Entered in progress notes of CPR+.
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	Yes	By calling the toll-free number, the patient would be correctly routed to a pharmacist.

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Facility Name: Nufactor Inc dba Nufactor Inc
e-Profile ID: 1707102
Inspection Date: 02/05/2025 - 02/06/2025

		Observation	Notes
85.00	Are processes in place to handle a drug recall?	Yes	
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	N/A	
86.02	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	
	Quality Assurance/Quality Improvement Program If any part of a question is no, enter "No" and explain the observation.		
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	Senior Clinical Programs Director oversees.
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	Electronic and on a shared file.
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	

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Facility Name: Nufactor Inc dba Nufactor Inc
e-Profile ID: 1707102
Inspection Date: 02/05/2025 - 02/06/2025

		Observation	Notes
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	Electronic.
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	
88.03	Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).*	Yes	Quarterly reviews or acutely if needs to be addressed immediately.
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	N/A	

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Facility Name: Nufactor Inc dba Nufactor Inc
e-Profile ID: 1707102
Inspection Date: 02/05/2025 - 02/06/2025

		Observation	Notes
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	Yes	Retained internally unless otherwise directed.
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	Yes	
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	Yes	
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A stetistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	Yes	
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

4BBBB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Y

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☒ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☒ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☒ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: [redacted]
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☒ Mail-Order Service
	* Current license #:		☐ Off-site Cognitive Services
	PH_____		☐ Long Term Care
			☐ Hospital
			☒ Other: Specialty

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Pharmacy Express

Physical Address: 991 Main St Unit 1B

City: Paterson State: NJ Zip: 07503

Mailing Address (if different from physical address): 991 Main St Unit 1B

City: Paterson State: NJ Zip: 07503

Telephone: 973-754-1000 Toll Free # (NAC 639.708, NRS 639.23286): 844-727-4379

Fax: 973-754-1010 Contact Email: info@pharmacyexpressnj.com

Website: www.pharmacyexpressnj.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Taha Cangoz

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 25036

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Taha Cangoz	NV Pharmacist Registration #: 25036
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials: N/A	%: N/A
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NJ

Parent Company (if any): N/A

Corporation/Organization Name: Pharmacy Express Inc

Mailing Address: 991 Main St Unit 1B

City: Paterson State: NJ Zip: 07503

Telephone: 973-754-1000 Email: info@pharmacyexpressnj.com

Contact Person Name: Soltan Cangoz

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for Pharmacy Express Inc (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Gemha Demir

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

5/4/24

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Gemha Nasho Demir hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President (title) for Pharmacy Express Inc (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 4th day of May, 2026

Notary Public

FATIH S. CANGOZ NOTARY PUBLIC ID # 50159829 COMMISSION EXPIRES 5/13/2026 STATE OF NEW JERSEY

Fatih S. Cangoz
NOTARY PUBLIC
State of New Jersey
ID # 50159829
My Commission Expires 5/13/2026

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gemha Demir

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

5/4/26

Date

Board Use Only	Date Received: 5/8/26	Amount: CC $500 ✓

Re: Explanation of Prior Administrative Disciplinary Matter – Pharmacy Express Inc.

Dear Members of the Nevada State Board of Pharmacy,

Pharmacy Express Inc. respectfully submits this letter to provide clarification regarding a prior administrative matter disclosed in our licensure application.

On March 4, 2024, during a routine inspection conducted by the New Jersey State Board of Pharmacy, the inspector observed that an updated copy of a required general pharmacy reference text was not immediately available within the pharmacy's reference library at the time of inspection. This matter was strictly administrative in nature and did not involve patient care or professional judgment.

For clarity:

- The issue was documentation-related only and not clinical.
- No patient care or dispensing errors were identified.
- No patient harm occurred.
- No medication safety issues were involved.
- No controlled substance, diversion, or recordkeeping violations were cited.
- The matter was not criminal in nature.

The New Jersey Board treated the issue as a minor compliance deficiency and assessed a $200 civil penalty along with a corrective action requirement.

Pharmacy Express Inc. promptly addressed and resolved the matter by:

- Immediately obtaining and maintaining the updated required reference text.
- Implementing a formal annual review process for all required pharmacy reference materials.
- Assigning designated staff responsibility for compliance monitoring.
- Establishing documentation logs to ensure ongoing compliance and prevent recurrence.

The matter was fully corrected and formally closed with the New Jersey State Board of Pharmacy.

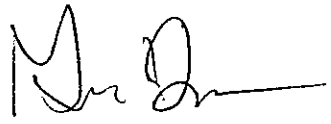
Pharmacy Express Inc. maintains a strong culture of regulatory compliance and is committed to the highest standards of pharmacy practice, patient safety, and operational integrity. This isolated administrative oversight does not reflect our overall compliance practices or standard of care.

We respectfully submit this explanation for the Board's review and would be pleased to provide any additional documentation or clarification if requested.

Thank you for your time and consideration.

Sincerely,

Gemha Demir
President



CERTIFICATION

I, Gemha Demir, hereby acknowledge that I have read and reviewed the Board's letter dated February 03, 2025, regarding allegations of violations of the Board's enabling act and/or regulations.

Please Check One:

[✓] I acknowledge the conduct which has been charged and agree to:

1. **Cease and desist from engaging in the conduct alleged and pay a penalty in the amount of $200.00** (to be paid upon signing of this Certification).
2. **Send a Letter of Corrective Action,** as requested by the Board, with this Certification.
3. **Return this letter with the Certification page signed and the selected box checked.**

I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this Certification are public documents.

[ ] I hereby waive any rights I may have to a hearing in this matter and defend myself against any charges, but ask the Board to consider my explanation before rendering its final decisions. I understand that the Board may order any of the terms specified in its letter and that the Certification are public documents.

[ ] I request a formal administrative hearing to contest the charges specified by the Board. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this Certification are public documents.

(Signature)

Dated: 3/18/25

Gemha Demir
(Print Name)

Ref: Carla Huzovic, RPIC
Pharmacy Express
(28RS00761900)
991 Main St. Unit 1B
Paterson, New Jersey 07503
Re: Inspection # 8-6820-23-1845

AR/em
(12/24)

ATTACHMENT A
Pharmacy Express, Permit # 28RS00761900 – 991 Main St. Unit 1B, Paterson, New Jersey 07503
Pharmacist-In-Charge: Carla Huzovic
Bureau File #8-6820-23--1845, Period: 03/04/2024
Reference: Board of Pharmacy inspection activity conducted pursuant to N.J.S.A. 45:1-18 and N.J.S.A. 45:14-48(a) 11 &12.

Details

CITE	DESCRIPTION	FINE
N.J.A.C. 13:39-5.8(a)(1)	The SUBJECT pharmacy's library lacked the General Practice of Pharmacy reference text. On March 26, 2024, Registered Pharmacist Soltan Cangoz sent this Investigator a screenshot of the reference text Pharmacotherapy: A Pathophysiolic Approach, which was purchased by the SUBJECT pharmacy subsequent to the inspection.	**$200.00**
TOTAL:		**$200.00**

Pharmacy Express
991 Main Street, Ste 1B
Paterson NJ 07503
(973) 754 1000
(973) 754 1010

3/18/2025

New Jersey Board of Pharmacy
P.O. Box 45013
Newark, NJ 07101

Subject: Corrective Action Plan Regarding Inspection Findings

Dear Members of the New Jersey Board of Pharmacy,

Pharmacy Express acknowledges the findings from the inspection conducted on March 4, 2024, which identified that our pharmacy library lacked an up-to-date general practice of pharmacy reference text. We take this matter seriously and have taken corrective action to ensure compliance with all applicable regulations.

On March 26, 2024, we provided evidence that an acceptable and current pharmacy reference text was purchased and is now available within our pharmacy. To prevent this issue from recurring, we have implemented the following corrective measures:

1. **Annual Review of Reference Materials** – We will conduct an annual assessment of our pharmacy reference library to ensure all required texts remain up to date and compliant with current standards.
2. **Designation of Responsible Staff** – A designated staff member will be assigned to oversee the maintenance and review of pharmacy reference materials.
3. **Documentation and Compliance Monitoring** – A record of all pharmacy reference materials, including purchase and review dates, will be maintained for inspection purposes.

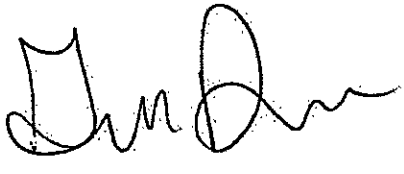
Pharmacy Express is committed to upholding the highest standards of pharmacy practice and regulatory compliance. We appreciate the Board's guidance in this matter and will continue to take proactive steps to ensure full compliance with all regulatory requirements.

Please do not hesitate to contact us if any further information or clarification is needed.

Sincerely,

Gemha Demir

President/ Permit Holder



SECURITY FEATURES INCLUDE TRUE WATERMARK PAPER, HEAT SENSITIVE ICON AND FOIL HOLOGRAM

Pharmacy Express Inc
991 Main St, Ste 1B
Paterson, NJ 07503

3409
55-136/312

DATE 3/18/25

PAY TO THE ORDER OF New Jorsey Board of Pharmacy $ 200 —

Two hundred Dollars DOLLARS

TD Bank

Inspection # 8-6820-23-1845

FOR 2/4/24 Inspection

⑈003409⑈ ⑆[redacted]⑆ [redacted]

HEAT SENSITIVE

Security Features Included

State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
PO BOX 45013
NEWARK, NJ 07101

MIKIE SHERRILL
Governor

DR. DALE G. CALDWELL
Lt. Governor

JENNIFER DAVENPORT
Attorney General

JEREMY E. HOLLANDER
Acting Director

May 5, 2026

Board of Pharmacy
Dept. of Commerce and Consumer Affairs - PVL Licensing Branch
P.O. Box 3469
Hononlulu, HI 96801

To Whom It May Concern:

The New Jersey Board of Pharmacy has been requested by PHARMACY EXPRESS to forward a letter of good standing regarding the Pharmacy's registration to practice in the State of New Jersey.

A review of the Board's files indicates that PHARMACY EXPRESS was issued a New Jersey registration 28RS00761900 on or about 03/29/2018 and is currently Active and in good standing with an expiration date of 06/30/2026. A review of the Board's files further indicates that public disciplinary action has been taken against this Pharmacy. A certified, true copy of the reportable action(s) filed with the New Jersey Board of Pharmacy is attached.

Very truly yours,

Anthony Rubinaccio, RPh
Executive Director

NEW JERSEY DIVISION OF
CONSUMER AFFAIRS

Jeremy E. Holland
Acting Direct
Read B

License Information

Accurate as of June 01, 2026 8:11 AM

Return to Search Results

Name: PHARMACY EXPRESS

Address: Paterson,NJ

Profession/License Type: Pharmacy,Pharmacy

License No: 28RS00761900

License Status: Active

Status Change Reason: License Issuance

Issue Date: 3/29/2018

Expiration Date: 6/30/2027

Board Action: YES*
Please visit DCA's website to see the final disposition documents.

* A "YES" in the "Board Action" field indicates that the licensee has a public record of some form of action on file with the Board/Committee. Board actions may come in the form o and Desist Order, Interim Order, Reprimand, a finalized Uniform Penalty Letter, agreed upon Settlement Letter or Final Order. In some instances, "Yes" will represent that a public such as an Administrative Complaint or a Provisional Order of Discipline may have been filed with the Board/Committee. Such documents represent the filing of allegations by the not represent a finding of misconduct until the matter is adjudicated by the Board. Contact the Board/Committee directly to obtain a copy of such documents.

To obtain copies of such documents not readily available on the "Actions (Disciplinary and Other)" page of the Board's website, or if no documents are displayed below, please c NJBOPVerifications@dca.lps.state.nj.us.

Prerequisites

Supervisor Information

Prereq Type: Prerequisite
Licensee: PHARMACY EXPRESS **License No:** D11210100 **License Type:** CDS Pharmacy **License Status:** Active
Relationship: **Association Date:** **Expiration Date:** **Date Established:** 4/18/2018

Supervisor Information

Prereq Type: Prerequisite User
Licensee: Cangoz, Taha **License No:** 28RI04381300 **License Type:** Pharmacist **License Status:** Active
Relationship: **Association Date:** 3/8/2025 **Expiration Date:** **Date Established:**

Documents

No Public Documents

Copyright © 2017 State of New Jersey.

State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
PO BOX 45013
NEWARK, NJ 07101

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

MATTHEW J. PLATKIN
Attorney General

CARI FAIS
Director

February 03, 2025

Certified Mail: 7020 1810 0001 5644 4788

Carla Huzovic, RPIC
Pharmacy Express
991 Main St. Unit 1B
Paterson, New Jersey 07503

Re: Inspection # 8-6820-23-1845
Date of Inspection: 03/04/2024

Dear Ms. Huzovic,

This letter is to advise you that the New Jersey State Board of Pharmacy has had an opportunity to review information concerning the above inspection report.

Upon review of all available information, the Board has preliminarily found that you have violated those items listed on Attachment A.

The Board has determined that it will offer you an opportunity to settle this matter and thereby avoid the initiation of further disciplinary proceedings. Should you wish to avail yourself of this opportunity, you **MUST SIGN THE ATTACHED CERTIFICATION** and agree to the following:

PAY A PENALTY IN THE AMOUNT OF $200.00 and **PROVIDE TO THE BOARD A LETTER OF CORRECTIVE ACTION.** (To be paid immediately upon your signing of the attached acknowledgment.)

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. This disposition will be a public record. Please take notice that if the Board determines that the initial inspection findings require a re-inspection to ensure that cited deficiencies have been properly addressed, you may be subject to any costs associated with the re-inspection.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you may, either personally or with the assistance of an attorney, submit determination concerning the

charges of unlawful activity. You should be aware that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order, requiring you to reimburse certain monies, direction you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred by the Board. Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact the Board at (973) 504-6450.

The enclosed Certification MUST be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within this time, the Board's settlement offer will be withdrawn, and the allegations contained herein shall be deemed admitted, and the Board will proceed to finally review that matter and enter an appropriate order.

By: _____
Anthony Rubinaccio, RPh.
Executive Director

AR/em
(12/24)

CERTIFICATION

I, Gemha Demir, hereby acknowledge that I have read and reviewed the Board's letter dated February 03, 2025, regarding allegations of violations of the Board's enabling act and/or regulations.

Please Check One:

[✓] I acknowledge the conduct which has been charged and agree to:

1. **Cease and desist from engaging in the conduct alleged and pay a penalty in the amount of $200.00** (to be paid upon signing of this Certification).
2. **Send a Letter of Corrective Action,** as requested by the Board, with this Certification.
3. **Return this letter with the Certification page signed and the selected box checked.**

I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this Certification are public documents.

[ ] I hereby waive any rights I may have to a hearing in this matter and defend myself against any charges, but ask the Board to consider my explanation before rendering its final decisions. I understand that the Board may order any of the terms specified in its letter and that the Certification are public documents.

[ ] I request a formal administrative hearing to contest the charges specified by the Board. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this Certification are public documents.

(Signature)

Dated: 3/18/25

Gemha Demir
(Print Name)

Ref: Carla Huzovic, RPIC
Pharmacy Express
(28RS00761900)
991 Main St. Unit 1B
Paterson, New Jersey 07503
Re: Inspection # 8-6820-23-1845

AR/em
(12/24)

ATTACHMENT A
Pharmacy Express, Permit # 28RS00761900 – 991 Main St. Unit 1B, Paterson, New Jersey 07503
Pharmacist-In-Charge: Carla Huzovic
Bureau File #8-6820-23--1845, Period: 03/04/2024
Reference: Board of Pharmacy inspection activity conducted pursuant to N.J.S.A. 45:1-18 and N.J.S.A. 45:14-48(a) 11 &12.

Details

CITE	DESCRIPTION	FINE
N.J.A.C. 13:39-5.8(a)(1)	The SUBJECT pharmacy's library lacked the General Practice of Pharmacy reference text. On March 26, 2024, Registered Pharmacist Soltan Cangoz sent this Investigator a screenshot of the reference text Pharmacotherapy: A Pathophysiolic Approach, which was purchased by the SUBJECT pharmacy subsequent to the inspection.	$200.00
TOTAL:		$200.00

Pharmacy Express
991 Main Street, Ste 1B
Paterson NJ 07503
(973) 754 1000
(973) 754 1010

3/18/2025

New Jersey Board of Pharmacy
P.O. Box 45013
Newark, NJ 07101

Subject: Corrective Action Plan Regarding Inspection Findings

Dear Members of the New Jersey Board of Pharmacy,

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Please do not hesitate to contact us if any further information or clarification is needed.

Sincerely,

Gemha Demir

President/ Permit Holder



APR 11 2025

8675

Ownership Information:

Name: Gehma Demir

D.O.B: [redacted]

Title: President

Percent Ownership: 100%

Business Address: 991 Main St Unit 1B Paterson, NJ 07503

Phone Number: 973-754-1000

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

PHARMACY EXPRESS INC
0450165381

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on May 05, 2017.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

PRECISION ACCOUNTING INTL. LLC
1035 US HIGHWAY 46 EAST
SUITE B-101
CLIFTON, NJ 07013

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 7th day of November, 2025

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6170399683

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Pharmacy Express

Pharmacy/Wholesaler License # (if applicable): 28RS00761900 (NJ)

Physical Address: 991 Main St Unit 1B

City: Paterson State: NJ Zip: 07503

Mailing Address (if different from physical address): 991 Main St Unit 1B

City: Paterson State: NJ Zip: 07503

Telephone: 973-754-1000 Website: www.pharmacyexpressnj.com

Licensing Company Email: info@pharmacyexpressnj.com

Section 2: Personal Information

First: Gemha Middle: Nasho Last: Demir

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: NJ Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current: (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Rutgers University			09/06 - 05/11	
Address	**City**		**State**	**Zip**
57 US Highway 1	New Brunswick		NJ	08901
Diploma/Degree obtained, if any				
Bachelors of Psychology				
School Name			**From - To (MM/YY – MM/YY)**	
Fair lawn High School			09/02 - 06/06	
Address	**City**		**State**	**Zip**
14-00 Berdan Ave	Fair lawn		NJ	07410
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current: (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/24 - current	[redacted]	[redacted]	NJ	[redacted]
From - To (MM/YY – MM/YY)			State	
04/19 - 04/24			NJ	
From - To (MM/YY – MM/YY)			State	
02/17 - 04/19			NJ	
From - To (MM/YY – MM/YY)	Address		State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Pharmacy Express			05/2017 - Present	
Business Address		**City**	**State**	**Zip**
991 Main St Unit 1B		Paterson	NJ	07503
Phone	**Title**		**Number of Employed Hours**	
973-754-1000	President		10,000 hrs +	
Description of Duties				
President				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Gemha Demir, **certify that as the designated representative for**

Pharmacy Express Inc,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. YES I am at least 21 years of age;
3. YES I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. YES I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. YES I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. YES I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. YES I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Gemha Demir

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/4/26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gemha Demir

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/4/26

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Passaic

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5/4/26

Date

Subscribed and Sworn to before me this 4th day of May 2026.

Notary Public Signature

FATIH S. CANGOZ NOTARY PUBLIC ID# 50159829 MY COMMISSION EXPIRES 5/13/2026 STATE OF NEW JERSEY

Fatih S. Cangoz
NOTARY PUBLIC
State of New Jersey
ID # 50159829
My Commission Expires 5/13/2026

(Seal)

New Jersey Office of the Attorney General
Division of Consumer Affairs
BOARD OF PHARMACY (973) 504-6450 • ENFORCEMENT BUREAU (973) 504-6300

Date 3-4-2022
File number 8-0620-23-1845

Board of Pharmacy Inspection Report

Pharmacy Express
Pharmacy owner's name
Corporation name (if not the same)
Owner (as identified on the statement of this inspection)
691 Main St Unit 1B
Street address
Paterson NJ 07503
City State ZIP code

(Paste pharmacy label here)

I. Required pharmacy permits and licenses

A. Board of Pharmacy Permit [N.J.A.C. 13:39-4.3]

Pharmacy Express	28AS00076900	6-30-2024
Pharmacy name [owner]	Certificate number	Expiration date

B. New Jersey Controlled Dangerous Substance (C.D.S.) Certificate [N.J.A.C. 13:45H-1.2(c)]

D1121001 00	10-31-2024
Certificate number	Expiration date

C. Drug Enforcement Administration (D.E.A.) Certificate [C.F.R. 1301.12]

[redacted]	3-31-2027
Certificate number	Expiration date

II. Personnel [Presence and display of required credentials, placards and/or name-tag adornments.] [N.J.A.C. 13:39-3.1(b), 13:39-5.3(b), 13:39-6.3 and 13:39-5.3(c)]

A. Pharmacist-in-charge's name (please print): Carla Hajdarovic
(Does the pharmacist-in-charge's name appear at the establishment's entranceway? ☑ Yes ☐ No)

28AT02857300	4-30-2023	40
Permit number	Expiration date	Hours worked per week

1. Is the registered pharmacist-in-charge's current renewal on display? ☑ Yes ☐ No

B. Personnel present for duty [N.J.S.A. 45:14-69d, 45:14-70c and 45:14-71] [N.J.A.C. 13:39-3.1(b) and 13:39-6.3]
[Identify all of the personnel who do any type of work behind the pharmacy's (or pharmacy department's) prescription filling area. For any person who holds a professional license, certificate, permit or registration, be sure to record his or her license, certificate, permit or registration number.]

1. Are all current renewals for the employed full-time pharmacists and technicians posted on display? ☑ Yes ☐ No

Name	Position (Registered pharmacist, technician, support staff, extern, etc.)	License, certificate, permit or registration number	Name tag	Hours worked per week
Carla Hajdarovic	PIC	28AT02857300	☑ Yes ☐ No	40
Evelyn Cruz	Technician	28AT03550000	☑ Yes ☐ No	40
Marilyn Lugo	Technician	28AT03577000	☑ Yes ☐ No	40
Amna Alshatti	Technician	pow ID	☑ Yes ☐ No	40
			☐ Yes ☐ No	

III. Mandatory equipment [N.J.A.C. 13:39-5.8(a)8 and 13:39-5.6]

1. Is there a sink with hot and cold running water? ☑ Yes ☐ No
2. Is there a satisfactory counting tray or device? ☑ Yes ☐ No

(1 of 3)

IV. Miscellaneous requirements

1. [16 C.F.R. 1700.14/15] Is a representative inventory of safety closures present? ☑ Yes ☐ No
2. Are prescriptions being dispensed in containers with an appropriate safety closure? ☑ Yes ☐ No
3. [N.J.A.C. 13:39-5.8(c)] Is the dispensing area in a clean, orderly and sanitary condition? ☑ Yes ☐ No
4. [N.J.S.A. 45:14-48a(10)] [N.J.A.C. 13:39-5.8(a)1] Is the pharmacy library satisfactory? ☐ Yes ☑ No
5. [N.J.A.C. 13:45I-5.7] Has the required biennial C.D.S. inventory been conducted? ☑ Yes ☐ No
6. [N.J.A.C. 13:45I-5.5] Has the C.D.S. inventory been properly documented? ☑ Yes ☐ No

Carla Hajdarovic
Print the name of the registered pharmacist who was present for the survey
Signature of the registered pharmacist who was present for the survey

Signature of the Inspector/Investigator

Form BB-02 (10/12)

New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Pharmacy
Inventory Quality Assurance Examination

Pharmacy: [illegible] Express Date: 3-1-2024

Street Address: 99 Rt 206 Ste. Unit 1B

City, State, ZIP: [illegible] NJ 07869

L.J.S.
Inspector

Initials of Registered Pharmacist	Quantity or Commercial Package Size	The medications that were present for the filling of prescriptions have been examined for their compliance to the regulatory standards for quality assurance. The medications that were selected to be examined could potentially have been dispensed, and did not include any segments of the inventory that may already have been separated for future return to their respective manufacturers, or had been placed aside for proper disposal. The medications that were found to be in violation of the regulatory disciplines were segregated by the inspector, and then recorded below. The line entries are categorized by the deficiency for which the medication had been set apart, along with the appropriate regulatory cite. It is requested that you accept your option to compare each package of medication that has been separated as deficient against its collateral entry and, if you concur, place your initials in the left-hand column. The inspector will delete any deficiencies for which there are plausible explanations.				Deficiencies						
					[13:39-7.18] [13:39-6.2(07)]						
		Name and Potency of Item	Manufacturer / Distributor	Lot Number	Expiration Date	Expired (1 day - 4 months)	Expired (4 months - 1 year)	Expired (more than 1 year)	Misbranded	"Sample" Medications (13:39-7.18)	Improperly Stored (13:39-6.2(07) and 9)	Other (See comments)
		No Items Found										
		No Controlled										
		Sealed Totes										
		Totals from above										
		Collective Totals from other pages										
		Composite Total on this page										

COMMENTS:

I hereby acknowledge and attest to the accuracy of the inventory deficiencies reported above.

Ceida Hysenaj
PRINTED NAME OF PHARMACIST

SIGNATURE OF PHARMACIST

EB-23A (1/05)

Date: 3-4-2024
Time entered: 9:45 am
Time departed: 11:35 am

New Jersey Office of the Attorney General
DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY

Report of Inspection

Name of Pharmacy: Pharmacy Express
Address: 991 Market St Unit R. Passaic NJ 07103
Name and registration number of pharmacist-in-charge:
Carla Hrzovic 7XR10289300
(If the Pharmacist-in-Charge is not present, give the name and registration number of the Registered Pharmacist (R.P.) on duty.)

The following deficiencies have been noted:

(13:39-5.8(a)1.) - Could not produce the Current Omnibus of Pharmacy reference text

(503)

Upon further review all items of citations must be noted. A narrative report including final citations and areas of concerns will be submitted to the Board

This is to acknowledge that I have been present during this inspection and concur with the findings, as so noted, with the following exceptions, if any.

COMMENTS:

(Signature of the Pharmacist Identified above)

EB-33 3/07

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Pharmacy Express

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): 28RS00761900 (NJ)

Physical Address: 991 Main St Unit 1B

City: Paterson State: NJ Zip: 07503

Mailing Address (if different from physical address): 991 Main St Unit 1B

City: Paterson State: NJ Zip: 07503

Telephone: 973-754-1000 Website: www.pharmacyexpressnj.com

Licensing Company Email: info@pharmacyexpressnj.com

Section 2: Personal Information

First: Gemha Middle: Nasho Last: Demir

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: NJ Zip: 07450

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Rutgers University		09/06 - 05/11	
Address	**City**	**State**	**Zip**
57 US Highway 1	New Brunswick	NJ	08901
Diploma/Degree obtained, if any			
Bachelors of Psychology			

School Name		From - To (MM/YY – MM/YY)	
Fair Lawn High School		09/02 - 06/06	
Address	**City**	**State**	**Zip**
14-00 Berdan Ave	Fairlawn	NJ	07410
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/24 – Current	[redacted]	[redacted]	NJ	[redacted]
04/19 – 04/21			NJ	
02/17 - 04/19			NJ	

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
Pharmacy Express		05/2017 - Present	
Business Address	**City**	**State**	**Zip**
991 Main St Unit 1B	Paterson	NJ	07503
Phone	**Title**		
973-754-1000	President		
Description of Duties			
President			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gemha Demir

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/4/26

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Passaic

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5/4/26

Date

Subscribed and Sworn to before me this 4th day of May 2026.

Notary Public Signature

FATIH S. CANGOZ NOTARY PUBLIC STATE OF NEW JERSEY MY COMMISSION EXPIRES 5/13/2026

Fatih S. Cangoz
NOTARY PUBLIC
State of New Jersey
ID # 50159829
My Commission Expires 5/13/2026

(Seal)

4CCCC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

Non-Refundable $500.00 Fee

Rev (09/02/2021)

Type of Facility
■ Ambulatory Surgical Center (ASC)
☐ Recovery Center (RC)

Type of Application (check applicable box)		**Ownership Type (check applicable box)**
☐ New ASC/RC	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9)
☐ Location Change *	ASC03309	☐ Partnership (complete sections 1, 2, 5, 7, 8, 9)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 6, 7, 8, 9)

Section 1: General Information

ASC/RC Name: Ear, Nose, & Throat Surgery Center

Physical Address: 8840 W Sunset Road, Suite B

City: Las Vegas State: NV Zip: 89148

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702) 209-3377 Fax: _____

Contact Email: Cheryl.Libby@SurgeryVentures.com Website https://entsclv.com/

Nevada Business License # NV20253494762

Employed/Contracted Pharmacist Name: Chike Okolo NV Pharmacist License #: 19267

Medical Director Name: Grail Lee Brookshire, M.D.

Days of Operation

■ Monday	■ Tuesday	■ Wednesday	■ Thursday	■ Friday	☐ Saturday	☐ Sunday

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Note from Applicant Entity: Section 2 responses are with respect to ENT Surgicenter, LLC (the "**Applicant Entity**") and members of the Applicant Entity that are expected to own 10% or more in the Applicant Entity.

Section 3: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 4: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): HCA Healthcare, Inc. is an upstream, indirect owner of ENT Surgicenter, LLC

Corporation/Organization Name: ENT Surgicenter, LLC

Mailing Address: 8840 W Sunset Road, Suite B

City: Las Vegas State: NV Zip: 89148

Telephone: (702) 209-3377 Email: Cheryl.Libby@SurgeryVentures.com

Contact Person Name: Cheryl Libby-Schanbacher

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ■ Yes ☐ No

Section 5: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: Chike Okolo NV Pharmacist License #: 19267

As the employed/contracted pharmacist, for (ASC/RC Name): Ear, Nose, & Throat Surgery Center :

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Section 8: Personal and Professional History of the Employed/Contracted Pharmacist	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

4/7/2026
Date

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.**	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Natalie Mussi, Vice President of Surgicare of ENT SC, LLC, the managing member of ENT Surgicenter, LLC

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

4.8.26

Date

Board Use Only	Date Received: 5/28/26	Amount: $500.00

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENT SURGICENTER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENT SURGICENTER, LLC" WAS FORMED ON THE TWELFTH DAY OF DECEMBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

10437229 8300

SR# 20261596483

Authentication: 203559186

Date: 04-06-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application Addendum

ENT Surgicenter, LLC

Section 9:

Information request for non-publicly traded business type	Response
List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	ENT Surgicenter, LLC (the "***Applicant Entity***") does not have any officers or directors. The Applicant Entity is managed by one of its owners, Surgicare of ENT SC, LLC (the "***Managing Member***"). The Managing Member is a limited liability company rather than a corporation and has managers rather than directors. Any officers and managers of the Managing Member do not fall under the definition of a "person beneficially interested" in the Applicant Entity under NRS 639.231(2) and have not been listed.
List the top four stockholders and their percent ownership. NRS 639.231(3).	The Applicant Entity expects to acquire substantially all of the assets of Ear, Nose, & Throat Surgery Center (the "***ASC***") no earlier than August 1, 2026. The ASC is currently owned by Ear, Nose & Throat Surgery Center, LLC (the "***Current Owner***"). The Applicant Entity is a limited liability company, so its owners are called members and will not have stock. However, as of the date of the acquisition, the following entities or individuals are anticipated to be the top four members of the Applicant Entity with the following ownership percentages: 1. **Surgicare of ENT SC, LLC**: 51% 2. **Frederick Goll, III, M.D.**: 16.27% 3. **Walter Schroeder, M.D.**: 18.25% 4. **Allen Young, M.D.**: 5.5%

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Ear, Nose and Throat Surgery Center

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): Pending

Physical Address: 8840 W Sunset Rd, Suite B

City: Las Vegas State: Nevada Zip: 89148

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-209-3377 Website: https://entsclv.com/

Licensing Company Email: N/A

Section 2: Personal Information

First: Frederick Middle: Last: Goll III

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒M ☐F ☐X

Mailing Address: [redacted]

City: [redacted] State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)
Ohio State University Hospital	07/1992 - 06/1996

Address	City	State	Zip
410 W 10th Ave	Columbus	OH	43210

Diploma/Degree obtained, if any: Residency Head and Neck Surgery

School Name	From - To (MM/YY – MM/YY)
Iowa Methodist Medical Center	07/1991 - 06/1992

Address	City	State	Zip
1200 Pleasant St	Des Moines	IA	50309

Diploma/Degree obtained, if any: Internship General Surgery

School Name	From - To (MM/YY – MM/YY)
University of Iowa College of Medicine	08/1987 - 05/1991

Address	City	State	Zip
451 Newton Rd #200	Iowa City	IA	52242

Diploma/Degree obtained, if any: M.D.

School Name	From - To (MM/YY – MM/YY)
The University of Iowa	05/1987

Address	City	State	Zip
101 Jessup Hall	Iowa City	IA	52242

Diploma/Degree obtained, if any: B.S.

School Name	From - To (MM/YY – MM/YY
Ames High School	1984 - 1987

Address	City	State	Zip
1801 Ridgewood Ave	Ames	IA	50010

Diploma/Degree obtained, if any: H.S. Diploma

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/2012 - Current	[redacted]	[redacted]	NV	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Ear, Nose & Throat Surgery Center			From - To (MM/YY – MM/YY): 06/2014- Current
Business Address: 8840 W Sunset Rd Ste B	City: Las Vegas	State: NV	Zip: 89148
Phone: 702-209-3377	Title: Physician/Partner		
Description of Duties: Provide patient care, manage operations, and oversee overall practice business			

Business Name: Ear, Nose & Throat Consultants of Nevada			From - To (MM/YY – MM/YY): 08/1997 - Current
Business Address: 3195 St Rose Parkway Ste 210	City: Henderson	State: NV	Zip: 89052
Phone: 702-792-6700	Title: Physician/Partner		
Description of Duties: Provide patient care, manage operations, and oversee overall practice business			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Frederick Goll

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/30/26

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark.

I, Frederick Goll, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/30/26

Date

Subscribed and Sworn to before me this 30 day of March.

Notary Public Signature

MYRNA ESTELA GOMEZ
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 21-3449-01
MY APPT. EXPIRES FEBRUARY 03, 2029

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Ear, Nose and Throat Surgery Center

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): Pending

Physical Address: 8840 W Sunset Rd, Suite B

City: Las Vegas State: Nevada Zip: 89148

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-209-3377 Website: https://entsclv.com/

Licensing Company Email: N/A

Section 2: Personal Information

First: Walter Middle: W Last: Schroeder

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)
Eastern Virginia Graduate School of Medicine	1983-1987

Address	City	State	Zip
700 W Olney Rd	Norfolk	VA	23507

Diploma/Degree obtained, if any: M.D.

School Name	From - To (MM/YY – MM/YY)
University of South Florida College of Medicine	1979-1982

Address	City	State	Zip
12901 Bruce B. Downs Blvd	Tampa	FL	33612

Diploma/Degree obtained, if any: M.D.

School Name	From - To (MM/YY – MM/YY)
University of North Carolina	1975-1979

Address	City	State	Zip
101 Manning Dr #7600	Chapel Hill	NC	27514

Diploma/Degree obtained, if any: B.S.

School Name	From - To (MM/YY – MM/YY)
Fort Lauderdale High School	1972-1975

Address	City	State	Zip
600 NE 4th Ave	Fort Lauderdale	FL	33305

Diploma/Degree obtained, if any: H.S. Diploma

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2005 - Present	[redacted]	[redacted]	NV	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Ear, Nose & Throat Surgery Center			06/2014- Current
Business Address	**City**	**State**	**Zip**
8840 W Sunset Rd Ste B	Las Vegas	NV	89148
Phone	**Title**		
702-209-3377	Physician/Partner		
Description of Duties			
Provide patient care, manage operations, and oversee overall practice business			

Business Name			From - To (MM/YY – MM/YY)
Ear, Nose & Throat Consultants of Nevada			08/1997 - Current
Business Address	**City**	**State**	**Zip**
3195 St Rose Parkway Ste 210	Henderson	NV	89052
Phone	**Title**		
702-792-6700	Physician/Partner		
Description of Duties			
Provide patient care, manage operations, and oversee overall practice business			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Walter Schroeder M.D.
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/30/26
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark.

I, Walter Schroeder, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

03/30/26
Date

Subscribed and Sworn to before me this 30 day of March.

Notary Public Signature

MYRNA ESTELA GOMEZ
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 21-3449-01
MY APPT. EXPIRES FEBRUARY 03, 2029

(Seal)

Holland & Knight

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Holland & Knight LLP | www.hklaw.com

Christina McNamara
Partner
+1 713-244-8249
Christina.McNamara@hklaw.com

May 27, 2026

Via UPS

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

Re: Pharmacy License Change of Ownership Application for Ear, Nose, & Throat Surgery Center; Current License Number ASC03309

Dear Ladies and Gentlemen:

On behalf of ENT Surgicenter, LLC (the "***New Owner***"), please find enclosed an Ambulatory Surgical Center and Recovery Center Application in connection with New Owner's anticipated acquisition of Ear, Nose, & Throat Surgery Center located at 8840 W Sunset Road, Suite B, Las Vegas, Nevada 89148 (the "***ASC***"). The ASC is currently owned by Ear, Nose & Throat Surgery Center LLC and maintains License Number ASC03309. New Owner anticipates acquiring the ASC on or about August 1, 2026, or sometime thereafter.

Should you need any additional information in connection with the processing of this application, please feel free to reach out to me at christina.mcnamara@hklaw.com. We appreciate the Board's assistance with this process.

Sincerely yours,

HOLLAND & KNIGHT LLP

Christina McNamara

Enclosures

Information request for non-publicly traded business type	Response
List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b).	The Applicant Entity expects to acquire substantially all of the assets of the ASC no earlier than August 1, 2026. The ASC is currently owned by the Current Owner. The Applicant Entity is a limited liability company, so its owners are called members and will not have stock. As of the date of the acquisition, the following entities or individuals are anticipated to be the members with 10% or more ownership in the Applicant Entity: 1. **Surgicare of ENT SC, LLC: 51%** 2. **Frederick Goll, III, M.D.: 16.27%** 3. **Walter Schroeder, M.D.: 18.25%**
Certificate of Corporate Status or Certificate of Good Standing from the Secretary of State's Office where the business is domiciled, dated within the last 6 months.	Please see attached.
Personal History Record Application must be completed by each shareholder/stockholder/partner/member/owner.	Please see attached Personal History Record Application for each individual member who is anticipated to own over 10% in the Applicant Entity as of the effective date of the acquisition.
Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.	The Applicant Entity is in the process of preparing a change of ownership ASC license application for submission to the Nevada Division of Public and Behavioral Health within 10 days of its acquisition of the ASC. A copy of the license issued to the Current Owner of the ASC is attached for reference.

4DDDD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

Non-Refundable $500.00 Fee

Rev (03/17/2026)

Type of Facility
■ Ambulatory Surgical Center (ASC)
☐ Recovery Center (RC)

Type of Application (check applicable box)		**Ownership Type (check applicable box)**
☐ New ASC/RC	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9)
■ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9)
☐ Location Change *	ASC04724	■ Partnership (complete sections 1, 2, 5, 7, 8, 9)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 6, 7, 8, 9)

Section 1: General Information

ASC/RC Name: Summit Surgical Center LLC

Physical Address: 3820 S Hualapai Way Ste 100

City: Las Vegas State: NV Zip: 89147

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 7027889154 Fax: 7029604154

Contact Email: admin@summitsurgicalnv.com Website _____

Nevada Business License # NV20243064135

Employed/Contracted Pharmacist Name: Michelle McCarthy NV Pharmacist License #: 22808

Medical Director Name: Hashim Qureshi, DO

Days of Operation

☐ Monday	■ Tuesday	■ Wednesday	☐ Thursday	☐ Friday	☐ Saturday	☐ Sunday

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 3: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 4: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: Summit Surgical Center, LLC

Mailing Address: 848 N Rainbow Blvd #1328

City: Las Vegas State: NV Zip: 89107

Telephone: 954-258-7028 Email: admin@summitsurgicalnv.com

Contact Person Name: My Linh Jennifer Tran

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 5: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ■ No

Section 6: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: Michelle McCarthy NV Pharmacist License #: 22808

As the employed/contracted pharmacist, for (ASC/RC Name): Summit Surgical Center :

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.477;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.486;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Section 8: Personal and Professional History of the Employed/Contracted Pharmacist	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. **Provide all the following *<u>where applicable</u>*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Michelle McCarthy

Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

4/8/2026

Date

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): ○ All General Partners; ○ All Limited Partners who hold 10% or more of the interest.			✓	
• Certificate of Corporate Status or Certificate of Good Standing from the Secretary of State's Office where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

My Linh Jennifer Tran, MD

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

4/13/26

Date

Board Use Only	Date Received: 4/21/26	Amount: $500 ✓

Summit Surgical Center, LLC

Ownership Organization as of 3/25/2026

Jennifer Tran MD PLLC 60%
Owner(s)
Jennifer Tran MD 51%
Luis Velazquez MD 49%

RAJA Ventures LLC 40%
(Owner(s)
Hashim Qureshi, DO 50%
Rehma Ehsan 50%

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Summit Surgical Center LLC

Nevada Business Identification # NV20243064135
Expiration Date: 03/31/2027

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/25/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202603256577738
You may verify this certificate online at https://www.nvsilverflume.gov/home

AMENDED SCHEDULE 2.1
CAPITAL CONTRIBUTIONS AND MEMBERSHIP INTERESTS
TO THE OPERATING AGREEMENT OF
SUMMIT SURGICAL CENTER LLC
(as amended March 25, 2026)

This Amended Schedule 2.1 supersedes and replaces in its entirety the original Schedule 2.1 to the Operating Agreement of Summit Surgical Center LLC. All other terms and provisions of the Operating Agreement remain in full force and effect.

Member	Capital Contribution	Percentage Interest	Class	Voting Rights
Jennifer Tran MD PLLC Jennifer Tran, M.D., Manager	As reflected in the books and records of the Company	60%	Class C	Yes
Raja Ventures LLC Hashim Qureshi, Managing Member	As reflected in the books and records of the Company	40%	Class A	Yes
TOTAL		**100%**		

Note: Wzrost LLC (formerly listed as a member) has been removed as a member of Summit Surgical Center LLC. Raja Ventures LLC replaces HRQ Ventures LLC for the avoidance of doubt. This Amended Schedule 2.1 reflects the current membership of the Company.

AGREED AND ACCEPTED:

Jennifer Tran MD PLLC
By: _____
Name: Jennifer Tran, M.D.
Its: Manager
Date: 3/25/26

Raja Ventures LLC
By: _____
Name: Hashim Qureshi
Its: Managing Member
Date: 03/25/2026

STATE OF NEVADA

FRANCISCO V. AGUILAR
Secretary of State

C. MURPHY HEBERT
Chief Deputy Secretary of State

DEANNA L. REYNOLDS
Deputy Secretary for Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

Business Entity - Filing Acknowledgement

03/25/2026

Work Order Item Number:	W2026032501277 - 5121635
Filing Number:	20265620694
Filing Type:	Annual List
Filing Date/Time:	03/25/2026 13:09:44 PM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E38694952024-0 **Entity Name:** Summit Surgical Center LLC

Entity Status: Active **Expiration Date:** None

Non-Commercial Registered Agent
jennifer tran
848 n rainbow blvd #1328, Las Vegas, NV 89107, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Commercial Recording

401 N. Carson Street
Carson City, NV 89701

1 State of Nevada Way
Las Vegas, NV 89119

Effective Date : 01/01/2026
Expiration Date : 12/31/2026

State of Nevada
Nevada Health Authority
Division of Purchasing and Compliance

License Number
11942-ASC-1

Please display this license conspicuously

This license was printed from an online licensing system. VERIFY LICENSE IS VALID BY GOING TO: https://nvdpbh.aithent.com/login.aspx. Go to License Verification, Facility Locator & Inspection Reports "Click Here" and look up by license number (Credential Number) to verify that the license is active and valid.

Should you have any changes such as Name, Administrator, Location, Change of Ownership or Number of Beds go to: https://nvdpbh.aithent.com/login.aspx.

This Is To Certify That

SUMMIT SURGICAL CENTER LLC

3820 S HUALAPAI WAY 100
LAS VEGAS, NV 89147

Is hereby licensed as a(n)

SURGICAL CENTER FOR AMBULATORY PATIENTS

as provided for in Chapters 439 and 449 of the Nevada Revised Statutes and the Nevada Administrative Code and the standards, rules and regulations adopted by the Board of Health.

This facility is licensed to provide the following:

Facility Type : SURGICAL CENTER FOR AMBULATORY PATIENTS

Endorsement :

Bed Information : Operating Room - C - 2

If your license is not completely accurate, Please contact us at (775) 684-1030 so that we may resolve any problems.

STEPHANIE HOLMSTROM / Administrator

HASHIM QURESHI,LUIS VELAZQUEZ,MARK CHMIELA,MY LINH TRAN,OLGA CHMIELA,REHMA EHSAN

Todd Rich / Administrator

8722

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Summit Surgical Center LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) ASC04724

Physical Address 3820 S Hualapai Way suite 100

City Las Vegas State NV Zip 89147

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-788-9154 Website _____

Licensing Company Email _____

Section 2: Personal Information

First LUIS Middle ALBERTO Last VELAZQUEZ

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State NV Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Cedars Sinai Hospital		08/14-07/15	
Address	**City**	**State**	**Zip**
8700 Beverly Blvd	Los Angeles	CA	90048
Diploma/Degree obtained, if any			
Interventional Pain Management Fellowship			
School Name		**From - To (MM/YY – MM/YY)**	
University of Miami Jackson Memorial Hospital		07/07-06/11	
Address	**City**	**State**	**Zip**
1611 NW 12th Ave	Miami	FL	33136
Diploma/Degree obtained, if any			
Residency in Anesthesiology			
School Name		**From - To (MM/YY – MM/YY)**	
University of South Florida School of Medicine		08/02 - 06/07	
Address	**City**	**State**	**Zip**
560 Channelside Drive	Tampa	FL	33602
Diploma/Degree obtained, if any			
Doctor of Medicine			
School Name		**From - To (MM/YY – MM/YY)**	
Barry University		08/01-06/02	
Address	**City**	**State**	**Zip**
11300 NE 2nd Ave	Miami Shores	FL	33161
Diploma/Degree obtained, if any			
Masters in biomedical sciences			
School Name		**From - To (MM/YY – MM/YY**	
University of Miami		08/97-06/01	
Address	**City**	**State**	**Zip**
1320 SW 136th Ave	Coral Gables	FL	33146
Diploma/Degree obtained, if any			
bachelors of science			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/21-current	[redacted]	[redacted]	nv	[redacted]
04/15-01/21			nv	

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Luis Velazquez MD PLLC			08/13-current
Business Address	**City**	**State**	**Zip**
848 N Rainbow BLVD #1328	Las Vegas	NV	89107
Phone	**Title**		
7029604150	owner		
Description of Duties			
majority owner, physician			

Business Name			From - To (MM/YY – MM/YY)
Jennifer Tran MD PLLC			03/24-present
Business Address	**City**	**State**	**Zip**
848 N Rainbow Blvd #1328	Las Vegas	NV	89107
Phone	**Title**		
954-258-7028	minority owner		
Description of Duties			
minority owner			

Business Name			From - To (MM/YY – MM/YY)
Chameleon Management			11/17-present
Business Address	**City**	**State**	**Zip**
32 Skybird ct	las vegas	nv	89135
Phone	**Title**		
3059245198	owner		
Description of Duties			
managing member			

Business Name			From - To (MM/YY – MM/YY)
Med Ventures			09/13-present
Business Address	**City**	**State**	**Zip**
32 skybird court	las vegas	nv	89135
Phone	**Title**		
3059245198	owner		
Description of Duties			
managing member			

Business Name			From - To (MM/YY – MM/YY)
Kendall Regional Hospital			8/11-03/13
Business Address	**City**	**State**	**Zip**
11750 SW 40th St	Miami	FL	33175
Phone	**Title**		
305-223-3000	physician		
Description of Duties			
anesthesiologist			

Continue on next page if additional space is needed.

Section 5 Continued

Miami Palmetto Senior High School
7431 SW 120th St Miami FL 33156
08/93-06/97
High School Diploma

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Velazquez, Luis

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/8/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Luis Velazquez, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/9/2026

Date

Subscribed and Sworn to before me this 9th day of April.

Notary Public Signature

KYMBERLY DANIEL
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 26-7471-01
MY APPT. EXPIRES FEBRUARY 24, 2030

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Summit Surgical Center LLC

Pharmacy/MDEG/Wholesaler License # (If applicable) ASC04724

Physical Address 3820 S Hualapai Way Suite 100

City Las Vegas State NV Zip 89147

Mailing Address (If different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-788-9154 Website _____

Licensing Company Email _____

Section 2: Personal Information

First My Linh Middle Jennifer Last Tran

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City [redacted] State NV Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Miami Jackson Memorial Hospital		06/09 - 06/13	
Address	**City**	**State**	**Zip**
1611 NW 12th Ave	Miami	FL	33136
Diploma/Degree obtained, if any			
residency in anesthesiology			
School Name		**From - To (MM/YY – MM/YY)**	
UNIVERSITY OF MIAMI SCHOOL OF MEDICINE		08/05-05/09	
Address	**City**	**State**	**Zip**
1600 NW 10TH AVE	MIAMI	FL	33136
Diploma/Degree obtained, if any			
Doctor of Medicine			
School Name		**From - To (MM/YY – MM/YY)**	
University of Miami		08/03-06/05	
Address	**City**	**State**	**Zip**
1320 S Dixie Hwy	Coral Gables	FL	33146
Diploma/Degree obtained, if any			
Bachelors of Science			
School Name		**From - To (MM/YY – MM/YY)**	
Western High School		08/99-06/03	
Address	**City**	**State**	**Zip**
1200 SW 136th Ave	Davie	FL	33325
Diploma/Degree obtained, if any			
high school diploma			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/21-current	[redacted]	[redacted]	NV	[redacted]
04/15- 01/21			NV	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
JENNIFER TRAN MD PLLC			08/13 - CURRENT
Business Address	**City**	**State**	**Zip**
848 N RAINBOW BLVD # 1328	LAS VEGAS	NV	89107
Phone	**Title**		
954-258-7028	OWNER		
Description of Duties			
physician			

Business Name			From - To (MM/YY – MM/YY)
Tran Practice Management			08/19- present
Business Address	**City**	**State**	**Zip**
848 N Rainbow Blvd #1328	Las Vegas	NV	89107
Phone	**Title**		
954-258-7028	owner		
Description of Duties			
practice management			

Business Name			From - To (MM/YY – MM/YY)
Luis Velazquez MD PLLC			08/15-present
Business Address	**City**	**State**	**Zip**
848 N Rainbow Blvd #1328	Las Vegas	NV	89107
Phone	**Title**		
7029604150	owner		
Description of Duties			
minority owner			

Business Name			From - To (MM/YY – MM/YY)
Prosperity Realty Group			03/24-present
Business Address	**City**	**State**	**Zip**
848 N Rainbow Blvd #1328	Las Vegas	NV	89107
Phone	**Title**		
9542587028	managing member		
Description of Duties			
managing member			

Business Name			From - To (MM/YY – MM/YY)
Summit Surgical Center			12/24-present
Business Address	**City**	**State**	**Zip**
3820 S Hualapai Way #100	Las Vegas	NV	89147
Phone	**Title**		
702788-9154	managing member		
Description of Duties			
managing member			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

My Linh TRAN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/8/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, My Linh Jennifer TRAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/9/2026

Date

Subscribed and Sworn to before me this 9th day of April.

KYMBERLY DANIEL
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 26-7471-01
MY APPT. EXPIRES FEBRUARY 24, 2030

Notary Public Signature

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Summit Surgical Center LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) License# ASC04724

Physical Address 3820 S Hualapai Wy suite 100

City Las Vegas State NV Zip 89147

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Hashim Middle Jehanzeb Last Qureshi

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State NV Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
The George Washington University			06/03-06/07	
Address	**City**		**State**	**Zip**
2121 I St NW	Washington D.C.		D.C.	20052
Diploma/Degree obtained, if any				
B.S. Psychology with minor in Biology				
School Name			**From - To (MM/YY – MM/YY)**	
Waynesboro Area Senior High School			06/99-06/03	
Address	**City**		**State**	**Zip**
550 E 2nd St	Waynesboro		PA	17268
Diploma/Degree obtained, if any				
High School				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 04/24-current	[redacted]	[redacted]	State NV	[redacted]
From - To (MM/YY – MM/YY) 04/22-04/24			State NV	
From - To (MM/YY – MM/YY) 06/19-04/22			State NV	
From - To (MM/YY – MM/YY) 06/17-06/19			State CA	
From - To (MM/YY – MM/YY) 06/14-06/17			State OH	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Velazquez Pain Relief Center			06/19-current	
Business Address	**City**		**State**	**Zip**
3820 S Hualapai Way suite 200	Las Vegas		NV	89147
Phone	**Title**			
702-960-4150	Physician			
Description of Duties				
Pain medicine doctor and partner in practice				

Business Name			From - To (MM/YY – MM/YY)	
Sahara Surgery Center			12/22-current	
Business Address	**City**		**State**	**Zip**
2401 Paseo Del Prado	Las Vegas		NV	89102
Phone	**Title**			
(702) 362-7874	Physician			
Description of Duties				
share holder. Perform procedures				

Business Name			From - To (MM/YY – MM/YY)	
Summit Surgical Centers LLC			10/25-current	
Business Address	**City**		**State**	**Zip**
3820 S. Hualapai Way Suite 100	LAS VEGAS		NV	89147
Phone	**Title**			
702 960 4150	Medical Director			
Description of Duties				
Medical Director				

Business Name			From - To (MM/YY – MM/YY)	
PROSPERITY REALTY GROUP LLC			03/24 - current	
Business Address	**City**		**State**	**Zip**
848 N. Rainbow BLVD #1328	LAS VEGAS		NV	89107
Phone	**Title**			
	PARTNER			
Description of Duties				
PARTNER / Shareholder				

Business Name			From - To (MM/YY – MM/YY)	
HRQ MEDICAL LLC			12/21 - PRESENT	
Business Address	**City**		**State**	**Zip**
11700 W. Charleston BLVD 170-443	LAS VEGAS		NV	89135
Phone	**Title**			
571-232-3110	PARTNER			
Description of Duties				
Shareholder				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
CASA VENTURES LLC			10/24 - Current
Business Address	**City**	**State**	**Zip**
11700 W Charleston BLVD 170-443	LAS VEGAS	NV	89135
Phone	**Title**		
571-232-3110	PARTNER		
Description of Duties			
Shareholder			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

QURESHI, HASHIM

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/08/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Hashim Qureshi, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/13/26

Date

Subscribed and Sworn to before me this 13th day of April.

Notary Public Signature

KYMBERLY DANIEL
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 26-7471-01
MY APPT. EXPIRES FEBRUARY 24, 2030

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler SUMMIT SURGICAL CENTER LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) LICENSE # ASC04724

Physical Address 3820 S HUALAPAI WAY SUITE 100

City LAS VEGAS State NV Zip 89147

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First REHMA Middle _____ Last EHSAN

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City [redacted] State NV Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
DREXEL UNIVERSITY SCHOOL OF PUBLIC HEALTH		07/11 - 06/13	
Address: 3215 MARKET STREET	City: PHILADELPHIA	State: PA	Zip: 19104
Diploma/Degree obtained, if any: MASTER OF PUBLIC HEALTH (MPH): HEALTH POLICY + MANAGEMENT			

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF ILLINOIS URBANA CHAMPAIGN		08/08 - 05/10	
Address: 901 WEST ILLINOIS STREET	City: URBANA	State: IL	Zip: 61801
Diploma/Degree obtained, if any: BACHELOR OF ARTS: POLITICAL SCIENCE; MINOR IN PSYCHOLOGY			

School Name		From - To (MM/YY – MM/YY)	
GEORGE MASON UNIVERSITY		08/06 - 06/08	
Address: 4400 UNIVERSITY DRIVE	City: FAIRFAX	State: VA	Zip: 22030
Diploma/Degree obtained, if any: TRANSFERED			

School Name		From - To (MM/YY – MM/YY)	
MCLEAN HIGH SCHOOL		08/02 - 5/06	
Address: 1633 DAVIDSON ROAD	City: MCLEAN	State: VA	Zip: 22101
Diploma/Degree obtained, if any: HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/24 - CURRENT	[redacted]	[redacted]	NV	[redacted]
04/22 - 04/24	[redacted]	[redacted]	NV	[redacted]
2/21 - 4/22	[redacted]	[redacted]	NV	[redacted]
12/19 - 2/21	[redacted]	[redacted]	CA	[redacted]
4/17 - 12/19	[redacted]	[redacted]	CA	[redacted]
5/14 - 3/17	[redacted]	[redacted]	PA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
HRQ MEDICAL LLC			12/21 / PRESENT
Business Address	**City**	**State**	**Zip**
11700 W CHARLESTON BLVD 170-473	LAS VEGAS	NV	89135
Phone	**Title**		
571-232-3110	OWNER (50%)		

Description of Duties
MANAGE OWNERSHIP SHARE OF 25% IN VELAZQUEZ PAIN RELIEF CENTER
MARKETING & BUISNESS DEVELOPMENT

Business Name			From - To (MM/YY – MM/YY)
RAJA VENTURES LLC			10/24 / PRESENT
Business Address	**City**	**State**	**Zip**
11700 W CHARLESTON BLVD 170-473	LAS VEGAS	NV	89135
Phone	**Title**		
571-232-3110	OWNER (50%)		

Description of Duties
MANAGE OWNERSHIP OF 40% SHARE IN SUMMIT SURGICAL CENTER
MARKETING & BUSINESS DEVELOPMENT

Business Name			From - To (MM/YY – MM/YY)
ZS ASSOCIATES			4/18 - 12/23
Business Address	**City**	**State**	**Zip**
611 GATEWAY BLVD	SAN FRANCISCO	CA	94080
Phone	**Title**		
650-696-8800	SENIOR CONSULTANT		

Description of Duties
- PATIENT EXPERINCE DESIGN FOR PHARMA DEVICES
- GO TO MARKET LAUNCH STRATEGY FOR RARE DISEASE DRUGS
- HR PHARMA M&A WORK

Business Name			From - To (MM/YY – MM/YY)
SELF-EMPLOYED			10/17-3/18
Business Address	**City**	**State**	**Zip**
1895 JACKSON STREET #604	SAN FRANCISCO	CA	94109
Phone	**Title**		
571-232-3110	INDEPENDENT CONSULTANT		

Description of Duties
- ADVISED A START UP ON BEST PRACTICES FOR ANALYTICS DASHBOARD METRICS & KPIS
- CREATED PRODUCT SPECIFICATIONS & DESIGN FOR MARKETING CENTRIC USER DASHBOARD
- TRACKED ROI & ANALYZED METRICS FOR START UP

Business Name			From - To (MM/YY – MM/YY)
GRAND ROUNDS			4/17-8/17
Business Address	**City**	**State**	**Zip**
1 CALIFORNIA ST, SUITE 2300	SAN FRANCISCO	CA	94111
Phone	**Title**		
	SENIOR DATA ANALYST INTERN		

Description of Duties
- ANLYZED PATIENT CASE DATA TO CALCULATE EXPECTED ROI FROM GRAND ROUNDS EXPERT OPINIONS
- IDENTIFIED PATIENT CASE TRENDS & INSIGHTS AND SHARED ACROSS TEAMS AND CUSTOMERS

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
ACCOLADE			5/14 – 10/16
Business Address	**City**	**State**	**Zip**
660 W. GERMANTOWN PIKE	PLYMOUTH MEETING	PA	
Phone	**Title**		
	HEALTH CARE ANALYST		
Description of Duties			
-CREATED KEY QUARTERLY BUSINESS IMPACT REPORTS -TRACKED KEY KPIS & CREATED METRIC TRACKING DASHBOARDS			

Business Name			From - To (MM/YY – MM/YY)
Summit Surgical Center LLC			10/25 – Current
Business Address	**City**	**State**	**Zip**
3820 S. Hualapai Way Suite 100	LAS VEGAS	NV	89147
Phone	**Title**		
702 960 4150	PARTNER		
Description of Duties			
Shareholder			

Business Name			From - To (MM/YY – MM/YY)
PROSPERITY REALTY GROUP LLC			03/24 – Current
Business Address	**City**	**State**	**Zip**
848 N. RAINBOW BLVD #1328	LAS VEGAS	NV	89107
Phone	**Title**		
	PARTNER		
Description of Duties			
PARTNER/Shareholder			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

REHMA EHSAN
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/9/26
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Rehma Ehsan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/13/26
Date

Subscribed and Sworn to before me this 13th day of April.

Notary Public Signature

KYMBERLY DANIEL
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 26-7471-01
MY APPT. EXPIRES FEBRUARY 24, 2030

(Seal)

4EEEE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacist to Engage in the Practice of Pharmacy at a Site other than a Licensed Pharmacy

Rev (04/18/2023)

This application cannot be returned by fax or email.
We must have an original signature to process.

Section 1: Select the following that applies to you:

- ☐ **I am employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 3, 5, 7)**
- ☐ **I am a pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution (If you marked this answer complete section 1, 2, 3, 5, 7)**
- ☒ **I am NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 4, 5, 6, 7)**

Section 2: General Information

First: Jimmy Middle: Levern Last: Kimber

NV Pharmacist Registration # 24337

Telephone: [redacted] Email: [redacted]

Section 3: Nevada Licensed Pharmacy as defined in NRS 639.017, or Nevada State Government Entity Information:

Pharmacy/State Government Entity Name: _____

NV Pharmacy License # (if Pharmacy) or State Issued License # (if State Government Entity): _____

Address: _____

City: _____ State: _____ Zip: _____

Employer Contact Name: _____

Employer Contact Telephone: _____ Employer Contact email: _____

Section 4: Employer Information

Name or Identity of Employer or Business as registered with the Nevada Secretary of State chapter 76 of NRS:

_____

Address: _____

City: _____ State: _____ Zip: _____

Employer Contact Name: _____

Employer Contact Telephone: _____ Employer Contact email: _____

Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)

Name of Site (if applicable): Premier Workspaces

Address: 5940 S Rainbow Blvd 1261

City: Las Vegas State: NV Zip: 89118

Country/Territory/Province: United States of America

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☒ Business

Days of the week and hours services will be provided at this site? Mon-Fri 9am-5pm, Sat 9am-1pm, Sun-Closed

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

(Use and make copies of this page if necessary)

Section 6: NAC 639.403 A registered pharmacist who is NOT employed by or under contract with a pharmacy and who is NOT an employee of the State Government MUST complete this section.

1. Provide a description of the services that you intend to provide at the site, to include only those services listed in Section 7 (A) of this application.

I plan to operate as an independent clinical provider with the intent to focus purely on:

- Clinical Assessments (1-on-1): Performed via secure, HIPAA-compliant telehealth (e.g., in a private, non-residential consulting suite/workspace).

- Preventative Care: Utilizing the Statewide Protocols for HIV PrEP and PEP (pursuant to NRS 639.28085).

- SUD/OUD Recovery: Assessing and e-prescribing maintenance therapy for Opioid Use Disorder (MAT) pursuant to NRS 639.28079 and other applicable laws.

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

Services will be provided to adult residents of Nevada (aged 18 and older) who require localized, independent clinical pharmacist interventions which inlcudes:

- Individuals Seeking HIV Preventative Care
- Individuals with Opioid Use Disorder (OUD)
- Telehealth and Underserved Populations

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

- Electronic Resources: Secure, cloud-based EHR for charting and e-prescribing; NV PMP portal; clinical decision support databases (Lexicomp/Uptodate/Lancet/Oxford Academy); and secure telehealth communication platforms.
- National Guidelines: Current clinical guidance from the CDC, DHHS/HIV.gov (PrEP/PEP antiretroviral protocols), SAMHSA (MAT/Buprenorphine Quick Start toolkits), and USPSTF screening recommendations.
- Paper Resources: Physical copies of Nevada Statewide Protocols, emergency clinical intake/consent backup templates, and manufacturer-provided patient education printouts.

4. Provide an explanation of the policy for users of the services when you are unavailable.

Scheduled Absences: Patients are notified in advance. Telehealth portals and voicemails will state return dates and non-emergency triage timelines (24 48 hours).

Emergencies: For immediate clinical or psychiatric crises, automated email/text auto-responders and voicemail instructions direct patients to call 911 or go to the nearest emergency department.

Crisis Support: Patients requiring acute substance use or mental health care are directed to 24/7 resources: the 988 Suicide & Crisis Lifeline or the SAMHSA Helpline (1-800-662-4357).

5. Provide an explanation of the policy regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including without limitation, paper and electronic records.

- Electronic Records: All digital data, including charting, e-prescribing, and telehealth communications, is maintained within a secure, Board approved EHR platform featuring end-to-end encryption, multi-factor authentication (MFA), and role-based access controls. System access is strictly restricted to authorized clinical personnel to ensure full compliance with HIPAA Security Rules.

- Paper Records: Any physical documents, including clinical intake backup forms, consent templates, or printed protocols, are stored in a locked filing cabinet within a secure, restricted-access commercial business suite.

6. Provide a description of the business plan for the services provided.

Service Model: Independent clinical pharmacist consultancy offering 1-on-1, point-of-care screening (HIV PrEP/PEP statewide protocols) and Medication-Assisted Treatment (MAT) maintenance for opioid use disorder.

Operations: Services are delivered via a secure, HIPAA-compliant telehealth platform, supplemented by a private, non-residential commercial office suite for administrative infrastructure.

Revenue Strategy: Direct-to-patient service fees and insurance reimbursement utilizing standardized medical billing codes for clinical consultations. Marketing will target local healthcare networks, community organizations, and digital outreach to underserved Nevada populations.

Section 7: Laws pertaining to engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy. Please read Section 7 in its entirety. By signing this application, you attest you have read and understood the components in this section.

A. NAC 639 - For all registered pharmacists engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy

1. While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy, a registered pharmacist may perform only:
    a. The functions described in paragraphs (b), (c), (d) and (g) to (j), inclusive, of subsection 1 or NRS 639.0124, except for dispensing or administering drugs;
    b. The functions described in section 4 of LCB File No. R036.21, except for dispensing a self-administered hormonal contraceptive; and
    c. The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.
2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall:
    a. Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225 on this application; (NAC 639.225 states that a Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board.)
    b. Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and
    c. Comply with all applicable federal and state laws and regulations, including, without limitation:
        i. The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and
        ii. Requirements relating to the maintenance or records.
3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not maintain an inventory of drugs at that location.
4. A registered pharmacist shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy if he or she:
    a. Serves as a managing pharmacist; or
    b. Provides pharmaceutical services at:
        i. A facility for modified medical detoxification, as defined in NRS 449.00385;
        ii. An independent center for emergency medical care, as defined in NRS 449.013;
        iii. A facility for intermediate care, as defined in NRS 449.0038;
        iv. A facility for skilled nursing, as defined in NRS 449.0039; or
        v. A surgical center for ambulatory patients, as defined in NRS 449.019.

B. NAC 639 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.

For a registered pharmacist who is employed by or under contract with a pharmacy or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

a. A legible copy of the prescription that is available as an electronic copy or a scanned image in the computerized system of the pharmacy or by facsimile machine; and
b. Any information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

C. NAC 639.403 - For a registered pharmacist who is NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.

For a registered pharmacist who is NOT employed by or under contract with a pharmacy or who is an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy. To request such approval, the registered pharmacist must submit this application. The application must be approved before a registered pharmacist may commence any practice.

D. NAC 639.4916 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution.

1. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide the remote chart order processing services to the hospital or correctional institution that the pharmacy is required by NAC 639.4915 to provide must:
    a. Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the registered pharmacist must comply, including, without limitation, the provisions of pharmaceutical services, security, and confidentiality of patient records; and
    b. Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a registered pharmacist employe by the pharmacy located within the hospital or correctional institution, including, without limitation:
        i. The height, weight and age of the patient and any allergies that the patient may have;
        ii. The medical records regarding any medications prescribed to the patient;
        iii. The results of any relevant laboratory tests;
        iv. The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;
        v. Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;
        vi. A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and
        vii. Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.
2. Before a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution, the registered pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The registered pharmacist must, before approving a chart order to be filled, evaluate:
    a. The overutilization or underutilization of a medication;
    b. Therapeutic duplication;
    c. The appropriateness of the prescribed dosage and route of administration;
    d. The appropriateness of the directions for use of the medication;
    e. The appropriateness of the duration of the treatment with the prescribed medication;
    f. Any contraindication of the medication and a particular disease, ailment or allergy of the patient;
    g. Any contraindication or interactions between multiple medications prescribed for the patient; and
    h. The potential abuse or misuse of a medication.
3. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution shall comply with the requirements of Section 7 (A) to the same extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions in Section 7 (B) and Section 7 (C).
4. In an emergency, a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may render remote chart order processing services without being provided with all the information required by paragraph (b) of subsection 1 of Section 7 (D) if the registered pharmacist believes, in his or her professional judgement, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.
5. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may refuse to approve the filling of a chart order if, in the judgement of the registered pharmacist, the chart order is not safe or reasonable for the patient. A registered pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.
6. Each time that a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution

provides remote chart order processing services pursuant to this section, the registered pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

a. The name or identifier of the registered pharmacist;
b. The date and time that the registered pharmacist provided the services and, if applicable, approved the filling of a chart order; and
c. The specific services provided by the registered pharmacist.

7. The managing pharmacist of a pharmacy located within a hospital or a correctional institution may limit the remote chart order processing services provided pursuant to this section (Section 7 (D)).

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Jimmy Kimber

Print Name

Original Signature, no copies or stamps accepted

5/22/26

Date

Board Use Only	Date Received: 5/26/26 For applicants who marked box 1 or 2 in Section 1: Executive staff to review, scanned into applicant file. For applicants who marked box 3 in Section 1: Executive staff to review, place on consent agenda.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacist to Engage in the Practice of Pharmacy at a Site other than a Licensed Pharmacy

Rev (04/18/2023)

This application cannot be returned by fax or email.
We must have an original signature to process.

Section 1: Select the following that applies to you.

- ☐ I am employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 3, 5, 7)
- ☐ I am a pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution (If you marked this answer complete section 1, 2, 3, 5, 7)
- ☒ I am NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 4, 5, 6, 7)

Section 2: General Information

First: Krystal Middle: KC Last: Riccio

NV Pharmacist Registration # 17625

Telephone: [redacted] Email: [redacted]

Section 3: Nevada Licensed Pharmacy as defined in NRS 639.012, or Nevada State Government Entity Information

Pharmacy/State Government Entity Name:

NV Pharmacy License # (if Pharmacy) or State Issued License # (if State Government Entity):

Address:

City: State: Zip:

Employer Contact Name:

Employer Contact Telephone: Employer Contact email:

Section 4: Employer Information

Name or Identity of Employer or Business as registered with the Nevada Secretary of State chapter 76 of NRS:

R&R Care LLC

Address: 8275 S. Eastern Ave., Suite 200

City: Las Vegas State: NV Zip: 89123

Employer Contact Name: Krystal Riccio

Employer Contact Telephone: 702-768-6951 Employer Contact email: krystalriccio@gmail.com

Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)

Name of Site (if applicable): BHG Recovery

Address: 3050 E. Desert Inn, suite 116

City: Las Vegas State: NV Zip: 89121

Country/Territory/Province: US

Is this a medical, residential, or business site? ☒ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? Tuesday & Thursday: 8am-12:30pm

Name of Site (if applicable): R&R Care LLC

Address: 8275 S. Eastern Ave., Suite 200

City: Las Vegas State: NV Zip: 89123

Country/Territory/Province: US

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☒ Business

Days of the week and hours services will be provided at this site? Anticipated hours: Sat 8-11a Variable, onsite per scheduled appoints: M,W,F 6-8a, 4-6p

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

(Use and make copies of this page if necessary)

Section 6: NAC 639.403 A registered pharmacist who is NOT employed by or under contract with a pharmacy and who is NOT an employee of the State Government MUST complete this section.
1. Provide a description of the services that you intend to provide at the site, to include only those services listed in Section 7 (A) of this application. Already approved for practicing at first location listed (BHG) for implementation and modification of drug therapy, administering drugs and ordering and performing tests in accordance with a collaborative practice agreement. R&R Care: Assessing a patient and prescribing a drug for medication-assisted treatment in accordance with NRS 639.28079. Implementation and modification of drug therapy, administering drugs and ordering and performing tests in accordance with a collaborative practice agreement. Prescribing, dispensing and administering of drugs for preventing the acquisition of human immunodeficiency virus and ordering and conducting laboratory tests necessary for therapy that uses such drugs pursuant to the protocol prescribed pursuant to NRS 639.28085. Self-administered hormonal contraceptive pursuant to NRS 639.28078
2. Provide the identification of the types of patients or other persons to whom you intend to provide services. Patients will be individuals in NV age 16 and older upon proper consent and establishment of a valid patient-pharmacist relationship.
3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services. Electronic access: Clinical guidelines, Government websites (CDC, SAMHSA, NVBOP, Pubmed, etc.), professional organization websites (ASAM, ADA, AHA, etc.), Drug databases and calculations (lexidrug, mdcalc, epocrates, etc.), drug manufacturer websites.
4. Provide an explanation of the policy for users of the services when you are unavailable. Alternate pharmacy services provider available to cover additional hours of operation and backup for my hours. Voicemail followup within 3 business days or sooner for more urgent needs. Emergencies will be directed to 911 or nearest emergency departments.
5. Provide an explanation of the policy regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including without limitation, paper and electronic records. All patient data and records will be created, maintained, and stored electronically. A HIPAA-compliant, cloud-based Electronic Medical Record (EMR) system with role-based access controls will be utilized to maintain records and facilitate communication with patients. All uses and disclosures of protected health information will comply with HIPAA and 42 CFR Part 2 confidentiality and privacy requirements. Any disclosure of records beyond those permitted for Treatment, Payment, and Health Care Operations (TPO) will require a valid patient authorization or other legally permitted disclosure under applicable federal and state law. All authorizations and disclosures will be documented and logged within the EMR system.
6. Provide a description of the business plan for the services provided. Professional pharmacist services will be rendered to individual patients upon establishing a patient-provider relationship and will either be billed to patients directly at a cash pay fee for service rate or may be billed to a patient's medical benefit plan.

Section 7: Laws pertaining to engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy. Please read Section 7 in its entirety. By signing this application, you attest you have read and understood the components in this section.

A. NAC 639 - For all registered pharmacists engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy

1. While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy, a registered pharmacist may perform only:
    a. The functions described in paragraphs (b), (c), (d) and (g) to (j), inclusive, of subsection 1 or NRS 639.0124, except for dispensing or administering drugs;
    b. The functions described in section 4 of LCB File No. R036.21, except for dispensing a self-administered hormonal contraceptive; and
    c. The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.
2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall:
    a. Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225 on this application; (NAC 639.225 states that a Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board.)
    b. Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and
    c. Comply with all applicable federal and state laws and regulations, including, without limitation:
        i. The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and
        ii. Requirements relating to the maintenance or records.
3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not maintain an inventory of drugs at that location.
4. A registered pharmacist shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy if he or she:
    a. Serves as a managing pharmacist; or
    b. Provides pharmaceutical services at:
        i. A facility for modified medical detoxification, as defined in NRS 449.00385;
        ii. An independent center for emergency medical care, as defined in NRS 449.013;
        iii. A facility for intermediate care, as defined in NRS 449.0038;
        iv. A facility for skilled nursing, as defined in NRS 449.0039; or
        v. A surgical center for ambulatory patients, as defined in NRS 449.019.

B. NAC 639 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.

For a registered pharmacist who is employed by or under contract with a pharmacy or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

a. A legible copy of the prescription that is available as an electronic copy or a scanned image in the computerized system of the pharmacy or by facsimile machine; and
b. Any information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

C. NAC 639.403 - For a registered pharmacist who is NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.

For a registered pharmacist who is NOT employed by or under contract with a pharmacy or who is an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy. To request such approval, the registered pharmacist must submit this application. The application must be approved before a registered pharmacist may commence any practice.

D. NAC 639.4916 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution.

1. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide the remote chart order processing services to the hospital or correctional institution that the pharmacy is required by NAC 639.4915 to provide must:
    a. Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the registered pharmacist must comply, including, without limitation, the provisions of pharmaceutical services, security, and confidentiality of patient records; and
    b. Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a registered pharmacist employe by the pharmacy located within the hospital or correctional institution, including, without limitation:
        i. The height, weight and age of the patient and any allergies that the patient may have;
        ii. The medical records regarding any medications prescribed to the patient;
        iii. The results of any relevant laboratory tests;
        iv. The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;
        v. Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;
        vi. A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and
        vii. Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.
2. Before a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution, the registered pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The registered pharmacist must, before approving a chart order to be filled, evaluate:
    a. The overutilization or underutilization of a medication;
    b. Therapeutic duplication;
    c. The appropriateness of the prescribed dosage and route of administration;
    d. The appropriateness of the directions for use of the medication;
    e. The appropriateness of the duration of the treatment with the prescribed medication;
    f. Any contraindication of the medication and a particular disease, ailment or allergy of the patient;
    g. Any contraindication or interactions between multiple medications prescribed for the patient; and
    h. The potential abuse or misuse of a medication.
3. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution shall comply with the requirements of Section 7 (A) to the same extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions in Section 7 (B) and Section 7 (C).
4. In an emergency, a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may render remote chart order processing services without being provided with all the information required by paragraph (b) of subsection 1 of Section 7 (D) if the registered pharmacist believes, in his or her professional judgement, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.
5. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may refuse to approve the filling of a chart order if, in the judgement of the registered pharmacist, the chart order is not safe or reasonable for the patient. A registered pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.
6. Each time that a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution

provides remote chart order processing services pursuant to this section, the registered pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

a. The name or identifier of the registered pharmacist;
b. The date and time that the registered pharmacist provided the services and, if applicable, approved the filling of a chart order; and
c. The specific services provided by the registered pharmacist.

7. The managing pharmacist of a pharmacy located within a hospital or a correctional institution may limit the remote chart order processing services provided pursuant to this section (Section 7 (D)).

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Krystal KC Riccio

Print Name

Original Signature, no copies or stamps accepted

5/27/2026

Date

Board Use Only	Date Received: 6/1/26 For applicants who marked box 1 or 2 in Section 1: Executive staff to review, scanned into applicant file. For applicants who marked box 3 in Section 1: Executive staff to review, place on consent agenda.

4GGGG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacist to Engage in the Practice of Pharmacy at a Site other than a Licensed Pharmacy

Rev (04/18/2023)

This application cannot be returned by fax or email.
We must have an original signature to process.

Section 1: Select the following that applies to you.

- ☐ I am employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 3, 5, 7)
- ☐ I am a pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution (If you marked this answer complete section 1, 2, 3, 5, 7)
- ☒ I am NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 4, 5, 6, 7)

Section 2: General Information

First: Zachary Middle: Robert Last: Rosko

NV Pharmacist Registration # 23317

Telephone [redacted] Email: [redacted]

Section 3: Nevada Licensed Pharmacy as defined in NRS 639.012, or Nevada State Government Entity Information:

Pharmacy/State Government Entity Name: N/A

NV Pharmacy License # (if Pharmacy) or State Issued License # (if State Government Entity):

Address:

City: State: Zip:

Employer Contact Name:

Employer Contact Telephone: Employer Contact email:

Section 4: Employer Information

Name or Identity of Employer or Business as registered with the Nevada Secretary of State chapter 76 of NRS:

R&R Care LLC

Address: 8275 S. Eastern Ave., Suite 200

City: Las Vegas State: NV Zip: 89123

Employer Contact Name: Krystal Riccio

Employer Contact Telephone: 702-768-6951 Employer Contact email: krystalriccio@gmail.com

Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)

Name of Site (if applicable): R&R Care LLC

Address: 8275 S Eastern Ave., Suite 200

City: Las Vegas State: NV Zip: 89123

Country/Territory/Province: US

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☑ Business

Days of the week and hours services will be provided at this site? Variable; On site per appointment booking only. Generally, M-F 6-8 AM; 11 - 1 PM; 4-6 PM; Saturday 8-11 AM

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

(Use and make copies of this page if necessary)

Section 6: NAC 639.403 A registered pharmacist who is NOT employed by or under contract with a pharmacy and who is NOT an employee of the State Government MUST complete this section:

1. Provide a description of the services that you intend to provide at the site, to include only those services listed in Section 7 (A) of this application.

MOUD, HIV Prevention, Contraception, MTM and CPA services excluding drug administration or dispensing.

-Advising of the therapeutic value, reaction, drug interaction, hazard and use of a drug.
-Medication-assisted treatment of opioid use disorder (NRS 639.28079)
-Prescribing of drugs for preventing the acquisition of HIV and ordering and conducting laboratory tests necessary for therapy that uses such drugs pursuant to the protocol prescribed pursuant to NRS 639.28085.
-Implementation and modification of drug therapy and ordering and performing tests in accordance with a collaborative practice agreement.
-Self-administered hormonal contraceptive pursuant to NRS 639.28078

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

Patients will be individuals in NV age 16 and older upon proper consent and establishment of a valid patient-pharmacist relationship.

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

Electronic Access:
-Drug Databases such as epocrates
-Clinical Guidelines
-Evidence Based Clinical Reference such as Up To Date or Dynamed
-BoP Statutes and Regulations

4. Provide an explanation of the policy for users of the services when you are unavailable.

-A partner pharmacist in the practice will generally be available for patient needs in my personal absence or time off, or to their PCP. Patients will be instructed to contact 911 or present to the nearest ER for medical emergencies.

5. Provide an explanation of the policy regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including without limitation, paper and electronic records.

All patient data and records will be created, maintained, and stored electronically. A HIPAA-compliant, cloud-based Electronic Medical Record (EMR) system with role-based access controls will be utilized to maintain records and facilitate communication with patients. All uses and disclosures of protected health information will comply with HIPAA and 42 CFR Part 2 confidentiality and privacy requirements. Any disclosure of records beyond those permitted for Treatment, Payment, and Health Care Operations (TPO) will require a valid patient authorization or other legally permitted disclosure under applicable federal and state law. All authorizations and disclosures will be documented and logged within the EMR system.

6. Provide a description of the business plan for the services provided.

Professional pharmacist services will be rendered to individual patients upon establishing a patient-provider relationship and will either be billed to patients directly at a cash pay fee for service rate or may be billed to a patient's medical benefit plan.

Section 7: Laws pertaining to engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy. Please read Section 7 in its entirety. By signing this application, you attest you have read and understood the components in this section.

A. NAC 639 - For all registered pharmacists engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy.

1. While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy, a registered pharmacist may perform only:
    a. The functions described in paragraphs (b), (c), (d) and (g) to (j), inclusive, of subsection 1 or NRS 639.0124, except for dispensing or administering drugs;
    b. The functions described in section 4 of LCB File No. R036.21, except for dispensing a self-administered hormonal contraceptive; and
    c. The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.
2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall:
    a. Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225 on this application; (NAC 639.225 states that a Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board.)
    b. Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and
    c. Comply with all applicable federal and state laws and regulations, including, without limitation:
        i. The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and
        ii. Requirements relating to the maintenance or records.
3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not maintain an inventory of drugs at that location.
4. A registered pharmacist shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy if he or she:
    a. Serves as a managing pharmacist; or
    b. Provides pharmaceutical services at:
        i. A facility for modified medical detoxification, as defined in NRS 449.00385;
        ii. An independent center for emergency medical care, as defined in NRS 449.013;
        iii. A facility for intermediate care, as defined in NRS 449.0038;
        iv. A facility for skilled nursing, as defined in NRS 449.0039; or
        v. A surgical center for ambulatory patients, as defined in NRS 449.019.

B. NAC 639 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.

For a registered pharmacist who is employed by or under contract with a pharmacy or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

a. A legible copy of the prescription that is available as an electronic copy or a scanned image in the computerized system of the pharmacy or by facsimile machine; and
b. Any information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

C. NAC 639.403 - For a registered pharmacist who is NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.

For a registered pharmacist who is NOT employed by or under contract with a pharmacy or who is an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy. To request such approval, the registered pharmacist must submit this application. The application must be approved before a registered pharmacist may commence any practice.

D. NAC 639.4916 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution.

1. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide the remote chart order processing services to the hospital or correctional institution that the pharmacy is required by NAC 639.4915 to provide must:
    a. Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the registered pharmacist must comply, including, without limitation, the provisions of pharmaceutical services, security, and confidentiality of patient records; and
    b. Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a registered pharmacist employe by the pharmacy located within the hospital or correctional institution, including, without limitation:
        i. The height, weight and age of the patient and any allergies that the patient may have;
        ii. The medical records regarding any medications prescribed to the patient;
        iii. The results of any relevant laboratory tests;
        iv. The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;
        v. Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;
        vi. A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and
        vii. Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.
2. Before a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution, the registered pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The registered pharmacist must, before approving a chart order to be filled, evaluate:
    a. The overutilization or underutilization of a medication;
    b. Therapeutic duplication;
    c. The appropriateness of the prescribed dosage and route of administration;
    d. The appropriateness of the directions for use of the medication;
    e. The appropriateness of the duration of the treatment with the prescribed medication;
    f. Any contraindication of the medication and a particular disease, ailment or allergy of the patient;
    g. Any contraindication or interactions between multiple medications prescribed for the patient; and
    h. The potential abuse or misuse of a medication.
3. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution shall comply with the requirements of Section 7 (A) to the same extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions in Section 7 (B) and Section 7 (C).
4. In an emergency, a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may render remote chart order processing services without being provided with all the information required by paragraph (b) of subsection 1 of Section 7 (D) if the registered pharmacist believes, in his or her professional judgement, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.
5. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may refuse to approve the filling of a chart order if, in the judgement of the registered pharmacist, the chart order is not safe or reasonable for the patient. A registered pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.
6. Each time that a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution

provides remote chart order processing services pursuant to this section, the registered pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

a. The name or identifier of the registered pharmacist;
b. The date and time that the registered pharmacist provided the services and, if applicable, approved the filling of a chart order; and
c. The specific services provided by the registered pharmacist.

7. The managing pharmacist of a pharmacy located within a hospital or a correctional institution may limit the remote chart order processing services provided pursuant to this section (Section 7 (D)).

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Zachary Robert Rosko

Print Name

Original Signature, no copies or stamps accepted

05/27/2026

Date

Board Use Only	Date Received: _____ For applicants who marked box 1 or 2 in Section 1: Executive staff to review, scanned into applicant file. For applicants who marked box 3 in Section 1: Executive staff to review, place on consent agenda.

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ANNUAL DISCIPLINE CASES Reporting Period: January 2026 – June 2026			
FINDING	**HARM**	**DISCIPLINE INDIVIDUAL**	**DISCIPLINE FACILITY**
CVS is responsible for the acts of its employees who made an error in a prescription that results in negative outcome to the patient.	Yes	N/A	Respondent fined $10,000 for the violations; and assessed $1,000 in attorney's fees and costs.
Respondent KA made an error in a prescription that resulted in negative outcome to the patient.	Yes	Respondent's Certificate of Registration No. 19679 is suspended for a period of one year. The suspension is stayed, and Respondent is placed on probation subject to the following conditions: 1) Respondent fined $2,000 for the violations; 2) Respondent assessed $500 in attorney's fees and costs; and 3) Respondent shall comply with all federal and state statutes and regulations regarding the practice of pharmacy, and have no additional charges filed against him.	N/A
Respondent RA allowed non-practitioners to independently access, possess, furnish, and administer dangerous drugs without direct practitioner supervision.	No	Respondent's Certificate of Registration No. CS30228 is suspended for a period of one year. The suspension is stayed, and Respondent is placed on probation subject to the following conditions: 1) Respondent shall accept the Stipulation and Order is a public reprimand; 2) Respondent fined $5,000 for the violations; 3) Respondent assessed $1,000 in attorney's fees and costs; 4) Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against her while on probation.	N/A

Respondent CL prescribed dangerous drugs to patients with whom Respondent had not established a bona fide therapeutic relationship and failed to timely report disciplinary action.	No	Respondent's Certificate of Registration No. CS31815 is suspended for a period of one year. The suspension is stayed and Respondent is placed on probation subject to the following conditions: 1) Respondent shall accept the Stipulation and Order as a public reprimand; 2) Respondent fined $5,000 for the violations; 3) Respondent assessed $1,000 in attorney's fees and costs; 4) Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.	N/A
Respondent GO dispensed controlled substances without a valid dispensing practitioner registration and failed to review PMP.	No	Respondent's Certificate of Registration No. CS35044 is suspended for a period of one year. The suspension is stayed and Respondent is placed on probation subject to the following conditions: 1) Respondent shall accept the Stipulation and Order as a public reprimand; 2) Respondent fined $5,000 for the violations; 3) Respondent assessed $1,000 in attorney's fees and costs; 4) Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.	N/A
As pharmacy/pharmacy owner, Costco Pharmacy is responsible for the acts of its employees who made an error in a prescription.	Yes	N/A	Respondent fined $2,000 for the violations; and assessed $1,000 in attorney's fees and costs.
Respondent CV made an error in a prescription.	No	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A

Respondent DY allowed a non-practitioner to independently access, possess, furnish, and administer dangerous drugs without direct practitioner supervision.	No	Respondent's Certificate of Registration No. CS06454 is placed on probation for one year subject to the following conditions: 1) Respondent shall accept the Stipulation and Order is a public reprimand; 2) Respondent fined $5,000 for the violations; 3) Respondent assessed $1,000 in attorney's fees and costs; 4) Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.	N/A
The Nevada BOP took reciprocal disciplinary action on AW's Certificate of Registration No. 22724 based upon disciplinary action by the Arizona Board of Pharmacy for diversion.	No	Respondent's Certificate of Registration No. 22724 is placed on probation until October 29, 2029, and Respondent shall fully comply with the Arizona BOP Consent Order in Case No. 24-0394. Respondent fined $1,000 for the violations.	N/A
As pharmacy/pharmacy owner, SP is responsible for the acts of its employees who mailed dangerous drugs in California, Louisiana, Ohio, Texas, and Wisconsin when they did not hold a pharmacy, wholesaler, or mail pharmacy license in those states.	No	N/A	Respondent accepts the Stipulation as a public reprimand. Respondent has forfeited License No. PH03880 when they failed to renew their license on November 1, 2020. Respondent fined $5,000 for the violations and assessed $1,000 in attorney's fees and costs.
As managing pharmacist during the time of the events, Respondent TA was aware and is responsible for the acts of its employees who mailed dangerous drugs in California, Louisiana, Ohio, Texas, and Wisconsin when they did not hold a pharmacy, wholesaler, or mail pharmacy license in those states.	No	Respondent's Certificate of Registration No. 19070 is revoked. The revocation is stayed and Respondent is placed on probation subject to the following conditions: 1) Respondent fined $2,000 for the violations; 2) Respondent assessed $1,000 in attorney's fees and costs; 3) Respondent shall complete two additional hours of continuing education on duties of a managing pharmacist; and 4) As a condition or probation, Respondent shall not engage in any conduct for which disciplinary action may be imposed pursuant to the provisions.	N/A

Respondent RM dispensed dangerous drugs without a dispensing registration; held for sale an adulterated drug; failed to produce complete and accurate records of all dangerous drugs dispensed to patients; failed to store and/or possess dangerous drugs from patients and employees that were not in stock containers properly labeled and procured from a manufacturer, wholesaler or pharmacy; and did not acquire the dangerous drugs from patients and employees pursuant to a prescription written by himself or another practitioner, and/or were not dispensed to Respondent by a pharmacy or dispensing practitioner.	No	Respondent accepts the Stipulation as a public reprimand. Respondent fined $5,000 for the violations and assessed $500 in attorney's fees and costs.	N/A
Respondent EW failed to disclose on his 2022 controlled substance application renewal that he had been subject to disciplinary action before numerous state boards of medicine.	No	Respondent fined $1,000 for the violations.	N/A
As pharmacy/pharmacy owner, WP is responsible for the acts of its employees who made an error in a prescription that resulted in a negative outcome to the patient.	Yes	N/A	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs. Respondent will ensure all pharmacies in Nevada that use automated filling cells required pharmacists to review the SOPs for filling automated cells with medications from stock bottles within 60 days of the effective date of the Order. In addition, Walgreens #8342 will cease using the Yuyama EV-1 automated filling cells as of January 31, 2026.

As managing pharmacist during the time of the events, Respondent DW is responsible for the acts of its employees at Partell Pharmacy who dispensed invalid “Emergency Kits” or “COVID Kits” for which the drugs in each kit were not identified on the prescription, and they would substitute Budesonide in the “COVID Kit” with a Medrol DosePak and Albuterol without the knowledge or consent of the prescribing practitioner.	No	Respondent accepts this Stipulation as a public reprimand; Respondent’s Certificate of Registration No. 13635 has been forfeited since he failed to renew it on November 1, 2025; Respondent shall pay a fine of $5,000 for the violations; and assessed $1,000 in attorney’s fees and costs.	N/A
Respondent SS was arrested for a DUI and was under the influence of alcohol and Diazepam, a controlled substance. He did not have a valid U.S. prescription as he obtained the medication from a prescription issued by a licensed physician in Thailand. Respondent was disciplined by the California BOP where the Nevada BOP took reciprocal action.	No	Respondent accepts the Stipulation as a public reprimand; and assessed $500 in attorney’s fees and costs.	N/A
TU committed numerous violations related to controlled substances.	No	Respondent’s Certificate of Registration No. PD00512 is revoked. Respondent’s Certificate of Registration No. CS1604 is suspended for a period of two years. The suspension is stayed and Respondent is placed on probation subject to the following conditions: a) Respondent fined $5,000 for the violations; b) Respondent assessed $1,000 attorney’s fees and costs; and c) Respondent shall comply with all federal and status statues and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.	N/A

IG failed to timely renew his Certificate of Registration No. CS33713 prior to issuing controlled substance prescriptions and failed to review patient utilization reports in the PMP database prior to issuing controlled substance prescriptions.	No	Respondent subject to the following penalties: Public reprimand. Respondent's Certificate of Registration No. CS33713 is suspended for a period of two years. The suspension is stayed and Respondent is placed on probation subject to the following conditions: a) Respondent accepts the Stipulation and Order as a public reprimand; b) Respondent find $5,000 for the violations; c) Respondent assessed $1,000 in attorney's fees and costs; d) Respondent shall complete training with Board staff on the use of the PMP database within 60 days of the Order; and e) Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed again him while on probation.	N/A
SN failed to disclose prior Iowa Board of Nursing disciplinary action on her 2022 Nevada controlled substance application. She also issued at least 148 prescriptions between April 18, 2024, and June 11, 2024, without a valid Nevada DEA registration and without a registered practice location on file with the Board. In addition, she did not timely report her 2025 disciplinary action from the Nevada Board of Nursing. Finally, she unlawfully accessed the PMP database and disseminated a patient utilization report for J.S., with whom she had no bona fide therapeutic relationship.	No	Respondent 's Certificate of Registrations No. CS34530 and PR16791 are revoked. Respondent fined $5,000 for the violations; and assessed $1,500 in attorney's fees and costs.	N/A
As pharmacy/pharmacy owner, Respondent purchased prescription drugs from pharmacies not licensed for wholesale distribution in Nevada.	No	N/A	Respondent accepts the Stipulation and Order as a public reprimand. Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.

As managing pharmacist at the time of the events of January 2023 and October 2023, NS purchased prescription drugs from pharmacies not licensed for wholesale distribution in Nevada.	No	Respondent accepts the Stipulation and Order as a public reprimand. Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs. Respondent shall complete two additional CE hours on duties of a management pharmacist.	N/A
As managing pharmacist at the time of the events of December 2023 and April 2024, KB purchased prescription drugs from pharmacies not licensed for wholesale distribution in Nevada.	No	Respondent accepts the Stipulation and Order as a public reprimand. Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs. Respondent shall complete two additional CE hours on duties of a management pharmacist.	N/A
JO allowed an employee to perform duties of a dispensing technician in training without the required registration.	No	Respondent's Certificate of Registration No. CS15479 and PD15479 are suspended. The suspension is stayed and placed on probation for a period of one year subject to the following conditions: a) Respondent shall pay a fine of $2,000 for the violations; and b) Respondent shall pay $500 in attorney's fees and costs.	N/A
AP made an error in a prescription while using virtual verification.	No	Respondent fined $500 for the violations; and assessed $500 in attorney's fees and costs.	N/A
TS made an error in a prescription while using virtual verification.	No	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A
As managing pharmacist at the time of the events, GS filled prescriptions that were not valid from October 22, 2025, to November 4, 2025.	No	Respondent accepts the Stipulation and Order as a public reprimand. Respondent fined $2,500 for the violations; and assessed $750 in attorney's fees and costs. Additionally, Respondent agrees to participate in training with Board staff on laws related to controlled substances.	N/A
RC made an error in a prescription that resulted in a negative patient outcome. Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	Yes	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A

As pharmacy/pharmacy owners, CVS is responsible for the acts of its employees who made an error in a prescription that resulted in a negative patient outcome.	Yes	N/A	CVS fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.
As pharmacy/pharmacy owner, CVS is responsible for the acts of its employees who made an error in a prescription while using virtual verification.	No	N/A	CVS fined $5,000 for the violations; and assessed $500 in attorney's fees and costs. In addition, CVS corporate management shall provide the Board's staff with copies of written policies, procedures, training manuals or other materials, if any, that specifically confirm or corroborate its contention that all CVS pharmacists in Nevada have the discretion to perform visual inspections by physical or manual manipulation of prescription drug products before dispensing them to patients. If no such policies, procedures, training manuals or other materials exist, CVS shall provide a written statement to that effect. Additionally, CVS corporate management shall provide a written statement or summary of its plan, if any, to provide ongoing periodic reminders to or conduct training with its pharmacists concerning their discretion to perform visual inspections by physical or manual manipulation of prescription drug products before dispensing them to patients. If no such plan exists, CVS shall provide a written statement to that effect.
As pharmacy/pharmacy owner, RP is responsible for the acts of its employees who made an error in a prescription that resulted in a negative outcome to the patient.	Yes	N/A	RP fined $10,000 for the violations; and assessed $1,000 in attorney's fees and costs.

OS made an error in a prescription that resulted in a negative outcome to the patient.	Yes	OS fined $2,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A
MF was disciplined by the Pennsylvania Board of Pharmacy for submitting altered endotoxin and sterility test certificates for equine glucosamine injections and for misrepresenting acceptable levels to FDA inspectors. The Nevada Board of Pharmacy imposed reciprocal discipline.	No	MF's Certificate of Registration No. 22316 is placed on probation for a period of one year; and assessed $1,000 in attorney's fees and costs.	N/A
As pharmacy/pharmacy owner, CVS #8792 is responsible for the acts of its employees who made an error in a prescription.	No	N/A	CVS fined $2,000 for the violations; and assessed $1,000 in attorney's fees and costs.
As the supervising pharmacist, JL is responsible for the acts of an intern pharmacist who made an error in a prescription.	No	JL fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A
FE was convicted of a federal offense involving the unlawful conversion of Medicare funds for personal use.	No	FE's Certificate of Registration No. CS23430 is suspended through October 31, 2026.	N/A
GZ provided false information on her Pharmaceutical Technician-in-Training application by claiming she had obtained a high school diploma or GED, despite never having completed or received either credential.	No	GZ's Certificate of Registration No. PT28532 is cancelled; and assessed $586.34 in attorney's fees and costs.	N/A
As pharmacy/pharmacy owner, CVS #9586 is responsible for the act of a pharmacist who made an error in a prescription.	No	N/A	CVS fined $5,000 for the violations; and assessed $500 in attorney's fees and costs.
MP made an error in a prescription.	No	Respondent fined $1,000 for the violations and assessed $500 in attorney's fees and costs.	N/A

During Respondent ML's tenure as Premier Beauty's medical director, he rarely visited the spa while dangerous drugs were stored, ordered, and administered. Employees injected prescription medications without the medical director present, without a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug was medically necessary. Additionally, the spa also obtained drugs from an unlicensed Florida wholesaler and kept multiple injectable products intended for foreign markets and not approved for distribution or use in the United States.	No	ML accepts Stipulation as a public reprimand; fined $5,000 for the violations; assessed $1,000 in attorney's fees and costs; and cannot service as a medical director of any practice site in the State of Nevada where injectable dangerous drugs and controlled substances in possession of individuals who do not hold a license to possess them in Nevada for a period of years from the effective date of the Order.	N/A
PR did not check the PMP database for a patient's controlled-substance history or review the patient's utilization report before issuing a prescription. He also failed to review his own prescriber activity in the PMP system for the period between August 21, 2023, and August 12, 2025.	No	PR fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs. Additionally, Respondent must participate in PMP training within 60 days of the effective date of the Order.	N/A
LO was medical director of Skin Lab from April 23, 2023, to February 18, 2024, again from December 18, 2024, to May 31, 2025, and from June 1, 2025, to the present. During this time, Respondent allowed all employees unrestricted access to the facility's dangerous drug inventory and failed to maintain the security of the dangerous drugs within her possession.	No	LO fined $5,000 for the violations; assessed $500 in attorney's fees and costs. Additionally, Respondent cannot serve as medical director of any practice site in the State of Nevada where injectable dangerous drugs and controlled substances are in the possession of individuals who do not hold a license to possess them in Nevada for a period of five years from the effective date of the Order.	N/A
PA failed to document whether counseling was offered or provided for a dispensed prescription as required by state regulation.	No	PA fined $750; assessed $500 in attorney's fees and costs; and required to complete two continuing-education courses on pharmacy record-keeping.	N/A

AH, a licensed medical products provider, received a CPAP prescription for a patient in June 2024 but did not deliver the device until July 2025, despite billing the patient's insurer for its use from August to October 2024 and for additional supplies in 2025. The delay stemmed from an error in Respondent's system. AH's actions fell below Nevada's professional and billing standards, and AH also failed to document patient communications, respond timely to Board inquiries, and maintain required records.	No	N/A	AH fined $3,000 for the violations; and assessed $1,000 in attorney's fees and costs.
The pharmacy owner, NN, caused the assets of LP to be sold to RM on September 26, 2024, without providing the required advance notice to the Board or filing a change-of-ownership application, as mandated by Nevada Law. As a result, RM operated the pharmacy without a valid license, continuing to handle and dispense dangerous drugs and controlled substances unlawfully. LP is responsible for the acts of its employees who enabled unlicensed pharmacy operations.	No	N/A	LP's License No. PH04561 shall remain inactive.
The pharmacy owner, NN, sold its assets to MM on September 19, 2025, without providing the required advance notice to the Board or filing a change-of-ownership application, as mandated by Nevada Law. Also, a pharmacist processed at least ten prescriptions lacking information required under Nevada law. TP is responsible for the acts of its employees who enabled unlicensed pharmacy operations and processed ten prescriptions without the required information required by Nevada Law.	No	N/A	TP's License No. PH04648 shall remain inactive.

As pharmacy owner, NN sold the pharmacy assets for LP to RM on September 26, 2024, and the pharmacy assets for TP to MM on September 19, 2025, without providing the required advance notice to the Board or filing a change-of-ownership application, as mandated by Nevada Law.	No	NN's Certificate of Registration No. 20601 is suspended; however, the suspension is stayed. Respondent NN is placed on probation for a period of two years from the effective date of the Order subject to the following conditions: 1) pay a fine of $5,000 for the violations; 2) pay $2,000 in attorney's fees and costs; and 3) as a condition of probation, NN shall not engage in any conduct for which disciplinary action may be imposed. Additionally, NN may not own a pharmacy in Nevada for a period of three years from the effective date of the Order. NN shall seek Board approval for any ownership of a pharmacy after the prohibition of ownership has ended.	N/A
RG was disciplined by the Nevada Board of Pharmacy on October 11, 2023, and placed on five years of probation with a requirement to complete substance-abuse counseling and provide proof of progress. He failed to renew his certificate of registration on November 1, 2024, and thereafter failed to provide proof of continuing participation in substance-abuse counseling.	No	As a result, Certificate of Registration No. CS27126 is revoked retroactively to October 31, 2024, and RG may not petition for reinstatement until April 15, 2027.	N/A
SA was the medical director of Youth, Inc. During this period, the owner and/or employees stored and possessed prescription drugs and administered injectable prescription drugs at times when no practitioner was on-site. Respondent accepts this Stipulation as a public reprimand for having assisted or permitted the unauthorized storage, possession and administration of drugs.	No	SA fined $5,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A

Respondent JE verified prescriptions that did not comply with Nevada law, thus causing his employer, Meta Pharmacy, to dispense dangerous drugs and controlled substances to Meta's customers without proper medical authorization.	No	Respondent's Certificate of Registration No. 20782 is revoked; however, the revocation is stayed, and Respondent is placed on probation for a period of two years beginning June 3, 2026. Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs. In addition, Respondent must complete four continuing education credit hours on the topic of ethics in the practice of pharmacy and must refrain from any conduct that could subject him to further disciplinary action.	N/A
Respondent TH permitted non-practitioner owners, managers, and/or employees to engage in unregistered prescribing, failed to establish and maintain effective controls against diversion of controlled substances, and failed to query the PMP database as required by Nevada Law. Respondent was noticed to appear at the Board's meeting on June 3, 2026, but she failed to appear and a default hearing was held.	No	Respondent's Certificate of Registration No. CS25791 is revoked, and Respondent cannot petition for reinstatement for a period of one year. Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.	N/A
As pharmacy/pharmacy owner, RP is responsible for the acts of its employees who failed to document whether counseling was offered or provided for a dispensed prescription as required by state regulation.	No	N/A	Respondent fined $750; assessed $500 in attorney's fees and costs. Respondent has cooperated, and it agrees to cooperate with the Board's inspectors in terms of explaining and/or demonstrating how its systems for documenting patient counseling operates and to make reasonable changes or modifications to that system, as appropriate, to address any compliance concerns that the Board may have.
As pharmacy/pharmacy owner, PP is responsible for the acts of its employees who failed to correct a data entry error related to a prescription for a maintenance medication needed by a patient of the	Yes	N/A	Respondent fined $1,500 for the violations; and assessed $1,732 in attorney's fees and costs.

MorningStar assisted living facility. The failure to correct the error caused a lengthy interruption to the patient's medication therapy and resulted in a negative medical outcome to the patient.			
In Case No. 24-370-RPH-N, Respondent CK failed to correct a data entry error related to a prescription for a maintenance medication needed by a patient of the MorningStar assisted living facility. The failure to correct the error caused a lengthy interruption to the patient's medication therapy and resulted in a negative medical outcome to the patient. Additionally, in Case No. 26-084-RPH-N, Respondent CK was found to be intoxicated while on duty. The allegations in both cases were consolidated and settled by way of a stipulation.	No	Per the stipulation, Respondent's Certificate of Registration No. 19388 is revoked. The revocation is stayed and Respondent is placed on probation until June 30, 2028 subject to the following conditions: 1) Respondent shall participate in a professional monitoring program as recommended by her practitioner and for quarterly reports to be sent to Board staff; 2) If requested by the Board, Respondent will appear before the Board prior to her 2027 certificate-of-registration renewal to answer questions regarding her progress and participation in the professional monitoring program; 3) Respondent shall pay a fine of $1,000 for the violation alleged in Case No. 24-370-RPH-N; and assessed a total of $1,500 in attorney's fees and costs for the violations alleged in Case Nos. 24-370-RPH-N and 26-084-RPH-N.	N/A
As pharmacy/pharmacy owner, WP is responsible for the acts of its employees who made an error in a prescription.	No	N/A	Respondent fined $2,000 for the violations; and assessed $1,000 in attorney's fees and costs.
Respondent MM made an error in a prescription.	No	Respondent's Certificate of Registration No. 23854 is suspended. The suspension is stayed and is placed on a probation for a period of two years from the effective date of the Order. Respondent fined $2,000 for the violations; and assessed $1,000 in attorney's fees and costs. Respondent shall not engage in any conduct for which disciplinary action may be imposed.	N/A
PPLP engaged in unlawful wholesale distribution of prescription drugs in Nevada.	No	N/A	Respondent appealed the Citation and Fine at the June 3, 2026, Board Meeting where the Board upheld the $5,000 fine.

Respondent AG failed to query the PMP prior to issuing controlled substance prescription, allowed unauthorized person to his credential to access the PMP Database, and failed to query and review his MyRx prescriber activate in the PMP.	No	Certificate of Registration No. CS09380 is placed on probation for a period of two years subject to the following conditions: 1) Respondent accepts this Stipulation and Order as a public reprimand; 2) Respondent fined $5,000 for the violations; 3) Respondent assessed $1,000 in attorney's fees and costs; and 4) Respondent shall complete PMP training within 60 days from the Order and shall complete follow up training six months after initial training.	N/A
HV engaged in the sale and distribution of opthalmic products that did not follow FDA regulations and were manufactured at a facility not registered by the FDA even after the FDA issued a warning letter.	No	N/A	Respondent fined $2,500; and assessed $1,000 in attorney's fees and costs.
Respondent PS failed to disclose her discipline on her 2023 pharmaceutical technician in training application. A hearing was held on June 3, 2026, but she failed to appear and a default hearing was heard.	No	Respondent's Certificate of Registration No. PT28814 is revoked and may not petition for reinstatement for a period of one year from the effective date of the Order. Respondent shall appear before the and answer questions and give testimony regarding her application and her compliance with her Order. Respondent assessed $1,118.15 in attorney's fees and costs.	N/A
At the time of the events, Respondent JS was the managing pharmacist who made false statement to the Nevada Board of Pharmacy Inspector during an inspection of Modern Rx. A hearing was held on June 3, 2026, but he failed to appear and a default hearing was heard.	No	Respondent's Certificate of Registration No. 18852 is revoked and may not petition for reinstatement for a period of one year from the effective date of the Order. Respondent shall appear before the Board and answer questions and give testimony regarding his application and his compliance with his Order. Respondent assessed $190.95 in attorney's fees and costs.	N/A

Respondent DH failed to disclose criminal history on her 2014 pharmaceutical technician in training application and subsequently on all her biennial renewal applications through 2022. A hearing was held on June 3, 2026, but he failed to appear and a default hearing was heard.	No	Respondent's Certificate of Registration No. PT27744 is revoked and may not petition for reinstatement for a period of one year from the effective date of the Order. Respondent shall appear before the Board and answer questions and give testimony regarding her application and her compliance with ger Order. Respondent assessed $1,261.84 in attorney's fees and costs.	N/A

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

MATTHEW E. APEL, MD,
Certificate of Registration Nos.
CS24505 and PD00589,

and

THOMAS UMBACH, MD,
Certificate of Registration Nos.
CS16064 and PD00512

Respondents.

CASE NOS. 24-044-PD-A-S
24-044-PD-B-S

FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these Respondents because at the time of the events alleged herein, Respondent Matthew E. Apel MD (Apel), held Certificate of Registration Nos. CS24505 and PD00589, Respondent Thomas Umbach, MD (Umbach), held Certificate of Registration Nos. CS16064 and PD00512, all issued by the Board.

FACTUAL ALLEGATIONS

2. On or about December 28, 2023, an inspection of Apel's and Umbach's practice at Blossom Bariatric, located at 7385 S. Pecos Road – Ste 101 in Las Vegas, revealed numerous violations of law related to controlled substances.

3. Apel failed to indicate on the biennial inventory if the count was taken either as of the opening or as of the close of business, in violation of 21 U.S.C. § 842(a)(5), 21 CFR § 1304.11(a), NRS 453.246, NRS 453.326(1)(a) and NAC 453.475.

4. Apel and Umbach failed to make and/or maintain acquisition and distribution records of tramadol, a schedule IV substance, transfers from Umbach to Apel, in violation of 21 U.S.C. § 842(a)(5), 21 CFR § 1304.22(a)(2)(iv) and (vii), NRS 453.246 and NRS 453.326(1)(a).

5. Apel failed to record the address of the patient on tramadol dispensing records, in violation of 21 U.S.C. § 842(a)(5), 21 CFR § 1304.22(c), NRS 453.246, NRS 453.326(1)(a) and NAC 453.410(1)(b)(1).

6. Umbach failed to design and operate a system to disclose suspicious orders of controlled substances, in violation of 21 U.S.C. § 832(a), 21 CFR § 1301.74(b), NRS 453.246 and NRS 453.326(1)(a).

7. Umbach failed to register with the Drug Enforcement Administration as a distributor after distributing more than five percent of the total number of dosage units of all controlled substances distributed and dispensed during the same calendar year, in violation of 21 U.S.C. § 822(a) and 21 CFR § 1307.11(b).

8. On or about January 17, 2024, Apel submitted DEA Form 106 documentation and together with a NRS 453.568 Report to the Board reporting the loss of 765 tramadol 50mg tablets resulting from Respondents' failure to provide effective controls and procedures to guard against the theft and diversion of controlled substances and to ensure all drugs were account for, in violation of 21 CFR § 1301.71(a), NAC 453.400 and NAC 639.742(3)(b).

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APPLICABLE LAW

9. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3); NAC 639.7445.

10. Performing any duties as the holder of a controlled substance registration or a dispensing practitioner registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

11. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(11).

12. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(12).

13. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

COUNT ONE

Violations of Federal and State Law - Failure to Maintain Security of Controlled Substances

14. By their actions and/or omissions as alleged in paragraph 8 herein, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR § 1301.71(a), NAC 453.400 and NAC 639.742(3)(b), and are subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NAC 639.945(3), NAC 639.7445 and/or NRS 639.210(11) and/or (12).

COUNT TWO

Violations of Federal and State Law - Recordkeeping

15. By their actions and/or omissions as alleged in paragraphs 2-8 herein, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a), 21 U.S.C. § 832(a), 21 U.S.C. § 842(a)(5), 21 CFR § 1304.11(a), 21 CFR § 1307.11(b), 21 CFR § 1304.22(a)(2)(iv) and (vii), 21 CFR § 1304.22(c), 21 CFR § 1301.74(b), NRS 453.246, NRS 453.326(1)(a), NAC 453.410(1)(b)(1) and NAC 453.475, and are subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NAC 639.945(3), NAC 639.7445 and/or NRS 639.210(11) and/or (12).

COUNT THREE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

16. By their actions and/or omissions as alleged in paragraphs 2-8 herein, Respondents have performed their duties as the holders of controlled substance and dispensing practitioner registrations in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NAC 639.945(3), NAC 639.7445 and/or NRS 639.210(4).

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COUNT FOUR

Commission of Acts that Render Registration Inconsistent with the Public Interest

17. By their actions and/or omissions as alleged in paragraphs 2-8 herein, Respondents have committed acts that render registration inconsistent with the public interest and are subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the license and registrations of these Respondents.

Signed this 17th day of NOVEMBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MATTHEW E. APEL, MD,** **Certificate of Registration Nos.** **CS24505 and PD00589,** **Respondent.**	**Case No. 24-044-PD-A-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a First Amended Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 4, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Brett Kandt, at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of November 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MATTHEW E. APEL, MD,** **Certificate of Registration Nos.** **CS24505 and PD00589,** **Respondent.**	**Case No. 24-044-DS-A-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the First Amended Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the First Amended Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the First Amended Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

Matthew E. Apel, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13th day of November 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Matthew Apel
c/o John Snow, Esq
201 S Main St, Suite 1800
Salt Lake City, UT 84111

Matthew Apel
c/o John Snow, Esq.
50 W Liberty St, Suite 750
Reno, NV 89501

Matthew Apel
c/o Janet I. Jenson, Esq.
PO Box 27727
Salt Lake City, UT 84127

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **BLOSSOM BARIATRIC,** **License No. DS00251-CS,** **MATTHEW E. APEL, MD,** **Certificate of Registration Nos.** **CS24505 and PD00589, and** **THOMAS UMBACH, MD,** **Certificate of Registration Nos.** **CS16064 and PD00512** **Respondents.**	**CASE NOS. 24-044-DS-S** **24-044-PD-A-S** **24-044-PD-B-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these Respondents because at the time of the events alleged herein, Respondent Matthew E. Apel MD (Apel), held Certificate of Registration Nos. CS24505 and PD00589, Respondent Thomas Umbach, MD (Umbach), held Certificate of Registration Nos. CS16064 and PD00512, all issued by the Board, and Respondent Blossom Bariatric, License No. DS00251-CS, was licensed by the Board.

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FACTUAL ALLEGATIONS

2. On or about December 28, 2023, an inspection of Apel's and Umbach's practice at Blossom Bariatric revealed numerous violations of law related to controlled substances.

3. Apel failed to indicate on the biennial inventory if the count was taken either as of the opening or as of the close of business, in violation of 21 U.S.C. § 842(a)(5), 21 CFR § 1304.11(a), NRS 453.246, NRS 453.326(1)(a) and NAC 453.475.

4. Apel and Umbach failed to make and/or maintain acquisition and distribution records of tramadol, a schedule IV substance, transfers from Umbach to Apel, in violation of 21 U.S.C. § 842(a)(5), 21 CFR § 1304.22(a)(2)(iv) and (vii), NRS 453.246 and NRS 453.326(1)(a).

5. Apel failed to record the address of the patient on tramadol dispensing records, in violation of 21 U.S.C. § 842(a)(5), 21 CFR § 1304.22(c), NRS 453.246, NRS 453.326(1)(a) and NAC 453.410(1)(b)(1).

6. Umbach failed to design and operate a system to disclose suspicious orders of controlled substances, in violation of 21 U.S.C. § 832(a), 21 CFR § 1301.74(b), NRS 453.246 and NRS 453.326(1)(a).

7. Umbach failed to register with the Drug Enforcement Administration as a distributor after distributing more than five percent of the total number of dosage units of all controlled substances distributed and dispensed during the same calendar year, in violation of 21 U.S.C. § 822(a) and 21 CFR § 1307.11(b).

8. On or about January 17, 2024, Apel submitted DEA Form 106 documentation and together with a NRS 453.568 Report to the Board reporting the loss of 765 tramadol 50mg tablets resulting from Respondents' failure to provide effective controls and procedures to guard against the theft and diversion of controlled substances and to ensure all drugs were account for, in violation of 21 CFR § 1301.71(a), NAC 453.400 and NAC 639.742(3)(b).

APPLICABLE LAW

9. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3); NAC 639.7445.

10. Performing any duties as the holder of a controlled substance registration or a dispensing practitioner registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

11. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(11).

12. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(12).

13. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

COUNT ONE

Violations of Federal and State Law - Failure to Maintain Security of Controlled Substances

14. By their actions and/or omissions as alleged in paragraph 8 herein, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR § 1301.71(a), NAC 453.400 and NAC 639.742(3)(b), and are subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NAC 639.945(3), NAC 639.7445 and/or NRS 639.210(11) and/or (12).

COUNT TWO

Violations of Federal and State Law - Recordkeeping

15. By their actions and/or omissions as alleged in paragraphs 2-8 herein, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a), 21 U.S.C. § 832(a), 21 U.S.C. § 842(a)(5), 21 CFR § 1304.11(a), 21 CFR § 1307.11(b), 21 CFR § 1304.22(a)(2)(iv) and (vii), 21 CFR § 1304.22(c), 21 CFR § 1301.74(b), NRS 453.246, NRS 453.326(1)(a), NAC 453.410(1)(b)(1) and NAC 453.475, and are subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NAC 639.945(3), NAC 639.7445 and/or NRS 639.210(11) and/or (12).

COUNT THREE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

16. By their actions and/or omissions as alleged in paragraphs 2-8 herein, Respondents have performed their duties as the holders of controlled substance and dispensing practitioner registrations in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NAC 639.945(3), NAC 639.7445 and/or NRS 639.210(4).

COUNT FOUR

Commission of Acts that Render Registration Inconsistent with the Public Interest

17. By their actions and/or omissions as alleged in paragraphs 2-8 herein, Respondents have committed acts that render registration inconsistent with the public interest and are subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the license and registrations of these Respondents.

Signed this 5th day of September 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MATTHEW E. APEL, MD,** **Certificate of Registration Nos.** **CS24505 and PD00589,** **Respondent.**	**Case No. 24-044-PD-A-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 3, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 5th day of SEPTEMBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MATTHEW E. APEL, MD,** **Certificate of Registration Nos.** **CS24505 and PD00589,** **Respondent.**	**Case No. 24-044-DS-A-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

Matthew E. Apel, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of September 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Blossom Bariatric
7385 S Pecos Rd #101
Las Vegas, NV 89120

Matthew Apel
[redacted]
Las Vegas, NV [redacted]

Matthew Apel
3235 E Warm Springs Rd Suite #110
Las Vegas, NV 89120

Thomas Umbach
[redacted]
Henderson, NV [redacted]

Thomas Umbach
3235 E Warm Springs Rd Suite #100
Las Vegas, NV 89120

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **vs.** **MATTHEW E. APEL, M.D., Certificate of Registration Nos. CS24505 and PD00589, and** **THOMAS UMBACH, M.D., Certificate of Registration Nos. CS16064 and PD00512,** **Respondents.**	**Case No. 24-044-PD-A-S** **24-044-PD-B-S** **ANSWER AND NOTICE OF DEFENSE TO FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION**

Respondents, above named, in answer to the First Amended Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declare:

1. Dr. Umbach and Dr. Apel are bariatric surgeons who perform hundreds of surgeries every year on morbidly obese patients. Their clinic is Blossom Bariatrics in Las Vegas. Dr. Apel and Dr. Umbach are licensed as "dispensing practitioners" pursuant to the Nevada Administrative Code §§ 639.742 through 639.745.

2. A large majority of the patients of Blossom Bariatrics are from out-of-state. They typically fly in to Las Vegas from all over the country and stay in hotels for the few days that their surgeries require. On the first day, the patients go to Blossom to have preparatory medical work done. This includes testing their blood pressure, having blood work, taking cardiology exams to determine if their hearts are healthy enough for surgery, and getting an endoscopy.

They talk with the staff and the doctors about what to expect, and if they pass all their tests, they are scheduled for surgery the next day at an ambulatory surgical center.

3. In an effort to provide the best care for their patients, Dr. Umbach opened a small facility at Blossom and registered himself and Dr. Apel as "dispensing practitioners." They used the facility for one purpose only which was to provide one drug – tramadol – to their patients for use after their surgery the next day.[1] Each patient received a single bottle of tramadol containing 15 pills and each patient was instructed by the doctor or staff to take one pill every 4 to 6 hours after surgery for pain in doses of 50 milligrams with a maximum of 300 milligrams per day, thus allowing the patient to treat pain for about 2 days after surgery. No patient was ever given more than one bottle, or more than 15 pills.

4. Dr. Umbach wanted to provide the tramadol directly to the patients because it was difficult for most of them to find a pharmacy, given that they were typically from out-of-town and did not know where a pharmacy was, and they had no relationship with any local pharmacy. Also, the patients needed the tramadol for their surgery the next morning, and not every pharmacy had tramadol on hand when patients showed up with their prescription. Dr. Umbach believed that, by making tramadol available at the clinic, he was providing them the best and most convenient care and helping them prepare for their surgery.

5. Therefore, Drs. Apel and Umbach registered as "dispensing practitioners" and used their onsite drug facility for Blossom's patients only. Blossom ordered its one drug – tramadol – from Quality Care Partners ("QCP"), a legitimate pharmaceutical supplier. Blossom operated its practitioner-dispensing inhouse facility for five years, and the Nevada Pharmacy

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[1] Drs. Umbach and Apel also gave each patient a stool softener and a pill for nausea but these were not controlled substances.

Board inspected its operations annually and knew that Blossom was getting its tramadol from QCP.

6. Drs. Umbach and Apel strived to make its ordering, dispensing and tracking of tramadol error-free by using a software created by MDScripts, a nationally known company that helps medical providers document and track their dispensing practices.

7. Drs. Umbach and Apel tracked every bottle of tramadol they ordered by:

(A) order date;

(B) the date their clinic received it;

(C) the shipment number; and

(D) the lot number.

8. Each patient who received a bottle of tramadol had it documented in his or her medical record, with both the patient's signature confirming receipt, and the dispensing physician's signature as well. The original signed copy with the patient's and the physician's signatures was maintained on-site at the clinic.

9. The tramadol bottles received by the clinic were stored in a closet which required a 4-digit code to enter, and inside the closet, the tramadol was stored in cabinets which had a double lock and therefore required 2 separate keys to unlock.

10. During the time that Blossom had its facility, 84 bottles of tramadol were ordered by Dr. Umbach and then transferred to Dr. Apel to give to patients in the clinic before surgery. Dr. Umbach and Dr. Apel assumed that because they worked together in the same clinic, it would not matter that the drug was ordered by one doctor but used by the other doctor since this is how medical supplies generally were treated and shared. Both Dr. Umbach and Dr. Apel were unaware of the legal limit of such transfers between doctors, and the need to register

as a "distributor" if more than 5% of the total number of dosage units of all controlled substances was exceeded.

11. On the day before surgery, each patient received a single bottle of tramadol containing 15 pills and was instructed by Dr. Umbach, Dr. Apel or the clinic staff to take one pill every 4 to 6 hours after surgery for pain in doses of 50 milligrams with a maximum of 300 milligrams per day, thus allowing the patient to treat pain for about 2 days after surgery.

12. No refills were ever given to any patient.

13. All of these intended precautions did not go according to plan. Although the MDScripts software was difficult for Blossom staff to use because it was new to them, Blossom brought in a MDScripts representatives who helped them use the software to track all the bottles of tramadol.

14. Despite its best efforts, Drs. Umbach and Apel found some discrepancies and in late 2023, they notified the DEA.

15. In December 2023, an investigator from the federal Drug Enforcement Administration visited Blossom to investigate drugs that were allegedly missing to determine if the drugs had been lost or stolen or were otherwise unaccounted for.

16. During the DEA's investigation, Blossom generated a report that showed definitively that Blossom had ordered and received a total of 750 bottles of tramadol between November 28, 2022 and October 31, 2023. Of this 750 total bottles, 706 were dispensed to patients. Dr. Apel dispensed 680 of these bottles, and Dr. Umbach dispensed 16, for a total of 696 bottles. Of this total of 696 bottles that were dispensed, 10 bottles were "voided" by Blossom. This meant that the patient was given a bottle of tramadol at the clinic the day before surgery, but the patient subsequently did not go through with the surgery, typically because their

medical condition, such as blood work or heart issues or pregnancy, made surgery too risky or they just simply changed their minds and no longer wanted the surgery. Drs. Umbach and Apel could not confirm that these 10 patients' bottles of tramadol were placed back in the inventory.

17. The bottom line of the investigation was that a total of 54 bottles of tramadol that Blossom ordered and received during the 11 months between November 28, 2022 and October 31, 2023 could not be accounted for. These 54 bottles were presumed to be stolen or lost between February 13, 2023 and November 17, 2023.

18. As soon as the Blossom staff discovered the theft/loss during the DEA investigation, Dr. Apel and Dr. Umbach directed the clinic staff to do the following:

(A) ***Police report.*** They filed a police report with the Las Vegas police department and indicated their willingness to cooperate in any investigation or provide any information the police requested.

(B) ***Interviews of both current and former staff.*** They interviewed all current staff and former staff to determine if any of them knew anything about the missing prescription bottles and what happened to them. Those employees who were currently employed were interviewed. Blossom physically interviewed all of its former staff who had been employed by Blossom and had access to the locked closet where the tramadol was stored during the one-year period in question to determine if any former staff knew anything about the suspected loss or theft.

19. ***Shutting down the in-house pharmacy facility completely.*** Despite Dr. Umbach and Dr. Apel's efforts to account for the missing 54 bottles by investigating past and current staff and numerous detailed reviews of the software records, no explanation was found, and the bottles were presumed lost or stolen. Drs. Umbach and Apel confirm that after – and as a

result of – the DEA investigation, they did not dispense any drugs at all to anyone after December 2024. In December 2024, the doctors shut down their in-house pharmacy facility completely. Since that time, neither Dr. Umbach nor Dr. Apel has dispensed any drugs at all to any patients whatsoever. Since December of 2024, Drs. Umbach and Apel have instead worked with an outside third-party independent pharmacy to dispense the drugs that they prescribe for their patients prior to surgery.

20. Dr. Apel admits that he failed to indicate on the biennial inventory if the count was taken either as of the opening of business or the close of business. He ***did*** perform the biennial inventory, he merely failed to indicate whether he performed it at the opening or closing of business.

21. Dr. Apel believed he had met these requirements of the federal and state laws including 21 U.S.C. § 842(a)(5) and 21 CFR § 1304.22(c) which requires that "records shall be maintained" of the units or volume dispensed, including "the name and address of the person to whom it was dispensed." The statute, importantly, does not say *where* the "record" of "the patient's address" should be kept, and Dr. Apel met this federal requirement by recording and keeping each patient's address in the patient's medical record. Similarly, NAC § 453.410(1)b)(1) states that the dispensing practitioner shall "ensure that each record of a controlled substance which is dispensed contains the name of the patient and, if not readily available from the practitioner's record, the patient's address." Since the patient's address *was, in fact, readily available in the patient's medical record,* the express language of this regulation does not require that it also be in the dispensing record. Hence, Dr. Apel met the legal requirements because when the tramadol was dispensed, each patient's receipt of the tramadol was recorded in the patient's medical record– *where the patient's address was clearly written and recorded* – and

both the dispensing physician and the patient personally signed for the receipt of the tramadol.

22. Dr. Apel and Dr. Umbach admit that they failed to make acquisition and distribution records of tramadol transfers from Umbach to Apel, in violation of 21 U.S.C. § 842(a)(5), 21 CFR § 1304.22(a)(2)(iv) and (vii), NRS 453.245 and NRS 453.326(1)(a). The software that Blossom purchased tracked these transfers as "pod moves," but even the software's detailed records of such transfers failed to account for the missing bottles of tramadol.

23. Dr. Apel admits that he failed to record the patient's address on the tramadol dispensing records in violation of 21 U.S.C. § 842(a)(5), 21 CFR § 1304.22(c), NRS 453.246, NRS 453.326(1)a) and NAC 453.410(1)(b)(1).

24. Blossom, the clinic and medical practice, but not Dr. Umbach personally, admits that it failed to design and operate a system to disclose suspicious orders of controlled substances in violation of 21 U.S.C. § 832(a), 21 CFR § 1301.74(b), NRS 453.246 and NRS 453.326(1)(a). Dr. Umbach believed that the clinic had designed a system that would prevent theft or loss by its use of a nationally recognized software program that would make its ordering, dispensing and tracking of tramadol error-free, and by storing the tramadol in a closet which required a 4-digit code to enter, limiting the knowledge of that code only to certain staff, and inside the closet, storing the tramadol in a cabinets which had double locks and required 2 separate keys to unlock. Despite taking every reasonable measure it thought of, Blossom's efforts failed.

25. Dr. Umbach admits that he failed to register with the Drug Enforcement Administration as a distributor because he did not realize or understand that such a registration was necessary if he transferred more than 5% of the total number of dosage units of all controlled substance distribution or dispensed during a calendar year, as required by 21 U.S.C. § 822(a) and 21 CFR § 1307.11(b). Dr. Umbach thought that such transfers between doctors working in the

same clinic would be legally permissible as are all such transfers of medical equipment and medical supplies between practitioners working together in the same medical practice or the same clinic.

26. Dr. Apel admits that on or about January 17, 2024, he submitted DEA Form 106 documentation and together with a NRS 453.568 Report to the Board reporting the loss of 765 tramadol 50mg tablets resulting from Blossom's failure to provide effective controls and procedures to guard against the theft and diversion of controlled substances and to ensure all drugs were accounted for, in violation of 21 CFR § 1031.71(a), NAC 453.400 and NAC 639.742(3)(b). Dr. Apel, as stated in more detail above, thought he and Dr. Umbach and Blossom had taken every reasonable step to safeguard the tramadol supply from theft or loss, but those efforts turned out to be inadequate.

27. ***The DEA.*** Dr. Apel and Dr. Umbach were investigated by the federal Drug Enforcement Administration and the DEA's investigation was resolved when the parties completely shut down their in-house pharmacy facility and no longer dispensed any drugs at all after December 2024. No further action was taken by the DEA against either Dr. Apel or Dr. Umbach.

COUNT ONE

28. Dr. Apel and Dr. Umbach deny that they knowingly, willfully or intentionally violated, attempted to violate, assisted in violating, or conspired to violate 21 CFR § 1301.71(a), NAC 453.400 or NAC 639.742(3)(b).

COUNT TWO

29. Dr. Apel and Dr. Umbach deny that they knowingly, willfully or intentionally violated, attempted to violate, assisted in violating, or conspired to violate 21 U.S.C. § 822(a), 21

U.S.C. § 832(a), 21 U.S.C. § 842(a)(5), 21 CFR § 1304.11(a), 21 CFR § 1307.11(b), 21 CFR § 1304.22(a)(2)(iv) and (vii), 21 CFR § 1304.22(c), 21 CFR § 1301.74(b), NRS 453.246, NRS 453.326(1)(a), NAC 453.410(1)(b)(1) and NAC 453.475.

COUNT THREE

30. Dr. Apel and Dr. Umbach deny that they knowingly, willfully or intentionally performed their duties as the holders of controlled substance and dispensing practitioner registrations in an incompetent, unskillful or negligence manner or engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i).

COUNT FOUR

31. Dr. Apel and Dr. Umbach deny that they have knowingly, willfully or intentionally committed acts that render their registration inconsistent with the public interest and therefore should not be subject to discipline.

32. Dr. Apel and Dr. Umbach and Blossom have shut down their pharmacy and have not dispensed any drugs to any patient at all since December 2024.

DEFENSE

33. Dr. Apel and Dr. Umbach, individually and through their clinic staff, made every reasonable effort to comply with the requirements for a dispensing practitioner set out in NAC §§ 639.742 through 639.745, and did, in fact, satisfy and comply with most of the requirements.

WHEREFORE, it is requested that:

(A) the Nevada State Board of Pharmacy not discipline Dr. Apel or Dr. Umbach;

(B) Dr. Apel, Dr. Umbach and Blossom request a hearing before the Board to answer the First Amended Notice of Intended Action and Accusation and present

evidence and argument on all issues involved.

Signed this 9th day of December, 2025.

/ John Snow /

John Snow
Parsons Behle & Latimer
Attorney for Drs. Apel, Dr. Umbach and Blossom Bariatrics

/ Janet I. Jenson /

Janet I. Jenson
Attorney for Drs. Apel, Dr. Umbach and Blossom Bariatrics

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

Dated this 9th day of December, 2025.

Matthew E. Apel, M.D.

CERTIFICATE OF SERVICE

I, Janet Jenson, certify that I emailed a copy of the above Answer and Notice of Defense on December 9, 2025 to:

TeamBC@Pharmacy.nv.gov and
bkandt@pharmacy.nv.gov

/ Janet I. Jenson /

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HISBAY HAIDER ALI, MD,** **Certificate of Registration No., CS31898,** **Respondent.**	**Case No. 24-444-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this Respondent because at the time of the events alleged herein, Respondent Hisbay Haider Ali, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS31898, issued by the Board.

FACTUAL ALLEGATIONS

2. From October 11, 2022, to October 11, 2024, Respondent issued four thousand six hundred and twenty (4,620) controlled substance prescriptions for five hundred and sixty-five (565) unique patients, but only reviewed a patient's utilization report in the Prescription Monitoring Program (PMP) database on ten (10) occasions.

3. Respondent has failed to query and review for accuracy his MyRx prescriber activity report in the PMP database at least once every 6 months as required by law.

4. On or about October 11, 2024, the Nevada State Board of Medical Examiners (NSBME) filed charges and summarily suspended Respondent's License No. 20660 to practice

medicine for engaging in conduct in violation of NRS Chapter 630 in Case Nos. 24-53581-1, 24-53581-2 and 24-53581-3.

5. On or about November 4, 2024, Board staff served Respondent with notice that the suspension of his NSBME License No. 20660 to practice medicine operated as an immediate suspension of his Certificate of Registration No. CS31898 with the Board pursuant to NRS 639.2107, and that Respondent must immediately cease and desist possessing, administering and/or prescribing controlled substances for Nevada patients.

6. On or about November 7, 2024, Respondent surrendered his Registration No. FA6780779 to the Drug Enforcement Administration by executing a DEA Form 104 – "Surrender for Cause of DEA Certificate of Registration."

7. Respondent failed to fully disclose to the Board the pending charges in NSBME Case Nos. 24-53581-1, 24-53581-2 and 24-53581-3 on his 2024 biennial renewal application for Certificate of Registration No. CS31898.

8. On June 6, 2025, the NSBME and Respondent entered into a settlement agreement in Case Nos. 24-53581-1, 24-53581-2 and 24-53581-3 imposing discipline upon Respondent; Respondent admitted to most of the charges and Respondent's License No. 20660 to practice medicine remained suspended for six (6) months.

9. On March 3, 2026, the NSBME filed charges and summarily suspended Respondent's License No. 20660 to practice medicine in Case No. 26-53581-1 for violating the settlement agreement in Case Nos. 24-53581-1, 24-53581-2 and 24-53581-3.

10. On March 4, 2026, Respondent appeared before Board on an application to have his controlled substance registration reinstated and while under oath failed to disclose the current suspension of his NSBME License No. 20660 to practice medicine; the Board approved his application.

APPLICABLE LAW

11. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance in Nevada. 21 U.S.C. § 822(a)(2) and (e)(1); 21 U.S.C. § 823(f); 21 C.F.R. § 1301.12; 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

12. A practitioner shall only issue a controlled substance prescription after review of a patient's utilization report in the PMP database in conformance with NRS 639.23507.

13. A practitioner shall review his or her MyRx prescriber activity report in the PMP database for accuracy at least once every 6 months. NRS 453.164(7).

14. It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 639. NRS 639.281(1).

15. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

16. Willfully making to the Board any false statement which is material to the administration or enforcement of Nevada law is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(9).

17. Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

18. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

19. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

20. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

COUNT ONE

Violation of State Law – Failure to Review Patient Utilization Report

21. By failing to review patient utilization reports in the PMP database prior to issuing controlled substance prescriptions as alleged in paragraph 2 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.23507, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b).

COUNT TWO

Violations of State Law – Failure to Review MyRx Prescriber Activity Report

22. By failing to query to query and review for accuracy his MyRx prescriber activity report in the PMP database as alleged in paragraph 3 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.164(7), and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b).

COUNT THREE

Furnishing False Material Information to Board

23. By failing to fully disclose to the Board the pending charges in NSBME Case Nos. 24-53581-1, 24-53581-2 and 24-53581-3 on his 2024 biennial renewal application for Certificate of Registration No. CS31898 as alleged in paragraph 7 herein, and by failing to

disclose the current suspension of his NSBME License No. 20660 to practice medicine when appearing before the Board on March 4, 2026, as alleged in paragraph 10 herein, Respondent violated NRS 639.281(1) and is subject to discipline pursuant to NRS 639.210(9) and/or NRS 639.210(12).

COUNT FOUR

Obtaining Registration by False or Fraudulent Application

24. By failing to fully disclose to the Board the pending charges in NSBME Case Nos. 24-53581-1, 24-53581-2 and 24-53581-3 on his 2024 biennial renewal application for Certificate of Registration No. CS31898 as alleged in paragraph 7 herein, and by failing to disclose the current suspension of his NSBME License No. 20660 to practice medicine when current suspension of his NSBME License No. 20660 to practice medicine when appearing before the Board on March 4, 2026, as alleged in paragraph 10 herein, Respondent is subject to discipline pursuant to NRS 639.210(10).

COUNT FIVE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

25. By his actions and omissions as alleged herein, Respondent has performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(4) and/or NRS 639.23916(3)(b).

COUNT SIX

Commission of Acts that Render Registration Inconsistent with the Public Interest

26. By his actions and omissions as alleged herein, Respondent has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

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COUNT SEVEN
Not Qualified for Registration

27. By the suspension of his NSBME License No. 20660 to practice medicine and the surrender of his DEA Registration No. FA6780779 for cause, Respondent no longer qualifies for registration to dispense controlled substances under federal or state law and his Certificate of Registration No. CS31898 is subject to revocation pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 15th day of JUNE 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HISBAY HAIDER ALI, MD,** **Certificate of Registration No., CS31898,** **Respondent.**	**Case No. 24-444-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 15, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Brett Kandt, at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 15th day of JUNE 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HISBAY HAIDER ALI, MD,** **Certificate of Registration No., CS31898,** **Respondent.**	**Case No. 24-444-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

HISBAY HAIDER ALI, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 16th day of June 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Hisbay Ali, MD
c/o Hope LLC
500 N Rainbow Blvd., Ste. 313
Las Vegas, NV 89107

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARIKA LENEE KERR, APRN,** **Certificate of Registration No. CS26747,** **Respondent.**	**CASE NO. 25-146-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this Respondent because, at the time of the events alleged herein, Respondent Marika Lenee Kerr, APRN, held a Nevada controlled substance registration, Certificate of Registration No. CS26747, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent has prior discipline from the Board in case no. 17-118-CS-S for permitting non-practitioners to unlawfully access, possess and administer dangerous drugs to patients without direct practitioner supervision, to patients with whom Respondent had not established a bona fide therapeutic relationship.

3. Respondent was engaged in practice at Carolina Skin Care, located at 9484 W Flamingo Rd. in Las Vegas, during the relevant times frame herein.

4. Carolina Molina owns and operates Carolina Skin Care and is not a Nevada-licensed practitioner.

5. On or about April 16, 2025, a Board investigator in the course of an on-site investigation at Carolina Skin Care determined that Respondent permitted Molina to use Respondent's credentials as a Nevada-licensed practitioner to purchase dangerous drugs, to maintain an unsecured inventory of dangerous drugs, and to access those medications outside Respondent's presence and without Respondent's supervision.

6. Respondent permitted Molina to independently access, possess, furnish and administer dangerous drugs to patients, and to provide on-site medical treatment at Carolina Skin Care, including the administration of dangerous drugs by injection, and including, without limitation, glutathione, lipotropics, semaglutides, neuromodulators and dermal fillers, without direct practitioner supervision, to patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug was medically necessary.

7. Respondent regularly issued prescriptions for dangerous drugs falsely identifying Molina and other individuals as the patient to Meta Pharmacy Services, located at 8352 W. Warm Springs Road in Las Vegas, in order to obtain those drugs for office administration to multiple patients, and administered and/or permitted the administration of patient-specific prescription medications to multiple patients.

8. Respondent failed to keep and maintain complete, accurate and readily retrievable records accounting for all patients and dangerous drugs.

APPLICABLE LAW

9. No person may possess or administer a dangerous drug in Nevada, including administration by injection, without specific statutory authority to do so. NRS 200.840(1); NRS 454.213; NRS 454.217; NRS 454.221; NRS 454.316; NRS 454.321; NRS 454.356; NRS 454.510; NRS 639.100(1).

10. All controlled substances and dangerous drugs in the possession of an advanced practice registered nurse must be kept in a locked storage area with access restricted to authorized persons. NAC 639.898(1).

11. The Board may suspend or revoke the certificate of registration of an advanced practice registered nurse that has failed to maintain the security of his or her drug supply. NAC 639.900(12).

12. A practitioner may prescribe a dangerous drug for a specific patient in conformance with NRS 454.223 and NRS 639.2353.

13. It is a felony offense to sell or administer a misbranded or adulterated drug. NRS 585.520; NAC 639.601(1).

14. It is a felony offense to falsify a prescription for a dangerous drug or obtain a dangerous drug by a fraudulent prescription. NRS 454.311.

15. It is a felony offense for an unlicensed person to sell, display or offer for sale a prescription drug. NRS 639.285.

16. A practitioner may purchase supplies of dangerous drugs from a pharmacy, and a pharmacy may sell a dangerous drug to a practitioner who will be administering the drug to a patient; the quantity must not exceed the amount necessary for the practitioner to serve the present needs of the patients of the practitioner. NRS 639.268(1)(a) and NAC 639.757(4) and (5).

17. A practitioner shall keep and maintain complete, accurate and readily retrievable records accounting for all patients and dangerous drugs; NRS 454.286; NRS 629.051.

18. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4); NAC 639.900(4).

19. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4); NAC 639.900(4).

20. Aiding or abetting a person in unlicensed practice constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4); NAC 639.900(4).

21. Dispensing a drug to any patient with whom the practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4); NAC 639.900(4).

22. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, including, without limitation, any provision of chapter 453, 454,585 or 639 of NRS or any regulation pertaining thereto, is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12); NAC 639.900(14).

23. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

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COUNT ONE

Violations of State Law - Failure to Maintain Security of Dangerous Drugs

24. By permitting Molina to use Respondent's credentials as a Nevada-licensed practitioner to purchase dangerous drugs, to maintain an unsecured inventory of dangerous drugs, and to access those medications outside Respondent's presence and without Respondent's supervision, as alleged in paragraph 5 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.213 and/or NAC 639.898(1), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NAC 639.900(12) and/or (14) and/or NRS 639.210(12).

COUNT TWO

Violations of State Law - Unlawful Possession & Administration of Dangerous Drugs

25. By permitting Molina to independently access, possess, furnish and administer dangerous drugs to patients, and to provide on-site medical treatment at Carolina Skin Care, including the administration of dangerous drugs by injection, and including, without limitation, glutathione, lipotropics, semaglutides, neuromodulators and dermal fillers, as alleged in paragraph 6 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 200.840(1), NRS 454.213, NRS 454.217, NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356, NRS 454.510, NRS 639.100(1) and/or NRS 639.285, and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NAC 639.900(14) and/or NRS 639.210(12).

COUNT THREE

Violations of State Law - Issuing Frandulent Prescriptions

26. By issuing prescriptions for dangerous drugs to Meta Pharmacy Services falsely identifying Molina and other individuals as the patient in order to obtain those drugs for office administration to multiple patients, as alleged in paragraph 7 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.223, NRS 454.311(1), NRS 454.316(2), NRS 639.2353, NRS 639.268(1)(a) and/or NAC 639.757(4)

and (5), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NAC 639.900(14) and/or NRS 639.210(12).

COUNT FOUR

Violation of State Law - Administration of Patient-Specific Prescription Medications to Multiple Patients

24. By permitting the administration of patient-specific prescription medications to multiple patients, as alleged in paragraph 7 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.221(1), NRS 585.520(1) and/or (2) and/or NAC 639.601(1), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NAC 639.900(14) and/or NRS 639.210(12).

COUNT FIVE

Unprofessional Conduct - Unlawful Possession & Administration of Dangerous Drugs

25. By her conduct as alleged in paragraphs 5 and 6 herein, Respondent was party to a fraudulent or deceitful practice or transaction, performed her duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner, aided and abetted Molina in unlicensed practice, and engaged in, or aided and abetted Molina to engage in, unprofessional conduct as defined in NAC 639.945(h), (i), (j) and (n)(1), and Respondent is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NAC 639.900(4) and/or NRS 639.210(12).

COUNT SIX

Unprofessional Conduct - Issuing Fraudulent Prescriptions

26. By issuing prescriptions for dangerous drugs to Meta Pharmacy Services falsely identifying Molina and other individuals as the patient in order to obtain those drugs for office administration to multiple patients, and permitting the administration of patient-specific prescription medications to multiple patients, as alleged in paragraph 7 herein, Respondent was party to a fraudulent or deceitful practice or transaction, performed her duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC

639.945(1)(h) and (i), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NAC 639.900(4) and/or NRS 639.210(12).

COUNT SEVEN

Violations of State Law - Recordkeeping

27. By failing to keep and maintain complete, accurate and readily retrievable records accounting for all patients and dangerous drugs as alleged in paragraph 8 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.286 and/or NAC 629.051, and is therefore subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NAC 639.900(14) and/or NRS 639.210(12).

COUNT EIGHT

Commission of Acts that Render Registration Inconsistent with the Public Interest

28. By her acts as alleged herein, Respondent has committed acts that render her registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 7th day of January 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARIKA LENEE KERR, APRN,** **Certificate of Registration No. CS26747,** **Respondent.**	**Case No. 25-146-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 15, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Brett Kandt, at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 7th day of January 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARIKA LENEE KERR, APRN,** **Certificate of Registration No. CS26747,** **Respondent.**	**Case No. 25-146-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

_____

MARIKA LENEE KERR, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 16th day of June 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Marika Kerr
[redacted]
Las Vegas, NV [redacted]

Marika Kerr
c/o Roseman University
11 Sunset Way
Henderson, NV 89014

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARIKA LENEE KERR, APRN,** **Certificate of Registration No. CS26747,** **Respondent.**	**CASE NO. 25-146-CS-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Marika Lenee Kerr, APRN, Certificate of Registration No. CS26747, **HEREBY STIPULATE AND AGREE THAT**:.

1. On or about January 8, 2026, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing. Respondent is entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. Respondent is fully aware of the right to seek the advice of counsel in this matter prior to entering into this Stipulation.

3. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with

the provisions of this Stipulation, Respondent hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*:

A. Respondent was engaged in practice at Carolina Skin Care; Carolina Molina owns and operates Carolina Skin Care and is not a Nevada-licensed practitioner.

B. By permitting Molina to use Respondent's credentials as a Nevada-licensed practitioner to purchase dangerous drugs, to maintain an unsecured inventory of dangerous drugs, and to access those medications outside Respondent's presence and without Respondent's supervision, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.213 and/or NAC 639.898(1).

C. By permitting Molina to independently access, possess, furnish and administer dangerous drugs to patients, and to provide on-site medical treatment at Carolina Skin Care, including the administration of dangerous drugs by injection, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 200.840(1), NRS 454.213, NRS 454.217, NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356, NRS 454.510, NRS 639.100(1) and/or NRS 639.285.

D. By issuing prescriptions for dangerous drugs to Meta Pharmacy Services falsely identifying Molina and other individuals as the patient in order to obtain those drugs for office administration to multiple patients, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.223, NRS 454.311(1), NRS 454.316(2), NRS 639.2353, NRS 639.268(1)(a) and/or NAC 639.757(4) and (5).

E. By permitting the administration of patient-specific prescription medications to multiple patients, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.221(1), NRS 585.520(1) and/or (2) and/or NAC 639.601(1).

F. By her conduct Respondent was party to a fraudulent or deceitful practice or transaction, performed her duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner, aided and abetted Molina in unlicensed practice, and engaged in, or aided and abetted Molina to engage in, unprofessional conduct.

G. By issuing prescriptions for dangerous drugs to Meta Pharmacy Services falsely identifying Molina and other individuals as the patient in order to obtain those drugs for office administration to multiple patients, and permitting the administration of patient-specific prescription medications to multiple patients, Respondent was party to a fraudulent or deceitful practice or transaction, performed her duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct.

H. By failing to keep and maintain complete, accurate and readily retrievable records accounting for all patients and dangerous drugs, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.286 and/or NAC 629.051.

I. By her acts Respondent has committed acts that render her registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

6. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210, NRS 639.255 and/or NAC 639.900.

7. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. The

controlled substance registration of Respondent Marika Lenee Kerr, APRN, Certificate of Registration No. CS26747, is suspended for a period of two (2) years pursuant to NRS 453.241(1)(a). The suspension is stayed, and Respondent is placed on probation pursuant to NRS 639.255(1)(b) subject to the following conditions:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding her duties and responsibilities as a practitioner under NRS Chapters 453, 454 and 639;

B. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Five Thousand Dollars ($5,000.00) for the violations, by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by July 14, 2027;

C. Pursuant to NRS 622.400, Respondent shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by July 14, 2027; and

D. While on probation, Respondent shall comply with all federal and state statutes and regulations regarding controlled substances, dangerous drugs, and the practice of pharmacy, shall have no additional administrative charges filed by the Board, and shall have no action taken that would be reportable pursuant to NAC 639.229.

Upon successful completion of probation, Respondent's Certificate of Registration No. CS26747 will be fully restored.

8. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a

show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may lift the stay and immediately suspend Respondent's Certificate of Registration No. CS26747 and impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

9. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 15, 2026. Respondent will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

10. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

11. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

12. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 18 day of June 2026

Marika L Kerr APRN, PNP-C

MARIKA LENEE KERR, APRN
Certificate of Registration No. CS26747

Signed this ___ day of _____ 2026

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Marika Lenee Kerr, APRN, Certificate of Registration No. CS26747, in Case No. 25-146-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of July 2026.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID KAYLE McCLEVE, PA-C,** **Certificate of Registration No. CS22331,** **Respondent.**	**CASE NO. 26-125-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this Respondent because, at the time of the events alleged herein, Respondent David Kayle McCleve, PA-C, held a Nevada controlled substance registration, Certificate of Registration No. CS22331, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about March 26, 2026, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 24-42281-1, revoking Respondent's License No. PA1526 to practice medicine for cause.

3. On or about March 30, 2026, Board staff served Respondent with notice that the revocation of his NSBME License No. PA1526 to practice medicine operated as an immediate suspension of his Certificate of Registration No. CS22331 with the Board pursuant to NRS 639.2107, and that Respondent must immediately cease and desist possessing, administering and/or prescribing controlled substances or dangerous drugs for Nevada patients.

APPLICABLE LAW

4. A physician assistant must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance or dangerous drug. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.1373(1); NRS 639.235(1).

5. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4); NAC 639.295(4).

6. The Board may suspend or revoke a registration upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

7. The surrender, revocation or a suspension that has not been stayed of any certificate, license or registration of a practitioner, as defined in NRS 453.126, NRS 454.00958 or NRS 639.0125, by a licensing board or the Drug Enforcement Administration operates as an immediate suspension of a certificate, license, registration or permit issued by the Board pursuant to NRS chapters 453, 454 or 639 to possess, administer, prescribe or dispense drugs. NRS 639.2107.

8. The pre-hearing suspension of any certificate, license or registration of a practitioner pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2107 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

COUNT ONE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

9. By the revocation of his NSBME License No. PA1526 to practice medicine for cause as detailed in the NSBME's Order in Case No. 24-42281-1, Respondent has performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

COUNT TWO

Revocation of NSBME License for Cause

10. By the revocation of his NSBME License No. PA1526 to practice medicine for cause as detailed in the NSBME's Order in Case No. 24-42281-1, Respondent no longer qualifies as a practitioner for registration to dispense controlled substances under federal or state law and his Certificate of Registration No. CS22331 is subject to revocation pursuant to NRS 453.236(1) and NRS 453.241(1).

COUNT THREE

Commission of Acts that Render Registration Inconsistent with the Public Interest

11. By the revocation of his NSBME License No. PA1526 to practice medicine for cause as detailed in the NSBME's Order in Case No. 24-42281-1, Respondent has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 11th day of May 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID KAYLE McCLEVE, PA-C,** **Certificate of Registration No. CS22331,** **Respondent.**	**Case No. 26-125-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 15, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Brett Kandt, at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of MAY 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID KAYLE McCLEVE, PA-C,** **Certificate of Registration No. CS22331,** **Respondent.**	**Case No. 26-125-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

_____

DAVID KAYLE McCLEVE, PA-C

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13th day of May 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

David K. McCleve, PA-C
c/o Allegiant Spine Institute
7140 Smoke Ranch Rd, Ste. A
Las Vegas, NV 89128

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **DAVID KAYLE McCLEVE, PA-C,** **Respondent.**	**Case No. 24-42281-1**

FILED

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NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

The above-entitled matter came on regularly for decision before the Nevada State Board of Medical Examiners (Board), on March 6, 2026, at the Board's office located at 325 E. Warm Springs Road, Suite 225, Las Vegas, NV 89119, on the Complaint filed herein. David Kayle McCleve, PA-C, (Respondent), who was duly served with notice of the adjudication, was present and represented by his counsel, Lisa J. Zastrow, Esq., who appeared by telephone. The adjudicating members of the Board participating in these Findings of Fact, Conclusions of Law, and Order (FOFCOL) were Bret W. Frey, M.D., Chowdhury H. Ahsan, M.D., Ph.D., FACC, Ms. Pamela J. Beal, Jospeh Olivarez, P.A.-C, Apeksha Desai, M.D., MBA, and Ms. Kathleen A. Conaboy. Rosalie M. Bordelove, Esq., Chief Deputy Attorney General, served as legal counsel to the Board.

The Board, having received and read the Complaint and exhibits admitted in the matter and filed into the record in this case, the "Findings and Recommendations" prepared by the Hearing Officer, Patricia Halstead, Esq., who presided over the hearing, and the transcript of the hearing, proceeded to make a decision pursuant to the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Nevada Medical Practice Act or NMPA), NRS Chapter 622, NRS Chapter 622A, and NRS Chapter 233B, as applicable.

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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

The Board, after due consideration of the record, evidence and law, and being fully advised in the premises, makes its FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER in this matter, as follows:

FINDINGS OF FACT

I.

Respondent held a license to practice as a physician assistant in the State of Nevada issued by the Board at all relevant times, and specifically on April 8, 2023, the date of the incident at issue in this case.

II.

On November 22, 2024, the Investigative Committee (IC) of the Board filed its formal Complaint in Case No. 24-42281-1 alleging Respondent violated the NMPA. Respondent was served with the Complaint on or about January 6, 2025, at an address in Las Vegas, Nevada, which was on file with the Board for Respondent, and on December 6, 2024, at an address in Holbrook, Arizona, which was on file with the Board for Respondent. The Complaint alleged four (4) violations of the NMPA, including: one (1) violation of NRS 630.301(4), Malpractice (Count I); one (1) violation of NRS 630.3062(1)(a), Failure to Maintain Appropriate Medical Records (Count II); one (1) violation of NRS 630.306(1)(b)(2), Violation of Standards of Practice Established by Regulation (Count III); and one (1) violation of NRS 630.306(1)(e), Practice Beyond the Scope of License (Count IV). Respondent filed an answer in response to the allegations set forth in the Complaint on January 29, 2025.

III.

An Order was filed on February 5, 2025, scheduling the Early Case Conference (ECC) for the pending matter for February 13, 2025. This Order was served upon Respondent's counsel by email and U.S. Mail. The Early Case Conference (ECC) was held at the scheduled time wherein all parties appeared telephonically. As a result of the ECC, a Scheduling Order was issued and filed February 14, 2025, setting dates for prehearing and hearing. The Prehearing Conference was scheduled for May 9, 2025, and a hearing date was set for July 11, 2025. Respondent's counsel was served a copy of the Scheduling Order by email and U.S. Mail. At the time fixed for the

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Prehearing Conference, legal counsel for the IC, Deonne E. Contine, General Counsel, and Sarah A. Bradley, Deputy Executive Director, appeared, as well as the Hearing Officer, Patricia Halstead, Esq., and counsel for Respondent, Lisa J. Zastrow, Esq. At the Prehearing Conference, counsel for the IC and Respondent provided the Hearing Officer with the mandated Prehearing Conference Disclosures and had copies of both the Prehearing Conference Statement and the mandated Prehearing Disclosures available for the parties. Respondent was timely and properly served with the Prehearing Conference Statement and the mandated Prehearing Disclosures in accord with NRS and NAC Chapters 630, NRS Chapters 241, 622, 622A and 233B, and the requirements of due process. On July 31, 2025, an Order Rescheduling Evidentiary Hearing was issued and filed, re-setting the dates for hearing to September 17, 2025, September 18, 2025, and September 22, 2025, if necessary.

In an Order filed on September 15, 2025, the Hearing Officer issued an Order Denying Respondent's Motion in Limine seeking to exclude the testimony of the IC's witnesses. Respondents Motion was filed on May 27, 2025, and the IC filed its Opposition on June 5, 2025.

IV.

On September 17, 2025, September 18, 2025, and September 22, 2025, a contested case hearing was held before the Hearing Officer to receive evidence and to hear arguments. The Hearing Officer received the complete Record of Proceedings, including the transcript of the hearing testimony and the exhibits admitted. Upon receipt of the Record of Proceedings, the hearing was closed. The Hearing Officer filed the Findings and Recommendations on November 26, 2025. In her Findings and Recommendations, the Hearing Officer recommended that the Board find that Counts II and IV, as alleged in the Complaint, were proven by a preponderance of evidence. The Hearing Officer's Findings and Recommendations recommended that the Board not find that the IC had met its burden of proof with regard to Counts I and III, as alleged in the Complaint. Respondent was served with the Findings and Recommendations via U.S. Certified Mail, with a copy by email on November 26, 2025.

On December 10, 2025, the IC filed a Motion for Reconsideration, requesting that the Hearing Officer reconsider her Findings and Recommendations with respect to Counts I and III, as

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Nevada State Board of Medical Examiners
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contained in the Complaint, and to issue an amended Findings and Recommendations recommending that the Board find that Counts I and III were proven by a preponderance of evidence. The motion was fully briefed, with Respondent filing its opposition on January 16, 2026. After considering all points and authorities, raised by the IC, the Hearing Officer issued an Order Denying Motion for Reconsideration, which was filed on January 29, 2026.

The matter was scheduled for final adjudication on March 6, 2026, at a regularly scheduled Board meeting. The notice of the adjudication was mailed to Respondent on February 3, 2026, via U.S. Certified Mail, with a copy sent by email. Additionally, on February 24, 2026, via Fed Ex Overnight mail, Respondent was provided with a copy of the Investigative Committee's Memorandum of Costs and Disbursements and Attorneys' Fees and a packet of the adjudication materials to be presented at the March 6, 2026 Board meeting.

V.

Pursuant to NRS 622A.300(5)(a), the Board hereby approves the Hearing Officer's Findings and Recommendations with respect to Count II and Count IV, and those Findings and Recommendations are hereby approved by the Board in their entirety and are hereby specifically incorporated and made a part of this Order by reference. *See* **Exhibit 1**.

With regard to the Hearing Officer's Findings and Recommendations concerning Count I and Count III, the Board hereby modifies those Findings and Recommendations and substitutes its own as authorized by NRS 622A.300(5)(a). In reaching this determination, the Board relies on the evidence, including testimony presented at the hearing, and the experience, technical competence and specialized knowledge of the individual Board members when evaluating this evidence. *See* NRS 233B.123(5). The Board does not disagree with the Hearing Officer regarding the credibility of individual witnesses, however, the Board disagrees with the her application of the law to the facts as stated in her Findings and Recommendations with respect to Count I and Count III. The Board hereby determines that the IC proved Count I and Count III by a preponderance of evidence.

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VI.

The Board cites the following in support of its determination that the IC proved by a preponderance of evidence Count I as alleged in the Complaint.

NAC 630.040, as amended by R171-20 and R069-23, defines malpractice as "the failure of a physician, physician assistant, anesthesiologist assistant, practitioner of respiratory care or perfusionist, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances." NAC 630.040 is an attempt to add a "reasonable provider" standard to determining whether conduct by a named licensee constitutes malpractice. If the Board finds by a preponderance of the evidence that a licensee has committed malpractice that is grounds for disciplinary action against that licensee pursuant to NRS 630.301(4).

In this case, the Board finds that Respondent's injection of botulism type A (Botox) into Patient A in the emergency room during his emergency department shift at North Vista Hospital was not reasonable conduct. This conclusion is supported by testimony from all three health care provider witnesses at the hearing. The IC's witness, Ms. Elmquist, a physician assistant practicing in emergency medicine like the Respondent, indicated that performing an "unauthorized cosmetic procedure in the hospital emergency room," Findings at 3:22–23, was "unreasonable in consideration of the fact that the injections were done in a location where they were not sanctioned and Botox was administered to a patient that was not registered [at the hospital] and no records were made." Findings at 4:20–22. Respondent himself conceded in his testimony that "inviting a patient to a hospital to receive cosmetic injections is 'not normal' and was against hospital policy." Findings at 6:19–20. Respondent further indicated that "medically what he did was fine but ethically it was not." Findings at 9:1. Dr. Sheep, who was Respondent's supervising physician of record,[1] stated "that the location for services [that he previously authorized and supervised] was not North Vista Hospital and that he would never have authorized Respondent to perform a cosmetic procedure there." Findings at 10:24–11:1. Dr. Sheep further testified that

[1] Dr. Sheep was Respondent's supervising physician as shown in the Board's records, but the Board does not find that Dr. Sheep was supervising Respondent with regard to the services provided to Patient A on April 8, 2023, because the Agreement required a practice location wherein Dr. Sheep would be supervising Respondent's provision of medical services. The address provided on this form was not North Vista Hospital. *See* Exhibit 12, NSBME (Reb) at 36. Further, Dr. Sheep's written response to the Board regarding this incident, and Dr. Sheep's testimony at the hearing support that Dr. Sheep had not authorized Respondent to perform these services at this location.

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"Respondent injecting Botox in a hospital emergency department to a patient that was not registered was not reasonable." Findings at 11:27–12:1. In short, all the health care providers that testified at the hearing, including Respondent, agree that Respondent's injection of Botox into Patient A as alleged in the complaint was not appropriate. Dr. Sheep and Ms. Elmquist both go further stating that Respondent's conduct was not reasonable. Based on the testimony from the three health care provider witnesses at the hearing and the Board's own experience, technical competence, and specialized knowledge, Respondent's conduct in performing a cosmetic procedure by injecting a private pay patient during a break in his hospital shift as an emergency department physician assistant while at the hospital, without registering the patient with the hospital, and without creating medical records of his treatment was not what a provider using reasonable care, skill and knowledge would ordinarily do under similar circumstances. These actions by Respondent constitute malpractice as defined in NAC 630.040. Therefore, the evidence presented at the hearing was sufficient to support the allegations contained in Count I, Malpractice, by a preponderance of the evidence, and, accordingly, the Board finds that Count I has been proven. Consequently, Respondent is subject to disciplinary action pursuant to NRS 630.301(4).

VII.

The Board cites the following in support of its determination that the IC proved by a preponderance of evidence Count III as alleged in the Complaint.

Count III in the IC's Complaint alleges that Respondent violated NAC 630.340(2) by providing medical services to Patient A without having a supervision agreement on file with the Board for such services. Such a violation is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

On April 8, 2023, when Respondent injected Patient A with Botox while on shift at the emergency department at North Vista Hospital, Respondent had an active supervision agreement with Dr. Sheep for cosmetic services on file with the Board. However, Dr. Sheep indicated both

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in a written response to the Board and in his testimony at the hearing, that he was not aware that this agreement was still active after October 1, 2021.[2] Dr. Sheep testified that he was no longer supervising Respondent's provision of cosmetic services after October 1, 2021, when he left MyShape Lipo, Findings at 10:9–11, the incident at issue occurred on April 8, 2023, and Respondent himself indicated, in his testimony, that he had not provided Botox services since 2017, which was prior to the date of the supervision agreement he had on file with Dr. Sheep. Findings at 6:24–25; Exhibit 12, NSBME (Reb) at 36. If Botox was not a service that Respondent had performed since 2017 and the supervision agreement on file between Dr. Sheep and Respondent was dated March 12, 2021[3], Respondent had no basis to reasonably believe that Botox was a service that Dr. Sheep would be supervising him to perform on April 8, 2023.

The hearing testimony supports that Dr. Sheep and Respondent were going to "commence a cosmetic treatment partnership," Findings at 4:6–7,[4] but that had not occurred as of April 8, 2023. The purported reason that Respondent injected Patient A with Botox in the emergency department of Vista Hospital on April 8, 2023, was to impress a medical spa owner that he was ***hoping to do business with***. Findings at 8:13–14 (emphasis added). Respondent testified that it was "his hope to start a business providing services to medical spas as supervises by Dr. Sheep, who had supervised Respondent when he did liposuction with MyShape Lipo." Findings 8:10–12. Logically, if Respondent did not yet have a cosmetic venture in place with Dr. Sheep for the provision of Botox services to medical spa clients, Dr. Sheep could not and was not supervising him during the provision of the service to Patient A on April 8, 2023.

Dr. Sheep testified that "he knew Respondent was working towards establishing a boutique medicine business venture but was unaware that Respondent was going to start or had started providing cosmetic procedures, and the first he learned of it was after the fact in relation to the Botox injections at issue" in this case. Findings at 12:3–6. Dr. Sheep further stated, "the Botox

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[2] Dr. Sheep said that he only learned that the agreement was still active when the Board asked him in June 2023 about the April 8, 2023 incident involving Respondent. Shortly after that conversation, Dr. Sheep terminated the Agreement.

[3] *See* Exhibit 12, NSBME (Reb) at 36.

[4] *See also* Findings at 5:8–11. "Respondent admitted to there being no formal business agreement with Dr. Sheep or a medical spa owner when he was called to provide cosmetic services to a 'VIP' client of a medical spa." The conversations that Dr. Sheep and Respondent were having at this time "were not in a supervisory context" and were "about a venture into boutique medicine" that had not yet occurred. Findings at 11:25–26.

injections Respondent undertook were not under his supervision and he was not aware that the supervisory agreement was still on file or that Respondent was going to commence undertaking esthetic procedures." Findings at 12:6–9. Dr. Sheep testified that he "was not meeting with Respondent on a regular basis nor in a supervisory capacity, and, to that end, it would not have been reasonable for Respondent to believe that he was still subject to Dr. Sheep's supervision." Findings at 12:9–12. Dr. Sheep further testified that "he was willing to supervise Respondent for esthetic procedures but no formal workings for the business venture contemplated had been finalized." Findings at 12:15–17. In other words, Dr. Sheep contemplated possibly supervising Respondent's provision of cosmetic services at some point in the future, but he was unaware that Respondent was engaging in cosmetic services on April 8, 2023, and he had not authorized Respondent to provide cosmetic services to Patient A on that day.

At the hearing, Respondent indicated that "Dr. Sheep had not authorized him to inject Botox at any specific location," Findings at 7:13, and "Dr. Sheep was not supervising him that day in his capacity working in emergency medicine but was supervising him with respect to carrying out the Botox procedure," Findings at 7:15–17. However, Respondent acknowledged that "Dr. Sheep does not have privileges at North Valley Hospital where Respondent undertook the Botox injections." Findings at 7:18–19.

Based on the testimony of both Dr. Sheep and Respondent, as well as the exhibits admitted into evidence at the hearing, including Respondent's own statement in Exhibit 2,[5] Dr. Sheep's statement in Exhibit 4,[6] and the supervision agreement between Dr. Sheep and Respondent in Exhibit 12,[7] the Board finds that Respondent did not have a supervising physician in place for the services that he provided to Patient A at North Vista Hospital on April 8, 2023. The record is clear that Respondent had a supervising physician in place for his provision of emergency medicine services at North Vista Hospital, as of April 8, 2023, and an old supervision agreement with Dr. Sheep on file as of April 8, 2023. However, Dr. Sheep was not performing the duties required in NAC 630.370 when supervising a physician assistant with regard to Respondent on

[5] Exhibit 2, NSBME at 3–6.
[6] Exhibit 4, NSBME at 9.
[7] Exhibit 12, NSBME (Reb) at 36.

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April 8, 2023,[8] Dr. Sheep was not aware that the old supervision agreement was active based on his written statement and testimony, and Dr. Sheep terminated the old supervision agreement on June 14, 2023 after learning that it was still active.[9] Therefore, the two supervision agreements for Respondent that were on file with the Board, as of April 8, 2023, did not cover the services that Respondent provided to Patient A on that day. Respondent even admitted that initially in his response as contained in Exhibit 2.[10] Accordingly, the Board finds by a preponderance of the evidence that Respondent's provision of Botox to Patient A on April 8, 2023, was performed in absence of a supervision agreement for those services in violation of NAC 630.340(2) and that Count III has been proven. Consequently, Respondent is subject to disciplinary action for this violation pursuant to NRS 630.306(1)(b)(2).

VIII.

If any of the foregoing Findings of Fact are more properly deemed a Conclusion of Law, it may be so construed.

CONCLUSIONS OF LAW

I.

The Board has jurisdiction over Respondent and the Complaint, and an adjudication of this matter by the Board members as set forth herein is proper.

II.

Respondent was timely and properly served with the Complaint, and all notices and orders in advance of the hearing and adjudication thereon, in accord with NRS and NAC Chapters 630, NRS Chapters 241, 622A and 233B, and the requirements of due process.

III.

With respect to the allegations of the Complaint, the Board concludes that Respondent has violated NRS 630.301(4), Malpractice (Count I); one (1) violation of NRS 630.3062(1)(a), Failure to Maintain Appropriate Medical Records (Count II); one (1) violation of NRS 630.306(1)(b)(2),

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[8] Dr. Sheep's written statement and testimony at the hearing both indicate that Dr. Sheep had ceased performing supervision duties after October 1, 2021. Findings at 10:9–11; Exhibit 4, NSBME at 9.

[9] *Id.* at 37.

[10] Exhibit 2, NSBME at 4 ("Prior to solidifying a formal written agreement with any med spa owner or Dr. Sheep, . . . I was frantically contacted by a med spa owner and was strongly influence[d] to provide service to one of her 'VIP patients.'").

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Violation of Standards of Practice Established by Regulation (Count III); and one (1) violation of NRS 630.306(1)(e), Practice Beyond the Scope of License (Count IV). Accordingly, Respondent is subject to discipline pursuant to NRS 630.352.

IV.

The Board finds that, pursuant to NRS 622.400, it may recover from Respondent reasonable and necessary attorneys' fees and costs incurred by the Board as part of its investigative, administrative and disciplinary proceedings against Respondent as it hereby enters this Findings of Fact, Conclusions of Law, and Order finding that Respondent has violated the NMPA, which the Board has the authority to enforce.

V.

The Board has reviewed the Investigative Committee's Memorandum of Costs and Disbursements and Attorneys' Fees, and the Board finds these costs and fees to be necessary and actually incurred by the Board as part of its investigative, administrative and disciplinary proceedings against Respondent. The Board further finds them to be reasonable based on: (1) the abilities, training, education, experience, professional standing and skill demonstrated by Board staff and attorneys; (2) the character of the work done, its difficulty, its intricacy, its importance, the time and skill required, the responsibility imposed and the prominence and character of the parties where, as in this case, they affected the importance of the litigation; (3) the work actually performed by the Board's attorneys and staff, and the skill, time and attention given to that work; and (4) the product of the work and benefits to the Board and the people of Nevada that were derived therefrom.

VI.

If any of the foregoing Conclusions of Law is more properly deemed a Finding of Fact, it may be so construed.

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ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, and good cause appearing therefore,

IT IS HEREBY ORDERED that pursuant to NRS 630.352, NRS 622A.410, and NRS 622.400:

1. Respondent's license to practice as a physician assistant shall be revoked and, pursuant to NRS 622A.410, he may not re-apply for licensure until two (2) years after the date of the Board's Order;

2. Pursuant to NRS 622.400, Respondent shall reimburse the Board the reasonable and necessary costs and expenses actually incurred in the investigation and prosecution of this case in the amount of thirty-two thousand one hundred thirty-one dollars and ten cents ($32,131.10) if/when Respondent re-applies for licensure, and these costs and expenses must be paid in full upon submission of Respondent's re-application for licensure;

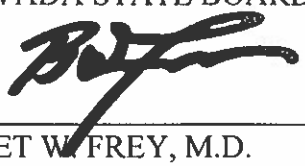
3. Respondent shall be issued a Public Letter of Reprimand; and

4. Respondent's discipline shall be reported to the appropriate entities, including but not limited to, the National Practitioner Databank (NPDB).

IT IS SO ORDERED.

DATED this 26th day of March, 2026.

NEVADA STATE BOARD OF MEDICAL EXAMINERS



BRET W. FREY, M.D.
Vice President of the Board

CERTIFICATION

I certify that the foregoing is the full and true original **FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER** on file in the office of the Board of Medical Examiners in the matter of David Kayle McCleve, PA-C, Case No. 24-42281-1.

I further certify that Bret W. Frey, M.D., is the Vice President of the Nevada State Board of Medical Examiners and that full force and credit is due to his official acts as such; and that the signature to the foregoing **ORDER** is the signature of said Bret W. Frey, M.D.

IN WITNESS THEREOF, I have hereunto set my hand in my official capacity as Secretary-Treasurer of the Nevada State Board of Medical Examiners.

DATED this 26th day of March, 2026.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Maggie Arias-Petrel

MAGGIE ARIAS-PETREL
Secretary-Treasurer and Public Member of the Board

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EXHIBIT 1

EXHIBIT 1

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against

DAVID KAYLE MCCLEVE, PA-C,

Respondent.

Case No.: 24-42281-1

FILED

NOV 26 2025

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

TO: Sarah Bradley
Deputy Executive Director
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

David Kayle McCleve, PA-C
c/o Lisa Zastrow, Esq.
9900 Covington Cross Drive, Ste 210
Las Vegas, NV 89144

FINDINGS AND RECOMMENDATIONS

The above-referenced matter came for hearing on September 17, 2025, and was conducted remotely via the Zoom application by consent of the parties. The Investigative Committee of the State of Nevada Board of Medical Examiners was present and represented by Sarah Bradley, Esq. (the "IC"). Also present was David Kayle McCleve, PA-C, referred to throughout the hearing by his legal counsel as "Kayle" ("Respondent"), as was his legal counsel Lisa Zastrow, Esq.

The charges at issue are set forth in a Complaint filed on November 22, 2024, and consist of Count I, Malpractice, a violation of NRS 630.301(4), premised upon the allegation that Respondent failed to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances when on April 8, 2023, he injected a patient with botulism type A (referred to herein as "Botox") sometime during his emergency department shift at North Vista Hospital, did not conduct a medical examination or history, and failed to create any related medical

documentation; Count II, Failure to Maintain Complete Medical Records, a violation of NRS 630.3062(1)(a), premised upon the allegation that Respondent failed to maintain complete medical records relating to the diagnosis, treatment, and care of a patient in a timely, legible, accurate and complete manner; Count III, Violation of Standard of Practice Established by Regulation, a violation of NRS 630.306(1)(b)(2), premised upon the allegation that Respondent undertook to administer Botox without having a supervisory agreement on file with the Board; and Count IV, Practice Beyond Scope of License, a violation of NRS 630.306(1)(e), premised upon the allegation that Respondent acted outside the scope of his license by injecting Botox without the authorization of his supervising physician. T2 22.

The hearing commenced with Respondent requesting reconsideration of the September 12, 2025, Order Denying Motion in Limine to Exclude Testimony of Johnna LaRue, Ernesto Diaz, Kory Linn, and Stephanie Elmquist, PA-C. Transcript of Hearing Proceedings, September 17, 2025, pp. 7-16 ("TR"). Respondent then sought to preclude IC witness testimony by alleging that the IC failed to summarize witness testimony as established by NAC 630.465 and/or NRS 622A.330. That motion was also denied. TR 16-29.

Opening statements were then given and the parties moved to testimony commencing with the IC's case. The IC called Ernesto Diaz, the Chief of Investigations of the Nevada State Board of Medical Examiners who addressed his professional experience and his experience with this matter. T 43-48. By and through Mr. Diaz, Exhibits 1-4, 8-9 were admitted. T. 48-62.

On cross-examination, Respondent inquired about a peer review report, which is part of the investigative file not relied upon by the IC for the hearing and was addressed in that context and in light of its confidentiality. T. 63-68. Respondent then inquired about the allegation letter, Exhibit 1, the testimony regarding which addressed that the allegation letter did not inquire about Respondent practicing outside the scope of his supervision, nor did the IC take further action to inquire about the specific medical spa Respondent claimed to be working for. T 69-76, 80-81, 91. Exhibit 5 was then admitted. T 79. Timing of the formal complaint was then inquired about, as were allegations in the formal complaint, particularly concerning the allegations of the patient being found unresponsive outside of the hospital shortly after Respondent had administered the

Botox injections, with clarification by counsel that the Patient's subsequent condition was not a result of the actions taken by Respondent. T 82-108. On redirect, the IC addressed the allegation letter and its scope. T 114-119.

The IC next intended to call Johnna LaRue, which prompted the admission of Exhibits 6 - 7 by stipulation. T 122-125. Ms. LaRue was then called by the IC and she testified as to her position with the IC as its Deputy Chief of Investigations, followed by testimony of her professional experience. T 125-127. Ms. LaRue further addressed the allegation letter and its response (Exhibits 1 and 2), followed by testimony regarding Dr. Harris' supervision of Respondent, which was limited to emergency department services that did not encompass Respondent's administration of Botox at the hospital (*see* Exhibit 6). T 128-132.

On cross-examination, Respondent inquired about his supervision agreements (*see* Exhibit 7) and Ms. LaRue' knowledge of another pending matter, discussion of which was limited. T 133-140. On redirect, Ms. LaRue acknowledged that physician assistants can have more than one supervising physician, and that such supervision is subject to an address of the location where the physician's assistant is being supervised. T 142-143. On re-cross, Ms. LaRue was asked about Dr. Sheep failing to contacted the Board about "leaving My Shape Lipo," the location of which is the address provided on Respondent's supervising agreement with Dr. Sheep. T 143-144.

The IC's next witness was Stephanie Elmquist, a licensed physician's assistant who practices in emergency medicine and who testified as to her professional background as reflected in Exhibit 9, which had been admitted. T 148-153. Ms. Elmquist testified that Respondent did not meet the standard of care because he failed to appropriately document the medical treatment of the patient, inclusive of failing to document the patient's history; undertook an unauthorized cosmetic procedure in the hospital emergency room; and performed outside the scope of his emergency room supervisory agreement. T 156-175. As to supervision, Ms. Elmquist testified that, while Respondent had an emergency room supervising physician, the physician that was to be overseeing Respondent for cosmetic procedures had not realized he was still to be supervising Respondent and that performing the cosmetic procedure at the hospital emergency room went beyond the scope of his emergency room duties. T 176-177.

On cross examination, it was established that a physician's assistant is able to perform the work permitted by their supervising physician. T 178-177. Respondent then utilized questioning to contrast emergency room procedures with the comparatively simple task of injecting Botox. T 180-181, 201-202. Questioning was then posed regarding Respondent's supervision agreement with Dr. Sheep, covering the time within which Respondent undertook the Botox injections, which was on April 8, 2021, and related circumstances – that being Respondent's understanding that he and Dr. Sheep would commence a cosmetic treatment partnership. T182-184, 195-196. With respect to the Botox treatment in particular, Ms. Elmquist testified that it was impossible to know whether its administration fell below the applicable standard of care because no records were made in relation thereto, although Respondent attempted to paint his report to the emergency room physician given after the patient was found in the hospital parking lot unresponsive as a medical report. T 185-194, 197-201, 205-209, 242-244. Ms. Elmquist further testified she was not aware that Respondent was supervised by a Doctor of Osteopathy, had not reviewed any records in relation thereto, and that she was not testifying that the patient suffered any adverse reaction from the Botox. T 212-218.[1]

On redirect, Ms. Elmquist reiterated that without records to review, proper treatment of the patient cannot be determined, so one could not say how the patient was treated, which falls below the standard of care. T 239-240. In that same vein, Ms. Elmquist further testified that she could not emphatically state that the situation constitutes malpractice because she cannot definitively determine what happened but that such actions were unreasonable in consideration of the fact that the injections were done in a location where they were not sanctioned and Botox was administered to a patient that was not registered and no records were made, which could be deemed malpractice, and which was reframed on re-cross to be a conclusion of malpractice based

[1] Paragraph 7 of the formal Complaint, filed on November 22, 2024, provides, "Records show that on April 8, 2023, less than one (1) hour after the procedure, Patient A was found unresponsive in the North Vista Hospital parking lot. Patient A was wheeled into the emergency room in an altered mental state, intubated for airway protection, and transferred by ambulance to Sunrise Hospital for a higher level of care." Despite the implication of the paragraph, Patient A's condition was not attributed to Respondent or the Botox he administered (*see* Exhibit 8). T 103-108, 219. Questions were also posed regarding Respondent being supervised by a Doctor of Osteopathy but no evidence regarding any such supervision was presented and questions of counsel are not evidence. T 233-37

upon a lack of record keeping. T 248-256. It was further confirmed on re-cross that Ms. Elmquist does not have training in cosmetic procedures. T 256-260.

Testimony recommenced the following day, at which time the IC called Respondent to testify. Trial Transcript, September 18, 2025 ("T2"). Respondent testified that he has been licensed as a physician's assistant in Nevada since 2014, and was licensed in Arizona prior. T2 9. Respondent testified that his licensing with the Board of Osteopathic Medicine expired on December 31, 2022. T2 10. Respondent testified to the accuracy of his representations in his response to the Board's allegation letter as provided at Exhibit 2. T2 10. Respondent admitted to there being no formal business agreement with Dr. Sheep or a medical spa owner when he was called to provide cosmetic services to a "VIP" client of a medical spa that was not identified in his response letter. T2 9-10. In addressing his ability to do so, Respondent testified that Dr. Sheep had already signed a supervising agreement that was on file with the Board. T2 11. Respondent also suggested he has medical notes about the procedure in the medical spa's EMR system and had notes and photographs in his phone, which included pictures of the vial, the lot number, his "mental notes of what actually transpired," and how he administered the Botox. T2 11, 13. Notably, no such records were ever formally produced, and Respondent says he never offered them even though they were requested in the allegation letter, which Respondent submitted without formal counsel (although two attorneys, including Respondent's current legal counsel, were carbon copied on the email). T2 11-13, 15-16, 72-73, 75.

At the time at issue, Respondent had supervising agreements on file with Dr. Sheep and Dr. Harris, who supervised Respondent in the emergency room of North Vista Hospital. T2 16-17, 21, 23, 155, 164. Respondent was aware of an address for services on his supervisory agreements but attempted to justify working outside the identified address by testifying that he was working on a new business venture with Dr. Sheep and a new address had not yet been established. T2 18, 184.

Respondent sought to clarify that Dr. Sheep was not his supervisor at North Vista Hospital where he administered the Botox to the patient, but that Dr. Sheep had authorized Respondent to act under Dr. Sheep's license and supervision at any medical spa at any location based upon them

developing a "non-traditional business model" where they go into medical spas to provide cosmetic care. T2 19-20, 22, 29. To that end, it was Respondent's testimony that he undertook the Botox procedure at issue at North Vista Hospital in accordance with the supervisory agreement with Dr. Sheep. T2 25-26.

As to monthly meeting requirements for physician supervision as provided for by NAC 630.370, Respondent testified that he satisfied the requirement of meeting with Dr. Sheep once a month by and through their ongoing communication but did not satisfy the select chart review requirement because the patient at issue was their first, although the requirement had been satisfied prior with respect to other work at My Shape Lipo. T2 32-34, 84-87.

Respondent testified that Dr. Sheep, who is board certified in emergency medicine and has a certification with respect to tumescent liposuction, was aware that Respondent was providing the services at issue based upon their longstanding agreement that Respondent could provide cosmetic services under Dr. Sheep's supervision. T2 35-36.

With respect to Respondent's background, in addition to his training that he testified to at T2 38-39, Respondent testified that he had worked in emergency medicine, dermatology, liposuction, and currently works in orthopedic spine surgery and pain management. T2 39. Respondent also testified that he has several current certifications (T 39-40), and that he has trained with a cosmetic surgeon and other doctors that provide cosmetic services. T2 41-42.

Respondent concedes that inviting a patient to a hospital to receive cosmetic injections is "not normal" and was against hospital policy but states that the care provided was reasonable under the circumstances, testifying that there was no meaningful distinction between the hospital and a medical spa in terms of location. T2 54-58, 64. Respondent confirmed that he is trained to administer Botox and testified that when he was working in dermatology he administered Botox daily and has done so throughout his career intermittently but had not done Botox procedures since 2017. T2 58, 60-61.

Respondent maintains that the notes he put in his phone, which were never formally produced and admitted, are applicable records but testified that he is unsure if they meet the appropriate record keeping standard even though he deems them complete. T2 66-68.

Respondent articulated the requirements for complete records, which expanded well beyond the information he stated he entered on his phone and indicated that the "appropriate disclosures" had been handed by the medical spa owner who referred the patient. T2 69-71, 207-209. Respondent also emphasized that he gave pertinent related information to Dr. Clark when the patient was admitted after having been found unresponsive in the parking lot. T2 72-73.

The IC questioned Respondent regarding Exhibit 10, which was admitted and was an email between Respondent and the IC, dated March 17, 2023, that addressed the sharing of vials of Botox, which Respondent says he sent the Board prior to the incident at issue in an effort to seek clarification. T2 78-83. The IC also asked Respondent if he had submitted any documentation evidencing his qualifications to administer Botox, to which Respondent stated the IC has his CV from another case. T2 83-85. Respondent further testified that he had discussed the patient at issue with Dr. Sheep "within a couple of days," and clarified that Dr. Sheep had not authorized him to inject Botox at any specific location as opposed to authorizing him to inject Botox in medical offices, presumably medical spas that Respondent was in talks with. T2 88-89. As to supervision for injecting Botox on the occasion at issue, Respondent testified that Dr. Sheep was not supervising him that day in his capacity working in emergency medicine but was supervising him with respect to carrying out the Botox procedure. T2 89-90. In response to follow up by the IC, Respondent acknowledged that Dr. Sheep does not have privileges at North Valley Hospital where Respondent undertook the Botox injections but maintained that, nonetheless, he was being supervised by Dr. Sheep and reference was made by the IC to Exhibit 7, which demonstrates dates of association with supervising doctors. T2 88-93.

On cross-examination, Respondent inferred that Exhibit 10, the March 17, 2023 email with the Board regarding the sharing of a Botox vial, should have demonstrated to the Board that Respondent was performing or was going to be performing cosmetic procedures and that the Board should have let him know if that was problematic. T2 96-97. Respondent then explained that he is frustrated with the IC because he admitted to and had been punished for violating hospital policy for injecting the patient with Botox during his emergency room shift at the hospital. Respondent also testified that he acknowledged poor record keeping (admitting to it at

T2 131-132) and, therefore, does not believe the other counts alleged are warranted given the care he delivered "was on point." T2 97-109.

With respect to his experience "administer[ing] paralytics," Respondent testified he had undertaken injections prior to this incident "hundreds, maybe thousands of times" and that he is "well-versed with Botox." T2 109-110, 126-127. Respondent then turned his attention to Exhibit 4, which is a letter by Dr. Sheep by which Dr. Sheep wrote that he had not supervised Respondent since October 1, 2021. According to Respondent, Dr. Sheep's statements made therein are inaccurate, although specific statements were not addressed. T2 110-112.

Respondent then addressed Exhibit 2, which was his response to the IC's allegation letter, testifying that it was his intent to be fully transparent, and it was his hope to start a business providing services to medical spas as supervised by Dr. Sheep, who had supervised Respondent when he did liposuction with My Shape Lipo. T2 112-113. According to Respondent, what prompted him to inject Patient A with Botox was a call from a medical spa owner whom he was hoping to forge a relationship with and who had asked Respondent to assist with the Botox injections on an urgent basis. Unable to access the medical spa, Respondent went to his shift in the emergency department at North Vista Hospital, after which the patient called him and asked if Respondent could inject the Botox in the parking lot, upon which Respondent directed the patient to come to the hospital where Respondent took him into the emergency room and administered the Botox. Although the patient offered to pay Respondent $2,000, Respondent states he did not accept. T2 123.

Approximately forty-five minutes later, the patient had "a reaction" and went back into the hospital where the patient was treated by Dr. Clark, whom Respondent then reported to about the Botox injections. T2 116-118. Respondent indicates that he went through "an entire medical encounter" and asked the patient "all of the screening questions necessary" prior to administering the Botox. T2 118. According to Respondent, he injected the patient with 50 units and kept a picture of the vial. T2 119-120.

For having performed the Botox procedure on the patient at the hospital, Respondent lost his job, the basis for which was violating hospital policy. T2 123. Respondent maintained that

medically what he did was fine but ethically it was not. T2 125. To reiterate, the Board should understand that the patient is not believed to have suffered an adverse reaction because of the Botox. T2 126, 129-130, 160-61 (*see* ftn 1).

Respondent again testified that he injected the patient with Botox pursuant to his supervision agreement with Dr. Sheep. T2 141-142. As far as Dr. Sheep's qualifications to supervise him for the Botox administration, Respondent testified that Dr. Sheep had indicated that he was proficient in the procedures that were intended to be performed under the umbrella of "boutique medicine." T2 145-146. Respondent also testified that Dr. Harris knew he worked outside the emergency department under the supervision of another physician as acknowledged in Exhibit 5. T2 156-157. Further, according to Respondent, he did not need Dr. Sheep's permission to administer the Botox to the patient. T2 166-167, 183.

On redirect, Respondent testified that the patient's recreational drug use, which the patient had admitted to prior to the Botox administration, had no bearing on whether it was appropriate to administer Botox to the patient. T2 188-191, 203, 211.

The IC's next witness was Kory Linn, the Chief of Licensing for the Board who testified as to the supervisory agreement form. T2 213-218. Ms. Linn then addressed Dr. Sheep's supervisory agreement, Exhibit 7, testifying that it has an association date of March 16, 2021, and a disassociation date of June 27, 2023. The blank supervisory form with cited statutory authority that had been used for reference was then admitted as Exhibit 11. T2 218-221.

On cross-examination, Ms. Linn testified that the supervisory form is what is required for a physician's assistant to be linked to a physician in the Board's system (T2 226); that the form does not indicate the scope of services being supervised (T2 228); that Respondent was licensed (T2 229); that the scope under which a physician's assistant works is determined by the physician (T2 230-232); and that Respondent had a supervision agreement at the time at issue with both Dr. Harris and Dr. Sheep (T2 232). On redirect, testimony was elicited regarding the location of services as indicated on the supervisory form. T2 233-234.

The last witness called was Dr. Andrew Sheep who was called by the IC in rebuttal to Respondent's testimony. T2 235-244. Dr. Sheep testified that he is employed by Team Health,

has been licensed in Nevada since 2019, and that he practices in emergency medicine. T 244-245. Dr. Sheep identified Respondent as a friend and someone who he had worked with and spoke with about doing esthetic procedures together. T2 245. Dr. Sheep also testified that he had never supervised Respondent with respect to emergency medicine. T2 245.

As for the supervisory form, Dr. Sheep testified that for other physician assistants he supervises, he would usually list Sunrise Hospital and Medical Center for the location of services but could not recall the location he had listed for Respondent, although he did recall that the location as not North Vista Hospital. T2 248-249.

The IC next inquired of Dr. Sheep regarding Exhibit 4, which Dr. Sheep testified was accurate, and that any services performed by Respondent after October 1, 2021, would not have been authorized under Dr. Sheep's supervision. T2 250, 256. Per Dr. Sheep he spoke with Respondent after October 1, 2021, but not in a "professional manner," so he was not meeting with him to review charts and had not spoken with him about the incident at issue until after it took place. T2 249-250, 252. Although the supervisory agreement between Dr. Sheep and Respondent was still on file and had not been terminated as of the date at issue, Dr. Sheep testified that it was his understanding that after October 1, 2021, Dr. Roberts would be supervising Respondent and that he had not met with Respondent thereafter in a supervisory capacity.[2] T2 252-253. The supervisory location for Respondent per Dr. Sheep was at My Shape Lipo and possibly some other medical spas but that would have been prior to October 1, 2021, and only the My Shape Lipo address is listed – *see* Exhibit 12. T2 253-255. Dr. Sheep's supervision was limited to what was provided for "on the credential list" but no "credential list" was made part of the record. T2 255.

Exhibit 12, which was Dr. Sheep's supervisory agreement for Respondent was marked and admitted, with respect to which Dr. Sheep testified that the location for services was not North Vista Hospital and that he would have never authorized Respondent to perform a cosmetic

[2] In Exhibit 4, Dr. Sheep writes that he was unaware as of October 1, 2021, that a physician's assistant could have more than one supervising physician and, therefore, assumed that when Dr. Roberts began to supervise Respondent, Dr. Sheep's supervisory agreement would no longer be effective.

procedure there. T2 258-263. Dr. Sheep also testified that the address on the supervisory agreement was neither of the medical spas where he had supervised Respondent prior (although that does not appear to be accurate because the address on the supervisory agreement is for My Shape Lipo, a medical spa that Dr. Sheep had testified just prior was a location where he supervised Respondent), and that he formally terminated the supervisory agreement on June 14, 2023, when he learned that he was still listed as a supervising physician. T2 264. Dr. Sheep further testified that he did not recall if he had a conversation with Respondent about terminating the supervisory agreement as opposed to merely discussing the fact that he was leaving My Shape Lipo. T2 265-267, 280.

On cross-examination, Dr. Sheep acknowledged that he was required to give notice to the Board of when he was no longer supervising Respondent. T2 274-275. Dr. Sheep acknowledged discussing doing esthetic procedures with Respondent and had previously worked with Respondent at multiple locations. T2 275-279, 280-281. Dr. Sheep reiterated that he did not know he still had a supervisory agreement for Respondent on file and repeatedly stated he did not recall reminding Respondent that the supervisory agreement was still on file when they were discussing working together to do esthetic procedures, with respect to which they had also met with some medical spa owners. Despite denying having spoken about the supervisory agreement with Respondent, Dr. Sheep nonetheless testified that he would have no reason to disagree with Respondent if Respondent had believed the supervisory agreement to have still been on file at the time at issue. T2 279-284.

Dr. Sheep acknowledged that a physician's assistant could act as authorized by a physician and was not subject to constant supervision. T2 285-286. According to Dr. Sheep, Respondent is an excellent physician's assistant, as a result of which Dr. Sheep assisted Respondent to obtain work and he believed Respondent to be trained in neurotoxins. T2 287-288.

On redirect, Dr. Sheep testified that he had been talking with Respondent about a venture into boutique medicine but such conversations were not in a supervisory context, and that Respondent injecting Botox in a hospital emergency department to a patient that was not

registered was not reasonable. T2 289-292. On re-cross, Dr. Sheep acknowledged he was not asked to consider the standard of care in terms of the actual treatment. T2 293-297.

In responding to questioning by the undersigned, Dr. Sheep testified that he knew Respondent was working towards establishing a boutique medicine business venture but was unaware that Respondent was going to start or had started providing cosmetic procedures, and the first he learned of it was after the fact in relation to the Botox injections at issue. T2 295-299. Per Dr. Sheep, the Botox injections Respondent undertook were not under his supervision and he was not aware that the supervisory agreement was still on file or that Respondent was going to commence undertaking esthetic procedures. T2 299. Lending to Dr. Sheep's understanding was the fact that Dr. Sheep was not meeting with Respondent on a regular basis nor in a supervisory capacity and, to that end, it would not have been reasonable for Respondent to believe he was still subject to Dr. Sheep's supervision. T2 302, 311-313. However, upon further questioning by Respondent, Dr. Sheep stated that it was possible that Respondent believed Dr. Sheep was still his supervising physician even though Dr. Sheep himself did not believe so. T2 304-306, 310. Upon final questioning from the IC, Dr. Sheep testified that he was willing to supervise Respondent for esthetic procedures but no formal workings for the business venture contemplated had been finalized. T2 311.

With the consent of the IC, Respondent once more testified, stating that in the spring of 2023, he and Dr. Sheep agreed to move forward with a "boutique thing" with Dr. Sheep supervising him to be able to administer Botox. T2 317. According to Respondent, it was Dr. Sheep who stated that it would work out to move forward given that the supervisory agreement with Dr. Sheep was still in effect, and the lack of chart review was attributable to the fact that the patient at issue was the first patient Respondent undertook to inject with Botox under the contemplated business agreement and that Respondent did so in an attempt to establish good will with the medical spa owner who referred the patient. T2 317-320. According to Respondent, Dr. Sheep was aware that he was Respondent's supervising physician for the Botox injections based upon their business plan and prior discussions, and that Dr. Sheep's cooperation with the IC is premised upon Dr. Sheep himself being subject to a Board investigation. T2 320-321.

Closing statements were given remotely on Monday, September 22, 2025, and were likewise transcribed. In summary, the IC argued that the business venture discussed between Dr. Sheep and Respondent had not been formalized and, therefore, putting aside the problems with injecting the patient with Botox at North Vista Hospital while on an emergency room shift, it was unreasonable to perceive the supervisory agreement as being applicable, particularly when Dr. Sheep was not aware that Respondent had commenced to provide esthetic services. The IC argued that no medical records as required to be maintained had been created, and that Respondent's judgement was so bad as to constitute medical malpractice in having undertaken the Botox injections at the hospital, the location of which was not listed in the supervisory agreement, and having failed to create required documentation in relation thereto. As for Count IV, practicing beyond the scope of a license, the IC argued that the premise of the count was that the Botox injections were not authorized by Dr. Sheep, having acknowledged that Respondent had performed such procedures in the past and "so maybe there's not concerns like his competence or how he might perform them." T3 24.

Respondent, in closing, took issue with the IC's motivation and the manner in which the case was pleaded, and argued that Respondent had conceded the records violation although some records had been made and pertinent information had been provided by Respondent when the patient was formally admitted to the emergency room for reasons unrelated to the Botox injections. Respondent takes issue with the malpractice count, arguing that it applies to a physician and not a physician's assistant but that, regardless, the actual administration of the Botox was not below the standard of care. Respondent addressed the supervisory agreement and how it was in place with Dr. Sheep for supervision of cosmetic procedures, having originally been for liposuction and was believed to be still in effect by Respondent, and Respondent emphasized his ability to perform Botox injections. Respondent further argued that the IC is commingling allegations to bolster counts that are not supported by the legal standards that apply to them and takes issue with disciplinary options that the IC deems to be applicable.

The crux of this matter is that Respondent, on his own accord and without the knowledge of his purported supervising physician, administered Botox to a patient at a location that he should

not have and, in relation thereto, failed to create relevant medical records. The dispute as to the charges by the IC in relation thereto rests with how such action falls within the counts pleaded by the IC.

Count II, Failure to Maintain Complete Medical Records, a violation of NRS 630.3062(1)(a) is undisputed and supported by the lack of medical records created. *See, e.g.* T3 p. 40 (Respondent's counsel: "Mr. McCleve admitted to the records violations . . ."). Given the admission of the violation of Count II, Respondent should be held accountable for the same and undersigned will address the remaining counts, commencing with Count I, Malpractice, a violation of NRS 630.301(4).

As an initial matter, NRS 630.301(4) provides that malpractice of a physician's assistant is grounds for initiating disciplinary action. It is the definition of malpractice at NAC 630.040 with which Respondent takes issue given that the definition as of April 8, 2023, when the action at issue was taken by Respondent, refers to a physician in particular. That said, NAC 630.040 was amended as reflected by LCB File No. R171-20, filed on June 2, 2023, to specifically include a physician's assistant in the definition of "malpractice." To the extent that definition was amended after the incident at issue to include all regulated health care providers including, but not limited to a physician's assistant, the applicable definition of malpractice itself was nonetheless unchanged and remained the failure in treating a patient to use reasonable care, skill, or knowledge ordinarily used under similar circumstances. *See also* NRS 41A.015, which defines "professional negligence" as the failure of a health care provider, in rendering services, to use the reasonable care, skill or knowledge ordinarily used under similar circumstances by similarly trained and experienced providers of health care.

With that, the inquiry rests upon the *treatment* of Patient A. As testified to by Ms. Elmquist, she was unable to address malpractice as to Respondent's actual treatment because of his lack of record keeping. However, evidence of malpractice does not always rest in records but is also evidenced in subsequent adverse reactions or harm suffered by a patient. Here, the adverse condition of Patient A was not related to the Botox injections administered by Respondent as was

addressed on the record and reflected in Exhibit 8. Thus, there was no evidence to demonstrate that the harm suffered by Patient A derived from Respondent's treatment.

Perhaps to overcome this, the IC's pleading of the malpractice count focused on the setting where the Botox was administered, the allegation that Respondent did not conduct a medical examination or history, and the fact that Respondent failed to document his treatment by creating related medical records. While the location where the Botox was administered could go to treatment, NRS 629.086 permits the administration of Botox at a "medical facility," and NRS 449.0151 specifically includes a hospital in the definition of a "medical facility." As such, a finding of malpractice cannot appropriately rest on Respondent having administered the Botox at the hospital. That is not to say that it was appropriate for Respondent to do so. To the contrary, it was completely inappropriate for all the reasons argued by the IC and Respondent was fittingly fired for it. However, it remains that the hospital is a medical facility and Respondent indicated that he "prepared a location within the hospital" to administer the Botox and, as such, the location itself does not properly subject Respondent to a finding of malpractice. *See* Exhibit 2.

With respect to the IC's allegation that Respondent failed to conduct a medical examination or history, Respondent testified and indicated in Exhibit 2 that he undertook a proper medical screening. T2 118, 189; Exhibit 2. While his statements as to such could be deemed self-serving, there is no evidence to contradict his testimony and there is no reason to believe that he did not actually do so, particularly given the specifics described by Respondent as to what was divulged by the patient as to prior drug use. Such information was reflected in Exhibit 8 and would necessarily have been conveyed by Respondent given that Patient A was unresponsive and the urine drug screen result was normal and negative for illicit drug use.

The last basis the IC pleads in support of its malpractice claim is that Respondent failed to create any medical documentation related to his treatment of Patient A. While that is true, that does not go to Respondent's actual treatment and is encompassed within Count II, which Respondent has admitted to. Thus, based upon the foregoing considerations, I cannot recommend a finding of malpractice; although, at first blush, to paint Respondent's actions as such is seemingly appropriate.

Count III is for the alleged violation of a standard of practice established by regulation and is premised upon Respondent not having a supervision agreement on file that would allow him to undertake the Botox injections he administered to Patient A. Unfortunately, this issue is murky and Dr. Sheep failed to shed much light on it. Whether that was by design on Dr. Sheep's part given concern about his own licensing, loyalty to Respondent whom he considered a friend once faced by Respondent during his testimony, or for any other number of possible reasons, it remains that Dr. Sheep's testimony was not entirely consistent with his statements in Exhibit 4 nor definitive as to he and Respondent's contemplated boutique medical endeavor.

Although Dr. Sheep was clear that he did not lead Respondent to believe that he was to supervise Respondent with respect to cosmetic procedures, Dr. Sheep vouched for Respondent's credibility and said he could not refute Respondent's understanding to the contrary. Dr. Sheep also substantiated Respondent's ability to administer Botox. It also makes little sense that the two would be in discussions to pursue a cosmetic practice partnership if Dr. Sheep would not be Respondent's supervising physician in relation thereto. That said, there was no formal business plan or agreement between the two, and Dr. Sheep was unaware that Respondent had commenced cosmetic procedures.

With little definitive testimony, what is irrefutable is that there was a supervisory agreement on file between Dr. Sheep and Respondent effective April 8, 2023, when Respondent administered the Botox to Patient A, and there was no basis established from which to conclude that a prior address listed on the form was fatal to its purpose. Given the complaint pleads the count on the premise that no such supervision agreement was on file, and in consideration of the ambiguous testimony that precludes a finding by a preponderance of the evidence, undersigned cannot recommend a finding that Respondent violated Count III.

Count IV, practice beyond the scope of license, is premised upon Respondent not being authorized by Dr. Sheep to administer Botox to Patient A. It is evident that Respondent and Dr. Sheep had contemplated a business arrangement that would encompass the treatment Respondent provided to Patient A; however, Dr. Sheep made it clear that he was unaware that Respondent had any intention to commence actually undertaking cosmetic procedures as of April 8, 2023, and

Respondent himself acknowledged that he administered the Botox at the behest of a third party or parties and only in anticipation of a formal business agreement eventually being undertaken. In addition, Respondent only informed Dr. Sheep of the treatment after it was undertaken. As the IC argued, Respondent "jumped the gun." Having a supervisory agreement on file is one thing, but presuming to perform a service thereunder that one has not performed in approximately six years without the knowledge and prior approval of a supervising physician is another.

The IC premised the allegation on a violation of NRS 630.306(1)(e), which supports disciplinary action for "[p]racticing or offering to practice beyond the scope permitted by law or performing services which the licensee knows or has reason to know that he or she is not competent to perform or which are beyond the scope of his or her training." Given there was no evidence refuting Respondent's training and ability to administer the Botox injections, what is left is the scope of his actions as permitted by law.

NAC 630.360 provides that the medical services a physician's assistant is authorized to provide must be commensurate with the education, training, experience and level of competence of the physician's assistant and within the scope of practice of the supervising physician of the physician's assistant. At the time the Botox injections were administered by Respondent, Dr. Sheep's scope of practice was emergency medicine. By all accounts, no foray into a boutique cosmetic practice had yet been established.

With that, it is evident that Dr. Sheep had not authorized Respondent to recommence cosmetic services and, therefore, Respondent practiced beyond the scope permitted by law in that Dr. Sheep's scope of practice, without having made any shift back to cosmetic medicine, was limited at the time to emergency medicine.[3] As such, it would be appropriate to hold Respondent accountable for practicing outside the scope of his license.

BASED UPON THE FOREGOING, it is recommended that the Board find Respondent David Kayle McCleve, P.A.-C in violation of NRS 630.3062(1)(a), Failure to Maintain Complete Medical Records, as alleged in Count II of the Complaint field on November 22, 2024; and NRS

[3] Whether Dr. Sheep was qualified to supervise the cosmetic procedure that Respondent performed is a question undersigned does not reach.

630.306(1)(e), Practice Beyond Scope of License, as alleged in Count IV of the Complaint. Undersigned defers to the Board as to determining appropriate sanctions.

DATED this 25th day of November, 2025.

By: _____

Patricia Halstead, Esq.
Hearing Officer
(775) 322-2244

CERTIFICATE OF SERVICE

I certify that on this day, I served by personally delivering or mailing, postage pre-paid, a true and correct file-stamped copy of the foregoing **FINDINGS AND RECOMMENDATIONS** to the following parties:

Deonne E. Contine
General Counsel
Sarah A. Bradley
Deputy Executive Director
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

David Kayle McCleve, PA-C
C/o Lisa Zastrow, Esq.
9900 Covington Cross Drive, Ste. 210
Las Vegas, NV 89144

Certified Mail No.: 9489 0178 9820 3045 5236 76

DATED this 26th day of November, 2025.

Signature

Mercedes Fuentes
Printed Name

Legal Assistant
Title

JOE LOMBARDO
Governor



HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA

BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

March 30, 2026

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO: [redacted]

David Kayle McCleve, PA-C
Registration No. CS22331
7140 Smoke Ranch Rd, Ste A
Las Vegas, NV 89128

9489 0178 9820 3045 0608 74

Re: NOTICE OF SUSPENSION - Registration No. CS22331 (Case No. 26-125-CS-S)

Dear Mr. McCleve:

The Nevada State Board of Pharmacy (Board) has been notified that your License No. PA1526 to practice medicine was revoked by the Nevada State Board of Medical Examiners pursuant to an order entered March 26, 2026. Please be advised that pursuant to NRS 639.2107 this operates as an IMMEDIATE SUSPENSION of your Certificate of Registration No. CS22331 with the Board.

You may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe or dispense a controlled substance or dangerous drug until you petition the Board for reinstatement pursuant to NRS 639.2565 and the Board reinstates your certificate of registration. Your PMP account is also suspended pursuant to NAC 453.078.

You may request a hearing before the Board to contest the suspension of your certificate of registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

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FILED
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **IRENE MOSQUEDA BENLIRO, APRN, Certificate of Registration No. CS17652; PD01110, and** **JOANNE GEROCHE MOSQUEDA, APRN, Certificate of Registration No. CS24366; PD27887,** **Respondents.**	**Case No. 25-266-PD-A-S** **25-266-PD-B-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Irene Mosqueda Benliro, APRN (Benliro) held registrations issued by the Board, Certificate of Registration No. CS17652 and PD01110, and Respondent Joanne Geroche Mosqueda, APRN (Mosqueda) held registrations issued by the Board, Certificate of Registration No. CS24366 and PD27887.

FACTUAL ALLEGATIONS

2. Benliro is an advanced practice registered nurse (APRN) who has been licensed by the Nevada State Board of Nursing since August 2007. She has been registered to prescribe dangerous drugs and controlled substances since December 2008 and has been registered to dispense since July 2009.

3. Mosqueda is an APRN who has been licensed by the Nevada State Board of Nursing since July 2015. She has been registered to prescribe dangerous drugs and controlled substances since March 2016 and has been registered to dispense since December 2023.

4. At all times relevant, both Benliro and Mosqueda have been employed at Medical Weight Loss & Family Clinic (Medical Weight Loss), located at 9017 S. Pecos Road, Suite 4425 in Henderson. Medical Weight Loss offers weight loss services, in addition to other medical services.

5. On or about April 18, 2025, patient D.G. filed a complaint with the Board stating that she had been going to Medical Weight Loss for more than a year. In her complaint, patient D.G. said she received two (2) filled syringes of retatrutide from Benliro. Retatrutide is not approved by the FDA and is currently in phase 3 clinical trials.[1]

6. Patient D.G. experienced a rash on her face and a rapid heart rate from taking retatrutide.

7. According to Medical Weight Loss practices, Benliro and Mosqueda would start patients on semaglutide. If the patient's weight loss plateaued, Benliro and Mosqueda switched the patient to tirzepatide. If the patient's weight loss plateaued again, Benliro and Mosqueda would start the patient on retatrutide.

8. On or about July 10, 2025, Board Investigator Dena McClish (McClish) and Inspector John Castaldo (Cataldo) made a site visit to Medical Weight Loss while Benliro was present. During the inspection, McClish and Castaldo observed unlocked cabinets being used as storage for dangerous drugs used to treat common conditions such as high blood pressure.

9. Castaldo found that many of the dangerous drugs at Medical Weight Loss were expired and were kept along with unopened and unexpired dangerous drugs.

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[1] *See* Eli Lilly and Co., "What to know about retatrutide: An investigational triple hormone receptor agonist," https://www.lilly.com/news/stories/what-to-know-about-retatrutide (Last visited Dec. 26, 2025).

10. Castaldo also found that Medical Weight Loss had a separate storage room with a refrigerator and large cabinets containing GLP-1 medications, other injectable medications, and dangerous drugs. Many of the drugs contained labels from manufacturers and wholesalers that are not licensed by the Board to in engage in wholesale activity in the State of Nevada, including: American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy. Furthermore, at least one of the wholesalers, Alpha BioMed, has a disclaimer on its website stating that it is not 503a or 503b facility as defined under the Federal Food, Drug, and Cosmetic Act.

11. Castaldo also found used and/or punctured multi-dose vials with no puncture date or beyond use date noted. Additionally, Castaldo found several pre-filled syringes containing GLP-1 medications and other injectable medications that were not properly labeled and did not contain information about when they were drawn, beyond use date, storage conditions, or full directions for use.

12. Castaldo found several zip-lock bags filled with pre-filled syringes of GLP-1 medication hidden in several places in Benliro's office, including in a small suitcase and a shopping bag that contained food items.

13. At all relevant times, Benliro and Mosqueda did not keep prescription records for GLP-1 medications or other injectable medication dispensations.

14. At all relevant times, Benliro and Mosqueda did not create any prescription or patient labels for GLP-1 medications or other injectable medication dispensations.

15. At all relevant times, Benliro and Mosqueda did not maintain copies of invoices for the dangerous drugs, GLP-1s, or any other injectable medicines found at the Medical Weight Loss. During the inspection, Benliro was only able to produce one invoice for the purchase of retatrutide, from American Peptide Co., LLC. American Peptide Co., LLC does not have a license with the Board to engage in wholesaling into or within the State of Nevada.

16. Mosqueda provided a report of dispensed prescriptions showing that, from April 2025 to June 2025, she dispensed at least 11 retatrutide prescriptions, 563 semaglutide prescriptions, and 215 tirzepatide prescriptions.

17. Benliro provided a report of dispensed prescriptions showing that, from April 2025 to June 2025, she dispensed at least 26 retatrutide prescriptions, 536 semaglutide prescriptions, and 146 tirzepatide prescriptions.

APPLICABLE LAW

18. "'Dispense' means to deliver a controlled substance or dangerous drug to an ultimate user, patient or subject of research by or pursuant to the lawful order of a practitioner, including the prescribing by a practitioner, administering, packaging, labeling or compounding necessary to prepare the substance for that delivery." NRS 639.0065.

19. To dispense dangerous drugs or controlled substances in Nevada, a practitioner must apply for and obtain a certificate of registration issued pursuant to NAC 639.742.

20. A practitioner must keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug purchased and dispensed. NAC 639.745(1)(a).

21. It is unlawful to sell dangerous drugs at wholesale, or to permit dangerous drugs to be sold at wholesale, unless the seller holds a wholesaler license issued by the Board. NRS 639.100(1); NRS 639.233; NAC 639.593.

22. It is unlawful to introduce into interstate commerce, or to receive in interstate commerce any drug that is misbranded or that may not be lawfully introduced into interstate commerce. 21 U.S.C.A. § 331; NRS 454.351.

23. A drug is misbranded if its labeling is false or misleading in any particular. 21 U.S.C.A. § 352(a)(1).

24. A drug is misbranded if it was manufactured in an establishment not registered with the FDA, or if it was imported by a commercial importer of drugs not registered with the FDA. 21 U.S.C.A. § 352(o).

25. It is unlawful for a practitioner to store dangerous drugs that are not in stock containers properly labeled and procured from a manufacturer, wholesaler or pharmacy. NRS 454.316.

26. All controlled substances and dangerous drugs that are in the possession of an advanced practice registered nurse must be kept in a locked storage area. NAC 639.898.

27. A practitioner who maintains a stock of controlled substances and/or dangerous drugs must not commingle expired substances and unexpired substances in a storage area from which the substances are withdrawn from inventory for administering or dispensing to patients. NAC 639.050(2); NAC 639.473.

28. The sale or delivery or holding or offering for sale any drug that is adulterated is prohibited under Nevada law. NRS 585.520(1). A drug shall be deemed adulterated if it is a drug recognized in an official compendium and its quality or purity falls below the standard set forth in the compendium. NRS 585.380.

29. The Board may suspend or revoke any registration if the holder or applicant: 1) has violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate any of the provisions of NRS chapter 639 or any law or regulation relating to drugs; or 2) is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4) and (12).

30. Furthermore, the Board may suspend or revoke the certificate of registration of any advanced practice registered nurse who is guilty of unprofessional conduct or conduct contrary to the public interest. NAC 639.900(4).

31. Unprofessional conduct includes performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration. NAC 639.945(1)(k). Unprofessional conduct also includes performing any duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner. NAC

639.945(1)(i). It also includes aiding or abetting unlicensed activity in Nevada. NAC 639.945(1)(j).

32. The Board may suspend or revoke the registration to dispense a controlled substance if the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to that section. NRS 453.236(1)(e). *See also* NRS 453.231(1)(h).

COUNT ONE

Violations of State Law - Failure to Maintain Security of Dangerous Drugs (Respondents Benliro and Mosqueda)

33. As alleged above, Respondents Benliro and Mosqueda stored several dangerous drugs in unlocked desk drawers and on cabinet shelves.

34. As alleged above, Respondent Benliro kept zip-lock bags of pre-filled syringes of dangerous drugs in zip-lock bags in a suitcase and shopping bag in her office.

35. As alleged above, Respondents Benliro and Mosqueda failed to maintain the security of the dangerous drugs within her possession in violation of NAC 639.898.

36. Respondents Benliro and Mosqueda violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.898.

37. This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

COUNT TWO

Negligence and/or Violation of State Law – Holding for Sale An Adulterated Drug (Respondents Benliro and Mosqueda)

38. As alleged above, Respondents Benliro and Mosqueda engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) when Respondents held for sale adulterated drugs in violation of NRS 585.520(1).

39. As alleged above, Respondents engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) when Respondents commingled expired substances and unexpired substances in a storage area from which the substances are withdrawn from inventory for administering or dispensing to patients in violation of NAC 639.050(2) and NAC 639.473.

40. Based upon the facts or circumstances surrounding her professional knowledge of dangerous drugs, Respondents knew or should have known that holding for sale an expired prescription drug and commingling expired and unexpired drugs was not safe.

41. By holding for sale into interstate commerce adulterated dangerous drugs, Respondents possessed adulterated drugs in violation of 21 U.S.C.A. § 331 and/or NRS 454.351.

42. As alleged above, Respondents performed their duties as the holders of a registration issued by the Board in a negligent, unskillful, or incompetent manner.

43. This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

COUNT THREE
Violation of State Law Pertaining to Drugs
(Respondents Benliro and Mosqueda)

44. As alleged above, Respondents Benliro and Mosqueda failed to keep an accurate and complete record of dangerous drugs dispensed from Medical Weight Loss.

45. By failing to keep an accurate and complete record of dangerous drugs dispensed at Medical Weight Loss, Respondents Benliro and Mosqueda violated NAC 639.745(1)(a).

46. Having violated state law pertaining to dangerous drugs, Respondents Benliro and Mosqueda are subject to discipline pursuant to NRS 639.210(12) and/or NRS 453.236(1)(e).

COUNT FOUR
Violation of State Law – Possessing, Selling, Furnishing Drugs Not Approved in the United States
(Respondents Benliro and Mosqueda)

47. As alleged above, Respondents Benliro and Mosqueda dispensed at least 37 retatrutide prescriptions, which has not been approved by the FDA.

48. By purchasing, possessing, selling, furnishing and/or administering drug products not approved for distribution or use in the U.S., Respondents Benliro and Mosqueda violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.351(1) and/or NRS 585.490

49. 44. Having violated state law pertaining to dangerous drugs, Respondents Benliro and Mosqueda are subject to discipline pursuant to NAC 639.295(10), NRS 639.210(11), NRS 639.210(12), and/or NRS 453.236(1)(e).

COUNT FIVE

Unprofessional Conduct -Performing Duties in an Incompetent, Unskillful, or Negligent Manner (Respondent Benliro)

50. As alleged above, Respondent Benliro acquired dangerous drugs from American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy.

51. During the relevant time period, the wholesalers/manufacturers were not licensed by the Board to sell or distribute dangerous drugs at wholesale.

52. Respondent Benliro knew or should have known that American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy were not known, reputable sources because they were not licensed in Nevada, and at least one (Alpha BioMed) had disclaimers stating it was not a compound pharmacy according to the FDA.

53. By purchasing drugs from American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy, who were not licensed wholesalers in Nevada, Respondent Benliro breached her duties as a purchaser and as the

holder of a certificate of registration issued by the Board in an incompetent, unskillful, or negligent manner.

54. Respondent's conduct as alleged above amounts to unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.900(4); NAC 639.945(1)(i).

COUNT SIX

Unprofessional Conduct – Permitting Unlicensed Distribution
(Respondent Benliro)

55. As alleged above, Respondent Benliro acquired dangerous drugs from American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy.

56. During the relevant time period, the wholesalers/manufacturers were not licensed by the Board to sell or distribute dangerous drugs at wholesale.

57. Respondent Benliro knew or should have known that American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy were not known, reputable sources because they were not licensed in Nevada, and at least one (Alpha BioMed) had disclaimers stating it was not a compound pharmacy according to the FDA.

58. By purchasing drugs from American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy, who were not licensed wholesalers in Nevada, Respondent Benliro assisted or permitted the unlicensed wholesale distribution of drugs in violation of NRS 639.100(1).

59. Respondent Benliro's conduct as alleged above amounts to unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(12); NAC 639.900(4); NAC 639.945(1)(j).

WHEREFORE it is requested that the Nevada State Board of Pharmacy impose appropriate discipline with respect to Respondent Irene Mosqueda Benliro's Certificates of Registration Nos.

CS17652 and PD01110, and Respondent Joanne Geroche Mosqueda's Certificates of Registration Nos. CS24366 and PD27887.

Signed this 6th day of APRIL 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **IRENE MOSQUEDA BENLIRO, APRN, Certificate of Registration No. CS17652; PD01110,** **Respondent.**	**Case No. 25-266-PD-A-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, June 3, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Laura Tucker, at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of APRIL 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **IRENE MOSQUEDA BENLIRO, APRN, Certificate of Registration No. CS17652; PD01110,** **Respondent.**	**Case No. 25-266-PD-A-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

_____

IRENE MOSQUEDA BENLIRO, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 7th day of April 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Irene Benliro, APRN c/o
Medical Weight Loss & Family Clinic
9017 S Pecos Rd. #4425
Henderson, NV 89074

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **IRENE MOSQUEDA BENLIRO, APRN, Certificate of Registration No. CS17652; PD01110, and** **JOANNE GEROCHE MOSQUEDA, APRN, Certificate of Registration No. CS24366; PD27887,** **Respondents.**	**Case No. 25-266-PD-A-S** **25-266-PD-B-S** **STIPULATION AND ORDER** **[Irene Mosqueda Benliro Only]**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through its General Counsel, Laura M. Tucker, and Respondent Irene Mosqueda Benliro, APRN, ("Respondent"), by and through her counsel, Joshua Dickey, Esq., hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent and this matter.

2. The Board's staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby knowingly and voluntarily waives the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. For purposes of resolving this matter and for no other purpose, Respondent does not contest that Board staff prosecuting this case could present such evidence at an administrative hearing to a establish a factual basis for the violations alleged in Count One, Count Two, Count Three, Count Four, Count Five, and Count Six of the Accusation, *to wit*:

A. At all times relevant, Benliro worked at Medical Weight Loss & Family Clinic (Medical Weight Loss), located at 9017 S. Pecos Road, Suite 4425 in Henderson.

B. Respondent failed to maintain the security of the dangerous drugs within her possession in accordance with NAC 639.898. As such, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.898 and is subject to discipline pursuant to NRS 639.210(4) and (12).

C. Respondent engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) when Respondent commingled expired substances and unexpired substances in a storage area from which the substances are withdrawn from inventory for administering or dispensing to patients in violation of NAC 639.473.

D. Based upon the facts or circumstances surrounding her professional knowledge of dangerous drugs, Respondent knew or should have known that commingling expired and unexpired drugs was not safe. As such, Respondent performed her duties as the holder of a registration issued by the Board in a negligent, unskillful, or incompetent manner and is subject to discipline pursuant to NRS 639.210(4) and (12).

E. Respondent's record keeping concerning certain dangerous drugs dispensed at Medical Weight Loss did not comply with NAC 639.745(1)(a). As such, Respondent is subject to discipline pursuant to NRS 639.210(12).

F. Respondent dispensed retatrutide, a drug that is undergoing Phase 3 clinical trials but has not yet been approved for distribution or use in the United States, to patients at Medical Weight Loss in violation of NRS 585.490. As such, Respondent violated a state law pertaining to drugs and is subject to discipline pursuant to NAC 639.295(10) and/or NRS 639.210(12).

G. Respondent acquired dangerous drugs (retatrutide) from wholesalers/manufacturers who were not licensed by the Board to sell or distribute drugs at wholesale. In doing so, Respondent breached her duties as a purchaser and as the holder of a certificate of registration issued by the Board and acted in an incompetent, unskillful, or negligent manner. As such, Respondent's actions amount to unprofessional conduct for which the Board may impose administrative discipline pursuant to NRS 639.210(4), NAC 639.900(4), and NAC 639.945(1)(i).

H. Respondent acquired dangerous drugs (retatrutide) from wholesalers/manufacturers who were not licensed by the Board to sell or distribute drugs at wholesale. In doing so, Respondent unknowingly assisted or permitted the unlicensed wholesale distribution of drugs. As such, Respondent's actions amount to unprofessional conduct for which the Board may impose administrative discipline pursuant to NRS 639.210(12), NAC 639.900(4), and NAC 639.945(1)(j).

7. Those violations are pled with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. Now, therefore, to resolve the allegations stated in Count One, Count Two, Count Three, Count Four, Count Five, and Count Six of the Accusation without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree to the imposition of the following penalties:

A. Respondent's certificate of registration no. PD01110 is REVOKED, and Respondent cannot petition for reinstatement of her certificate of registration for a period of five (5) years from the effective date of this Order. Respondent must appear before the Board to petition for reinstatement.

B. Respondent may not be in possession of controlled substances or dangerous drugs at any place of practice for a period of one (1) year from the effective date of this Order unless Respondent is employed at a medical facility as that term is defined in NRS 449.0151, excluding mobile units. Respondent may work at a facility where the drugs maintained are to be used and administered in case of emergency and may be in possession of controlled substances or dangerous drugs if the drugs are prescribed to Respondent for a legitimate medical purpose. Respondent may continue to prescribe controlled substances and dangerous drugs pursuant to her certificate of registration no. CS17652, including during this one-year period.

C. Respondent agrees to pay an administrative fine of **Ten Thousand and 00/100 Dollars ($10,000.00)**, payable by *cashier's check, certified check,* or *money order* written to the "**State of Nevada, Office of the Treasurer.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

D. Respondent shall pay the sum of **One Thousand Six Hundred Eighty-One and 50/100 Dollars ($1,681.50)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this case. This sum shall be payable by *cashier's check, certified check,* or *money order* written to the "**Nevada State Board of Pharmacy.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a

hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 15, 2026. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. If the Board rejects this Stipulation, the terms and admissions in this Stipulation shall not be deemed to be an admission by Respondent and this Stipulation, including any terms or admissions, shall not be admissible in any hearing or be used as evidence for any purpose, including a full hearing on the merits of this matter.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

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Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 28th day of June 2026.

IRENE MOSQUEDA BENLIRO, APRN
Certificates of Registration Nos. CS17652 and PD01110

Signed this ____ day of _____ 2026.

NEVADA STATE BOARD OF PHARMACY

By_____
LAURA M. TUCKER, ESQ.
General Counsel

Approved as to Form and Content:

JOSHUA DICKEY, ESQ.
Attorney for Respondent Irene Mosqueda Benliro, APRN

DECISION AND ORDER

As to Respondent Irene Mosqueda Benliro, APRN, in Case No. 25-266-PD-A-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and orders that its terms and conditions be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this __ day of July 2026.

_____

Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

IRENE MOSQUEDA BENLIRO, APRN, Certificate of Registration No. CS17652; PD01110, and

JOANNE GEROCHE MOSQUEDA, APRN, Certificate of Registration No. CS24366; PD27887,

Respondents.

Case No. 25-266-PD-A-S
25-266-PD-B-S

NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Irene Mosqueda Benliro, APRN (Benliro) held registrations issued by the Board, Certificate of Registration No. CS17652 and PD01110, and Respondent Joanne Geroche Mosqueda, APRN (Mosqueda) held registrations issued by the Board, Certificate of Registration No. CS24366 and PD27887.

FACTUAL ALLEGATIONS

2. Benliro is an advanced practice registered nurse (APRN) who has been licensed by the Nevada State Board of Nursing since August 2007. She has been registered to prescribe dangerous drugs and controlled substances since December 2008 and has been registered to dispense since July 2009.

3. Mosqueda is an APRN who has been licensed by the Nevada State Board of Nursing since July 2015. She has been registered to prescribe dangerous drugs and controlled substances since March 2016 and has been registered to dispense since December 2023.

4. At all times relevant, both Benliro and Mosqueda have been employed at Medical Weight Loss & Family Clinic (Medical Weight Loss), located at 9017 S. Pecos Road, Suite 4425 in Henderson. Medical Weight Loss offers weight loss services, in addition to other medical services.

5. On or about April 18, 2025, patient D.G. filed a complaint with the Board stating that she had been going to Medical Weight Loss for more than a year. In her complaint, patient D.G. said she received two (2) filled syringes of retatrutide from Benliro. Retatrutide is not approved by the FDA and is currently in phase 3 clinical trials.[1]

6. Patient D.G. experienced a rash on her face and a rapid heart rate from taking retatrutide.

7. According to Medical Weight Loss practices, Benliro and Mosqueda would start patients on semaglutide. If the patient's weight loss plateaued, Benliro and Mosqueda switched the patient to tirzepatide. If the patient's weight loss plateaued again, Benliro and Mosqueda would start the patient on retatrutide.

8. On or about July 10, 2025, Board Investigator Dena McClish (McClish) and Inspector John Castaldo (Cataldo) made a site visit to Medical Weight Loss while Benliro was present. During the inspection, McClish and Castaldo observed unlocked cabinets being used as storage for dangerous drugs used to treat common conditions such as high blood pressure.

9. Castaldo found that many of the dangerous drugs at Medical Weight Loss were expired and were kept along with unopened and unexpired dangerous drugs.

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[1] *See* Eli Lilly and Co., "What to know about retatrutide: An investigational triple hormone receptor agonist," https://www.lilly.com/news/stories/what-to-know-about-retatrutide (Last visited Dec. 26, 2025).

10. Castaldo also found that Medical Weight Loss had a separate storage room with a refrigerator and large cabinets containing GLP-1 medications, other injectable medications, and dangerous drugs. Many of the drugs contained labels from manufacturers and wholesalers that are not licensed by the Board to in engage in wholesale activity in the State of Nevada, including: American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy. Furthermore, at least one of the wholesalers, Alpha BioMed, has a disclaimer on its website stating that it is not 503a or 503b facility as defined under the Federal Food, Drug, and Cosmetic Act.

11. Castaldo also found used and/or punctured multi-dose vials with no puncture date or beyond use date noted. Additionally, Castaldo found several pre-filled syringes containing GLP-1 medications and other injectable medications that were not properly labeled and did not contain information about when they were drawn, beyond use date, storage conditions, or full directions for use.

12. Castaldo found several zip-lock bags filled with pre-filled syringes of GLP-1 medication hidden in several places in Benliro's office, including in a small suitcase and a shopping bag that contained food items.

13. At all relevant times, Benliro and Mosqueda did not keep prescription records for GLP-1 medications or other injectable medication dispensations.

14. At all relevant times, Benliro and Mosqueda did not create any prescription or patient labels for GLP-1 medications or other injectable medication dispensations.

15. At all relevant times, Benliro and Mosqueda did not maintain copies of invoices for the dangerous drugs, GLP-1s, or any other injectable medicines found at the Medical Weight Loss. During the inspection, Benliro was only able to produce one invoice for the purchase of retatrutide, from American Peptide Co., LLC. American Peptide Co., LLC does not have a license with the Board to engage in wholesaling into or within the State of Nevada.

16. Mosqueda provided a report of dispensed prescriptions showing that, from April 2025 to June 2025, she dispensed at least 11 retatrutide prescriptions, 563 semaglutide prescriptions, and 215 tirzepatide prescriptions.

17. Benliro provided a report of dispensed prescriptions showing that, from April 2025 to June 2025, she dispensed at least 26 retatrutide prescriptions, 536 semaglutide prescriptions, and 146 tirzepatide prescriptions.

APPLICABLE LAW

18. "'Dispense' means to deliver a controlled substance or dangerous drug to an ultimate user, patient or subject of research by or pursuant to the lawful order of a practitioner, including the prescribing by a practitioner, administering, packaging, labeling or compounding necessary to prepare the substance for that delivery." NRS 639.0065.

19. To dispense dangerous drugs or controlled substances in Nevada, a practitioner must apply for and obtain a certificate of registration issued pursuant to NAC 639.742.

20. A practitioner must keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug purchased and dispensed. NAC 639.745(1)(a).

21. It is unlawful to sell dangerous drugs at wholesale, or to permit dangerous drugs to be sold at wholesale, unless the seller holds a wholesaler license issued by the Board. NRS 639.100(1); NRS 639.233; NAC 639.593.

22. It is unlawful to introduce into interstate commerce, or to receive in interstate commerce any drug that is misbranded or that may not be lawfully introduced into interstate commerce. 21 U.S.C.A. § 331; NRS 454.351.

23. A drug is misbranded if its labeling is false or misleading in any particular. 21 U.S.C.A. § 352(a)(1).

24. A drug is misbranded if it was manufactured in an establishment not registered with the FDA, or if it was imported by a commercial importer of drugs not registered with the FDA. 21 U.S.C.A. § 352(o).

25. It is unlawful for a practitioner to store dangerous drugs that are not in stock containers properly labeled and procured from a manufacturer, wholesaler or pharmacy. NRS 454.316.

26. All controlled substances and dangerous drugs that are in the possession of an advanced practice registered nurse must be kept in a locked storage area. NAC 639.898.

27. A practitioner who maintains a stock of controlled substances and/or dangerous drugs must not commingle expired substances and unexpired substances in a storage area from which the substances are withdrawn from inventory for administering or dispensing to patients. NAC 639.050(2); NAC 639.473.

28. The sale or delivery or holding or offering for sale any drug that is adulterated is prohibited under Nevada law. NRS 585.520(1). A drug shall be deemed adulterated if it is a drug recognized in an official compendium and its quality or purity falls below the standard set forth in the compendium. NRS 585.380.

29. The Board may suspend or revoke any registration if the holder or applicant: 1) has violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate any of the provisions of NRS chapter 639 or any law or regulation relating to drugs; or 2) is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4) and (12).

30. Furthermore, the Board may suspend or revoke the certificate of registration of any advanced practice registered nurse who is guilty of unprofessional conduct or conduct contrary to the public interest. NAC 639.900(4).

31. Unprofessional conduct includes performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration. NAC 639.945(1)(k). Unprofessional conduct also includes performing any duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner. NAC

639.945(1)(i). It also includes aiding or abetting unlicensed activity in Nevada. NAC 639.945(1)(j).

32. The Board may suspend or revoke the registration to dispense a controlled substance if the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to that section. NRS 453.236(1)(e). *See also* NRS 453.231(1)(h).

COUNT ONE

Violations of State Law - Failure to Maintain Security of Dangerous Drugs (Respondents Benliro and Mosqueda)

33. As alleged above, Respondents Benliro and Mosqueda stored several dangerous drugs in unlocked desk drawers and on cabinet shelves.

34. As alleged above, Respondent Benliro kept zip-lock bags of pre-filled syringes of dangerous drugs in zip-lock bags in a suitcase and shopping bag in her office.

35. As alleged above, Respondents Benliro and Mosqueda failed to maintain the security of the dangerous drugs within her possession in violation of NAC 639.898.

36. Respondents Benliro and Mosqueda violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.898.

37. This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

COUNT TWO

Negligence and/or Violation of State Law – Holding for Sale An Adulterated Drug (Respondents Benliro and Mosqueda)

38. As alleged above, Respondents Benliro and Mosqueda engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) when Respondents held for sale adulterated drugs in violation of NRS 585.520(1).

39. As alleged above, Respondents engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) when Respondents commingled expired substances and unexpired substances in a storage area from which the substances are withdrawn from inventory for administering or dispensing to patients in violation of NAC 639.050(2) and NAC 639.473.

40. Based upon the facts or circumstances surrounding her professional knowledge of dangerous drugs, Respondents knew or should have known that holding for sale an expired prescription drug and commingling expired and unexpired drugs was not safe.

41. By holding for sale into interstate commerce adulterated dangerous drugs, Respondents possessed adulterated drugs in violation of 21 U.S.C.A. § 331 and/or NRS 454.351.

42. As alleged above, Respondents performed their duties as the holders of a registration issued by the Board in a negligent, unskillful, or incompetent manner.

43. This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

COUNT THREE
Violation of State Law Pertaining to Drugs
(Respondents Benliro and Mosqueda)

44. As alleged above, Respondents Benliro and Mosqueda failed to keep an accurate and complete record of dangerous drugs dispensed from Medical Weight Loss.

45. By failing to keep an accurate and complete record of dangerous drugs dispensed at Medical Weight Loss, Respondents Benliro and Mosqueda violated NAC 639.745(1)(a).

46. Having violated state law pertaining to dangerous drugs, Respondents Benliro and Mosqueda are subject to discipline pursuant to NRS 639.210(12) and/or NRS 453.236(1)(e).

COUNT FOUR
Violation of State Law – Possessing, Selling, Furnishing Drugs Not Approved in the United States
(Respondents Benliro and Mosqueda)

47. As alleged above, Respondents Benliro and Mosqueda dispensed at least 37 retatrutide prescriptions, which has not been approved by the FDA.

48. By purchasing, possessing, selling, furnishing and/or administering drug products not approved for distribution or use in the U.S., Respondents Benliro and Mosqueda violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.351(1) and/or NRS 585.490

49. 44. Having violated state law pertaining to dangerous drugs, Respondents Benliro and Mosqueda are subject to discipline pursuant to NAC 639.295(10), NRS 639.210(11), NRS 639.210(12), and/or NRS 453.236(1)(e).

COUNT FIVE

Unprofessional Conduct -Performing Duties in an Incompetent, Unskillful, or Negligent Manner (Respondent Benliro)

50. As alleged above, Respondent Benliro acquired dangerous drugs from American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy.

51. During the relevant time period, the wholesalers/manufacturers were not licensed by the Board to sell or distribute dangerous drugs at wholesale.

52. Respondent Benliro knew or should have known that American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy were not known, reputable sources because they were not licensed in Nevada, and at least one (Alpha BioMed) had disclaimers stating it was not a compound pharmacy according to the FDA.

53. By purchasing drugs from American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy, who were not licensed wholesalers in Nevada, Respondent Benliro breached her duties as a purchaser and as the

holder of a certificate of registration issued by the Board in an incompetent, unskillful, or negligent manner.

54. Respondent's conduct as alleged above amounts to unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.900(4); NAC 639.945(1)(i).

COUNT SIX

Unprofessional Conduct – Permitting Unlicensed Distribution
(Respondent Benliro)

55. As alleged above, Respondent Benliro acquired dangerous drugs from American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy.

56. During the relevant time period, the wholesalers/manufacturers were not licensed by the Board to sell or distribute dangerous drugs at wholesale.

57. Respondent Benliro knew or should have known that American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy were not known, reputable sources because they were not licensed in Nevada, and at least one (Alpha BioMed) had disclaimers stating it was not a compound pharmacy according to the FDA.

58. By purchasing drugs from American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy, who were not licensed wholesalers in Nevada, Respondent Benliro assisted or permitted the unlicensed wholesale distribution of drugs in violation of NRS 639.100(1).

59. Respondent Benliro's conduct as alleged above amounts to unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(12); NAC 639.900(4); NAC 639.945(1)(j).

WHEREFORE it is requested that the Nevada State Board of Pharmacy impose appropriate discipline with respect to Respondent Irene Mosqueda Benliro's Certificates of Registration Nos.

CS17652 and PD01110, and Respondent Joanne Geroche Mosqueda's Certificates of Registration Nos. CS24366 and PD27887.

Signed this 6th day of APRIL 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JOANNE GEROCHE MOSQUEDA, APRN, Certificate of Registration No. CS24366; PD27887,** **Respondent.**	**Case No. 25-266-PD-B-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, June 3, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Laura Tucker, at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of APRIL 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JOANNE GEROCHE MOSQUEDA, APRN, Certificate of Registration No. CS24366; PD27887,** **Respondent.**	**Case No. 25-266-PD-B-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

_____

JOANNE GEROCHE MOSQUEDA, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 7th day of April 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Joanne Mosqueda, APRN
[redacted]
Henderson, NV [redacted]

Joanne Mosqueda, APRN
[redacted]
Las Vegas, NV [redacted]

Joanne Mosqueda, APRN c/o
Medical Weight Loss & Family Clinic
9017 S Pecos Rd. #4425
Henderson, NV 89074

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **IRENE MOSQUEDA BENLIRO, APRN, Certificate of Registration No. CS17652; PD01110, and** **JOANNE GEROCHE MOSQUEDA, APRN, Certificate of Registration No. CS24366; PD27887,** **Respondents.**	**Case No. 25-266-PD-A-S** **25-266-PD-B-S** **STIPULATION AND ORDER** **[Joanne Geroche Mosqueda Only]**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through its General Counsel, Laura M. Tucker, and Respondent Joanne Geroche Mosqueda, APRN, ("Respondent"), by and through her counsel, David J. Merrill, Esq., hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent and this matter.

2. The Board's staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby knowingly and voluntarily waives the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. For purposes of resolving this matter only and for no other purpose, Respondent does not contest that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged in Count One, Count Two, Count Three and Count Four of the Accusation, *to wit*:

A. Respondent worked part-time at Medical Weight Loss & Family Clinic (Medical Weight Loss), located at 9017 S. Pecos Road, Suite 4425 in Henderson.

B. Respondent's record keeping concerning certain dangerous drugs dispensed at Medical Weight Loss did not comply with NAC 639.745(1)(a). As such, Respondent is subject to discipline pursuant to NRS 639.210(12).

C. Respondent dispensed retatrutide, a drug that is undergoing Phase 3 clinical trials but has not yet been approved for distribution or use in the United States, to patients at Medical Weight Loss in violation of NRS 585.490. As such, Respondent violated a state law pertaining to drugs and is subject to discipline pursuant to NAC 639.295(10), and/or NRS 639.210(12).

7. Those violations are pled with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. Now, therefore, to resolve the allegations stated in Count One, Count Two, Count Three, and Count Four of the Accusation without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree to the imposition of the following penalties:

A. Respondent's certificate of registration no. PD27887 is REVOKED, and Respondent cannot petition for reinstatement of her certificate of registration for a period of five (5) years

from the effective date of this Order. Respondent must appear before the Board to petition for reinstatement.

B. Respondent may not be in possession of controlled substances or dangerous drugs at any place of practice for a period of one (1) year from the effective date of this Order, unless Respondent is employed at a medical facility as that term is defined in NRS 449.0151, excluding mobile units. Respondent may work at a facility where the drugs maintained are to be used and administered in case of emergency, and may be in possession of controlled substances or dangerous drugs if the drugs are prescribed to Respondent for a legitimate medical purpose. Respondent may continue to prescribe controlled substances and dangerous drugs pursuant to her certificate of registration no. CS24366, including during this one-year period.

C. Respondent agrees to pay an administrative fine of **Five Thousand and 00/100 Dollars ($5,000.00)**, payable by *cashier's check, certified check,* or *money order* written to the "**State of Nevada, Office of the Treasurer.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

D. Respondent shall pay the sum of **One Thousand Six Hundred Eighty-One and 50/100 Dollars ($1,681.50)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this case. This sum shall be payable by *cashier's check, certified check,* or *money order* written to the "**Nevada State Board of Pharmacy.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 15, 2026. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. If the Board rejects this Stipulation, the terms and admissions in this Stipulation shall not be deemed to be an admission by Respondent and this Stipulation, including any terms or admissions, shall not be admissible in any hearing or be used as evidence for any purpose, including a full hearing on the merits of this matter.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 24 day of June 2026.

JOANNE GEROCHE MOSQUEDA, APRN
Certificates of Registration Nos. CS24366 and PD27887

Signed this 24th day of June 2026.

NEVADA STATE BOARD OF PHARMACY

By
LAURA M. TUCKER, ESQ.
General Counsel

Approved as to Form and Content:

DAVID MERRILL, ESQ.
Attorney for Respondent Joanne Geroche Mosqueda, APRN

DECISION AND ORDER

As to Respondent Joanne Geroche Mosqueda, APRN, in Case No. 25-266-PD-B-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and orders that its terms and conditions be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this __ day of July 2026.

_____

Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **IBRAHIM T. FAKHOURI, MD,** **Certificate of Registration No. CS19540, and** **NIRAV SHARAD GANDHI, MD,** **Certificate of Registration No. CS14653,** **Respondents.**	**Case Nos. 25-274-CS-A-S** **25-274-CS-B-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Ibrahim Fakhouri, MD (Fakhouri) held a registration issued by the Board, Certificate of Registration No. CS19540, and Respondent Nirav Gandhi, MD (Ghandi) held a registration issued by the Board, Certificate of Registration No. CS14653.

FACTUAL ALLEGATIONS

2. Fakhouri is a medical doctor who has been licensed by the Nevada State Board of Medical Examiners since June 2011. He has been registered to prescribe controlled substances since August 2011.

3. Ghandi is a medical doctor who has been licensed by the Nevada State Board of Medical Examiners since August 2006. He has been registered to prescribe controlled substances since October 2006.

4. At all times relevant, both Fakhouri and Ghandi have been employed at Nevada Family Care & Wellness Center, located at 861 Coronado Center Drive, Ste 220, in Henderson.

5. On or about July 9, 2025, the Board received a complaint from a practitioner that, during a consultation with a mutual patient of Nevada Family Care & Wellness Center, the patient stated that she received retratrutide from the clinic. Retatrutide is not approved by the FDA and is currently in phase 3 clinical trials.[1]

6. On or about July 29, 2025, Board Investigator Dena McClish (McClish) and Inspector John Castaldo (Castaldo) made a site visit to Nevada Family Care & Wellness Center while Fakhouri was present.

7. During the inspection, McClish and Castaldo found numerous vials of retratutide, cagrilintide[2], semaglutide, human chorionic gonadotropin (HcG), NAD+, and tirzepatide that contained labels from Superior Rx, which is a distributor and/or manufacturer that does not hold a license with the Board.

8. Also during the inspection, Board staff found vials of NAD+ 500 mg, Kisspeptin 10 mg, and Test C100 with NV Extreme Fitness labels. NV Extreme Fitness advertises on Nevada Family Care & Wellness Center's website and shows the same address as the clinic. Some of the vials indicated they were manufactured by Rx Solution LLC, American Industry

[1] *See* Eli Lilly and Co., "What to know about retatrutide: An investigational triple hormone receptor agonist," https://www.lilly.com/news/stories/what-to-know-about-retatrutide (Last visited Dec. 26, 2025).
[2] Cagrilintide is not approved by the FDA and is currently in phase 3 clinical trials.

Inc. and Superior Rx. Neither Rx Solution LLC nor American Industry Inc. are licensed with the Board.

9. Fakhouri purchased the drugs Board staff found from a Nevada-based online retailer, Battle Born Peptides. However, Battle Born Peptides is not licensed by the Board. A Board investigation found that Battle Born Peptides appears to no longer be in business and may have been operating out of a residential location.

10. McClish and Castaldo found various dangerous drugs stored in the cabinets at Nevada Family Care & Wellness Center, including Minoxidil, Spironolactone, Ibuprofen (600mg strength), and sildenafil. The clinic's website also advertises these drugs for sale. These medications are dispensed to patients for home use, but no prescriptions were created for the dispensations, and Fakhouri did not provide a dispensing log to Board staff. Neither Fakhouri nor Ghandi hold a dispensing license with the Board.

11. The clinic stocked several punctured or used multi-dose vials of dangerous drugs with no puncture date or beyond use date noted. Furthermore, various peptide medications in the clinic did not contain any information regarding a compounded date, thaw date, or use by date.

12. Board staff found approximately ten resealable bags with patient names written on them containing four to twelve glass-type syringes. The syringes did not have a label indicating medication name, strength, or dose on the bags or syringes. According to Fakhouri, the syringes contained testosterone. Patients brought the syringes to the office, staff would draw them up for the patient, and the patient was supposed to take the syringes home. However, the syringes remained at the clinic.

PRIOR DISCIPLINE

13. In April 2021, the Board disciplined Fakhouri for failure to adequately supervise a physician's assistant prescribing opioid medication, resulting in a $2,500 fine and probation.

APPLICABLE LAW

14. "'Dispense' means to deliver a controlled substance or dangerous drug to an ultimate user, patient or subject of research by or pursuant to the lawful order of a practitioner, including the prescribing by a practitioner, administering, packaging, labeling or compounding necessary to prepare the substance for that delivery." NRS 639.0065.

15. To dispense dangerous drugs or controlled substances in Nevada, a practitioner must apply for and obtain a certificate of registration issued pursuant to NAC 639.742. *See also* NRS 639.23505.

16. A practitioner must keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug purchased and dispensed. NAC 639.745(1)(a). *See also*, NRS 454.286(1) and (2).

17. It is unlawful to sell dangerous drugs at wholesale, or to permit dangerous drugs to be sold at wholesale, unless the seller holds a wholesaler license issued by the Board. NRS 639.100(1); NRS 639.233; NAC 639.593.

18. It is unlawful to introduce into interstate commerce, or to receive in interstate commerce, any drug that is misbranded or that may not be lawfully introduced into interstate commerce. 21 U.S.C.A. § 331; NRS 454.351.

19. It is unlawful to introduce into intrastate commerce any new drug which is subject to 21 U.S.C. § 355. NRS 585.490.

20. The sale or delivery or holding or offering for sale any drug that is adulterated is prohibited under Nevada law. NRS 585.520(1). A drug shall be deemed adulterated if it is a drug recognized in an official compendium and its quality or purity falls below the standard set forth in the compendium. NRS 585.380.

21. The Board may suspend or revoke any registration if the holder or applicant: 1) has violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate any of the provisions of NRS chapter 639 or any law or regulation relating to drugs; or 2) is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4) and (12).

22. Unprofessional conduct includes performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration. NAC 639.945(1)(k). Unprofessional conduct also includes performing any duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i). It also includes aiding or abetting unlicensed activity in Nevada. NAC 639.945(1)(j).

23. The Board may suspend or revoke the registration to dispense a controlled substance if the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to that section. NRS 453.236(1)(e). *See also* NRS 453.231(1)(h).

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COUNT ONE
Violations of State Law – Dispensing without a License
(Respondent Fakhouri)

24. As alleged above, Respondent Fakhouri engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(k) when he dispensed dangerous drugs without a dispensing practitioner license as required by NRS 454.215(3), NRS 639.23505, and NAC 639.742.

25. This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

COUNT TWO
Negligence and/or Violation of State Law – Improper Storage of Medications
(Respondent Fakhouri)

26. As alleged above, Respondent engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) when Respondent improperly stored medications, including storing multi-dose vials that had been punctured without a puncture or beyond use date noted, and syringes of drugs with no label.

27. Based upon the facts or circumstances surrounding his professional knowledge of drugs, Respondent knew or should have known that storing, holding for sale, and administering drugs without labels or that are labeled as multi-dose with no puncture or beyond use date noted was unsafe.

28. As alleged above, Respondent performed his duties as the holder of a registration issued by the Board in a negligent, unskillful, or incompetent manner.

29. This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

COUNT THREE

Violation of State Law Pertaining to Drugs – Failure to Maintain Records
(Respondent Fakhouri)

30. As alleged above, Respondent Fakhouri engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(m) when he failed to maintain and produce to Board staff upon request a complete and accurate record of all dangerous drugs he dispensed to patients as required by NRS 454.286(1) and (2) and NAC 639.745.

31. This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

COUNT FOUR

Violation of State Law – Possessing, Selling, Furnishing Drugs Not Approved in the United States
(Respondents Fakhouri and Ghandi)

32. As alleged above, Respondents Fakhouri and Ghandi administered retatrutide and cagrilintide prescriptions to patients, both of which have not been approved by the FDA.

33. By purchasing, possessing, selling, furnishing and/or administering drug products not approved for distribution or use in the U.S., Respondents Fakhouri and Ghandi violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.351(1) and/or NRS 585.490.

34. Having violated state law pertaining to dangerous drugs, Respondents Fakhouri and Ghandi are subject to discipline pursuant to NAC 639.295(10), NRS 639.210(11), NRS 639.210(12), and/or NRS 453.236(1)(e).

COUNT FIVE

Unprofessional Conduct -Performing Duties in an Incompetent, Unskillful, or Negligent Manner
(Respondent Fakhouri)

35. As alleged above, Respondent Fakhouri acquired dangerous drugs from an online retailer, Battle Born Peptides. The drugs contained labels from Superior Rx, Rx Solution LLC, and American Industry Inc.

36. During the relevant time period, the wholesalers/manufacturers were not licensed by the Board to manufacture, sell, or distribute dangerous drugs at wholesale.

37. Respondent Fakhouri knew or should have known that Battle Born Peptides, Superior Rx, Rx Solution LLC, and American Industry Inc. were not known, reputable sources because they were not licensed in Nevada.

38. By purchasing drugs from businesses that were not licensed wholesalers or manufacturers in Nevada, Respondent Fakhouri breached his duties as a purchaser and as the holder of a certificate of registration issued by the Board in an incompetent, unskillful, or negligent manner.

39. Respondent's conduct as alleged above amounts to unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(i).

COUNT SIX

Unprofessional Conduct – Permitting Unlicensed Distribution
(Respondent Fakhouri)

40. As alleged above, Respondent Fakhouri acquired dangerous drugs from an online retailer, Battle Born Peptides. The drugs contained labels from Superior Rx, Rx Solution LLC, and American Industry Inc.

41. During the relevant time period, the wholesalers/manufacturers were not licensed by the Board to sell or distribute dangerous drugs at wholesale.

42. Respondent Fakhouri knew or should have known that Battle Born Peptides, Superior Rx, Rx Solution LLC, and American Industry Inc. were not known, reputable sources because they were not licensed in Nevada.

43. By purchasing drugs from companies that were not licensed wholesalers in Nevada, Respondent Fakhouri assisted or permitted the unlicensed wholesale distribution of drugs in violation of NRS 639.100(1).

44. Respondent Fakhouri's conduct as alleged above amounts to unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(12); NAC 639.945(1)(j).

WHEREFORE it is requested that the Nevada State Board of Pharmacy impose appropriate disciplinary action with respect to the certificates of registration for Respondent Ibrahim Fakhouri, MD and Respondent Nirav Gandhi, MD.

Signed this 11th day of May 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **IBRAHIM T. FAKHOURI, MD,** **Certificate of Registration No. CS19540, and** **NIRAV SHARAD GANDHI, MD,** **Certificate of Registration No. CS14653,** **Respondents.**	**Case Nos. 25-274-CS-A-S** **25-274-CS-B-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 15, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Laura Tucker, at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of MAY 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **IBRAHIM T. FAKHOURI, MD,** **Certificate of Registration No. CS19540,** **Respondent.**	**Case No. 25-274-CS-A-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

IBRAHIM T. FAKHOURI, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of May 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Ibrahim T. Fakhouri, MD
100 N Green Valley Pkwy. #239
Henderson, NV 89074

Ibrahim T. Fakhouri, MD c/o
Nevada Family Care & Wellness Center
861 Coronado Center Dr., Ste #220
Henderson, NV 89052

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **IBRAHIM T. FAKHOURI, MD,** **Certificate of Registration No. CS19540, and** **NIRAV SHARAD GANDHI, MD,** **Certificate of Registration No. CS14653,** **Respondents.**	**Case No. 25-274-CS-A-S** **25-274-CS -B-S** **STIPULATION AND ORDER** **[Ibrahim T. Fakhouri Only]**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through its General Counsel, Laura M. Tucker, and Respondent Ibrahim T. Fakhouri, MD ("Respondent"), by and through his counsel, Maria Nutile, Esq., hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent and this matter.

2. The Board's staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of

this Stipulation, Respondent hereby knowingly and voluntarily waives the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent does not contest the allegations stated in Count One, Count Two, Count Three, Count Four, Count Five, and Count Six of the Accusation, and further admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged therein, *to wit*:

A. At all times relevant, Respondent worked at Nevada Family Care & Wellness Center, located at 861 Coronado Center Drive, Ste 220, in Henderson.

B. Respondent engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(k) when he dispensed dangerous drugs without a dispensing practitioner license as required by NRS 454.215(3), NRS 639.23505, and NAC 639.742. As such, Respondent is subject to discipline pursuant to NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

C. Respondent engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) when Respondent improperly stored medications, including storing multi-dose vials that had been punctured without a puncture or beyond use date noted, and syringes of drugs with no label.

D. Based upon the facts or circumstances surrounding his professional knowledge of dangerous drugs, Respondent knew or should have known that storing, holding for sale, and administering drugs without labels or that are labeled as multi-dose with no puncture or beyond use date noted was unsafe. As such, Respondent performed his duties as the holder of a registration issued by the Board in a negligent, unskillful, or incompetent manner and is subject to discipline pursuant to NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

E. Respondent engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(m) when he failed to maintain and produce to Board staff upon

request a complete and accurate record of all dangerous drugs he dispensed to patients as required by NRS 454.286(1) and (2) and NAC 639.745 As such, Respondent is subject to discipline pursuant to NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

F. Respondent administered retatrutide and cagrilintide prescriptions to patients, both drugs that have not been approved for distribution or use in the United States, to patients at Nevada Family Care & Wellness in violation NRS 454.351(1) and/or NRS 585.490. As such, Respondent violated a state law pertaining to drugs and is subject to discipline pursuant to NAC 639.295(10), NRS 639.210(11), NRS 639.210(12), and/or NRS 453.236(1)(e).

G. Respondent acquired dangerous drugs from wholesalers/manufacturers who were not licensed by the Board to sell or distribute drugs at wholesale. In doing so, Respondent breached his duties as a purchaser and as the holder of a certificate of registration issued by the Board and acted in an incompetent, unskillful, or negligent manner. As such, Respondent's actions amount to unprofessional conduct for which the Board may impose administrative discipline pursuant to NRS 639.210(4) and NAC 639.945(1)(i).

H. Respondent acquired dangerous drugs from wholesalers/manufacturers who were not licensed by the Board to sell or distribute drugs at wholesale. In doing so, Respondent assisted or permitted the unlicensed wholesale distribution of drugs in violation of NRS 639.100(1). As such, Respondent's actions amount to unprofessional conduct for which the Board may impose administrative discipline pursuant to NRS 639.210(12), NAC 639.900(4), and NAC 639.945(1)(j).

7. Those violations are pled with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. Now, therefore, to resolve the allegations stated in Count One, Count Two, Count Three, Count Four, Count Five, and Count Six of the Accusation without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree to the imposition of the following penalties:

A. Respondent's certificate of registration no. CS19540 is SUSPENDED; however, the suspension is STAYED, and Respondent shall be placed on probation for a period of one year from the effective date of this Order.

B. Respondent agrees to pay an administrative fine of **Ten Thousand and 00/100 Dollars ($10,000.00)**, payable by *personal, business, certified or cashier's check or money order* written to the "**State of Nevada, Office of the Treasurer.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

C. Respondent shall pay the sum of **One Thousand and 00/100 Dollars ($1,000.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this case. This sum shall be payable by *personal, business, certified or cashier's check or money order* written to the "**Nevada State Board of Pharmacy.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

Upon successful completion of the terms and conditions of probation as set forth herein, Respondent's certificate of registration shall be automatically reinstated without conditions or restrictions.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 15, 2026. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members

and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

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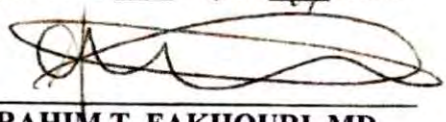
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Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

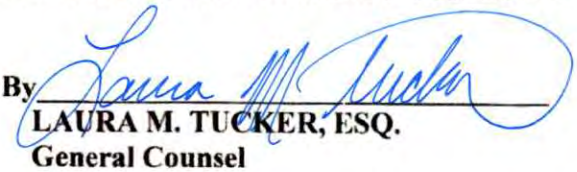
Signed this 22ND day of Ap 2026.



IBRAHIM T. FAKHOURI, MD
Certificate of Registration No. CS19540

Signed this 23rd day of June 2026.

NEVADA STATE BOARD OF PHARMACY

By 
LAURA M. TUCKER, ESQ.
General Counsel

Approved as to Form and Content:

Maria Nutile

MARIA NUTILE, ESQ.
Attorney for Respondent Ibrahim T. Fakhouri, MD

DECISION AND ORDER

As to Respondent Ibrahim T. Fakhouri, MD, in Case No. 25-274-CS-A-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and orders that its terms and conditions be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this __ day of July 2026.

_____

Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **IBRAHIM T. FAKHOURI, MD,** **Certificate of Registration No. CS19540, and** **NIRAV SHARAD GANDHI, MD,** **Certificate of Registration No. CS14653,** **Respondents.**	**Case Nos. 25-274-CS-A-S** **25-274-CS-B-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Ibrahim Fakhouri, MD (Fakhouri) held a registration issued by the Board, Certificate of Registration No. CS19540, and Respondent Nirav Gandhi, MD (Ghandi) held a registration issued by the Board, Certificate of Registration No. CS14653.

FACTUAL ALLEGATIONS

2. Fakhouri is a medical doctor who has been licensed by the Nevada State Board of Medical Examiners since June 2011. He has been registered to prescribe controlled substances since August 2011.

3. Ghandi is a medical doctor who has been licensed by the Nevada State Board of Medical Examiners since August 2006. He has been registered to prescribe controlled substances since October 2006.

4. At all times relevant, both Fakhouri and Ghandi have been employed at Nevada Family Care & Wellness Center, located at 861 Coronado Center Drive, Ste 220, in Henderson.

5. On or about July 9, 2025, the Board received a complaint from a practitioner that, during a consultation with a mutual patient of Nevada Family Care & Wellness Center, the patient stated that she received retratrutide from the clinic. Retatrutide is not approved by the FDA and is currently in phase 3 clinical trials.[1]

6. On or about July 29, 2025, Board Investigator Dena McClish (McClish) and Inspector John Castaldo (Castaldo) made a site visit to Nevada Family Care & Wellness Center while Fakhouri was present.

7. During the inspection, McClish and Castaldo found numerous vials of retratutide, cagrilintide[2], semaglutide, human chorionic gonadotropin (HcG), NAD+, and tirzepatide that contained labels from Superior Rx, which is a distributor and/or manufacturer that does not hold a license with the Board.

8. Also during the inspection, Board staff found vials of NAD+ 500 mg, Kisspeptin 10 mg, and Test C100 with NV Extreme Fitness labels. NV Extreme Fitness advertises on Nevada Family Care & Wellness Center's website and shows the same address as the clinic. Some of the vials indicated they were manufactured by Rx Solution LLC, American Industry

[1] *See* Eli Lilly and Co., "What to know about retatrutide: An investigational triple hormone receptor agonist," https://www.lilly.com/news/stories/what-to-know-about-retatrutide (Last visited Dec. 26, 2025).
[2] Cagrilintide is not approved by the FDA and is currently in phase 3 clinical trials.

Inc. and Superior Rx. Neither Rx Solution LLC nor American Industry Inc. are licensed with the Board.

9. Fakhouri purchased the drugs Board staff found from a Nevada-based online retailer, Battle Born Peptides. However, Battle Born Peptides is not licensed by the Board. A Board investigation found that Battle Born Peptides appears to no longer be in business and may have been operating out of a residential location.

10. McClish and Castaldo found various dangerous drugs stored in the cabinets at Nevada Family Care & Wellness Center, including Minoxidil, Spironolactone, Ibuprofen (600mg strength), and sildenafil. The clinic's website also advertises these drugs for sale. These medications are dispensed to patients for home use, but no prescriptions were created for the dispensations, and Fakhouri did not provide a dispensing log to Board staff. Neither Fakhouri nor Ghandi hold a dispensing license with the Board.

11. The clinic stocked several punctured or used multi-dose vials of dangerous drugs with no puncture date or beyond use date noted. Furthermore, various peptide medications in the clinic did not contain any information regarding a compounded date, thaw date, or use by date.

12. Board staff found approximately ten resealable bags with patient names written on them containing four to twelve glass-type syringes. The syringes did not have a label indicating medication name, strength, or dose on the bags or syringes. According to Fakhouri, the syringes contained testosterone. Patients brought the syringes to the office, staff would draw them up for the patient, and the patient was supposed to take the syringes home. However, the syringes remained at the clinic.

PRIOR DISCIPLINE

13. In April 2021, the Board disciplined Fakhouri for failure to adequately supervise a physician's assistant prescribing opioid medication, resulting in a $2,500 fine and probation.

APPLICABLE LAW

14. "'Dispense' means to deliver a controlled substance or dangerous drug to an ultimate user, patient or subject of research by or pursuant to the lawful order of a practitioner, including the prescribing by a practitioner, administering, packaging, labeling or compounding necessary to prepare the substance for that delivery." NRS 639.0065.

15. To dispense dangerous drugs or controlled substances in Nevada, a practitioner must apply for and obtain a certificate of registration issued pursuant to NAC 639.742. *See also* NRS 639.23505.

16. A practitioner must keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug purchased and dispensed. NAC 639.745(1)(a). *See also*, NRS 454.286(1) and (2).

17. It is unlawful to sell dangerous drugs at wholesale, or to permit dangerous drugs to be sold at wholesale, unless the seller holds a wholesaler license issued by the Board. NRS 639.100(1); NRS 639.233; NAC 639.593.

18. It is unlawful to introduce into interstate commerce, or to receive in interstate commerce, any drug that is misbranded or that may not be lawfully introduced into interstate commerce. 21 U.S.C.A. § 331; NRS 454.351.

19. It is unlawful to introduce into intrastate commerce any new drug which is subject to 21 U.S.C. § 355. NRS 585.490.

20. The sale or delivery or holding or offering for sale any drug that is adulterated is prohibited under Nevada law. NRS 585.520(1). A drug shall be deemed adulterated if it is a drug recognized in an official compendium and its quality or purity falls below the standard set forth in the compendium. NRS 585.380.

21. The Board may suspend or revoke any registration if the holder or applicant: 1) has violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate any of the provisions of NRS chapter 639 or any law or regulation relating to drugs; or 2) is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4) and (12).

22. Unprofessional conduct includes performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration. NAC 639.945(1)(k). Unprofessional conduct also includes performing any duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i). It also includes aiding or abetting unlicensed activity in Nevada. NAC 639.945(1)(j).

23. The Board may suspend or revoke the registration to dispense a controlled substance if the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to that section. NRS 453.236(1)(e). *See also* NRS 453.231(1)(h).

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COUNT ONE
Violations of State Law – Dispensing without a License
(Respondent Fakhouri)

24. As alleged above, Respondent Fakhouri engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(k) when he dispensed dangerous drugs without a dispensing practitioner license as required by NRS 454.215(3), NRS 639.23505, and NAC 639.742.

25. This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

COUNT TWO
Negligence and/or Violation of State Law – Improper Storage of Medications
(Respondent Fakhouri)

26. As alleged above, Respondent engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) when Respondent improperly stored medications, including storing multi-dose vials that had been punctured without a puncture or beyond use date noted, and syringes of drugs with no label.

27. Based upon the facts or circumstances surrounding his professional knowledge of drugs, Respondent knew or should have known that storing, holding for sale, and administering drugs without labels or that are labeled as multi-dose with no puncture or beyond use date noted was unsafe.

28. As alleged above, Respondent performed his duties as the holder of a registration issued by the Board in a negligent, unskillful, or incompetent manner.

29. This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

COUNT THREE

Violation of State Law Pertaining to Drugs – Failure to Maintain Records
(Respondent Fakhouri)

30. As alleged above, Respondent Fakhouri engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(m) when he failed to maintain and produce to Board staff upon request a complete and accurate record of all dangerous drugs he dispensed to patients as required by NRS 454.286(1) and (2) and NAC 639.745.

31. This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

COUNT FOUR

Violation of State Law – Possessing, Selling, Furnishing Drugs Not Approved in the United States
(Respondents Fakhouri and Ghandi)

32. As alleged above, Respondents Fakhouri and Ghandi administered retatrutide and cagrilintide prescriptions to patients, both of which have not been approved by the FDA.

33. By purchasing, possessing, selling, furnishing and/or adminstering drug products not approved for distribution or use in the U.S., Respondents Fakhouri and Ghandi violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.351(1) and/or NRS 585.490.

34. Having violated state law pertaining to dangerous drugs, Respondents Fakhouri and Ghandi are subject to discipline pursuant to NAC 639.295(10), NRS 639.210(11), NRS 639.210(12), and/or NRS 453.236(1)(e).

COUNT FIVE

Unprofessional Conduct -Performing Duties in an Incompetent, Unskillful, or Negligent Manner (Respondent Fakhouri)

35. As alleged above, Respondent Fakhouri acquired dangerous drugs from an online retailer, Battle Born Peptides. The drugs contained labels from Superior Rx, Rx Solution LLC, and American Industry Inc.

36. During the relevant time period, the wholesalers/manufacturers were not licensed by the Board to manufacture, sell, or distribute dangerous drugs at wholesale.

37. Respondent Fakhouri knew or should have known that Battle Born Peptides, Superior Rx, Rx Solution LLC, and American Industry Inc. were not known, reputable sources because they were not licensed in Nevada.

38. By purchasing drugs from businesses that were not licensed wholesalers or manufacturers in Nevada, Respondent Fakhouri breached his duties as a purchaser and as the holder of a certificate of registration issued by the Board in an incompetent, unskillful, or negligent manner.

39. Respondent's conduct as alleged above amounts to unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(i).

COUNT SIX

Unprofessional Conduct – Permitting Unlicensed Distribution (Respondent Fakhouri)

40. As alleged above, Respondent Fakhouri acquired dangerous drugs from an online retailer, Battle Born Peptides. The drugs contained labels from Superior Rx, Rx Solution LLC, and American Industry Inc.

41. During the relevant time period, the wholesalers/manufacturers were not licensed by the Board to sell or distribute dangerous drugs at wholesale.

42. Respondent Fakhouri knew or should have known that Battle Born Peptides, Superior Rx, Rx Solution LLC, and American Industry Inc. were not known, reputable sources because they were not licensed in Nevada.

43. By purchasing drugs from companies that were not licensed wholesalers in Nevada, Respondent Fakhouri assisted or permitted the unlicensed wholesale distribution of drugs in violation of NRS 639.100(1).

44. Respondent Fakhouri's conduct as alleged above amounts to unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(12); NAC 639.945(1)(j).

WHEREFORE it is requested that the Nevada State Board of Pharmacy impose appropriate disciplinary action with respect to the certificates of registration for Respondent Ibrahim Fakhouri, MD and Respondent Nirav Gandhi, MD.

Signed this 11th day of MAY 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **IBRAHIM T. FAKHOURI, MD,** **Certificate of Registration No. CS19540, and** **NIRAV SHARAD GANDHI, MD,** **Certificate of Registration No. CS14653,** **Respondents.**	**Case Nos. 25-274-CS-A-S** **25-274-CS-B-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. A **hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 15, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Laura Tucker, at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of May 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NIRAV SHARAD GANDHI, MD,** **Certificate of Registration No. CS14653,** **Respondent.**	**Case No. 25-274-CS-B-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

NIRAV SHARAD GANDHI, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of May 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Nirav Sharad Gandhi, MD
2401 W Horizon Ridge Pkwy #100
Henderson, NV 89052

Nirav Sharad Gandhi, MD c/o
Nevada Family Care & Wellness Center
861 Coronado Center Dr., Ste #220
Henderson, NV 89052

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **IBRAHIM T. FAKHOURI, MD,** **Certificate of Registration No. CS19540, and** **NIRAV SHARAD GANDHI, MD,** **Certificate of Registration No. CS14653,** **Respondents.**	**Case No. 25-274-CS-A-S** **25-274-CS -B-S** **STIPULATION AND ORDER** **[Nirav Sharad Gandhi Only]**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through its General Counsel, Laura M. Tucker, and Respondent Nirav Sharad Gandhi, ("Respondent"), by and through his counsel, Maria Nutile, Esq., hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent and this matter.

2. The Board's staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby knowingly and voluntarily waives the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent does not contest the allegations stated in Count Four of the Accusation, and further admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged therein, *to wit*:

A. At all times relevant, Respondent worked at Nevada Family Care & Wellness Center, located at 861 Coronado Center Drive, Ste 220, in Henderson.

B. Respondent administered retatrutide and cagrilintide prescriptions to patients, both drugs that have not been approved for distribution or use in the United States, to patients at Nevada Family Care & Wellness in violation NRS 454.351(1) and/or NRS 585.490. As such, Respondent violated a state law pertaining to drugs and is subject to discipline pursuant to NAC 639.295(10), NRS 639.210(11), NRS 639.210(12), and/or NRS 453.236(1)(e).

7. Those violations are pled with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. Now, therefore, to resolve the allegations stated in Count Four of the Accusation without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree to the imposition of the following penalties:

A. Respondent's certificate of registration no. CS14653 is SUSPENDED; however, the suspension is STAYED, and Respondent shall be placed on probation for a period of one year from the effective date of this Order.

B. Respondent agrees to pay an administrative fine of **Five Thousand and 00/100 Dollars ($5,000.00)**, payable by *personal, business, certified or cashier's check or money*

order written to the "**State of Nevada, Office of the Treasurer.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

C. Respondent shall pay the sum of **One Thousand and 00/100 Dollars ($1,000.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this case. This sum shall be payable by *personal, business, certified or cashier's check or money order* written to the "**Nevada State Board of Pharmacy.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

Upon successful completion of the terms and conditions of probation as set forth herein, Respondent's certificate of registration shall be automatically reinstated without conditions or restrictions.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 15, 2026. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and

shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 18 day of Jun 2026.

NIRAV SHARAD GANDHI, MD
Certificate of Registration No. CS14653

Signed this 23rd day of June 2026.

NEVADA STATE BOARD OF PHARMACY

By
LAURA M. TUCKER, ESQ.
General Counsel

Approved as to Form and Content:

MARIA NUTILE, ESQ.
Attorney for Respondent Nirav Sharad Gandhi, MD

DECISION AND ORDER

As to Respondent Nirav Sharad Gandhi, MD, in Case No. 25-274-CS-B-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and orders that its terms and conditions be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this __ day of July 2026.

_____
Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DARRELL LINDERS, APRN,** **Certificate of Registration No. CS41067,** **Respondent.**	**Case No. 25-289-CS-O** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Darrell Linders, APRN, (Respondent) holds Certificate of Registration No. CS41067 issued by the Board, authorizing him to prescribe dangerous drugs and controlled substances.

FACTUAL ALLEGATIONS

2. Respondent is an advanced practice registered nurse who has been licensed by the Nevada State Board of Nursing since July 9, 2025.

3. Since October 21, 2025, Respondent has held a certificate of registration issued by the Board pursuant to NRS 453.226 and NRS 454.213, authorizing him to prescribe dangerous drugs and controlled substances.

4. On or about July 11 through July 13, 2025, Respondent was engaged by Dr. Kent Holtorf (Holtorf), a physician who is not licensed by the Board or by the Nevada State Board of Medical Examiners, to work at a booth at the Revolution Against Aging and Death (RAAD) Festival, held at Red Rock Resort and Casino in Las Vegas.

5. According to its website,[1] RAAD Festival is a "longevity" event that brings together "researchers, doctors, practitioners, biohackers, and everyday people who believe disease and aging doesn't have to be inevitable."

6. Holtorf operates an anti-aging medical practice in El Segundo, California. At Holtorf's booth, the medical practice offered several different types of injectable drugs, including peptide injections.

7. A Board investigation found that Holtorf purchased the drug products, including, without limitation, MOTS-c 5mg, P21 2.5mg, BPC-157 2.5mg, TB4 2.5mg, Humanin, B-12, ACE-31, and CJC peptides, through Forgotten Formula PMA. Forgotten Formula PMA, located in Justin TX, is not licensed to engage in business as a wholesaler in Nevada.

8. At the time of the events alleged herein, during the RAAD Festival, Respondent did not hold a license from the Board to possess, administer, or prescribe dangerous drugs or controlled substances in Nevada.

9. Holtorf also engaged Han Bao Nguyen (Nguyen), a pharmacist who did not hold a license by the Board to practice pharmacy, to work at his booth at the RAAD Festival. Nguyen's role at RAAD Festival was to assist the nurse practitioners, including Respondent, and physicians in mixing drugs and administering injections at the booth.

10. On July 12, 2025, patient C.R. visited Holtorf's booth at RAAD Fest. Nguyen administered a B-12 injection for patient C.R.

11. On July 13, 2025, patient C.R. returned to the booth for a second B-12 injection, and Nguyen advised her that she should not have another one. Nguyen then mixed her a peptide cocktail consisting of MOTS-c 5mg, P21 2.5mg, BPC-157 2.5mg, and Thymosin Beta-4 2.5mg.

12. Respondent notated his administration of the drug to patient C.R. on a chart note.

13. After Respondent received the prepared injection from Nguyen, Respondent administered the peptide cocktail to patient C.R.

[1] https://www.raadfest.com/faq

14. After receiving the injection, patient C.R. started experiencing double vision and swelling of her tongue and throat. Patient C.R. went to a friend's room at the hotel to try to sleep. While in the room, patient C.R. sent a text message to Respondent.

15. Respondent went up to C.R.'s room and immediately called emergency services. Respondent observed patient C.R. conscious and breathing, but unable to open her eyes, slurring her speech, experiencing mild tongue swelling, and complaining of altered vision and shakiness.

16. Holtorf arrived at the room and administered diphenhydramine 50 mg and epinephrine 0.3 mg.

17. Patient C.R. was taken to a hospital by emergency medical services. She was intubated during transport.

APPLICABLE LAW

18. Pursuant to NRS 639.100(1), it is unlawful for any person to possess, store, administer and/or dispense dangerous drugs, including a hypodermic device, without having secured the appropriate license and/or certificate of registration from the Board. NRS 454.213; NRS 454.316; NRS 454.510; NRS 639.100(1).

19. Only those individuals or practitioners permitted to do so pursuant to NRS 454.213 may possess, store, or administer dangerous drugs. Practitioners include a physician who holds a valid license to practice his or her profession in Nevada, as well as an advanced practice registered nurse who holds a certificate from the State Board of Pharmacy permitting him or her to prescribe. NRS 454.00958(1); (3)(a). *See also* NRS 639.850 (requiring advanced practice registered nurses to apply to the Board for licensure to prescribe controlled substances, dangerous drugs, and devices).

20. Advanced practice registered nurses who are licensed by the Board are authorized to prescribe controlled substances, poisons, dangerous drugs and devices only for a legitimate medical purpose that is within the scope of practice in which the advanced practice registered nurse

is trained, qualified and competent and subject to any limitations prescribed by the State Board of Nursing. NAC 639.854(1).

21. The Board may suspend or revoke any registration if the holder or applicant: 1) has violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate any of the provisions of NRS chapter 639 or any law or regulation relating to drugs; or 2) is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4) and (12).

22. Unprofessional conduct includes performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration. NAC 639.945(1)(k).

23. Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(l)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4); NRS 639.255.

24. The Board may suspend or revoke the registration to prescribe a controlled substance if the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to that section. NRS 453.236(1)(e). *See also* NRS 453.231(1)(h).

COUNT ONE

Violation of State Law – Administering Drugs without a License

25. As alleged above, Respondent engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(k) when he administered drugs without a license as required by NRS 454.213 and NRS 639.100(1). *See also* NAC 639.945(1)(k).

26. This is a violation of law for which the Board may impose administrative discipline. See NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

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COUNT TWO

Violation of State Law –Prescribing Drugs without a License

27. As alleged above, Respondent violated NAC 639.850 and NAC 639.854(1) when he prescribed a peptide cocktail to patient C.R. pursuant to a chart order without authority and from the Board and without a legitimate medical purpose that is within the scope of practice in which he was trained.

28. This is a violation of law for which the Board may impose administrative discipline. See NRS 639.210 (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

COUNT THREE

Violation of State Law – Possessing Drugs without a License

29. As alleged above, Respondent engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(k) when he possessed drugs without a license as required by NRS 454.213 and NRS 639.100(1). *See also* NAC 639.945(1)(k).

30. This is a violation of law for which the Board may impose administrative discipline. See NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

COUNT FOUR

Unprofessional Conduct – Assisting or abetting unlicensed practice

31. As alleged above, Holtorf and Nguyen did not have licenses issued by the Board as required by NRS 639.100(1) and were not practitioners under NRS 454.00958 when they worked a booth at RAAD Fest on July 11 through 13.

32. As alleged above, Respondent assisted Holtorf and Nguyen, as well as other employees at the RAAD Fest booth, in possessing, storing, administering and/or dispensing drugs in Nevada without a license as required by NRS 639.100(1) and NRS 454.213.

33. By assisting the unlicensed activity of Holtorf, Nguyen, and other employees at the booth at RAAD Fest, Respondent engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(j).

34. This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(4), and (12), and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Darrell Linders, APRN.

DATED this 10th day of JUNE 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DARRELL LINDERS, APRN,** **Certificate of Registration No. CS41067,** **Respondent.**	**Case No. 25-289-CS-O** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 15, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Laura Tucker at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 10th day of JUNE 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DARRELL LINDERS, APRN,** **Certificate of Registration No. CS41067,** **Respondent.**	**Case No. 25-289-CS-O** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

_____

Darrell Linders, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 10th day of June 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Darrell Linders, APRN
c/o Wellness Reboot
5062 SW 173rd Ave
Miramar, FL 33029

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TOTAL INFUSION CARE,** **License No. PH02936, and** **MOHAMMAD POURTEYMAUR,** **Certificate of Registration No. 13759,** **Respondents.**	**Case Nos. 25-501-PH-S** **25-501-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Total Infusion Care, License No. PH02936, held a license by the Board as a pharmacy, and Respondent Mohammad Pourteymaur (Pourteymaur), Certificate of Registration No. 13759, is a pharmacist licensed by the Board.

FACTUAL ALLEGATIONS

2. Total Infusion Care, located at 3041 W. Horizon Ridge Parkway #100 in Henderson, is a home infusion pharmacy that exclusively performs sterile compounding that has been licensed by the Board since 2013.

3. At all times relevant, Pourteymaur was employed as managing pharmacist for sterile compounding at Total Infusion Care. At all times relevant, Pourteymaur was also the designated person, as defined by chapter 797 of the *United States Pharmacopeia – National Formulary* (USP-797 Guidelines), for Total Infusion Care.

4. On December 22, 2025, Board Inspector Joe Dodge (Dodge) performed an inspection of Total Infusion Care. Pourteymaur was on-site at the time of the inspection.

5. During the inspection, Dodge noted several deficiencies from the USP 797-Guidelines, including:

A. Pourteymaur had no knowledge of the compounding standards provided by the revised USP-797 Guidelines that became effective November 15, 2024 and began to be enforced by the Board on February 1, 2025;

B. Pourteymaur was unable to identify what categories of compounding were performed at the Total Infusion Care location;

C. Pourteymaur had no knowledge of the new garbing assessment requirements, and Total Infusion Care had no results for post-garbing gloved finger-tip testing for any compounding employees;

D. Pourteymaur had no knowledge of the new aseptic manipulation assessment requirements, and Total Infusion Care had no surface sampling post-media-fill testing results for any compounding employees;

E. Total Infusion Care had not properly documented gloved finger-tip testing on multiple employees;

F. Total Infusion Care had not completed gloved finger-tip testing on Pourteymaur every six months;

G. Total Infusion Care did not properly document monthly surface sampling;

H. Total Infusion Care failed to provide initial or ongoing competency documentation for compounding staff members;

I. Pourteymaur had no knowledge of his requirement to acknowledge all policies and procedures on an annual basis and could not produce a record of this task being completed when asked by Dodge;

J. Dodge identified at least one compounding form during the inspection that did not contain the name of the person who compounded the product; and

K. Total Infusion Care failed to demonstrate a process for documenting tasks that are due every six (6) months are completed in the time frame.

PRIOR DISCIPLINE

6. In 2007, the Board disciplined Pourteymaur for failing to complete any of the thirty (30) hours of continuing education (CEs) for the renewal period of November 1, 2005 to October 31, 2007 and for falsely attesting that he had completed the required CEs for that renewal period. The Board ordered Pourteymaur to pay a $1,000 fine, complete sixty (60) CEs, and take and pass a written Nevada law examination.

APPLICABLE LAW

7. "Sterile compounded drug product" means a drug product the preparation and dispensing of which require compounding and which is required to be sterile by either the USP-797 Guidelines or the provisions of NAC 639.661 to 639.690, inclusive. NAC 639.6677.

8. A pharmacy engaged in the practice of compounding and dispensing sterile compounded drugs shall require each pharmacist and pharmaceutical technician who compounds sterile compounded drug products to comply with the compounding standards provided by the USP-797 Guidelines. *See* NAC 639.67053, *as amended* by LCB File. No. R053-24 (effective November 15, 2024).

9. The Board follows and enforces the USP-797 Guidelines 2023 edition. *See* NAC 639.670(1)(b), *as amended* by LCB File. No. R053-24 (effective November 15, 2024).

10. A compound pharmacy shall ensure that each pharmacist and pharmaceutical technician engaged in compounding drug products is competent and proficient in compounding the drug products that the pharmacist or pharmaceutical technician will be authorized and expected to compound and receives, on an ongoing basis, sufficient training to maintain that competency and proficiency. NAC 639.67013(1).

11. Records at compounding pharmacies must be maintained by the pharmacy for at least two (2) years after the date the record was made and be available for inspection by the Board or its representative. NAC 639.67019.

12. Each pharmacy must be managed by a registered pharmacist, approved by the Board, who is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and practice of pharmacy. NRS 639.220(1).

13. A licensee of the Board may be disciplined for unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

14. Unprofessional conduct includes performing one's duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

15. Unprofessional conduct includes failing to provide data or information that is required to be made and maintained pursuant to chapter 639 of the NAC to a member of the staff of the Board upon request. NAC 639.945(1)(m).

16. The Board may discipline a licensee who has violated any provisions of a regulation relating to the practice of pharmacy. NRS 639.210(12).

17. The owner of any business or facility licensed by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

18. In lieu of, or in addition to, revoking or suspending a license holder's registration for violating the law or engaging in unprofessional conduct, the Board may impose fines as a disciplinary measure. *See* NRS 639.255; NAC 639.955.

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COUNT ONE

Unprofessional Conduct -Performing Duties in an Incompetent, Unskillful, or Negligent Manner
(Respondent Mohammad Pourteymaur)

19. As alleged above, as the managing pharmacist for Total Infusion Care, Pouteymauer was responsible for, among other things, Total Infusion Care's compliance with all state and federal laws and regulations relating to the operation of the pharmacy and practice of pharmacy. NRS 639.220(1).

20. As alleged above, during a Board inspection on December 22, 2025, a Board inspector found that Total Infusion Care was not in compliance with state laws and regulations relating to the operation of the pharmacy. *See* NAC 639.67053, as amended by LCB File. No. R053-24 (effective November 15, 2024); NAC 639.670(1)(b), as amended by LCB File. No. R053-24 (effective November 15, 2024); and NAC 639.67013(1).

21. Pouteymauer's conduct was unprofessional because he failed to perform his duties as required pursuant to NRS 639.220(1). NAC 639.945(1)(i).

22. Respondent Pouteymauer is subject to professional discipline for the conduct described above. NRS 639.210(4).

COUNT TWO

(Respondent Mohammad Pourteymaur)
Violation of State Regulation Related to Practice of Pharmacy – Failing to Maintain Accurate Records

23. As alleged above, Respondent Pouteymauer engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(m) when he failed to maintain and produce to Board staff upon request records required to be kept pursuant to NAC 639.67019.

24. Respondent Pouteymauer is subject to professional discipline for the conduct described above. NAC 639.945(1)(m); NRS 639.210(12).

COUNT THREE
Center/Facility Owner Responsibility
(Respondent Total Infusion Care)

25. As the center/facility at which the unprofessional conduct and violations of law alleged herein occurred, Respondent Total Infusion Care is responsible for those violations, including all errors and omissions of Respondent Pouteymauer and any other pharmacy personnel in the course of violations of any law or regulation related to the practice of pharmacy, pursuant to NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondents Mohammad Pourteymaur and Total Infusion Care.

Signed this 11th day of May 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TOTAL INFUSION CARE, License No. PH02936, and** **MOHAMMAD POURTEYMAUR, Certificate of Registration No. 13759,** **Respondents.**	**Case Nos. 25-501-PH-S** **25-501-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 15, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Laura Tucker, at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of May 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TOTAL INFUSION CARE,** **License No. PH02936,** **Respondent.**	**Case No. 25-501-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

_____

AUTHORIZED REPRESENTATIVE FOR TOTAL INFUSION CARE

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of May 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Total Infusion Care Inc.
3041 W Horizon Ridge Pkwy. #100
Henderson, NV 89052

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TOTAL INFUSION CARE,** **License No. PH02936, and** **MOHAMMAD POURTEYMAUR,** **Certificate of Registration No. 13759,** **Respondents.**	**CASE NOS. 25-501-PH-S** **25-501-RPH-S** **STIPULATION AND ORDER** **[All Respondents]**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through counsel, Laura M. Tucker, Esq., and Total Infusion Care, Pharmacy License No. PH02936, and Mohammad Pourteymaur, Certificate of Registration No. 13759 ("Respondents"), by and through counsel, William J. Stilling, Esq., hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondents and this matter.

2. The Board's staff properly served Respondents with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondents and Notice of Hearing.

3. Respondents are fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive the rights to a hearing,

reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Without admitting to the alleged facts or legal conclusions, Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*:

A. As the managing pharmacist for Respondent, Mohammad Pourteymaur (Pourteymaur) was responsible for, among other things, Respondent's compliance with all state and federal laws and regulations relating to the operation of the pharmacy and practice of pharmacy. NRS 639.220(1).

B. During a Board inspection on December 22, 2025, a Board inspector found that Respondent, Total Infusion Care, was not in compliance with state laws and regulations relating to the operation of the pharmacy. *See* NAC 639.67053, as amended by LCB File. No. R053-24 (effective November 15, 2024); NAC 639.670(1)(b), as amended by LCB File. No. R053-24 (effective November 15, 2024); and NAC 639.67013(1). As a result, Pourteymaur's conduct was unprofessional because he failed to perform his duties as required pursuant to NRS 639.220(1). NAC 639.945(1)(i).

C. Pourteymaur engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(m) when he failed to maintain and produce to Board staff upon request records required to be kept pursuant to NAC 639.67019.

D. As the center/facility at which the unprofessional conduct and violations of law alleged herein occurred, Respondent Total Infusion Care is responsible for those violations, including all errors and omissions of Pourteymaur and any other pharmacy personnel in the course of violations of any law or regulation related to the practice of pharmacy, pursuant to NAC 639.945(3).

7. Those violations are pled with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. The Parties agree that the following measures are mitigating circumstances in the case.

A. Immediately after the December 22, 2025, inspection, Pourteymaur and Total Infusion Care began taking steps to ensure full compliance with all applicable laws and regulations.

B. These steps included timely responding to the deadlines the Board investigator set for Respondents.

A. Immediately after learning of the inspection results, BioMatrix secured a USP <797> consultant from the National Sterile Compounding Institute to evaluate policies and procedures, conduct training, and to assist implementing changes.

B. By January 2, 2026, Pourteymaur completed 34.5 hours of continuing education addressing USP <797> standards from TRC Healthcare (Critical Point).

C. Total Infusion Care purchased Simplifi <797>, which was the software used by other pharmacies owned by BioMatrix (now Lux Infusion).

D. Total Infusion Care provided: (i) a revised surface sampling map with corresponding surface sampling results from the sterile complex; (ii) sterile compounding policies, including those for microbial air and surface monitoring; (iii) in-service materials and attestations for pharmacy personnel of education/training received on sterile compounding technique, handwashing, garbing, gloving, disinfection of the cleanroom; (iv) competencies for hand hygiene, garbing, and gloving, and aseptic technique validation for compounding personnel; (v) competencies for the designated person to ensure correct reading of microbial sampling results; (vi) competencies for disinfection of the cleanroom for compounding personnel; (vii) documentation for completion of didactic courses for all pharmacy personnel; and (viii) other information as requested by the Board inspector.

9. Now, therefore, to resolve the allegations stated in Count One and Count Two of the Accusation without incurring any further costs or the expenses associated with a hearing, the Board and Respondent Pourteymaur agree to the imposition of the following penalties:

A. Respondent shall pay an administrative fine of **Five Thousand and 00/100 Dollars ($5,000.00)**, payable by *personal, business, certified or cashier's check or money order* written to the **"State of Nevada, Office of the Treasurer."** Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Stipulation.

B. Respondent shall pay the sum of **One Thousand and 00/100 Dollars ($1,000.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *personal, business, certified or cashier's check or money order* written to the **"Nevada State Board of Pharmacy."** Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Stipulation.

10. Now, therefore, to resolve the allegations stated in Count Three of the Accusation without incurring any further costs or the expenses associated with a hearing, the Board and Respondent Total Infusion Care agree to the imposition of the following penalties:

A. Respondent shall pay an administrative fine of **Five Thousand and 00/100 Dollars ($5,000.00)**, payable by *personal, business, certified or cashier's check or money order* written to the **"State of Nevada, Office of the Treasurer."** Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Stipulation.

B. Respondent shall pay the sum of **One Thousand and 00/100 Dollars ($1,000.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *personal, business, certified or cashier's check or money order* written to the **"Nevada State Board of Pharmacy."** Respondent shall remit payment in full to the Board's Reno

office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Stipulation.

C. Board inspectors shall conduct quarterly inspections of Respondent's pharmacy for a period of one-year from the effective date of this Stipulation, and Respondent shall bear and reimburse the Board for inspection costs.

11. Any failure by either Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing such Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 15, 2026. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

13. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

14. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release each other from any and all additional claims arising from the facts set forth in the

Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Each Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 1 **day of** July **2026**

Total Infusion Care
License No. PH02936

Edward Kramm

By: Edward Kramm (Jul 1, 2026 08:55:43 CDT)

Name: Edward Kramm

Title: CEO

Signed this 1 **day of** July **2026**

Mohammad Pourteymaur
Certificate of Registration No. 13759

Mohammad Ali Pourteymaur (Jul 1, 2026 06:32:22 PDT)

By: _____

Signed this ____ day of _____ 2026
Approved as to Form and Content:

_____
WILLIAM J. STILLING, ESQ.
Attorney for Respondents

Signed this ____ day of _____ 2026

Nevada State Board of Pharmacy

By_____
LAURA M. TUCKER, ESQ.
General Counsel

Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Each Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 1 **day of** July **2026**

Total Infusion Care
License No. PH02936

Edward Kramm

By: Edward Kramm (Jul 1, 2026 08:55:43 CDT)

Name: Edward Kramm

Title: CEO

Signed this 1 **day of** July **2026**

Mohammad Pourteymaur
Certificate of Registration No. 13759

By: Mohammad Ali Pourteymaur (Jul 1, 2026 06:32:22 PDT)

Signed this 1ST **day of** July **2026**
Approved as to Form and Content:

WILLIAM J. STILLING, ESQ.
Attorney for Respondents

Signed this ____ day of_____ 2026

Nevada State Board of Pharmacy

By_____
LAURA M. TUCKER, ESQ.
General Counsel

CamScanner

DECISION AND ORDER

As to Total Infusion Care and Mohammad Pourteymaur, in Case Nos. 25-501-PH-S and 25-501-RPH-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in both matters and hereby orders that the terms of the foregoing Stipulation be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this ____day of July 2026.

Helen Park, President
Nevada State Board of Pharmacy

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FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TOTAL INFUSION CARE,** **License No. PH02936, and** **MOHAMMAD POURTEYMAUR,** **Certificate of Registration No. 13759,** **Respondents.**	**Case Nos. 25-501-PH-S** **25-501-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Total Infusion Care, License No. PH02936, held a license by the Board as a pharmacy, and Respondent Mohammad Pourteymaur (Pourteymaur), Certificate of Registration No. 13759, is a pharmacist licensed by the Board.

FACTUAL ALLEGATIONS

2. Total Infusion Care, located at 3041 W. Horizon Ridge Parkway #100 in Henderson, is a home infusion pharmacy that exclusively performs sterile compounding that has been licensed by the Board since 2013.

3. At all times relevant, Pourteymaur was employed as managing pharmacist for sterile compounding at Total Infusion Care. At all times relevant, Pourteymaur was also the designated person, as defined by chapter 797 of the *United States Pharmacopeia – National Formulary* (USP-797 Guidelines), for Total Infusion Care.

4. On December 22, 2025, Board Inspector Joe Dodge (Dodge) performed an inspection of Total Infusion Care. Pourteymaur was on-site at the time of the inspection.

5. During the inspection, Dodge noted several deficiencies from the USP 797-Guidelines, including:

A. Pourteymaur had no knowledge of the compounding standards provided by the revised USP-797 Guidelines that became effective November 15, 2024 and began to be enforced by the Board on February 1, 2025;

B. Pourteymaur was unable to identify what categories of compounding were performed at the Total Infusion Care location;

C. Pourteymaur had no knowledge of the new garbing assessment requirements, and Total Infusion Care had no results for post-garbing gloved finger-tip testing for any compounding employees;

D. Pourteymaur had no knowledge of the new aseptic manipulation assessment requirements, and Total Infusion Care had no surface sampling post-media-fill testing results for any compounding employees;

E. Total Infusion Care had not properly documented gloved finger-tip testing on multiple employees;

F. Total Infusion Care had not completed gloved finger-tip testing on Pourteymaur every six months;

G. Total Infusion Care did not properly document monthly surface sampling;

H. Total Infusion Care failed to provide initial or ongoing competency documentation for compounding staff members;

I. Pourteymaur had no knowledge of his requirement to acknowledge all policies and procedures on an annual basis and could not produce a record of this task being completed when asked by Dodge;

J. Dodge identified at least one compounding form during the inspection that did not contain the name of the person who compounded the product; and

K. Total Infusion Care failed to demonstrate a process for documenting tasks that are due every six (6) months are completed in the time frame.

PRIOR DISCIPLINE

6. In 2007, the Board disciplined Pourteymaur for failing to complete any of the thirty (30) hours of continuing education (CEs) for the renewal period of November 1, 2005 to October 31, 2007 and for falsely attesting that he had completed the required CEs for that renewal period. The Board ordered Pourteymaur to pay a $1,000 fine, complete sixty (60) CEs, and take and pass a written Nevada law examination.

APPLICABLE LAW

7. "Sterile compounded drug product" means a drug product the preparation and dispensing of which require compounding and which is required to be sterile by either the USP-797 Guidelines or the provisions of NAC 639.661 to 639.690, inclusive. NAC 639.6677.

8. A pharmacy engaged in the practice of compounding and dispensing sterile compounded drugs shall require each pharmacist and pharmaceutical technician who compounds sterile compounded drug products to comply with the compounding standards provided by the USP-797 Guidelines. *See* NAC 639.67053, *as amended* by LCB File. No. R053-24 (effective November 15, 2024).

9. The Board follows and enforces the USP-797 Guidelines 2023 edition. *See* NAC 639.670(1)(b), *as amended* by LCB File. No. R053-24 (effective November 15, 2024).

10. A compound pharmacy shall ensure that each pharmacist and pharmaceutical technician engaged in compounding drug products is competent and proficient in compounding the drug products that the pharmacist or pharmaceutical technician will be authorized and expected to compound and receives, on an ongoing basis, sufficient training to maintain that competency and proficiency. NAC 639.67013(1).

11. Records at compounding pharmacies must be maintained by the pharmacy for at least two (2) years after the date the record was made and be available for inspection by the Board or its representative. NAC 639.67019.

12. Each pharmacy must be managed by a registered pharmacist, approved by the Board, who is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and practice of pharmacy. NRS 639.220(1).

13. A licensee of the Board may be disciplined for unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

14. Unprofessional conduct includes performing one's duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

15. Unprofessional conduct includes failing to provide data or information that is required to be made and maintained pursuant to chapter 639 of the NAC to a member of the staff of the Board upon request. NAC 639.945(1)(m).

16. The Board may discipline a licensee who has violated any provisions of a regulation relating to the practice of pharmacy. NRS 639.210(12).

17. The owner of any business or facility licensed by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

18. In lieu of, or in addition to, revoking or suspending a license holder's registration for violating the law or engaging in unprofessional conduct, the Board may impose fines as a disciplinary measure. *See* NRS 639.255; NAC 639.955.

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COUNT ONE

Unprofessional Conduct -Performing Duties in an Incompetent, Unskillful, or Negligent Manner
(Respondent Mohammad Pourteymaur)

19. As alleged above, as the managing pharmacist for Total Infusion Care, Pouteymauer was responsible for, among other things, Total Infusion Care's compliance with all state and federal laws and regulations relating to the operation of the pharmacy and practice of pharmacy. NRS 639.220(1).

20. As alleged above, during a Board inspection on December 22, 2025, a Board inspector found that Total Infusion Care was not in compliance with state laws and regulations relating to the operation of the pharmacy. *See* NAC 639.67053, as amended by LCB File. No. R053-24 (effective November 15, 2024); NAC 639.670(1)(b), as amended by LCB File. No. R053-24 (effective November 15, 2024); and NAC 639.67013(1).

21. Pouteymauer's conduct was unprofessional because he failed to perform his duties as required pursuant to NRS 639.220(1). NAC 639.945(1)(i).

22. Respondent Pouteymauer is subject to professional discipline for the conduct described above. NRS 639.210(4).

COUNT TWO

(Respondent Mohammad Pourteymaur)
Violation of State Regulation Related to Practice of Pharmacy – Failing to Maintain Accurate Records

23. As alleged above, Respondent Pouteymauer engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(m) when he failed to maintain and produce to Board staff upon request records required to be kept pursuant to NAC 639.67019.

24. Respondent Pouteymauer is subject to professional discipline for the conduct described above. NAC 639.945(1)(m); NRS 639.210(12).

COUNT THREE
Center/Facility Owner Responsibility
(Respondent Total Infusion Care)

25. As the center/facility at which the unprofessional conduct and violations of law alleged herein occurred, Respondent Total Infusion Care is responsible for those violations, including all errors and omissions of Respondent Pouteymauer and any other pharmacy personnel in the course of violations of any law or regulation related to the practice of pharmacy, pursuant to NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondents Mohammad Pourteymaur and Total Infusion Care.

Signed this 11th day of May 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TOTAL INFUSION CARE, License No. PH02936, and** **MOHAMMAD POURTEYMAUR, Certificate of Registration No. 13759,** **Respondents.**	**Case Nos. 25-501-PH-S** **25-501-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 15, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Laura Tucker, at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of May 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MOHAMMAD POURTEYMAUR,** **Certificate of Registration No. 13759,** **Respondent.**	**Case No. 25-501-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

_____

MOHAMMAD POURTEYMAUR

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of May 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Mohammad Pourteymaur, RPH
[redacted]
Henderson, NV [redacted]

Mohammad Pourteymaur, RPH
c/o Total Infusion Care Inc.
3041 W Horizon Ridge Pkwy. #100
Henderson, NV 89052

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TOTAL INFUSION CARE,** **License No. PH02936, and** **MOHAMMAD POURTEYMAUR,** **Certificate of Registration No. 13759,** **Respondents.**	**CASE NOS. 25-501-PH-S** **25-501-RPH-S** **STIPULATION AND ORDER** **[All Respondents]**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through counsel, Laura M. Tucker, Esq., and Total Infusion Care, Pharmacy License No. PH02936, and Mohammad Pourteymaur, Certificate of Registration No. 13759 ("Respondents"), by and through counsel, William J. Stilling, Esq., hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondents and this matter.

2. The Board's staff properly served Respondents with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondents and Notice of Hearing.

3. Respondents are fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive the rights to a hearing,

reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Without admitting to the alleged facts or legal conclusions, Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*:

A. As the managing pharmacist for Respondent, Mohammad Pourteymaur (Pourteymaur) was responsible for, among other things, Respondent's compliance with all state and federal laws and regulations relating to the operation of the pharmacy and practice of pharmacy. NRS 639.220(1).

B. During a Board inspection on December 22, 2025, a Board inspector found that Respondent, Total Infusion Care, was not in compliance with state laws and regulations relating to the operation of the pharmacy. *See* NAC 639.67053, as amended by LCB File. No. R053-24 (effective November 15, 2024); NAC 639.670(1)(b), as amended by LCB File. No. R053-24 (effective November 15, 2024); and NAC 639.67013(1). As a result, Pourteymaur's conduct was unprofessional because he failed to perform his duties as required pursuant to NRS 639.220(1). NAC 639.945(1)(i).

C. Pourteymaur engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(m) when he failed to maintain and produce to Board staff upon request records required to be kept pursuant to NAC 639.67019.

D. As the center/facility at which the unprofessional conduct and violations of law alleged herein occurred, Respondent Total Infusion Care is responsible for those violations, including all errors and omissions of Pourteymaur and any other pharmacy personnel in the course of violations of any law or regulation related to the practice of pharmacy, pursuant to NAC 639.945(3).

7. Those violations are pled with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. The Parties agree that the following measures are mitigating circumstances in the case.

A. Immediately after the December 22, 2025, inspection, Pourteymaur and Total Infusion Care began taking steps to ensure full compliance with all applicable laws and regulations.

B. These steps included timely responding to the deadlines the Board investigator set for Respondents.

A. Immediately after learning of the inspection results, BioMatrix secured a USP <797> consultant from the National Sterile Compounding Institute to evaluate policies and procedures, conduct training, and to assist implementing changes.

B. By January 2, 2026, Pourteymaur completed 34.5 hours of continuing education addressing USP <797> standards from TRC Healthcare (Critical Point).

C. Total Infusion Care purchased Simplifi <797>, which was the software used by other pharmacies owned by BioMatrix (now Lux Infusion).

D. Total Infusion Care provided: (i) a revised surface sampling map with corresponding surface sampling results from the sterile complex; (ii) sterile compounding policies, including those for microbial air and surface monitoring; (iii) in-service materials and attestations for pharmacy personnel of education/training received on sterile compounding technique, handwashing, garbing, gloving, disinfection of the cleanroom; (iv) competencies for hand hygiene, garbing, and gloving, and aseptic technique validation for compounding personnel; (v) competencies for the designated person to ensure correct reading of microbial sampling results; (vi) competencies for disinfection of the cleanroom for compounding personnel; (vii) documentation for completion of didactic courses for all pharmacy personnel; and (viii) other information as requested by the Board inspector.

9. Now, therefore, to resolve the allegations stated in Count One and Count Two of the Accusation without incurring any further costs or the expenses associated with a hearing, the Board and Respondent Pourteymaur agree to the imposition of the following penalties:

A. Respondent shall pay an administrative fine of **Five Thousand and 00/100 Dollars ($5,000.00)**, payable by *personal, business, certified or cashier's check or money order* written to the **"State of Nevada, Office of the Treasurer."** Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Stipulation.

B. Respondent shall pay the sum of **One Thousand and 00/100 Dollars ($1,000.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *personal, business, certified or cashier's check or money order* written to the **"Nevada State Board of Pharmacy."** Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Stipulation.

10. Now, therefore, to resolve the allegations stated in Count Three of the Accusation without incurring any further costs or the expenses associated with a hearing, the Board and Respondent Total Infusion Care agree to the imposition of the following penalties:

A. Respondent shall pay an administrative fine of **Five Thousand and 00/100 Dollars ($5,000.00)**, payable by *personal, business, certified or cashier's check or money order* written to the **"State of Nevada, Office of the Treasurer."** Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Stipulation.

B. Respondent shall pay the sum of **One Thousand and 00/100 Dollars ($1,000.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *personal, business, certified or cashier's check or money order* written to the **"Nevada State Board of Pharmacy."** Respondent shall remit payment in full to the Board's Reno

office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Stipulation.

C. Board inspectors shall conduct quarterly inspections of Respondent's pharmacy for a period of one-year from the effective date of this Stipulation, and Respondent shall bear and reimburse the Board for inspection costs.

11. Any failure by either Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing such Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 15, 2026. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

13. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

14. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release each other from any and all additional claims arising from the facts set forth in the

Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Each Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 1 **day of** July **2026**

Total Infusion Care
License No. PH02936

Edward Kramm

By: Edward Kramm (Jul 1, 2026 08:55:43 CDT)

Name: Edward Kramm

Title: CEO

Signed this 1 **day of** July **2026**

Mohammad Pourteymaur
Certificate of Registration No. 13759

Mohammad Ali Pourteymaur (Jul 1, 2026 06:32:22 PDT)

By: _____

Signed this ____ day of _____ 2026
Approved as to Form and Content:

_____
WILLIAM J. STILLING, ESQ.
Attorney for Respondents

Signed this ____ day of _____ 2026

Nevada State Board of Pharmacy

By_____
LAURA M. TUCKER, ESQ.
General Counsel

Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Each Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 1 **day of** July **2026**

Total Infusion Care
License No. PH02936

Edward Kramm

By: Edward Kramm (Jul 1, 2026 08:55:43 CDT)

Name: Edward Kramm

Title: CEO

Signed this 1 **day of** July **2026**

Mohammad Pourteymaur
Certificate of Registration No. 13759

By: Mohammad Ali Pourteymaur (Jul 1, 2026 06:32:22 PDT)

Signed this 1ST **day of** July **2026**
Approved as to Form and Content:

WILLIAM J. STILLING, ESQ.
Attorney for Respondents

Signed this ____ day of_____ 2026

Nevada State Board of Pharmacy

By_____
LAURA M. TUCKER, ESQ.
General Counsel

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DECISION AND ORDER

As to Total Infusion Care and Mohammad Pourteymaur, in Case Nos. 25-501-PH-S and 25-501-RPH-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in both matters and hereby orders that the terms of the foregoing Stipulation be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this ____day of July 2026.

Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AURELIA HURTADA-SADOWSKI, RPH, Certificate of Registration No. 15345, and** **SUMMERLIN HOSPITAL MEDICAL CENTER, License No. IA02194,** **Respondents.**	**Case No. 25-209-RPH-S** **25-209-PH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Aurelia Hurtada-Sadowski, RPh, (Hurtada-Sadowski), Certificate of Registration No. 15345, was a pharmacist licensed by the Board, and Respondent Summerlin Hospital Medical Center (Summerlin Hospital), License No. IA02194, was registered as a pharmacy by the Board.

FACTUAL ALLEGATIONS

2. Hurtada-Sadowski was employed as a pharmacist at Summerlin Hospital, located at 653 N. Town Center Drive in Las Vegas, at the time of the events alleged herein.

3. On May 5, 2025, patient J.B. arrived at the emergency department of Summerlin Hospital and reported that she was experiencing symptoms of an acute multiple sclerosis flare up.

4. Alexander Payne, MD, (Payne) was the medical practitioner on duty when patient J.B. arrived.

5. Patient J.B. informed Payne that she wanted to be treated with Solu-Medrol (methylprednisolone). Patient J.B. told Payne that she had had an allergic reaction to Solu-Medrol in the past, but that she had been able to tolerate it when pre-treated with Benadryl.

6. After consultation with patient J.B., Payne submitted an order for methylprednisolone 125 mg administered via IV piggyback along with Benadryl 50 mg 1 ML administered via IV push.

7. When submitting the order, Payne did not enter into the patient's chart that she had a known allergy to methylprednisolone and did not include any other notes. The order also did not contain a diluent or volume, as is required for an IV piggyback.

8. Hurtada-Sadowski was the pharmacist on duty at the time Payne submitted the order. While Hurtada-Sadowski was processing the order, she received a prompt generated by the computer system indicating that an IV push was the standard practice for methylprednisolone 125 mg.

9. Because the chart order was incomplete, Summerlin Hospital's system would not allow Hurtada-Sadowski to release the product without making a change.

10. Hurtada-Sadowski did not contact or notify Payne about the missing information regarding administration route or lack of accompanying notations and changed the order for methylprednisolone to IV push instead of IV piggyback to reflect the computer's prompting.

11. Registered Nurse George Maldonado (Maldonado) received the order back from Hurtada-Sadowski and pushed 0.55 cc of methylprednisolone over 30 seconds, then paused to assess.

12. After the initial medication push, patient J.B. reported anaphylactic symptoms, and Maldonado contacted Payne, who began treating patient J.B. for anaphylaxis.

13. Despite intervention, patient J.B. was placed on life support that night. She was not taken off life support and died two days later, on May 7, 2025. The cause of death was listed as multisystem organ failure due to cardiac arrest secondary to anaphylaxis.

14. Summerlin Hospital terminated Hurtada-Sadowski a few months later.

PRIOR DISCIPLINE

15. In December 2008, the Board disciplined an employee of Respondent Summerlin Hospital for diversion of controlled substances, resulting in the revocation of the employee's license.

16. In April 2008, the Board disciplined Respondent Summerlin Hospital for the death of an infant patient because of drug overdose, resulting in a $10,000 fine to Respondent Summerlin Hospital.

APPLICABLE LAW

17. Medical facilities must have original chart orders that contain, among other information, the name of the drug, its strength, and the route of administration, as well as directions for use of the drug. NAC 639.484(1)(b),(c).

18. Pursuant to NAC 639.753, a pharmacist may use his or her professional judgment to reasonably decline to fill a prescription after speaking with the prescribing practitioner in a timely manner to discuss and resolve the concerns the pharmacist has regarding the prescription.

19. Pharmacists have a duty to exercise independent judgment regarding patient care pursuant to NAC 639.753.

20. Unprofessional conduct includes a registrant performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i). The Board may suspend or revoke any certificate, license, registration or permit if the holder is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

21. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license by the Board. NRS 639.230(5); NAC 639.702. Furthermore, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

22. The Board may discipline a licensee who has violated any provisions of a regulation relating to the practice of pharmacy. NRS 639.210(12).

23. In lieu of, or in addition to, revoking or suspending a license holder's registration for violating the law or engaging in unprofessional conduct, the Board may impose fines as a disciplinary measure. *See* NRS 639.255; NAC 639.955.

COUNT ONE
Unprofessional Conduct by a Pharmacist – Failure to Confer with Healthcare Provider (Respondent Hurtada-Sadowski)

24. As alleged above, on or about May 5, 2025, Respondent Hurtada-Sadowski received a chart that did not contain complete information as required by NAC 639.484(1)(b),(c).

25. As alleged above, Respondent Hurtada-Sadowski filled the chart order for patient J.B. even though she knew or should have known to contact Payne about the incomplete chart order when she received conflicting information from the hospital computer system. Respondent Hurtada-Sadowski's conduct was unprofessional because she failed to confer with patient J.B.'s health care provider regarding the incomplete chart order. NAC 639.753.

26. Having failed to confer directly with a patient's health care provider and changing the chart order of the patient's health care provider, Respondent Hurtada-Sadowski performed her duties in an incompetent, unskillful or negligent manner.

27. Respondent Hurtada-Sadowski's unprofessional conduct may have contributed to patient J.B.'s death.

28. For this unprofessional conduct, the Board may discipline Respondent Hurtada-Sadowski pursuant to NRS 639.210(4), NRS 639.255(1), NAC 639.945, and NAC 639.955.

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COUNT TWO
Pharmacy Owner Responsibility
(Respondent Summerlin Hospital)

29. As alleged above, on or about May 5, 2025, Respondent Hurtada-Sadowski changed the chart order for patient J.B. even though she knew or should have known to contact Payne about the incomplete chart order when she received conflicting information from the hospital computer system. Respondent Hurtada-Sadowski's conduct was unprofessional because she failed to confer with patient J.B.'s health care provider regarding the incomplete chart order. Having failed to confer directly with a patient's health care provider and changing the chart order of the patient's health care provider, Respondent Hurtada-Sadowski performed her duties in an incompetent, unskillful or negligent manner.

30. As alleged above, Respondent Summerlin Hospital's computer system would not allow Hurtada-Sadowski to release the chart order without making a change to the order.

31. As the facility at which the unprofessional conduct and violations of law alleged herein occurred, Respondent Summerlin Hospital is responsible for those violations, including all errors and omissions of Respondent Hurtada-Sadowski, Payne, and any other personnel in the course of violations of any law or regulation related to the practice of pharmacy, pursuant NAC 639.945(3). Accordingly, the Board may discipline Summerlin Hospital pursuant to NRS 639.210(4), NRS 639.255(1), NAC 639.945, and NAC 639.955.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of Respondents Aurelia Hurtada-Sadowski and Summerlin Hospital Medical Center.

DATED this 30th day of MARCH 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SUMMERLIN HOSPITAL MEDICAL CENTER, License No. IA02194,** **Respondent.**	**Case No. 25-209-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 15, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Laura Tucker at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 30th day of MARCH 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SUMMERLIN HOSPITAL MEDICAL CENTER, License No. IA02194,** **Respondent.**	**Case No. 25-209-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

_____

AUTHORIZED REPRESENTATIVE FOR
Summerlin Hospital Medical Center

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 30th day of March 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Aurelia Hurtada-Sadowski, RPh
[redacted]
Las Vegas, NV[redacted]

Summerlin Hospital Medical Center Pharmacy
c/o Aurelia Hurtada-Sadowski, RPh
657 N. Town Center Dr
Las Vegas, NV 89144

Summerlin Hospital Medical Center Pharmacy
657 N. Town Center Dr
Las Vegas, NV 89144

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11th day of June 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Summerlin Hospital Medical Center Pharmacy
c/o Jessica Gandy, Esq.
Peccole Professional Park
10080 West Alta Dr, Suite 200
Las Vegas, NV 89145

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
MAY 10 2026
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. AURELIA HURTADA-SADOWSKI, RPH, Certificate of Registration No. 15345, and SUMMERLIN HOSPITAL MEDICAL CENTER, License No. IA02194, Respondents.	Case No. 25-209-RPH-S 25-209-PH-S

ANSWER TO COMPLAINT

Respondent, SUMMERLIN HOSPITAL MEDICAL CENTER, ("SHMC" or "Respondent") by and through its counsel of record, HUTCHISON & STEFFEN, PLLC, answers the Complaint as follows:

JURISDICTION

1. Answering Paragraph 1 of the Complaint, Respondent admits it is registered as a pharmacy by the Board. As to the remaining allegations, Respondent states that it is without knowledge and or information sufficient to form a belief as to the truth of the remaining allegations contained in said paragraph and therefore denies the allegations contained therein.

FACTUAL ALLEGATIONS

2. Answering Paragraph 2 of the Complaint, Respondent admits the allegations contained in said paragraph.

3. Answering Paragraph 3 of the Complaint, Respondent admits the allegations contained in said paragraph to the extent that it is consistent with the medical records; to the extent that the allegations differ or extrapolate upon the medical records, Respondent states that it is without knowledge and or information sufficient to form a belief as to the truth of the allegations

contained in said paragraph and therefore denies the allegations contained therein.

4. Answering Paragraph 4 of the Complaint, Respondent admits the allegations contained in said paragraph to the extent that it is consistent with the medical records; to the extent that the allegations differ or extrapolate upon the medical records, Respondent states that it is without knowledge and or information sufficient to form a belief as to the truth of the allegations contained in said paragraph and therefore denies the allegations contained therein.

5. Answering Paragraph 5 of the Complaint, Respondent admits the allegations contained in said paragraph to the extent that it is consistent with the medical records; to the extent that the allegations differ or extrapolate upon the medical records, Respondent states that it is without knowledge and or information sufficient to form a belief as to the truth of the allegations contained in said paragraph and therefore denies the allegations contained therein.

6. Answering Paragraph 6 of the Complaint, Respondent admits the allegations contained in said paragraph to the extent that it is consistent with the medical records; to the extent that the allegations differ or extrapolate upon the medical records, Respondent states that it is without knowledge and or information sufficient to form a belief as to the truth of the allegations contained in said paragraph and therefore denies the allegations contained therein.

7. Answering Paragraph 7 of the Complaint, Respondent admits the allegations contained in said paragraph to the extent that it is consistent with the medical records; to the extent that the allegations differ or extrapolate upon the medical records, Respondent states that it is without knowledge and or information sufficient to form a belief as to the truth of the allegations contained in said paragraph and therefore denies the allegations contained therein.

8. Answering Paragraph 8 of the Complaint, Respondent admits Hurtada-Sadowski was the pharmacist on duty at the time Payne submitted the order. As to the remaining allegations, Respondent states that it is without knowledge and or information sufficient to form a belief as to the truth of the remaining allegations contained in said paragraph and therefore denies the allegations contained therein.

9. Answering Paragraph 9 of the Complaint, Respondent states that it is without knowledge and or information sufficient to form a belief as to the truth of the remaining allegations contained in said paragraph and therefore denies the allegations contained therein.

10. Answering Paragraph 10 of the Complaint, Respondent states that it is without knowledge and or information sufficient to form a belief as to the truth of the remaining allegations contained in said paragraph and therefore denies the allegations contained therein.

11. Answering Paragraph 11 of the Complaint, Respondent admits the allegations contained in said paragraph to the extent that it is consistent with the medical records; to the extent that the allegations differ or extrapolate upon the medical records, Respondent states that it is without knowledge and or information sufficient to form a belief as to the truth of the allegations contained in said paragraph and therefore denies the allegations contained therein.

12. Answering Paragraph 12 of the Complaint, Respondent admits the allegations contained in said paragraph to the extent that it is consistent with the medical records; to the extent that the allegations differ or extrapolate upon the medical records, Respondent states that it is without knowledge and or information sufficient to form a belief as to the truth of the allegations contained in said paragraph and therefore denies the allegations contained therein.

13. Answering Paragraph 13 of the Complaint, Respondent admits the allegations contained in said paragraph to the extent that it is consistent with the medical records; to the extent that the allegations differ or extrapolate upon the medical records, Respondent states that it is without knowledge and or information sufficient to form a belief as to the truth of the allegations contained in said paragraph and therefore denies the allegations contained therein.

14. Answering Paragraph 14 of the Complaint, Respondent admits the allegations contained in said paragraph.

PRIOR DISCIPLINE

15. Answering Paragraph 15 of the Complaint, Respondent states the paragraph is a restatement of statute and does not contain any factual allegations that can be admitted or denied.

To the extent that the allegations differ or extrapolate upon the statute, Respondent states that she is without knowledge and or information sufficient to form a belief as to the truth of the allegations contained in said paragraph and therefore denies the allegations contained therein.

16. Answering Paragraph 16 of the Complaint, Respondent admits the allegations contained in said paragraph.

APPLICABLE LAW

17. Answering Paragraph 17 of the Complaint, Respondent states the paragraph is a restatement of statute and does not contain any factual allegations that can be admitted or denied. To the extent that the allegations differ or extrapolate upon the statute, Respondent states that she is without knowledge and or information sufficient to form a belief as to the truth of the allegations contained in said paragraph and therefore denies the allegations contained therein.

18. Answering Paragraph 18 of the Complaint, Respondent states the paragraph is a restatement of statute and does not contain any factual allegations that can be admitted or denied. To the extent that the allegations differ or extrapolate upon the statute, Respondent states that she is without knowledge and or information sufficient to form a belief as to the truth of the allegations contained in said paragraph and therefore denies the allegations contained therein.

19. Answering Paragraph 19 of the Complaint, Respondent states the paragraph is a restatement of statute and does not contain any factual allegations that can be admitted or denied. To the extent that the allegations differ or extrapolate upon the statute, Respondent states that she is without knowledge and or information sufficient to form a belief as to the truth of the allegations contained in said paragraph and therefore denies the allegations contained therein.

20. Answering Paragraph 20 of the Complaint, Respondent states the paragraph is a restatement of statute and does not contain any factual allegations that can be admitted or denied. To the extent that the allegations differ or extrapolate upon the statute, Respondent states that she is without knowledge and or information sufficient to form a belief as to the truth of the allegations contained in said paragraph and therefore denies the allegations contained therein.

21. Answering Paragraph 21 of the Complaint, Respondent states the paragraph is a restatement of statute and does not contain any factual allegations that can be admitted or denied. To the extent that the allegations differ or extrapolate upon the statute, Respondent states that she is without knowledge and or information sufficient to form a belief as to the truth of the allegations contained in said paragraph and therefore denies the allegations contained therein.

22. Answering Paragraph 22 of the Complaint, Respondent states the paragraph is a restatement of statute and does not contain any factual allegations that can be admitted or denied. To the extent that the allegations differ or extrapolate upon the statute, Respondent states that she is without knowledge and or information sufficient to form a belief as to the truth of the allegations contained in said paragraph and therefore denies the allegations contained therein.

23. Answering Paragraph 23 of the Complaint, Respondent states the paragraph is a restatement of statute and does not contain any factual allegations that can be admitted or denied. To the extent that the allegations differ or extrapolate upon the statute, Respondent states that she is without knowledge and or information sufficient to form a belief as to the truth of the allegations contained in said paragraph and therefore denies the allegations contained therein.

COUNT ONE

Unprofessional Conduct by a Pharmacist – Failure to Confer with Healthcare Provider (Respondent Hurtada-Sadowski)

24. Answering Paragraph 24 of the Complaint, Respondent states the paragraph is a restatement of statute and does not contain any factual allegations that can be admitted or denied. To the extent that the allegations differ or extrapolate upon the statute, Respondent states that it is without knowledge and or information sufficient to form a belief as to the truth of the allegations contained in said paragraph and therefore denies the allegations contained therein.

25. Answering Paragraph 25 of the Complaint, Respondent states said paragraph calls for an expert opinion to which no response is required. To the extent a response is required, Respondent states that he is without knowledge and or information sufficient to form a belief as to the truth of the allegations contained in said paragraph and therefore denies the allegations

contained therein.

26. Answering Paragraph 26 of the Complaint, Respondent states said paragraph calls for an expert opinion to which no response is required. To the extent a response is required, Respondent states that he is without knowledge and or information sufficient to form a belief as to the truth of the allegations contained in said paragraph and therefore denies the allegations contained therein.

27. Answering Paragraph 27 of the Complaint, Respondent denies the allegations contained in said paragraph.

28. Answering Paragraph 28 of the Complaint, Respondent states said paragraph calls for an expert opinion to which no response is required. To the extent a response is required, Respondent states that he is without knowledge and or information sufficient to form a belief as to the truth of the allegations contained in said paragraph and therefore denies the allegations contained therein.

COUNT TWO
Pharmacy Owner Responsibility
(Respondent Summerlin Hospital)

29. Answering Paragraph 29 of the Complaint, Respondent states said paragraph calls for an expert opinion to which no response is required. To the extent a response is required, Respondent states that it is without knowledge and or information sufficient to form a belief as to the truth of the allegations contained in said paragraph and therefore denies the allegations contained therein.

30. Answering Paragraph 30 of the Complaint, Respondent admits the allegations contained in said paragraph.

31. Answering Paragraph 31 of the Complaint, Respondent states said paragraph calls for an expert opinion to which no response is required. To the extent a response is required, Respondent states that it is without knowledge and or information sufficient to form a belief as to the truth of the allegations contained in said paragraph and therefore denies the allegations

contained therein.

AFFIRMATIVE DEFENSES

FIRST AFFIRMATIVE DEFENSE

The Complaint fails to state claims against SHMC upon which relief can be granted.

SECOND AFFIRMATIVE DEFENSE

The Complaint does not give SHMC the necessary and appropriate notice of claims against it, which is a violation of SHMC's due process rights.

THIRD AFFIRMATIVE DEFENSE

The injuries, if any, complained of in the Complaint were proximately caused by the acts or omissions of unknown third parties or other persons over whom SHMC exercised no control, and over whom SHMC had no right or duty to control, nor ever had a right or duty to exercise control.

FOURTH AFFIRMATIVE DEFENSE

The damages, if any, alleged were not the result of any acts of omission, or commission, or negligence, but were the result of a known risk which was consented to by Patient J.B. and his/her family/caregivers, such risks being inherent in the nature of the care rendered and such risks were assumed by Patient J.B. and his/her family/caregivers when they consented to treatment.

FIFTH AFFIRMATIVE DEFENSE

In all medical care rendered by SHMC to Patient J.B., SHMC possessed and exercised that degree of skill and learning ordinarily possessed and exercised by the members of its profession in good standing, practicing in similar localities, and that at all times SHMC used reasonable care and diligence in the exercise of its skills and the application of its learning, and at all times acted according to its best judgment; that the medical treatment administered by SHMC was the usual and customary treatment for the physical condition and symptoms exhibited by Patient J.B. and that at no time was SHMC guilty of negligence or improper treatment, that, on the contrary, SHMC did perform each and every act of such treatment in a proper and efficient manner and in a manner

most thoroughly approved and followed by the medical profession generally and under the circumstances and conditions as they existed when such medical attention was rendered.

SIXTH AFFIRMATIVE DEFENSE

At all times mentioned in the Complaint, Patient J.B. was suffering from a medical condition(s) that SHMC did not cause, nor was SHMC responsible for said medical condition(s).

SEVENTH AFFIRMATIVE DEFENSE

Patient J.B.'s maladies and injuries, if any, were caused by inevitable disease processes and not by any act of this Respondent.

EIGHTH AFFIRMATIVE DEFENSE

The injuries complained of in the Complaint, if any, were not the result of willful, malicious or deliberate conduct on the part of SHMC.

NINTH AFFIRMATIVE DEFENSE

SHMC denies each and every allegation of the Board's Complaint not specifically admitted or otherwise pled to herein.

TENTH AFFIRMATIVE DEFENSE

All possible Affirmative Defenses may not have been alleged herein insofar as sufficient facts were not available after reasonable inquiry upon the filing of SHMC's Answer, and therefore, SHMC reserves the right to amend its Answer to allege additional Affirmative Defenses if subsequent investigation warrants.

ELEVENTH AFFIRMATIVE DEFENSE

The damages, if any, alleged in the Board's Complaint are not the result of any acts of omission, commission, or negligence, but were the result of a known risk(s), which was consented to by Patient J.B.

TWELFTH AFFIRMATIVE DEFENSE

SHMC hereby incorporates by reference those affirmative defenses enumerated in NRCP 8 and 12, as if fully set forth herein. In the event further investigation or discovery reveals the

applicability of any such defenses, Respondent reserves the right to seek leave of Court to amend her Answer to specifically assert any such defense(s). Such defenses are herein incorporated by reference for the specific purpose of not waiving any such defense.

THIRTEENTH AFFIRMATIVE DEFENSE

It has been necessary for SHMC to employ the services of an attorney to defend this action and a reasonable sum should be allowed to Respondent for attorneys' fees, together with costs of suit incurred herein.

PRAYER FOR RELIEF

WHEREFORE, SHMC prays for judgment as follows:

1. That the Board takes nothing by virtue of its Complaint, and that all allegations against SHMC are dismissed with prejudice;

2. For reasonable attorneys' fees and costs of suit incurred herein;

3. For costs and disbursements incurred herein; and

4. For such other and further relief as is just and proper.

DATED this 1st day of May 2026.

HUTCHISON & STEFFEN, PLLC

/s/ Jessica R. Gandy

Candace C. Herling, Esq. (NBN. 13503)
Jessica R. Gandy, Esq. (NBN 14202)
Peccole Professional Park
10080 West Alta Drive, Suite 200
Las Vegas, NV 89145
Telephone: (702) 385-2500
Attorneys for Respondent
Summerlin Hospital Medical Center

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AURELIA HURTADA-SADOWSKI, RPH, Certificate of Registration No. 15345, and** **SUMMERLIN HOSPITAL MEDICAL CENTER, License No. IA02194,** **Respondents.**	**CASE NOS. 25-209-RPH-S** **25-209-PH-S** **STIPULATION AND ORDER [SUMMERLIN HOSPITAL MEDICAL CENTER ONLY]**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through counsel, Laura M. Tucker, Esq., and Summerlin Hospital Medical Center, License No. IA02194, ("Respondent"), by and through counsel, Jessica R. Gandy, Esq., hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent and this matter.

2. The Board's staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby knowingly and voluntarily waives the rights to a hearing,

reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. For the purposes of resolving this matter, without admitting to the alleged facts or legal conclusions, Respondent acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation *to wit the Board alleges as follows*:

A. On or about May 5, 2025, Aurelia Hurtada-Sadowski (Hurtada-Sadowski), while employed as a pharmacist by Respondent, received a chart that did not contain complete information as required by NAC 639.484(1)(b),(c).

B. Hurtada-Sadowski engaged in unprofessional conduct as defined in NAC 639.945 when she failed to confer directly with a patient's health care provider and changed the chart order of the patient's health care provider.

C. Respondent's computer system would not allow Hurtada-Sadowski to release the chart order without making a change to the order.

D. Pursuant to NAC 639.945(3), a facility at which the unprofessional conduct and violations of law alleged herein is responsible for those violations, including all errors and omissions of a pharmacist or any other personnel in the course of violations of any law or regulation related to the practice of pharmacy., Accordingly, the Board may discipline Respondent for the alleged errors and omissions of Hurtada-Sadowski pursuant to NRS 639.210(4), NRS 639.255(1), NAC 639.945, and NAC 639.955.

7. Those alleged violations are pled with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. Now, therefore, to resolve the allegations stated in Count Two of the Accusation without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree to the imposition of the following penalties:

A. Respondent shall pay an administrative fine of **Seven Thousand Five Hundred and 00/100 Dollars ($7,500.00)**, payable by *personal, business, certified or cashier's check or money order* written to the "**State of Nevada, Office of the Treasurer.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Stipulation.

B. Respondent shall pay the sum of **One Thousand Five Hundred and 00/100 Dollars ($1,500.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *personal, business, certified or cashier's check or money order* written to the "**Nevada State Board of Pharmacy.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Stipulation.

C. Within 60 days of the date of the order, Respondent must provide the Board staff with a copy of its updated policy related to the hospital's medication order policy, including the ordering of IV Push medications and how pharmacists proceed with incorrect or incomplete medication orders.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

10. This Stipulation does not represent any admission of liability, fault, or wrongdoing by Respondent.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 15, 2026. Respondent, by and through counsel of record, will appear at the meeting to answer questions from the Board Members

and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

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Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of _____ 2026

Summerlin Hospital Medical Center

By: _____
Name : _____
Title: _____

Signed this ____ day of _____ 2026
Approved as to Form and Content:

_____
JESSICA R. GANDY, ESQ.
Hutchison & Steffen, PLLC
Attorney for Respondent Summerlin Hospital Medical Center

Signed this ____ day of_____ 2026

Nevada State Board of Pharmacy

By_____
LAURA M. TUCKER, ESQ.
General Counsel

DECISION AND ORDER

As to Summerlin Hospital Medical Center, in Case No. 25-209-PH-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and hereby orders that the terms of the foregoing Stipulation be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this ____day of July 2026.

_____

Helen Park, President
Nevada State Board of Pharmacy

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MAR 30 2026
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AURELIA HURTADA-SADOWSKI, RPH, Certificate of Registration No. 15345, and** **SUMMERLIN HOSPITAL MEDICAL CENTER, License No. IA02194,** **Respondents.**	**Case No. 25-209-RPH-S** **25-209-PH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Aurelia Hurtada-Sadowski, RPh, (Hurtada-Sadowski), Certificate of Registration No. 15345, was a pharmacist licensed by the Board, and Respondent Summerlin Hospital Medical Center (Summerlin Hospital), License No. IA02194, was registered as a pharmacy by the Board.

FACTUAL ALLEGATIONS

2. Hurtada-Sadowski was employed as a pharmacist at Summerlin Hospital, located at 653 N. Town Center Drive in Las Vegas, at the time of the events alleged herein.

3. On May 5, 2025, patient J.B. arrived at the emergency department of Summerlin Hospital and reported that she was experiencing symptoms of an acute multiple sclerosis flare up.

4. Alexander Payne, MD, (Payne) was the medical practitioner on duty when patient J.B. arrived.

5. Patient J.B. informed Payne that she wanted to be treated with Solu-Medrol (methylprednisolone). Patient J.B. told Payne that she had had an allergic reaction to Solu-Medrol in the past, but that she had been able to tolerate it when pre-treated with Benadryl.

6. After consultation with patient J.B., Payne submitted an order for methylprednisolone 125 mg administered via IV piggyback along with Benadryl 50 mg 1 ML administered via IV push.

7. When submitting the order, Payne did not enter into the patient's chart that she had a known allergy to methylprednisolone and did not include any other notes. The order also did not contain a diluent or volume, as is required for an IV piggyback.

8. Hurtada-Sadowski was the pharmacist on duty at the time Payne submitted the order. While Hurtada-Sadowski was processing the order, she received a prompt generated by the computer system indicating that an IV push was the standard practice for methylprednisolone 125 mg.

9. Because the chart order was incomplete, Summerlin Hospital's system would not allow Hurtada-Sadowski to release the product without making a change.

10. Hurtada-Sadowski did not contact or notify Payne about the missing information regarding administration route or lack of accompanying notations and changed the order for methylprednisolone to IV push instead of IV piggyback to reflect the computer's prompting.

11. Registered Nurse George Maldonado (Maldonado) received the order back from Hurtada-Sadowski and pushed 0.55 cc of methylprednisolone over 30 seconds, then paused to assess.

12. After the initial medication push, patient J.B. reported anaphylactic symptoms, and Maldonado contacted Payne, who began treating patient J.B. for anaphylaxis.

13. Despite intervention, patient J.B. was placed on life support that night. She was not taken off life support and died two days later, on May 7, 2025. The cause of death was listed as multisystem organ failure due to cardiac arrest secondary to anaphylaxis.

14. Summerlin Hospital terminated Hurtada-Sadowski a few months later.

PRIOR DISCIPLINE

15. In December 2008, the Board disciplined an employee of Respondent Summerlin Hospital for diversion of controlled substances, resulting in the revocation of the employee's license.

16. In April 2008, the Board disciplined Respondent Summerlin Hospital for the death of an infant patient because of drug overdose, resulting in a $10,000 fine to Respondent Summerlin Hospital.

APPLICABLE LAW

17. Medical facilities must have original chart orders that contain, among other information, the name of the drug, its strength, and the route of administration, as well as directions for use of the drug. NAC 639.484(1)(b),(c).

18. Pursuant to NAC 639.753, a pharmacist may use his or her professional judgment to reasonably decline to fill a prescription after speaking with the prescribing practitioner in a timely manner to discuss and resolve the concerns the pharmacist has regarding the prescription.

19. Pharmacists have a duty to exercise independent judgment regarding patient care pursuant to NAC 639.753.

20. Unprofessional conduct includes a registrant performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i). The Board may suspend or revoke any certificate, license, registration or permit if the holder is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

21. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license by the Board. NRS 639.230(5); NAC 639.702. Furthermore, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

22. The Board may discipline a licensee who has violated any provisions of a regulation relating to the practice of pharmacy. NRS 639.210(12).

23. In lieu of, or in addition to, revoking or suspending a license holder's registration for violating the law or engaging in unprofessional conduct, the Board may impose fines as a disciplinary measure. *See* NRS 639.255; NAC 639.955.

COUNT ONE
Unprofessional Conduct by a Pharmacist – Failure to Confer with Healthcare Provider (Respondent Hurtada-Sadowski)

24. As alleged above, on or about May 5, 2025, Respondent Hurtada-Sadowski received a chart that did not contain complete information as required by NAC 639.484(1)(b),(c).

25. As alleged above, Respondent Hurtada-Sadowski filled the chart order for patient J.B. even though she knew or should have known to contact Payne about the incomplete chart order when she received conflicting information from the hospital computer system. Respondent Hurtada-Sadowski's conduct was unprofessional because she failed to confer with patient J.B.'s health care provider regarding the incomplete chart order. NAC 639.753.

26. Having failed to confer directly with a patient's health care provider and changing the chart order of the patient's health care provider, Respondent Hurtada-Sadowski performed her duties in an incompetent, unskillful or negligent manner.

27. Respondent Hurtada-Sadowski's unprofessional conduct may have contributed to patient J.B.'s death.

28. For this unprofessional conduct, the Board may discipline Respondent Hurtada-Sadowski pursuant to NRS 639.210(4), NRS 639.255(1), NAC 639.945, and NAC 639.955.

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COUNT TWO
Pharmacy Owner Responsibility
(Respondent Summerlin Hospital)

29. As alleged above, on or about May 5, 2025, Respondent Hurtada-Sadowski changed the chart order for patient J.B. even though she knew or should have known to contact Payne about the incomplete chart order when she received conflicting information from the hospital computer system. Respondent Hurtada-Sadowski's conduct was unprofessional because she failed to confer with patient J.B.'s health care provider regarding the incomplete chart order. Having failed to confer directly with a patient's health care provider and changing the chart order of the patient's health care provider, Respondent Hurtada-Sadowski performed her duties in an incompetent, unskillful or negligent manner.

30. As alleged above, Respondent Summerlin Hospital's computer system would not allow Hurtada-Sadowski to release the chart order without making a change to the order.

31. As the facility at which the unprofessional conduct and violations of law alleged herein occurred, Respondent Summerlin Hospital is responsible for those violations, including all errors and omissions of Respondent Hurtada-Sadowski, Payne, and any other personnel in the course of violations of any law or regulation related to the practice of pharmacy, pursuant NAC 639.945(3). Accordingly, the Board may discipline Summerlin Hospital pursuant to NRS 639.210(4), NRS 639.255(1), NAC 639.945, and NAC 639.955.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of Respondents Aurelia Hurtada-Sadowski and Summerlin Hospital Medical Center.

DATED this 30th day of March 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AURELIA HURTADA-SADOWSKI, RPH,** **Certificate of Registration No. 15345,** **Respondent.**	**Case No. 25-209-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 15, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Luara Tucker at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 30th day of March 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AURELIA HURTADA-SADOWSKI, RPH, Certificate of Registration No. 15345,** **Respondent.**	**Case No. 25-209-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

_____

Aurelia Hurtada-Sadowski, RPh

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 30th day of March 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Aurelia Hurtada-Sadowski, RPh
[redacted]
Las Vegas, NV [redacted]

Summerlin Hospital Medical Center Pharmacy
c/o Aurelia Hurtada-Sadowski, RPh
657 N. Town Center Dr
Las Vegas, NV 89144

Summerlin Hospital Medical Center Pharmacy
657 N. Town Center Dr
Las Vegas, NV 89144

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11th day of June 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Aurelia Hurtada-Sadowski, RPh
c/o Jessica Gandy, Esq.
Peccole Professional Park
10080 West Alta Dr, Suite 200
Las Vegas, NV 89145

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AURELIA HURTADA-SADOWSKI, RPH, Certificate of Registration No. 15345, and** **SUMMERLIN HOSPITAL MEDICAL CENTER, License No. IA02194,** **Respondents.**	**CASE NOS. 25-209-RPH-S** **25-209-PH-S** **STIPULATION AND ORDER [AURELIA HURTADA-SADOWSKI ONLY]**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through counsel, Laura M. Tucker, Esq., and Aurelia Hurtada-Sadowski, RPH, Certificate of Registration No. 20104, ("Respondent"), by and through counsel, Jessica R. Gandy, Esq., hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent and this matter.

2. The Board's staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby knowingly and voluntarily waives the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS

Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. For the purposes of resolving this matter, without admitting to the alleged facts or legal conclusions, Respondent acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit, the Board alleges as follows:*

A. On or about May 5, 2025, Respondent received a chart that did not contain complete information as required by NAC 639.484(1)(b),(c). Respondent knew or should have known to contact the patient's health care provider about the incomplete chart order.

B. Respondent engaged in unprofessional conduct as defined in NAC 639.945 when she failed to confer directly with a patient's health care provider and changed the chart order of the patient's health care provider.

C. Having performed her duties in an incompetent, unskillful, or negligent manner, as described above, Respondent is subject to discipline pursuant to NRS 639.210(4), NRS 639.255(1), NAC 639.945, and NAC 639.955.

7. Those alleged violations are pled with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. Now, therefore, to resolve the allegations stated in Count One of the Accusation without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree to the imposition of the following penalties:

A. Respondent's certificate of registration no. 15345 shall be **SUSPENDED**; however, the suspension is **STAYED**, and Respondent shall be placed on probation for a period of one year from the effective date of this Order.

B. Respondent shall pay an administrative fine of **Five Thousand and 00/100 Dollars ($5,000.00)**, payable by *personal, business, certified or cashier's check or money order* written to the "**State of Nevada, Office of the Treasurer.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway,

Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Stipulation.

C. Respondent shall pay the sum of **One Thousand Five Hundred and 00/100 Dollars ($1,500.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *personal, business, certified or cashier's check or money order* written to the "**Nevada State Board of Pharmacy.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Stipulation.

D. As a condition of probation, Respondent shall not engage in any conduct for which disciplinary action may be imposed pursuant to the provisions of NRS 639.210 and/or associated regulations.

Upon successful completion of the terms and conditions of probation as forth herein, Respondent's certificate of registration shall be automatically reinstated without conditions or restrictions.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

10. This stipulation does not represent any admission of liability, fault, or wrongdoing by Respondent.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 15, 2026. Respondent, by and through counsel of record, will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

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Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of _____ 2026.

By_____
AURELIA HURTADA-SADOWSKI, RPH
Certificate of Registration No. 15345

Signed this ____ day of _____ 2026.
Nevada State Board of Pharmacy

By_____
LAURA M. TUCKER, ESQ.
General Counsel

Signed this ____ day of _____ 2026
Approved as to Form and Content:

_____
JESSICA R. GANDY, ESQ.
Hutchison & Steffen, PLLC
Attorney for Respondent Aurelia Hurtada-Sadowski

DECISION AND ORDER

As to Aurelia Hurtada-Sadowski, in Case No. 25-209-RPH-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and hereby orders that the terms of the foregoing Stipulation be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this ____day of July 2026.

_____
Helen Park, President
Nevada State Board of Pharmacy

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JOE LOMBARDO
Governor



HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA

BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

October 31, 2025

VIA CERTIFIED U.S. MAIL

Carolina Molina
Carolina Skin Care
9484 W Flamingo Road – Suite 300
Las Vegas, NV 89147

9489 0178 9820 3042 2524 01

Re: CEASE-AND-DESIST ORDER/CITATION & FINE: (Case No. 25-146-S)

Dear Ms. Molina:

The Nevada State Board of Pharmacy (Board) has determined that in the course of owning and operating Carolina Skin Care, located at 9484 W Flamingo Rd. in Las Vegas, you and your employees are unlawfully purchasing, storing, possessing, administering (including administration by injection) and/or furnishing dangerous drugs to patients who have not been examined and diagnosed by a Nevada-licensed practitioner and without direct practitioner supervision. This includes administering patient-specific medications to multiple patients and failing to maintain the security of the drugs in inventory. This constitutes a violation of state law, including, without limitation, NRS 200.840(1), NRS 454.213, NRS 454.221(1), NRS 454.311(1), NRS 454.316(1), NRS 454.321, NRS 454.356, NRS 454.510, NRS 585.520, NRS 639.100(1), NRS 639.268 and/or NRS 639.285.

You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE and DESIST this unlawful activity. This notice shall serve as a CITATION pursuant to NRS 639.2895(2) for this violation.

The Board has assessed an administrative fine of five thousand dollars (**$5000.00**) pursuant to NRS 639.2895(3). This administrative fine must be paid within 30 days of receipt of this citation. Payment must be by personal, business, certified or cashier's check or money order made payable to "**State of Nevada, Office of the Treasurer**," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this citation. *See* NRS 639.2895(2). If you have any questions, please do not hesitate to contact Board staff at 775-850-1440.

Sincerely,

Nevada State Board of Pharmacy

Carolina Skin Care

9484 W Flamingo Rd. Suite 300
Las Vegas NV, 78147
[redacted]



December 8th, 2025

Dear Sir/Madam (Pharmacy Board team),

I hope this message finds you well.

On 25 November 2025, I submitted my response to your request via email, well ahead of the November 30th 2025 deadline. As I have not yet received any acknowledgment of receipt or further communication from your office, and in order to ensure that my response definitively reaches you, **I am today sending the complete set of documents by registered/postal mail**.

A copy of my original response is attached again for your immediate reference, and the hard copy sent by post today (8 December 2025) contains the same documents.

Thank you very much for your understanding, and please do not hesitate to contact me if anything further is required.

Yours sincerely,

Carolina Molina

Carolina Molina Owner & Operator Carolina Skin Care
9484 W Flamingo Road, Suite 300 Las Vegas, NV 89103
Phone: [redacted]

November 19, 2025

Nevada State Board of Pharmacy 985 Damonte Ranch Parkway, Suite 206 Reno, NV 89521

Via Certified Mail – Return Receipt Requested

Re: REQUEST FOR RECONSIDERATION AND APPEAL Case No. 25-146-S Cease-and-Desist Order, Citation & Fine – Issued October 31, 2025

Dear Members of the Board:

I am writing in formal response and appeal to the Cease-and-Desist Order, Citation, and $5,000 administrative fine issued on October 31, 2025.

Carolina Skin Care is a cosmetology establishment licensed and regulated exclusively by the Nevada State Board of Cosmetology. We do not perform, direct, supervise, or facilitate any medical procedures and have never held or required a pharmacy license.

Key Facts

1. All Medications Found in the Refrigerator and Cabinet Belonged Exclusively to Marika Kerr, APRN The prescription and dangerous drugs discovered in the refrigerator and in a cabinet during the Board's inspection were **owned, procured, and placed there exclusively by Marika Kerr, APRN —** a Nevada-licensed advanced practice registered nurse with full prescribing authority. Because some of these medications required refrigeration and others needed secure storage, Ms. Kerr personally placed them in the refrigerator and a designated cabinet for use only when she performed injectable aesthetic procedures on Carolina Skin Care clients.

2. Carolina Skin Care Never Purchased, Owned, or Exercised Control Over Any Medications Carolina Skin Care and its cosmetology-licensed employees have never purchased, owned, or exercised control over any prescription or dangerous drugs. The medications were present solely because they belonged to Ms. Kerr and were stored under her direction and responsibility.

3. All Medical Services Performed 100% by Marika Kerr, APRN Every medical assessment, prescribing decision, preparation, and administration of medication was performed independently by Ms. Kerr. Carolina Skin Care's role was limited to scheduling its own clients and providing the treatment room and storage access to Ms. Kerr.

4. No Representation as a Medical Practice or Pharmacy Carolina Skin Care has never held itself out as a medical practice or pharmacy.

In light of these facts, Carolina Skin Care did not purchase, store for business purposes, possess for dispensing, or administer dangerous drugs and therefore did not violate NRS Chapter 639. We respectfully request that the Board **reconsider and dismiss** both the citation and the $5,000 administrative fine.

We remain fully prepared to provide supporting documentation (including verification of Ms. Kerr's licensure and staff affidavits) and welcome an unannounced compliance inspection at any time.

Thank you for your time and consideration.

Sincerely,

Carolina Molina
Owner
Carolina Skin Care
Phone: [redacted]

FILED
JAN 7 2026
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CAROLINA MOLINA, OWNER/OPERATOR OF CAROLINA SKIN CARE,** **Respondent.**	**CASE NO. 25-146-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, on or about October 31, 2025, an Order to Cease-and-Desist/Citation and Fine was served upon Respondent Carolina Molina (Molina), owner/operator of Carolina Skin Care, alleging violations of Nevada law as set forth herein.

FACTUAL ALLEGATIONS

1. Molina owns and operates Carolina Skin Care, located at 9484 W Flamingo Rd. in Las Vegas, and is not a Nevada-licensed practitioner.

2. On or about April 16, 2025, a Board investigator in the course of an on-site investigation at Carolina Skin Care determined that Molina used the credentials of Marika Lenee Kerr, APRN (Kerr), Certificate of Registration No. CS26747, to purchase dangerous drugs, to maintain an unsecured inventory of dangerous drugs, and to access those medications outside Kerr's presence and without Kerr's supervision.

3. Molina independently accessed, possessed, furnished and/or administered dangerous drugs to patients, and provided on-site medical treatment at Carolina Skin Care, including the administration of dangerous drugs by injection, and including, without limitation,

glutathione, lipotropics, semaglutides, neuromodulators and dermal fillers, without direct practitioner supervision, to patients with whom no practitioner had established a bona fide therapeutic relationship, and for whom no practitioner had diagnosed or determined that a dangerous drug was medically necessary.

4. Molina conspired with Kerr to have Kerr regularly issue prescriptions for dangerous drugs falsely identifying Molina and other individuals as the patient to Meta Pharmacy Services, located at 8352 W. Warm Springs Road in Las Vegas, in order to obtain drugs for office administration to multiple patients, and administered patient-specific prescription medications to multiple patients.

5. On or about November 19, 2025, Molina appealed the Citation and Fine and requested a hearing before the Board.

APPLICABLE LAW

6. No person may possess or administer a dangerous drug in Nevada, including administration by injection, without specific statutory authority to do so. NRS 200.840(1); NRS 454.213; NRS 454.217; NRS 454.221; NRS 454.316; NRS 454.321; NRS 454.356; NRS 454.510; NRS 639.100(1).

7. No person may purchase supplies of dangerous drugs for office administration to patients excepted as permitted by NRS 639.268(1)(a) and NAC 639.757(4) and (5).

8. All dangerous drugs in the possession of an advanced practice registered nurse must be kept in a locked storage area with access restricted to authorized persons. NAC 639.898(1).

9. A practitioner may only prescribe a dangerous drug for a specific patient in conformance with NRS 454.223 and NRS 639.2353.

10. It is a felony offense to falsify a prescription for a dangerous drug or obtain a dangerous drug by a fraudulent prescription. NRS 454.311.

11. It is a felony offense to sell or administer a misbranded or adulterated drug. NRS 585.520; NAC 639.601(1).

12. It is a felony offense for an unlicensed person to sell, display or offer for sale a prescription drug. NRS 639.285.

13. It is a felony offense for an unlicensed person to furnish a dangerous drug to a patient. NRS 454.221(1).

14. It is a felony offense for an unlicensed person to perform a surgical procedure. NRS 200.840(1). "Surgical procedure" includes any minimally invasive medical procedure where a break in the skin is created. NRS 200.820.

COUNT ONE

Violations of State Law – Unlawful Purchase/Unsecured Inventory of Dangerous Drugs

15. By using Kerr's credentials to purchase and obtain dangerous drugs, to maintain an unsecured inventory of dangerous drugs, and to access those medications outside Kerr's presence and without Kerr's supervision, as alleged in paragraph 2 herein, Molina violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.268(1)(a), NAC 639.757(4) and (5) and/or NAC 639.898(1).

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COUNT TWO

Violations of State Law - Unlawful Possession & Administration of Dangerous Drugs

16. By independently accessing, possessing, furnishing and administering dangerous drugs to patients, and providing on-site medical treatment at Carolina Skin Care, including the administration of dangerous drugs by injection, and including, without limitation, glutathione, lipotropics, semaglutides, neuromodulators and dermal fillers, as alleged in paragraph 3 herein, Molina violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 200.840(1), NRS 454.213, NRS 454.217, NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356, NRS 454.510, NRS 639.100(1) and/or NRS 639.285.

COUNT THREE

Violations of State Law – Issuance of Fraudulent Prescriptions

17. By conspiring with Kerr to have Kerr regularly issue prescriptions for dangerous drugs falsely identifying Molina and other individuals as the patient to Meta Pharmacy Services in order to obtain drugs for office administration to multiple patients, as alleged in paragraph 4 herein, Molina violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.223, NRS 454.311(1), NRS 454.316(2), NRS 639.2353, NRS 639.268(1)(a) and/or NAC 639.757(4) and (5).

COUNT FOUR

Violation of State Law - Administration of Patient-Specific Prescription Medications to Multiple Patients

18. By administering patient-specific prescription medications to multiple patients, as alleged in paragraph 4 herein, Molina violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.221(1), NRS 585.520(1) and/or (2) and/or NAC 639.601(1).

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision.

The Board has scheduled your hearing on this matter for Wednesday, July 15, 2026 at 9:00 a.m. or soon thereafter. The hearing will occur at Hilton Garden Inn Las Vegas Strip South, 7830 South Las Vegas Blvd., Las Vegas, Nevada 89123.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

Signed this 7th day of January 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 7th day of January 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Carolina Skin Care
c/o Carolina Molina
9484 W. Flamingo Rd., Suite 300
Las Vegas, NV 89147

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of June 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Carolina Molina
[redacted]
Las Vegas, NV [redacted]

And via Electronic Mail to: [redacted] & [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KENT HOLTORF,** **Respondent.**	**CASE NO. 25-289-C-O** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, on or about February 20, 2026, an Order to Cease-and-Desist/Citation and Fine was served upon Respondent Kent Holtorf, owner/operator of Holtorf Medical Group, alleging violations of Nevada law as set forth herein.

FACTUAL ALLEGATIONS

1. Holtorf owns and operates Holtorf Medical Group, located at 2232 E. Maple Avenue in El Segundo, California, and is not a Nevada-licensed practitioner.

2. On or about July 11 through July 13, 2025, Holtorf operated a booth at the Revolution Against Aging and Death (RAAD) Festival at Red Rock Resort and Casino in Las Vegas.

3. Holtorf and/or employees and/or agents of Holtorf Medical Group, including without limitation Han Bao Nguyen and Michael McNeal, who are not Nevada-licensed practitioners, and Darrell Linders, who was not registered with the Board at the time of the RAAD Festival, independently purchased, stored, accessed and possessed an inventory of dangerous drugs, including hypodermic devices, without direct practitioner supervision.

4. Holtorf and/or employees and/or agents of Holtorf Medical Group, including without limitation Han Bao Nguyen, Michael McNeal and Darrell Linders, independently

accessed, possessed, compounded, furnished and/or administered dangerous drugs, including hypodermic devices, to patients, and provided on-site medical treatment at Holtorf's booth at RAAD Festival, including the administration of dangerous drugs by injection, and including, without limitation, MOTS-c 5mg, P21 2.5mg, BPC-157 2.5mg, TB4 2.5mg, Humanin, B-12, ACE-31, and CJC peptides, without direct practitioner supervision, to patients with whom no practitioner had established a bona fide therapeutic relationship, and for whom no practitioner had diagnosed or determined that a dangerous drug was medically necessary.

5. Holtorf conspired with Han Bao Nguyen, Michael McNeal and Darrell Linders, and/or other employees and/or agents of Holtorf Medical Group, to compound, furnish and/or administer dangerous drugs including the administration of dangerous drugs by injection, to patients in Las Vegas without obtaining the appropriate certificates, licenses and/or permits from the Board.

6. The investigation revealed evidence that Holtorf and/or employees and/or agents of Holtorf Medical Group, purchased drug products, including, without limitation, MOTS-c 5mg, P21 2.5mg, BPC-157 2.5mg, TB4 2.5mg, Humanin, B-12, ACE-31, and CJC peptides, through Forgotten Formula PMA. Forgotten Formula PMA, located in Justin TX, is not licensed to engage in business as a wholesaler in Nevada.

7. On or about July 12 and 13, patient C.R. received two separate injections from Holtorf's booth. On July 13, patient C.R. experienced an adverse medical reaction to the drugs and had to be intubated and transported to a local hospital by emergency medical services.

8. On or about July 13, patient A.T. received two injections from Holtorf's booth and experienced an adverse medical reaction. Patient A.T. had to be intubated and transported to local hospitals by emergency medical services.

9. On or about March 19, 2026, Holtorf appealed the Citation and Fine and requested a hearing before the Board.

APPLICABLE LAW

10. No person may access or possess a dangerous drug, including a hypodermic device, in Nevada without specific statutory authority to do so. NRS 454.213; NRS 454.316; NRS 454.510; NRS 639.100(1).

11. No person may compound, furnish and/or administer a dangerous drug in Nevada, including administration by injection, without specific statutory authority to do so. NRS 200.840(1); NRS 454.213; NRS 454.217; NRS 454.221; NRS 454.321; NRS 454.356; NRS 454.510; NRS 639.100(1).

12. No person may purchase supplies of dangerous drugs for office administration to patients excepted as permitted by NRS 639.268(1)(a) and NAC 639.757(4) and (5).

13. It is a felony offense for an unlicensed person to sell, display or offer for sale a prescription drug. NRS 639.285.

14. It is a felony offense for an unlicensed person to furnish a dangerous drug to a patient. NRS 454.221(1).

15. It is a felony offense for an unlicensed person to perform a surgical procedure. NRS 200.840(1). "Surgical procedure" includes any minimally invasive medical procedure where a break in the skin is created. NRS 200.820.

16. The Drug Supply Chain Security Act (DSCSA) (Title II of Public Law 113-54), enacted by Congress on November 27, 2013, added Section 582 to the Federal Food, Drug, and Cosmetic Act (FD&C Act). Section 582 of the FD&C Act (21 U.S.C. § 360eee-1) establishes the requirements that certain entities in the pharmaceutical distribution supply chain, including pharmacies, must follow related to product tracing, verification, and authorized trading partners. Failure to comply is a prohibited act under 21 U.S.C. § 331(t).

17. Any person who engages in the business of wholesale distribution or furnishing controlled substances, poisons, drugs, devices or appliances that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license

pursuant to the provisions of NRS Chapter 639. NRS 639.100; NRS 639.233(1). Engaging in the business of wholesale distribution without a license is a felony. NRS 639.100(2).

18. Every wholesale distributor who engages in wholesale distributions of prescription drugs in interstate commerce must be licensed by the state into which the drug is distributed. 21 U.S.C. § 353(e)(1)(A); 21 CFR § 205.4.

19. Purchasing a drug from an unlicensed wholesaler does not constitute a bona fide transaction. NRS 639.595.

COUNT ONE

Violations of State Law – Unlawful Purchase/Acquisition of Dangerous Drugs

20. By independently purchasing, storing, accessing and possessing an inventory of dangerous drugs, including hypodermic devices, without direct practitioner supervision, as alleged in paragraphs 2, 3 and 6 herein, Holtorf and/or employees and/or agents of Holtorf Medical Group violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.213, NRS 454.316, NRS 454.510, NRS 639.100(1), NRS 639.268(1)(a) and/or NAC 639.757(4) and (5).

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COUNT TWO

Violations of State Law - Unlawful Furnishing & Administration of Dangerous Drugs

21. By independently accessing, possessing, compounding, furnishing and administering dangerous drugs, including hypodermic devices, to patients, and providing on-site medical treatment at RAAD Festival at Red Rock Resort in Las Vegas, including the administration of dangerous drugs by injection, and including, without limitation, MOTS-c 5mg, P21 2.5mg, BPC-157 2.5mg, TB4 2.5mg, Humanin, B-12, ACE-31, and CJC peptides, without direct practitioner supervision, to patients with whom no practitioner had established a bona fide therapeutic relationship, and for whom no practitioner had diagnosed or determined that a dangerous drug was medically necessary, as alleged in paragraphs 2, 4, 5, 7 and 8 herein, Holtorf and/or employees and/or agents of Holtorf Medical Group violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 200.840(1), NRS 454.213, NRS 454.217, NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356, NRS 454.510, NRS 639.100(1) and/or NRS 639.285.

COUNT THREE

Violation of Federal & State Law - Aiding and Abetting Unlicensed Wholesale Distribution

21. By purchasing drug products through Forgotten Formula PMA, a company not licensed to engage in the business of wholesale distribution into Nevada, as alleged in paragraph 6 herein, Holtorf and/or employees and/or agents of Holtorf Medical Group violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 360eee-1, 21 U.S.C. § 331(t), 21 U.S.C. § 353(e)(1)(A) and/or 21 CFR Part 205, NRS 639.100, NRS 639.233(1) and/or NRS 639.595.

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NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision.

The Board has scheduled your hearing on this matter for Wednesday, June 3, 2026, at 9:00 a.m. or soon thereafter. The hearing will occur at Hilton Garden Inn Las Vegas Strip South, 7830 S. Las Vegas Blvd, Las Vegas, NV 89123.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

Signed this 6th day of APRIL 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of April 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Kent Holtorf
[redacted]
El Segundo, CA [redacted]

Chandon Alexander, Esq.
400 South Seventh St., Suite 100
Las Vegas, NV 89101

Chandon Alexander, Esq.
9555 Hillwood Drive, Suite 110
Las Vegas, NV 89134

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

Chandon S. Alexander, Esq.
Nevada Bar No. 12033
SPARTACUS LAW FIRM
3993 Howard Hughes Pkwy, Suite 480
Las Vegas, Nevada 89169
Tel: (702) 660-1234
Fax: (702) 441-1626
Attorney for Respondent

FILED
MAY - 4 2026
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, a Nevada Agency, Petitioner, vs. KENT HOLTORF, Respondent.	Case No.: 25-289-C-O

RESPONDENT'S ANSWER TO COMPLAINT

COMES NOW, Respondent KENT HOLTORF ("Respondent" or "Dr. Holtorf"), by and through his counsel of record, Chandon S. Alexander, Esq. of the SPARTACUS LAW FIRM, and in response to the Statement to the Respondent and Notice of Hearing filed by the Nevada State Board of Pharmacy ("Board") on or about April 6, 2026 (the "Complaint"), answers as follows. By filing this Answer, Respondent does not waive, and expressly preserves, all jurisdictional, constitutional, statutory, and procedural defenses, including but not limited to those set forth in the affirmative defenses below and any concurrently or subsequently filed Motion to Dismiss.

JURISDICTION

Respondent denies that the Nevada State Board of Pharmacy has subject-matter jurisdiction over Respondent or over the substances and conduct described in the Complaint.

Respondent is not now, and was not at any relevant time, licensed by the Board, registered with the Board, or otherwise required to obtain a license, certificate, or permit from the Board. Respondent is a California-domiciled professional. The substances forming the gravamen of the Complaint—MOTS-c, P21, BPC-157, TB4 (Thymosin Beta-4 fragment), Humanin, ACE-31, and CJC peptides—are not "dangerous drugs" as that term is defined in NRS 454.201, are not approved by the United States Food and Drug Administration ("FDA") for general distribution, do not bear the federally mandated "Rx only" legend, are not Gerovital H3 or amygdalin (laetrile), and have not been classified as prescription-only by Board regulation. The conduct of administering injections is not the practice of pharmacy, and is therefore outside the Board's regulatory authority under NRS Chapter 639. To the extent the Complaint purports to charge violations of NRS 200.820 and NRS 200.840, those provisions are part of Title 15 (Crimes and Punishments) and are enforceable only by the Office of the Attorney General or the appropriate district attorney; they confer no enforcement authority on the Board. The remaining allegations in the introductory paragraphs of the Complaint state only legal conclusions for which no answer is required.

RESPONSE TO FACTUAL ALLEGATIONS

1. In response to Paragraph 1, Respondent admits that he owns and operates Holtorf Medical Group, located at 2232 E. Maple Avenue in El Segundo, California, and admits that he is not a Nevada-licensed practitioner.

2. In response to Paragraph 2, Respondent admits that on or about July 11 through July 13, 2025, Holtorf Medical Group operated a booth at the Revolution Against Aging and Death (RAAD) Festival at Red Rock Resort and Casino in Las Vegas, Nevada, but otherwise denies the allegations of this paragraph.

3. In response to Paragraph 3, Respondent denies the allegations as framed. The allegations are pled in the alternative ("Holtorf and/or employees and/or agents") and fail to identify with particularity what Respondent personally is alleged to have done. Respondent denies that he personally purchased, stored, accessed, or possessed any inventory of "dangerous drugs" or hypodermic devices "without direct practitioner supervision" within the meaning of any applicable Nevada statute. Respondent further denies that the substances at issue qualify as "dangerous drugs" under NRS 454.201. Respondent lacks information sufficient to admit or deny the precise allegations regarding the licensure and registration status of Han Bao Nguyen, Michael McNeal, and Darrell Linders at the time of the RAAD Festival, and on that basis denies the same. To the extent Paragraph 3 asserts vicarious liability without any underlying predicate of personal misconduct by Respondent, Respondent denies the legal sufficiency of such allegations.

4. In response to Paragraph 4, Respondent denies the allegations. Respondent personally did not access, possess, compound, furnish, or administer any dangerous drug to any patient, did not personally perform any injection on any patient, and did not personally provide on-site medical treatment at the RAAD Festival booth in the manner alleged. Respondent further denies that the substances enumerated—MOTS-c 5mg, P21 2.5mg, BPC-157 2.5mg, TB4 2.5mg, Humanin, ACE-31, and CJC peptides—are "dangerous drugs" within the meaning of NRS 454.201. Respondent admits only that B-12 (cyanocobalamin) injection is an FDA-approved prescription drug. Respondent denies the remaining allegations of this paragraph.

5. In response to Paragraph 5, Respondent denies that he conspired with Han Bao Nguyen, Michael McNeal, Darrell Linders, or any other person to compound, furnish, or administer any dangerous drug to any patient in Las Vegas without the appropriate certificates,

licenses, or permits. Respondent denies that any "conspiracy" existed within the meaning of any applicable Nevada law.

6. In response to Paragraph 6, Respondent admits only that certain products were sourced from Forgotten Formula PMA. Respondent lacks information sufficient to admit or deny the licensing status of Forgotten Formula PMA in the State of Nevada and on that basis denies the same. Respondent affirmatively states that the substances purchased through Forgotten Formula PMA are not FDA-approved drugs, do not bear an "Rx only" legend, are not subject to USP monographs, and are not prescription drugs within the meaning of federal or Nevada law. Respondent therefore denies that any "wholesale distribution" of "prescription drugs" occurred within the meaning of 21 U.S.C. § 353(e)(1)(A), 21 CFR Part 205, or NRS 639.0155.

7. In response to Paragraph 7, Respondent admits only that on or about July 12 and 13, 2025, an individual identified by the Board as patient C.R. attended the RAAD Festival and visited Holtorf Medical Group's booth. Respondent denies that he personally administered any injection to patient C.R. Respondent lacks information sufficient to admit or deny the precise medical course of treatment patient C.R. received at the hospital following any reaction, and on that basis denies the same. Respondent denies, on the basis of available medical information, that any drug or substance administered at the booth was the proximate cause of any adverse medical reaction reported by patient C.R.

8. In response to Paragraph 8, Respondent admits only that on or about July 13, 2025, an individual identified by the Board as patient A.T. attended the RAAD Festival and visited Holtorf Medical Group's booth. Respondent denies that he personally administered any injection to patient A.T. Respondent lacks information sufficient to admit or deny the precise

medical course of treatment patient A.T. received and on that basis denies the same. Respondent denies that any drug or substance administered at the booth was the proximate cause of any adverse medical reaction reported by patient A.T.

9. In response to Paragraph 9, Respondent admits that on or about March 19, 2026, he timely appealed the Board's Order to Cease-and-Desist/Citation and Fine and timely requested a hearing before the Board.

RESPONSE TO APPLICABLE LAW (PARAGRAPHS 10–19)

The allegations of Paragraphs 10 through 19 of the Complaint state only legal conclusions and recitations of statutory text for which no answer is required. To the extent any response is required, Respondent denies the legal applicability of the cited authorities to the conduct alleged and denies that the Board's recitation of those authorities accurately characterizes the law in all material respects. Respondent specifically denies that the substances at issue are "dangerous drugs" within the meaning of NRS 454.201, that Respondent personally engaged in any conduct within the prohibitory scope of NRS 454.213, NRS 454.217, NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356, NRS 454.510, NRS 200.820, NRS 200.840, NRS 639.100, NRS 639.233, NRS 639.268, NRS 639.285, or NRS 639.595, that the federal authorities cited (21 U.S.C. §§ 360eee-1, 331(t), 353(e)(1)(A); 21 CFR Part 205) provide an enforceable predicate for Board action against Respondent under Nevada law, and that the Board has subject-matter jurisdiction to adjudicate violations of Title 15 of the NRS or violations of the federal Food, Drug, and Cosmetic Act.

RESPONSE TO COUNT ONE (PARAGRAPH 20)

In response to Count One, Respondent denies the allegations of Paragraph 20 in their entirety. Respondent denies that he personally purchased, stored, accessed, or possessed any

"dangerous drug" or hypodermic device in violation of NRS 454.213, NRS 454.316, NRS 454.510, NRS 639.100(1), NRS 639.268(1)(a), NAC 639.757(4), or NAC 639.757(5). Respondent affirmatively states that NRS 639.268(1)(a) and NAC 639.757(4) and (5) by their terms apply only to Nevada-licensed practitioners and to pharmacies, respectively, and Respondent is neither.

RESPONSE TO COUNT TWO (FIRST PARAGRAPH 21)

In response to Count Two, Respondent denies the allegations of the first Paragraph 21 in their entirety. Respondent denies that he personally compounded, furnished, or administered any dangerous drug, including by injection, to any patient at the RAAD Festival in violation of NRS 200.840(1), NRS 454.213, NRS 454.217, NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356, NRS 454.510, NRS 639.100(1), or NRS 639.285. Respondent affirmatively states that NRS 200.840(1) is a criminal statute beyond the Board's enforcement authority, NRS 454.217 applies only to neuromodulators derived from Clostridium botulinum and has no application to peptide therapies, and NRS 639.285 prohibits the sale of prescription drugs by unlicensed persons and the Complaint nowhere alleges any "sale" of any prescription drug.

RESPONSE TO COUNT THREE (SECOND PARAGRAPH 21)

In response to Count Three, Respondent denies the allegations of the second Paragraph 21 in their entirety. Respondent denies that he engaged in or aided and abetted any unlicensed wholesale distribution in violation of 21 U.S.C. § 360eee-1, 21 U.S.C. § 331(t), 21 U.S.C. § 353(e)(1)(A), 21 CFR Part 205, NRS 639.100, NRS 639.233(1), or NRS 639.595. Respondent affirmatively states that the cited federal authorities (DSCSA and the federal wholesale distribution regulations) regulate the distribution of FDA-approved prescription drugs in interstate commerce and do not, by their terms, reach the substances at issue, which are

unapproved and lack the regulatory status of "prescription drugs" or "products" within the meaning of those federal authorities.

AFFIRMATIVE DEFENSES

As separate and distinct affirmative defenses, Respondent alleges as follows:

FIRST AFFIRMATIVE DEFENSE

(Lack of Subject-Matter Jurisdiction)

The Board lacks subject-matter jurisdiction over the substances at issue because none of them is a "dangerous drug" within the meaning of NRS 454.201. NRS 454.201 defines "dangerous drug" as (1) any FDA-approved drug bearing the legend "Rx only," (2) Gerovital H3 or amygdalin (laetrile), or (3) any drug classified as prescription-only by Board regulation because the Board has found it to be dangerous to public health or safety. MOTS-c, P21, BPC-157, TB4, Humanin, ACE-31, and CJC peptides are not FDA-approved for general distribution; do not bear the "Rx only" legend; are not Gerovital H3 or laetrile; and have not been classified by Board regulation as prescription-only. As the FDA itself has acknowledged, peptides such as BPC-157, MOTS-c, TB4, and CJC-1295—having been removed from Category 2 of the interim 503A bulks list—are not currently on any FDA bulks list permitting compounding. Without a "dangerous drug" predicate, the entirety of NRS 454.213, 454.221, 454.316, 454.321, 454.356, and 639.268 cannot apply.

Further, the Board's jurisdiction extends only to the practice of pharmacy, the wholesale distribution of drugs, and related pharmaceutical activities under NRS Chapter 639. The administration of medical treatment by injection at a clinical booth—the conduct alleged—is the practice of medicine, not pharmacy, and falls within the exclusive disciplinary jurisdiction of the Nevada State Board of Medical Examiners or, where alleged criminal

conduct is at issue, the office of the Attorney General. *See* NRS Chapter 630; NRS 630.400. The Board may not arrogate to itself enforcement authority over the practice of medicine. The Nevada Legislature has assigned regulatory authority over the practice of medicine to the Board of Medical Examiners under NRS Chapter 630, not to this Board. NRS 630.020 defines the "practice of medicine" to include "diagnos[ing], treat[ing], correct[ing], prevent[ing] or prescrib[ing] for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality," and the application of "principles or techniques of medical science in the diagnosis or the prevention of any such conditions." NRS 630.045 vests the Board of Medical Examiners with authority to license and discipline physicians, and NRS 630.400 makes the unauthorized practice of medicine a criminal offense prosecutable by the Office of the Attorney General. NRS 639.0124, by contrast, defines the "practice of pharmacy" through enumerated subsections that concern only the handling, preparation, evaluation, and information aspects of drugs; manufacturing, compounding, labeling, dispensing, distributing, interpreting prescriptions; advising on therapeutic value, selecting drug sources, and documenting distribution. None of these subsections reaches the medical act of administering a substance to a patient as treatment, except under narrow statutory delegations to pharmacists (e.g., NAC 639.2971 governing immunizations under written physician protocol) inapplicable here.

The Complaint's own framing repeatedly betrays that the conduct at issue is the practice of medicine, not pharmacy. Paragraph 4 alleges that Respondent "provid[ed] on-site medical treatment" and that the substances were administered "to patients with whom no practitioner had established a bona fide therapeutic relationship, and for whom no practitioner had diagnosed or determined that a dangerous drug was medically necessary." Paragraphs 7

and 8 describe patients who experienced "adverse medical reaction[s]" requiring emergency intubation and hospital transport. Each of these allegations sounds exclusively in the practice of medicine. A "bona fide therapeutic relationship," "diagnosis," "medical necessity," and "treatment" are physician acts within the exclusive purview of NRS Chapter 630, not pharmacy functions within NRS Chapter 639. The Board cannot transmute medical-practice allegations into pharmacy-practice violations by appending pharmacy statutory citations. To the extent the Complaint alleges that Respondent or his agents practiced medicine in Nevada without a Nevada medical license, the appropriate enforcement forum is the Board of Medical Examiners under NRS Chapter 630 or criminal prosecution under NRS 630.400—not a Pharmacy Board enforcement action under NRS 639.2895. This Board lacks subject-matter jurisdiction to adjudicate the medical merits of Respondent's clinical conduct, and any attempt to do so would require findings on diagnosis, therapeutic appropriateness, and standard-of-care matters that fall beyond the statutory competence and expertise of a board composed predominantly of pharmacists under NRS 639.030.

SECOND AFFIRMATIVE DEFENSE

(Failure to State a Claim)

NRS 454.217 governs only the injection of "a neuromodulator that is derived from Clostridium botulinum or is biosimilar to or the bioequivalent of such a neuromodulator"—commonly known as botulinum toxin or "Botox" and its analogs. Not one of the substances at issue—MOTS-c, P21, BPC-157, TB4, Humanin, B-12, ACE-31, or CJC peptides—is derived from Clostridium botulinum or is biosimilar or bioequivalent to any such neuromodulator. NRS 454.217 has no application to this case as a matter of law, and any reliance on it must be stricken or dismissed.

NRS 200.840 is a criminal statute located in Title 15 of the NRS (Crimes and Punishments) and prohibits the unlicensed performance of a "surgical procedure" as a category C felony, prosecutable only by the Attorney General or appropriate district attorney. The Nevada State Board of Pharmacy has no authority to enforce, charge, or adjudicate violations of NRS 200.840 or its definitional companion NRS 200.820. Even if the Board possessed enforcement authority, which it does not, the legislative intent of NRS 200.820 and 200.840 was directed at unlicensed persons performing cosmetic and invasive surgical procedures, not at routine therapeutic injections, which are administered every day across Nevada by licensed registered nurses, medical assistants, and other healthcare workers under appropriate supervision. Construing "any minimally invasive medical procedure where a break in the skin is created" to encompass every therapeutic injection would render countless lawful clinical activities felonies and is plainly contrary to legislative intent.

NRS 639.268(1)(a) governs the conditions under which a Nevada-licensed practitioner may purchase supplies of dangerous drugs for office administration to patients. By its terms, the statute applies only to Nevada-licensed practitioners. Respondent is not a Nevada-licensed practitioner and therefore is not subject to the requirements of NRS 639.268(1)(a). The Board cannot fault Respondent for failing to comply with a statutory framework that, by its plain terms, does not apply to him.

NAC 639.757 governs "preparation and sale of compounded drugs by pharmacy or pharmacist." Subsections (4) and (5) impose conditions on compounding by pharmacies and pharmacists. Respondent is not a pharmacy and is not a pharmacist. He owns and operates a medical practice, not a pharmacy. NAC 639.757 has no application to him as a matter of law.

NRS 639.285 prohibits an unlicensed person from "sell[ing], display[ing] or offer[ing] for sale a prescription drug." The Complaint nowhere alleges that Respondent sold any prescription drug to any consumer. The conduct alleged—on-site administration of substances during medical consultations—does not constitute a "sale" of a prescription drug within the meaning of NRS 639.285. The provision of medical services that include the administration of substances is materially distinct from the sale of those substances at retail.

THIRD AFFIRMATIVE DEFENSE

(Federal Preemption)

The federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 301 *et seq.*, vests in the FDA primary jurisdiction over the regulation of new drugs, including unapproved peptides, and over the bulk drug substances permitted for compounding under Sections 503A and 503B. The FDA has expressly considered the substances at issue (or substances within their class) and has, as of April 2026, removed BPC-157, MOTS-c, TB4, and CJC-1295 from Category 2 of the interim 503A bulks list, with PCAC review pending. State boards may not second-guess or impose disciplinary consequences inconsistent with the FDA's evolving regulatory determinations on these substances. To the extent the Board's enforcement action conflicts with or stands as an obstacle to the federal regulatory scheme governing unapproved drugs and compounding, the Board's action is preempted by federal law under the Supremacy Clause, U.S. Const., art. VI, cl. 2.

The Drug Supply Chain Security Act, 21 U.S.C. § 360eee-1, and the federal wholesale distribution provisions, 21 U.S.C. § 353(e)(1)(A) and 21 CFR Part 205, regulate the distribution of FDA-approved prescription drugs and "products" as those terms are defined in federal law. The substances at issue are not FDA-approved prescription drugs and do not

constitute "products" within the meaning of the DSCSA. The Board's attempt to predicate state disciplinary action on alleged violations of these federal authorities exceeds the scope of those federal authorities and is therefore preempted to the extent it conflicts with the federal regulatory scheme.

FOURTH AFFIRMATIVE DEFENSE

(Void for Vagueness)

NRS 454.201 is unconstitutionally vague as applied to the conduct charged. Subsection (3) of NRS 454.201 reaches "[a]ny drug which, pursuant to the Board's regulations, may be sold only by prescription because the Board has found those drugs to be dangerous to public health or safety," but the Complaint does not identify any Board regulation classifying any of the peptides at issue as a "dangerous drug." Without an underlying regulation, a person of ordinary intelligence has no way of knowing what substances are "dangerous drugs" beyond the FDA-approved drugs identified in subsection (1) and the two specific substances named in subsection (2). The statute thus fails to provide fair notice and invites arbitrary and discriminatory enforcement, in violation of the Due Process Clause of the Fourteenth Amendment and Article 1, Section 8 of the Nevada Constitution. The Board's effort to expand the definition of "dangerous drug" by litigation, without rulemaking, is itself a void-for-vagueness problem.

To the extent the Board relies on the broader definition of "drug" in NRS 639.007, that statute is unconstitutionally vague as applied. Subsections (2) and (3) of NRS 639.007 extend to "[a]rticles and devices intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans or other animals" and "[a]rticles, other than food, aspirin and effervescent saline analgesics, intended to affect the structure or any function of the body of

humans or other animals." The statute provides no definition of "intended," no guidance as to whose intent governs (the manufacturer's, the seller's, the prescriber's, the user's), and no objective standard for how intent is to be proven. Read literally, these provisions could reach water, exercise equipment, and innumerable other "articles." Without limiting principles, the statute fails to provide ordinary persons fair notice of what it prohibits and invites arbitrary, discriminatory, and viewpoint-based enforcement. To the extent the Board relies on NRS 639.007 to bootstrap jurisdiction over substances that fall outside the narrower "dangerous drug" definition of NRS 454.201, that reliance violates due process.

FIFTH AFFIRMATIVE DEFENSE

(No Personal Misconduct or Vicarious Liability)

The Complaint pleads in the alternative that "Holtorf and/or employees and/or agents" engaged in the alleged misconduct. Respondent did not personally perform or authorize any of the injections alleged. Respondent did not personally administer or authorize the administration of any substance to patient C.R., patient A.T., or any other patient at the RAAD Festival. To the extent the Board seeks to impose discipline on Respondent under a theory of vicarious liability, that approach is impermissible in a disciplinary proceeding, where personal participation in misconduct is required as a matter of due process and statutory construction. The Board's burden is to prove by a preponderance of admissible evidence that Respondent personally engaged in conduct violating Nevada law. Respondent denies any such personal conduct.

SIXTH AFFIRMATIVE DEFENSE

(Failure to Provide Adequate Notice — Due Process)

The Complaint violates Respondent's right to procedural due process under the Fourteenth Amendment to the United States Constitution and Article 1 of the Nevada Constitution by failing to provide adequate notice of the charges against him. The Complaint alleges in the alternative against Respondent and unidentified "employees and/or agents," fails to specify which acts Respondent personally is alleged to have committed, fails to identify a single Board regulation classifying the substances at issue as "dangerous drugs," and recites a litany of statutes—including criminal statutes (NRS 200.840) and statutes that by their terms do not apply to Respondent (NRS 454.217, NRS 639.268)—without explaining how Respondent's conduct violates each. *See Mathews v. Eldridge*, 424 U.S. 319, 335 (1976); *Potter v. State Bd. of Med. Examiners*, 101 Nev. 369, 371, 705 P.2d 132, 134 (1985).

SEVENTH AFFIRMATIVE DEFENSE

(Violation of Nevada Administrative Procedure Act)

The Complaint fails to comply with NRS 233B.121(1)(d), which requires that notice of a hearing in a contested case include "a short and plain statement of the matters asserted." The Complaint's pattern of pleading in the alternative against Respondent and unidentified third parties, its reliance on inapplicable statutes, and its failure to identify the specific factual basis for each cited statutory violation render the proposed disciplinary action procedurally defective.

EIGHTH AFFIRMATIVE DEFENSE

(Lack of Causation)

To the extent the Board relies on the adverse medical reactions experienced by patient C.R. and patient A.T. as evidence of misconduct or as a basis for enhanced sanctions, Respondent denies that any substance administered at Holtorf Medical Group's booth was the

proximate cause of those reactions. Respondent affirmatively states that the Board's own investigation, as reported in contemporaneous press accounts, was "unable to determine the exact cause of the reaction[s]." Without proof of causation, the adverse-reaction allegations cannot support enhanced discipline.

NINTH AFFIRMATIVE DEFENSE

(No License to Discipline)

Respondent is not a Board licensee. The Board does not hold any license, certificate, or registration belonging to Respondent that it may suspend, revoke, or restrict. Any civil penalties imposed must be supported by adequate factual findings, must be proportionate, and must be founded on a determination that Respondent in fact engaged in conduct requiring a Board license—a finding that cannot be made on the present record because the conduct alleged (medical injection) does not require a Board license but rather a license from the Board of Medical Examiners.

TENTH AFFIRMATIVE DEFENSE

(Disproportionate Sanction)

Any monetary penalty or other sanction imposed by the Board would be disproportionate to the alleged conduct, particularly in light of the FDA's evolving regulatory posture on the peptides at issue, the lack of proof of causation as to adverse reactions, the absence of personal misconduct by Respondent, Respondent's good-faith belief that the substances were lawfully obtainable and lawfully administrable in the manner conducted, and Respondent's cooperation with the Board's investigation.

ELEVENTH AFFIRMATIVE DEFENSE

(Reservation of Affirmative Defenses)

Respondent reserves the right to amend this Answer to add additional affirmative defenses, including but not limited to estoppel, laches, ripeness, mootness, primary jurisdiction, and statute of limitations, as discovery and investigation of the Board's claims may warrant.

PRAYER FOR RELIEF

WHEREFORE, Respondent prays for relief as follows:

1. That the Board take nothing by way of the Complaint;

2. That the Complaint and Notice of Hearing be dismissed with prejudice;

3. That the hearing scheduled for June 3, 2026 be vacated;

4. In the alternative, that all counts and statutory predicates that fail to state a claim—including all references to NRS 200.840, NRS 200.820, NRS 454.217, NRS 639.268(1)(a), NAC 639.757(4)–(5), and NRS 639.285—be stricken or dismissed;

5. In the alternative, if the Board determines that some form of discipline is warranted, that such discipline be limited to the minimum permissible sanction, as more severe sanctions would be disproportionate and unsupported by the evidence;

6. That Respondent be awarded his reasonable fees and costs to the fullest extent permitted by law;

7. For any such other and further relief as the Board may deem just and proper in this case.

Dated this 4th day of May, 2026.

Respectfully Submitted,

SPARTACUS LAW FIRM

/s/ Chandon S. Alexander
Chandon S. Alexander, Esq.

Nevada Bar No. 12033
3993 Howard Hughes Pkwy, Suite 480
Las Vegas, Nevada 89169
Attorney for Respondent

CERTIFICATE OF SERVICE

I hereby certify that on the 4th day of May, 2026, I caused the preceding document entitled **RESPONDENT'S ANSWER TO COMPLAINT** to be served on the following parties via email:

Jessette Phaynarikone
Laura Tucker
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/s/ Chandon S. Alexander
An Employee of SPARTACUS LAW FIRM

FILED
MAY 29 2026
NEVADA STATE BOARD OF PHARMACY

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, a Nevada Agency, Petitioner, vs. KENT HOLTORF, Respondent.	Case No.: 25-289-C-O

RESPONDENT'S MOTION TO DISMISS

Respondent Kent Holtorf, M.D. ("Dr. Holtorf"), by and through his undersigned counsel, respectfully moves this Board, pursuant to NRS 639.2895(2), NRS 233B.121, and applicable principles of Nevada administrative law, for an order (1) rescinding the February 20, 2026 Order to Cease-and-Desist/Citation and Fine in its entirety; (2) rescinding any administrative fine assessed thereunder; (3) dismissing the Statement to the Respondent and Notice of Hearing (the "Complaint") with prejudice; and (4) awarding Respondent his reasonable attorney's fees and costs.

This Motion is made and based upon the Memorandum of Points and Authorities below, the pleadings and papers on file herein, the Declaration of Chandon S. Alexander and exhibits attached thereto, and any oral argument the Board may entertain.

DATED this 29th day of May, 2026.

Respectfully Submitted,

SPARTACUS LAW FIRM
/s/ Chandon Alexander
CHANDON ALEXANDER, ESQ.
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3993 Howard Hughes Pkwy, Suite 480
Las Vegas, Nevada 89169
Attorney for Respondent

MEMORANDUM OF POINTS AND AUTHORITIES

I. INTRODUCTION

The Board's Complaint, and its February 20, 2026 Order to Cease-and-Desist/Citation and Fine, should be rescinded and dismissed because, on their face, they ask this Board to wield enforcement authority it does not have, against a person it does not license, over substances it has not classified, regarding conduct that is not the practice of pharmacy.

The Board's administrative-penalty authority over unlicensed persons is statutorily defined by NRS 639.2895, and the vast majority of the statutes the Complaint invokes fall outside it. Of the more than fifteen state and federal authorities the Complaint cites, only two—NRS 639.100(1) and NRS 639.285—lie within the Board's NRS 639.2895 penalty authority. No other statutory predicate is actionable.

The peptide substances allegedly at issue are not "dangerous drugs" under NRS 454.201. That statute's definition is closed; it reaches FDA-approved drugs bearing the "Rx only" legend, two specifically enumerated substances (Gerovital H3 and amygdalin), and any drug that the Board "has found … to be dangerous to public health or safety" *pursuant to formal regulation*. None of the peptides allegedly at issue satisfies any of these prongs.

The conduct alleged is, if anything, closer to practice of medicine, which lies outside the Board's enabling statute. The Complaint's own gravamen—the absence of a "bona fide

therapeutic relationship," the lack of "diagnosis," the failure to determine "medical necessity," and the provision of "on-site medical treatment"—are concepts within NRS Chapter 630 (Physicians), not NRS Chapter 639 (Pharmacy). The Board has no authority to adjudicate the standard of medical care.

NRS 639.285 requires a "sale" of a "prescription drug"—neither is alleged. NRS 639.100(1) and the federal wholesale-distribution authorities reach only the wholesale distribution of "drugs" or "prescription drugs" to non-patients; the conduct here falls within the express exclusions of NRS 639.0155, and the substances at issue are not FDA-approved prescription drugs. NRS 454.217 governs only botulinum-toxin neuromodulators; NRS 639.268(1)(a) applies only to Nevada-licensed practitioners; NAC 639.757 applies only to pharmacies and pharmacists; and NRS 200.820 and 200.840 are criminal statutes enforceable only by prosecuting authorities.

Moreover, the Complaint violates NRS 233B.121(1)(d) and due process by pleading in the alternative against "Holtorf and/or employees and/or agents" without specifying what Respondent personally is alleged to have done.

Because the Board is plainly without jurisdiction to bring the Complaint, the Board can and should entertain and decide this Motion before the merits hearing. The Board's administrative-penalty authority over an unlicensed person is a creature of statute, fixed by NRS 639.2895; the Board has no inherent authority to adjudicate violations falling outside that section's enumerated predicates. "As an administrative agency the Board has no general or common law powers, but only such powers as have been conferred by law expressly or by implication." *Andrews v. Nevada State Bd. of Cosmetology*, 86 Nev. 207, 208, 467 P.2d 96, 96 (1970). Where, as here, a respondent challenges the agency's statutory authority to proceed at

all, the question is one of subject-matter jurisdiction that may be raised at any time and must be decided in the first instance—because no amount of evidentiary development at hearing can supply jurisdiction the Legislature has withheld. *See Landreth v. Malik*, 127 Nev. 175, 179, 251 P.3d 163, 166 (2011) (subject-matter jurisdiction may be raised at any time and cannot be waived or conferred by the parties). Resolving the threshold question now will conserve the Board's resources, narrow or eliminate the issues for hearing, and avoid the manifest unfairness of requiring an out-of-state, unlicensed respondent to defend a multi-day contested case on predicates the Board has no power to enforce.

Accordingly, and as argued herein, the Complaint should be dismissed in its entirety with prejudice.

II. FACTUAL AND PROCEDURAL BACKGROUND

Dr. Holtorf is a California-licensed physician who owns and operates Holtorf Medical Group, located at 2232 E. Maple Avenue, El Segundo, California. He is not, and has never been, licensed by this Board in any capacity—neither as a pharmacist, pharmacy owner, wholesale distributor, nor practitioner registered with the Board. The Board issues him no certificate, license, or permit.

The Complaint alleges that on or about July 11 through July 13, 2025, Holtorf Medical Group operated a clinical booth at the Revolution Against Aging and Death Festival ("RAADFest") at Red Rock Resort and Casino in Las Vegas. At the booth, the Board alleges that certain peptide substances—MOTS-c, P21, BPC-157, TB4 (Thymosin Beta-4 fragment), Humanin, ACE-31, and CJC peptides—along with Vitamin B-12 (cyanocobalamin), were administered by injection to attendees by employees and agents of Holtorf Medical Group.

On or about February 20, 2026, the Board issued an Order to Cease-and-Desist/Citation and Fine. On or about March 19, 2026, Respondent timely appealed and requested a hearing. The Board filed the Complaint on or about April 6, 2026. A hearing is scheduled for June 3, 2026.

The Complaint alleges three counts. Count One alleges unlawful purchase and possession of "dangerous drugs" and hypodermic devices, citing NRS 454.213, 454.316, 454.510, 639.100(1), 639.268(1)(a), and NAC 639.757(4)–(5). Count Two alleges unlawful furnishing and administration of dangerous drugs, citing NRS 200.840(1), 454.213, 454.217, 454.221, 454.316, 454.321, 454.356, 454.510, 639.100(1), and 639.285. Count Three alleges aiding and abetting unlicensed wholesale distribution by a third party (Forgotten Formula PMA), citing 21 U.S.C. §§ 360eee-1, 331(t), 353(e)(1)(A), 21 C.F.R. Part 205, and NRS 639.100, 639.233(1), and 639.595.

III. ARGUMENT

A. The Board's Administrative-Penalty Authority Over Unlicensed Persons Is Statutorily Limited to NRS 639.100(1), 639.2813(1), 639.284, and 639.285—and Most of the Complaint's Predicates Fall Outside That Authority.

The Board's authority to take administrative action against an unlicensed person—to issue a cease-and-desist order, to issue a citation, or to assess an administrative fine of up to $5,000—exists exclusively under NRS 639.2895. That statute, captioned "Practicing or offering to practice without license: Penalties," provides in pertinent part:

> In addition to any other penalty prescribed by law, if the Board determines that a person has violated subsection 1 of NRS 639.100, subsection 1 of NRS 639.2813 or NRS 639.284 or 639.285, the Board may: (1) Issue and serve on the person an order to cease and desist …; (2) Issue a citation to the person …; (3)

> Assess against the person an administrative fine of not more than $5,000.

NRS 639.2895.

The enumerated list in NRS 639.2895 is exhaustive. The Legislature defined, with precision, the four statutory predicates upon which the Board may build an administrative case against an unlicensed person, i.e., unlicensed manufacturing, wholesale distribution, compounding, sale, or dispensing of drugs (NRS 639.100(1)); false representation as a practitioner or agent (NRS 639.2813(1)); unlawful dispensing or sales (NRS 639.284); and unlawful sales by unlicensed persons (NRS 639.285). No other statute appears in NRS 639.2895—not anywhere in Title 15 of the NRS, not anywhere in NRS Chapter 454, not in NAC Chapter 639, and not in the DSCSA.

The Complaint cites at least fifteen separate authorities, almost all of which are plainly outside the Board's authority against "unlicensed" persons.

The Complaint, in other words, is built almost entirely on predicates that the Board has no statutory authority to adjudicate in an administrative penalty proceeding against an unlicensed person.

This is not a quirk of NRS Chapter 639. It is the deliberate structure of Nevada law. NRS Chapter 454 violations are criminal violations whose punishment is set by NRS 454.356 and prosecuted by the district attorney under NRS 454.160. NRS 454.366 makes the Board the *administrator and enforcer* of Chapter 454, but "enforcement" of criminal provisions means investigation, inspection, and referral for prosecution—not administrative adjudication and fine-imposition over non-licensees. NRS 639.300 separately and expressly provides that "[r]ecovery of penalties … must be conducted by the district attorney." Title 15 criminal statutes (NRS 200.820 and 200.840) are even further afield. NRS 200.840 is a category C

felony in the Crimes Against the Person chapter, prosecutable only by the Attorney General or appropriate district attorney. The Board has no enabling statute that would empower it to charge, adjudicate, or sanction a person on a Title 15 predicate.

The federal predicates in Count Three—the DSCSA (21 U.S.C. § 360eee-1), 21 U.S.C. § 331(t), 21 U.S.C. § 353(e)(1)(A), and 21 C.F.R. Part 205—are likewise nowhere referenced in NRS 639.2895. Even if a federal violation were established (and as discussed *infra*, none is), the Board has no statutory mandate to administratively penalize a non-licensee for a federal violation. Federal violations are enforceable by the FDA and the United States Department of Justice.

The result is that under any reading of NRS 639.2895, this case is left with at most two cognizable Nevada predicates against an unlicensed person, NRS 639.100(1) and NRS 639.285. Neither of those predicates is actually satisfied on the Complaint's own allegations. But before those two predicates, every other statutory citation in the Complaint must be dismissed or stricken because it is outside the Board's enforcement authority under NRS 639.2895.

B. The Alleged Peptide Substances Are Not "Dangerous Drugs" Under NRS 454.201, So Counts One and Two Fail in Their Entirety.

The Complaint repeatedly characterizes the peptides at issue—MOTS-c, P21, BPC-157, TB4, Humanin, ACE-31, and CJC peptides—as "dangerous drugs." That characterization is the indispensable predicate for Counts One and Two; every Chapter 454 statute they cite is triggered only by conduct involving a substance meeting the statutory definition of "dangerous drug." Without that predicate, the counts collapse.

NRS 454.201 defines "dangerous drug" exhaustively as follows:

> "Dangerous drug" means any drug, other than a controlled substance, unsafe for self-medication or unsupervised use, and includes the following:
> 1. Any drug which has been approved by the Food and Drug Administration for general distribution and bears the legend "Rx only";
> 2. Procaine hydrochloride with preservatives and stabilizers (Gerovital H3) in injectable doses and amygdalin (laetrile) which have been licensed by the State Board of Health for manufacture in this State but have not been approved as drugs by the Food and Drug Administration; or
> 3. Any drug which, pursuant to the Board's regulations, may be sold only by prescription because the Board has found those drugs to be dangerous to public health or safety.

The three prongs are disjunctive, and a substance must satisfy at least one to qualify. None of the peptides at issue satisfies any.

None of the peptides at issue is FDA-approved for general distribution, and none bears the federally mandated "Rx only" legend required by 21 U.S.C. § 353(b)(4)(A). The FDA has, however, expressly acknowledged the unsettled regulatory status of these very peptides. In September 2023, the FDA placed BPC-157, MOTS-c, Thymosin Beta-4 (TB-500), CJC-1295, and other peptides on Category 2 of the interim 503A bulks list—the category reserved for substances the agency has determined "raise significant safety concerns." *See* FDA, *Bulk Drug Substances Nominated for Use in Compounding Under Section 503A*, https://www.fda.gov/drugs/human-drug-compounding/bulk-drug-substances-nominated-use-compounding-under-section-503a-fdc-act. CJC-1295 (together with AOD-9604, ipamorelin acetate, thymosin alpha-1, and Selank acetate) was removed from Category 2 in September 2024 following withdrawal of the underlying nominations. *See Pharmacy Compounding Advisory Committee; Notice of Meeting; Establishment of a Public Docket; Request for Comments—Bulk Drug Substances Nominated for Inclusion on the Section 503A Bulk Drug Substances List; Revisions to the Withdrawn or Removed List*,

https://www.regulations.gov/document/FDA-2024-N-4188-0001. On April 16, 2026, the FDA published a Federal Register notice announcing a Pharmacy Compounding Advisory Committee (PCAC) meeting scheduled for July 23–24, 2026, to consider whether seven additional peptides—BPC-157, KPV, TB-500, MOTs-C, Emideltide (DSIP), Semax, and Epitalon—should be added to the 503A Bulks List, and simultaneously updating the interim 503A categories to reflect that those seven peptides would be removed from Category 2 effective seven calendar days later. *See Pharmacy Compounding Advisory Committee; Notice of Meeting; Establishment of a Public Docket; Request for Comments—Bulk Drug Substances Nominated for Inclusion on the Section 503A Bulk Drug Substances List*, 91 Fed. Reg. ____ (Apr. 16, 2026), available at https://www.federalregister.gov/documents/2026/04/16/2026-07361/pharmacy-compounding-advisory-committee-notice-of-meeting-establishment-of-a-public-docket-request

None of these peptides has been placed on Category 1, the FDA list of bulk drug substances that may lawfully be used in 503A compounding pending final rulemaking. The peptides remain unapproved drugs in a federal regulatory gray zone. They are not, and never have been, FDA-approved drugs bearing the "Rx only" legend.As for subsection (2), none of the peptides at issue is Gerovital H3 or laetrile. The prong has no application.

With regard to subsection (3), the only remaining prong, the statutory text imposes two non-negotiable preconditions—the substance must be classified as prescription-only "pursuant to the Board's regulations," and the Board must have "found those drugs to be dangerous to public health or safety." Both preconditions require formal rulemaking under NRS Chapter 233B, with notice, hearing, and an opportunity for public comment. *See* NRS 233B.060 *et seq.*

The Complaint identifies no such regulation. The Board cannot expand the statutory definition of "dangerous drug" through adjudication when the statute requires expansion through rulemaking.

The Complaint also includes B-12 (cyanocobalamin) in its list of substances administered at the booth. Unlike the peptides, B-12 is an FDA-approved drug, and the prescription-strength injectable form does bear the "Rx only" legend. But B-12 injection is one of the most routine therapeutic acts in Nevada medical practice, administered every day by physicians, advanced practice registered nurses, registered nurses, medical assistants, and other authorized personnel under NRS 454.213. The Board's apparent theory—that the inclusion of B-12 in a peptide protocol transforms a clinical injection into a regulatory violation—would render countless lawful injections in Nevada into violations of state law. Nothing in the Complaint articulates a coherent theory of how a properly authorized injection of B-12 alongside non-"dangerous drug" peptides could itself be unlawful conduct chargeable by the Board.

Because none of the peptides is a "dangerous drug" under NRS 454.201, every Chapter 454 statute cited in Counts One and Two—NRS 454.213, 454.217, 454.221, 454.316, 454.321, 454.356, and 454.510—is inapplicable as a matter of law. So too is NRS 639.268(1)(a), which by its terms governs "supplies of dangerous drugs," and NAC 639.757(4) and (5), which govern compounding of "dangerous drugs" by pharmacies. Counts One and Two are wholly derivative of a "dangerous drug" predicate that does not exist, and they must be dismissed.

C. The Conduct Alleged Is the Practice of Medicine, Which Lies Outside the Board's Enabling Statute.

Even setting aside the dangerous-drug deficiency, the Board has charged conduct that lies outside its enabling statute. The Nevada State Board of Pharmacy is a creature of NRS Chapter 639, and its jurisdiction is bounded by the "practice of pharmacy," wholesale distribution, and related pharmaceutical activities. NRS 639.0124(1) defines the "practice of pharmacy" through nine enumerated subsections that address the *handling, preparation, evaluation, and information* aspects of drugs—manufacturing, compounding, labeling, dispensing, distributing, interpreting prescriptions, advising on therapeutic value, selecting drug sources, and documenting distribution. The statute does not authorize the Board to regulate the act of *administering* a drug to a patient as medical treatment, except in narrow contexts not relevant here (such as the immunization-protocol provisions of NAC 639.2971, by which Nevada pharmacists may administer vaccinations under written physician protocol).

By contrast, NRS 630.020 defines the "practice of medicine" broadly to include "diagnos[ing], treat[ing], correct[ing], prevent[ing] or prescrib[ing] for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality." NRS Chapter 630 vests in the Nevada State Board of Medical Examiners the authority to license and discipline physicians (NRS 630.045), and NRS 630.400 makes the unauthorized practice of medicine a criminal offense prosecutable by the Office of the Attorney General—not by this Board.

The Complaint's own allegations betray that the conduct at issue is the practice of medicine, not pharmacy. Paragraph 4 alleges that Respondent or his agents "provid[ed] on-site medical treatment" and that substances were administered "to patients with whom no practitioner had established a *bona fide therapeutic relationship*, and for whom no practitioner had *diagnosed or determined that a dangerous drug was medically necessary*." (emphasis

added). Paragraphs 7 and 8 allege that two patients experienced "adverse medical reaction[s]" requiring emergency intubation. The concepts of a "bona fide therapeutic relationship," "diagnosis," "medical necessity," and "treatment" are physician acts within the exclusive province of NRS Chapter 630. A pharmacist filling a prescription neither diagnoses illness nor determines medical necessity; a physician does.

When this Board sets out to evaluate whether Respondent established appropriate therapeutic relationships, whether his diagnoses were sound, and whether the medical necessity of his interventions was adequately established, it is adjudicating the *medical standard of care*. That is squarely the province of NRS Chapter 630, not Chapter 639.

D. Even the Two Surviving Predicates—NRS 639.100 and NRS 639.285—Fail on Their Own Terms.

After Section A strips away the predicates outside the Board's enforcement authority and Section B strips away the predicates that depend on a "dangerous drug" classification, what remains of the Complaint are two potential predicates: NRS 639.100 (unlicensed manufacturing, wholesale distribution, compounding, sale, or dispensing of drugs) and NRS 639.285 (unlicensed sale of a prescription drug). Both fail.

1. NRS 639.285 — No "Sale" of a Prescription Drug Is Alleged.

NRS 639.285 makes it unlawful for an unlicensed person to "sell, display or offer for sale a prescription drug." Two elements are essential: (i) a *sale* (or display or offer for sale), and (ii) a *prescription drug*. Neither is satisfied here.

The Complaint nowhere alleges that Respondent sold any prescription drug to any consumer. The conduct alleged is the on-site clinical administration of substances during purported medical consultations, accompanied by no purchase of the substance by the patient.

The provision of a medical service that incidentally includes the administration of a substance is materially distinct from the retail "sale" of that substance.

Even if the conduct could somehow be characterized as a "sale," the substances at issue are not "prescription drugs." NAC 639.010(17) defines "prescription drug" as "a drug or medicine as defined in NRS 639.007 which: (a) [m]ay be dispensed only upon a prescription order that is issued by a practitioner; and (b) [i]s labeled with the symbol 'Rx only' pursuant to federal law or regulation." (emphasis added). The peptides at issue are unapproved compounds; they do not bear, and are not labeled with, the "Rx only" legend required by 21 U.S.C. § 353(b)(4)(A). They thus fail prong (b) of the prescription-drug definition.

NRS 639.285 has no application to this proceeding, and the predicate must be dismissed and/or stricken.

2. NRS 639.100 and Count Three — The Conduct Falls Within NRS 639.0155's Express Exclusions, the Substances Are Not "Prescription Drugs," and Purchaser Liability Is Not Established.

Count Three alleges that Respondent aided and abetted the unlicensed wholesale distribution of drugs by Forgotten Formula PMA, in violation of NRS 639.100, 639.233(1), 639.595, and federal authorities. Count One independently cites NRS 639.100(1).

However, the conduct alleged falls within the express exclusions of NRS 639.0155. That statute defines "wholesale distribution" as "the distribution of drugs to persons other than consumers or patients," but expressly *excludes*:

> 2. The purchase or other acquisition of a drug by a health care facility or a pharmacy that is a member of a purchasing organization.
> 3. The sale, purchase or trade of a drug … : … (d) Pursuant to a prescription.

NRS 639.0155(2)–(3).

The Complaint alleges that Forgotten Formula PMA shipped peptides to Holtorf Medical Group for use at its booth. The alleged transaction was either a purchase by a health care facility (the medical practice) for its own use, and fails to allege a "sale." Either way, the conduct alleged falls within the statutory exclusions, and the transaction is not "wholesale distribution" as a matter of Nevada statutory law.

Further, the substances at issue are not "prescription drugs" or FDA-approved "products" within the meaning of the federal predicates. The Drug Supply Chain Security Act (21 U.S.C. § 360eee-1) and the federal wholesale-distribution regime (21 U.S.C. § 353(e)(1)(A); 21 C.F.R. Part 205) regulate FDA-approved prescription drugs and "products" as those terms are defined under federal law. *See* 21 U.S.C. § 360eee(13) (defining "product" by reference to FDA-approved prescription drugs). Unapproved compounded peptides are not "products" or "prescription drugs" in the federal sense. The DSCSA's product-tracing, verification, and trading-partner requirements do not apply, by their own terms, to substances the FDA has not approved and that are currently in 503A regulatory limbo pending PCAC review.

The Board has not identified a Nevada statute making it unlawful for a purchaser to acquire drugs from an unlicensed wholesaler, and the circumstance alleged here—a California party allegedly purchasing drugs from a Texas entity—raises Constitutional concerns under the Dormant Commerce Clause, as Nevada cannot purport to regulate extraterritorial activity. NRS 639.100(1) is directed at unlicensed manufacturers, wholesalers, sellers, dispensers, and compounders—that is, the *sellers* of drugs—not at purchasers. NRS 639.595 ("Purchasing a drug from an unlicensed wholesaler does not constitute a bona fide transaction") is a

definitional / commercial-good-faith provision that disqualifies the transaction for certain purposes; it does not create a freestanding offense by the purchaser. The Complaint nowhere identifies what statutory provision criminalizes or otherwise sanctions the *purchase* of drugs from an unlicensed wholesaler. Count Three thus seeks to impose third-party liability on Respondent for the seller's licensing failure, with no recognizable statutory basis

Count Three must be dismissed.

E. Other Individual Statutory Predicates Fail on Their Own Terms.

To the extent any of the following predicates survive Sections A–D (and as demonstrated above, none does), each nonetheless fails.

NRS 454.217 governs the injection of "a neuromodulator that is derived from Clostridium botulinum or is biosimilar to or the bioequivalent of such a neuromodulator." That is, it governs Botox and its botulinum-derived analogs. None of the substances at issue—MOTS-c, P21, BPC-157, TB4, Humanin, B-12, ACE-31, or CJC peptides—is derived from Clostridium botulinum or biosimilar to such a neuromodulator. NRS 454.217 has no application as a matter of law, and the citation must be stricken.

NRS 639.268(1)(a) governs the conditions under which "[a] practitioner" may purchase supplies of dangerous drugs for office administration. By cross-reference to NRS 639.0125, "practitioner" means a person *licensed in Nevada* to prescribe. Respondent holds no Nevada license. The statute, by its terms, does not apply to him. The Board cannot impose obligations under a statute designed for Nevada licensees on a non-licensee.

NAC 639.757 governs the "preparation and sale of compounded drugs *by pharmacy or pharmacist*." Subsections (4) and (5) impose compounding conditions on pharmacies and

pharmacists. Respondent is neither a pharmacy nor a pharmacist; he owns and operates a medical practice. The regulation, by its plain terms, does not apply.

As discussed in *supra,* NRS 200.820 and 200.840 are criminal statutes in Title 15 (Crimes Against the Person). NRS 200.840 makes the unlicensed performance of a "surgical procedure" a category C felony, prosecutable by the Attorney General or appropriate district attorney. The Board has no enforcement authority over these provisions. Even were it otherwise, the statutes' legislative purpose was directed at unlicensed persons performing cosmetic and surgical procedures, not routine therapeutic injections that are lawfully administered every day across Nevada by registered nurses, medical assistants, paramedics, and other allied health professionals under NRS 454.213. Reading these statutes to criminalize the therapeutic injection of B-12 or peptides would render countless commonplace clinical activities into felonies—a result plainly at odds with legislative intent.

F. The Complaint Violates NRS 233B.121(1)(d) and Due Process by Failing to Specify the Conduct Charged.

NRS 233B.121(1)(d) requires that a notice of hearing in a contested case include "a short and plain statement of the matters asserted." Due process requires that a respondent receive adequate notice of the charges with sufficient specificity to prepare a defense. *Mathews v. Eldridge*, 424 U.S. 319, 335 (1976); *Potter v. State Bd. of Med. Examiners*, 101 Nev. 369, 371, 705 P.2d 132, 134 (1985).

The Complaint fails both standards. Each count alleges violations in the alternative against "Holtorf and/or employees and/or agents," without specifying what Respondent personally is alleged to have done. This is not a minor pleading wrinkle: in a disciplinary proceeding, due process requires proof of *personal* misconduct, not the imposition of vicarious

liability under cover of ambiguous pleading. The Complaint also recites a litany of statutes—including criminal statutes that the Board has no authority to enforce, statutes that by their terms do not apply to Respondent, and a Chapter 454 framework that requires a "dangerous drug" classification the Board has neither identified nor adopted—without specifying how Respondent's conduct, as distinguished from that of others, violates each cited provision.

The Complaint should be dismissed.

G. The Board Has the Authority — Indeed, the Obligation — to Determine Its Own Jurisdiction Before Proceeding, and Its Own Failure to Adopt Procedural Rules Cannot Be Used to Bar That Determination.

In a closely related contested matter currently before this Board, the Board has taken the position that respondents in NRS 639.2895 appeals may not test the Board's jurisdiction by motion, and that any such motion is "procedurally improper" because "[t]he statute provides for an appeal in the form of a hearing, not based on motion practice." *Nev. State Bd. of Pharmacy v. Prime Plus Lakeview*, Case No. 25-110-V-O, Motion to Strike/Opposition to Motion to Dismiss at 3 (May 26, 2026) (the "Motion to Strike," attached hereto as **Exhibit A**). The Board grounds that position on *Andrews v. Nevada State Board of Cosmetology*, 86 Nev. 207, 208, 467 P.2d 96 (1970), for the general proposition that administrative agencies have only those powers granted them "expressly or by implication."

Respondent anticipates that the Board may raise a similar objection here and respectfully addresses it. The Board's position is foreclosed by *Andrews* itself, by the plain text of Nevada's APA, by the Board's own regulations, by the practice of Nevada's sister licensing boards, by the basic principle that subject matter jurisdiction cannot be conferred by procedural default, and by federal constitutional due process.

1. *Andrews* Itself Recognizes Implied Agency Authority, and the Authority to Determine Subject Matter Jurisdiction Is the Paradigmatic Implied Power.

Andrews is a subpoena case. The Cosmetology Board sought to issue subpoenas without any statutory grant of subpoena authority, and the Nevada Supreme Court held that it could not — not because agencies lack all implied powers, but because the Legislature, in the same session in which it enacted the Nevada APA, had made specific and selective grants of subpoena power to particular agencies (the Department of Agriculture, the Air Pollution Control Hearing Board, and this Board). 86 Nev. at 209–10, 467 P.2d at 97–98. The Court reasoned that the Legislature's selective grant of subpoena authority to enumerated agencies necessarily implied deliberate withholding from the non-enumerated Cosmetology Board. *Id.*

That reasoning has no application here. There is no parallel pattern of selective legislative grant of motion-to-dismiss authority to particular Nevada agencies, with withholding from others. To the contrary, the Nevada APA establishes a uniform set of "minimum procedural requirements" applicable to all Chapter 233B agencies, NRS 233B.020(1), and motion practice is embedded throughout those requirements.

Andrews expressly recognized that an agency has not only the powers "specifically set forth" in its enabling statute, but also those conferred "by implication." 86 Nev. at 208, 467 P.2d at 97. The authority of an adjudicative body to determine that it has no power to entertain a proceeding before it is the paradigmatic implied power. Without it, no agency could discharge its enabling statutory function. NRS 233B.031 defines "agency" in relevant part as one "authorized by law to … determine contested cases." An agency that cannot determine whether it has the authority to determine a particular case in the first place cannot, by definition, determine contested cases. The implied power to entertain a motion to dismiss for

lack of jurisdiction is therefore not just consistent with the agency's express statutory function — it is constitutive of it.

2. NRS Chapter 233B Expressly and Repeatedly Contemplates Motion Practice in Contested Cases.

Setting aside *Andrews*'s implied-power analysis, the Nevada APA — which governs the Board's contested cases, NRS 233B.020 — repeatedly contemplates motion practice as a matter of express statutory text.

NRS 233B.121(7) defines the record in a contested case to include "[a]ll pleadings, motions and intermediate rulings.". The Legislature would not have required the record to memorialize motions and intermediate rulings if such filings were never permitted in the first place. The statutory text presupposes that pleadings, motions, and intermediate rulings are a feature of every contested case under Chapter 233B.

NRS 233B.121(5) provides: "Unless precluded by law, informal disposition may be made of any contested case by stipulation, agreed settlement, consent order or default." That subsection flatly contradicts the Board's argument that the only available procedure is "an appeal in the form of a hearing."

NRS 233B.050(1)(a) commands that "each agency shall … [a]dopt rules of practice, setting forth the nature and requirements of all formal and informal procedures available, including a description of all forms and instructions used by the agency." The statute reflects a legislative determination that agencies will have formal and informal procedures — including motion practice — and that they must publish their rules to ensure procedural regularity.

NRS 233B.020 establishes the foregoing as "minimum procedural requirements." An agency may provide more process than the APA requires, but cannot provide less.

3. The Board's Own Regulations Recognize and Employ Motion Practice.

The Board's own administrative regulations expressly recognize that disciplinary proceedings are subject to motion practice. NAC 639.120(1)(c) provides for "written request[s]" — i.e., motions — for continuance, subject to good-cause showings, timing requirements, and service requirements. NAC 639.120(2) opens its description of the order of hearing proceedings with the qualifier "unless the Board for good cause or to prevent manifest injustice orders otherwise" — necessarily contemplating that the Board may, and indeed must, depart from the default hearing sequence where justice requires. The Board's own meeting minutes confirm that the Board entertains motions of various kinds.

For example, in *In re Magana*, Case No. 20-070-PR-N, on April 16, 2025, the Board entertained a respondent-initiated Petition to Vacate a prior disciplinary order that was "filed with the Board" on behalf of respondent. *See* **Exhibit B** [Minutes of April 16-17, 2025 Board Meeting] at 8. The Board "heard testimony," "received evidence," and voted to deny the Petition to Vacate. Nothing in NAC 639 — including the limited continuance provisions of NAC 639.120 — authorizes a "Petition to Vacate." The Board nonetheless treated the Petition as a procedurally cognizable filing, set it for hearing, and ruled on its merits.

The Board itself moves to find jurisdiction in contested cases. For example, in *In re Dubin*, Case No. 20-020-S, on September 8, 2022, a Board member moved "to find that the Board has jurisdiction over this matter consistent with paragraph 1" of the Notice of Intended Action and Accusation; the motion passed unanimously. *See* **Exhibit C** [Sept. 7-8, 2022, Board Meeting Minutes] at 11. Days earlier in the same meeting, in *In re Las Vegas Scripts Rx*, Case No. 19-243-PH-S, a Board member moved "to find that the Board has jurisdiction consistent

with paragraph 1 of the Notice of Intended Action and Accusation"; that motion also passed unanimously. *Id.* at 24.

The Board cannot simultaneously rule on motions not expressly provided for by NAC 639, while claiming that it lacks the procedural authority to rule on a motion testing the Board's own jurisdiction to issue a fine in the first place.

4. Nevada's Sister Licensing Boards Have Adopted Motion-Practice Rules; the Board of Pharmacy Is an Outlier.

That motion practice is not only consistent with but required by NRS 233B.050(1)(a) is confirmed by the uniform practice of Nevada's other professional licensing boards, each of which has promulgated rules of practice expressly providing for motions in contested cases.

The Nevada State Board of Nursing has adopted detailed motion-practice regulation of any Nevada licensing board. NAC 632.921 enumerates nine categories of permitted motions, the first of which is precisely the motion presented here: "[t]o request the dismissal of the complaint for a failure to state facts which, if true, would form a sufficient basis for discipline." NAC 632.921(2)(a).

The Board of Dental Examiners of Nevada maintains a dedicated subdivision of its administrative code titled "Pleadings, Motions and Other Papers," within which NAC 631.310 specifically governs "Motions" in contested cases. The Nevada State Board of Veterinary Medical Examiners maintains a parallel structure, with NAC 638.175 expressly governing "filing and service of … answer, motion, opposition or reply" in disciplinary matters under the heading "Pleadings, Motions and Other Papers." The Nevada Real Estate Commission has adopted a general motion-practice rule providing that "[a]ll motions, unless made during a hearing, must be in writing," and prescribing service, response, and oral-argument procedures.

NAC 645.840. The Nevada State Board of Medical Examiners likewise contemplates and requires motion practice as a feature of its contested cases, including through its mandatory early case conference at which the parties must "[s]et dates … [b]y which all prehearing motions and responses thereto must be filed." NRS 630.339(3)(b)(2).

Nevada's nursing, dental, veterinary, real estate, and medical boards — each of which is governed by the same Chapter 233B APA and is subject to the same NRS 233B.050(1)(a) obligation — have all complied with that obligation by adopting motion-practice rules. The Board of Pharmacy stands alone in having omitted to do so.

5. The Board's Failure to Adopt Rules of Practice Violates NRS 233B.050, and the Agency Process Inoperative Is Until Rules Are Adopted.

To the extent the Board's position rests on the absence of a regulation expressly authorizing motions to dismiss, that absence is itself a statutory violation. NRS 233B.050(1) commands — in mandatory terms — that "each agency shall … [a]dopt rules of practice, setting forth the nature and requirements of all formal and informal procedures available.". The Board cannot weaponize its own failure to comply with that command against a respondent challenging the Board's jurisdiction. *Cf.* NRS 233B.050(2) ("A regulation, rule, final order or decision of an agency is not valid or effective against any person or party, nor may it be invoked by the agency for any purpose, until it has been made available for public inspection.").

The consequence of an agency's failure to adopt procedural rules is not that the respondent loses procedural rights, but that the agency loses procedural authority.

In *Yeik v. Department of Revenue and Taxation*, 595 P.2d 965 (Wyo. 1979), the Wyoming Supreme Court confronted a statutory provision making hearing-examiner orders

"subject to a hearing before the Wyoming tax commission in accordance with the Wyoming Administrative Procedure Act." *Id.* at 968. The Tax Commission had failed to adopt procedural rules implementing that intermediate-review provision. The Court held that the omission was fatal. "In the actual conduct of a hearing, failure to have such rules can be prejudicially fatal," *id.* at 969, and "after exhausting every rule of construction if no sensible meaning can be given to a statute or if it is so incomplete that it cannot be carried into effect, it must be pronounced inoperative and void," *id.* The Court's holding is squarely on point. "No procedure having been provided by the state tax commission pursuant to [Wyoming's APA] … which would clarify and make plain to the persons affected what procedure must be followed to obtain the review required by [statute], we, therefore, hold that [the review provision] is inoperative and void until such time as adequate procedural rules and regulations are adopted pursuant to the Administrative Procedure Act and the rule-making power of the state tax commission." *Id.*

The Wyoming APA provision the *Yeik* court invoked is materially identical to NRS 233B.050(1)(a). Compare *id.* at 969 (quoting Wyo. Stat. § 9-4-102(a)(i), requiring agencies to "[a]dopt rules of practice setting forth the nature and requirements of all formal and informal procedures available in connection with contested cases"), with NRS 233B.050(1)(a) ("[a]dopt rules of practice, setting forth the nature and requirements of all formal and informal procedures available"). The two statutes use the same operative language.

The New Jersey Superior Court reached the same result in *In re Consider Distribution of Casino Simulcasting Special Fund (Accumulated in 2005)*, 398 N.J. Super. 7, 939 A.2d 230 (App. Div. 2008). There, the New Jersey Racing Commission had failed to adopt rules of practice describing the procedures governing applications for distribution of a statutory fund. The Appellate Division held that the Commission's failure to comply with N.J.S.A. 52:14B-

3(2) — which uses language nearly identical to NRS 233B.050(1)(a), requiring agencies to "adopt rules of practice setting forth the nature and requirements of all formal and informal procedures available" — required reversal and barred further agency action until rules were adopted. 398 N.J. Super. at 18–19, 939 A.2d at 236–37. The court emphasized that such rules are essential because they "provide notice of the agency's procedures to interested parties and assure that proceedings before the agency are conducted uniformly and fairly," and that "[a] description of the manner in which proceedings to resolve disputed matters will be conducted is a 'fundamental aspect[ ] of any procedural rules.'" *Id.* at 18, 939 A.2d at 237). The court further held that "[b]ecause the [agency] has not adopted a rule of practice incorporating procedures, the [agency] must comply with [the APA rules-of-practice statute] before it takes further action." 398 N.J. Super. at 19, 939 A.2d at 237.

To the extent that the Board refuses Respondent's jurisdictional challenge, its NRS 639.2895 enforcement authority "inoperative and void" until rules of practice are adopted.

6. The Board Cannot Lawfully Subject Respondent to a Hearing on Matters Beyond Its Statutory Authority.

Subject matter jurisdiction is a non-waivable structural requirement of any adjudication. *See* NRCP 12(h)(3) ("If the court determines at any time that it lacks subject-matter jurisdiction, the court must dismiss the action."); *Landreth v. Malik*, 127 Nev. 175, 179, 251 P.3d 163, 166 (2011) (subject matter jurisdiction "cannot be conferred by the parties.").

Thus, the Board cannot defer the jurisdictional question to post-hearing judicial review without itself acting in excess of its statutory authority. If the Board lacks the statutory power to issue a penalty under NRS 639.2895, then it equally lacks the statutory power to conduct an evidentiary hearing on the predicate question of whether a penalty should issue. *See* NRS

233B.031 (defining "agency" as one "authorized by law to … determine contested cases"). Where NRS 639.2895's four enumerated predicates are not in play — and, as demonstrated *supra*, they are not — there is no statutory "case" for the Board to determine, and a hearing on factual allegations that, if proven, would not establish a predicate is not just unnecessary; it is itself ultra vires.

Federal and Nevada constitutional due process require that a party be given a "meaningful" opportunity to be heard before the deprivation of a protected interest. *Mathews v. Eldridge*, 424 U.S. 319, 333 (1976) ("The fundamental requirement of due process is the opportunity to be heard at a meaningful time and in a meaningful manner." (internal quotation marks omitted)). The Nevada Supreme Court has long applied this principle to administrative licensure and disciplinary proceedings. *See, e.g.*, *Gilman v. State Bd. of Veterinary Med. Examiners*, 120 Nev. 263, 269, 89 P.3d 1000, 1004 (2004); *Potter v. State Bd. of Med. Examiners*, 99 Nev. 162, 659 P.2d 868 (1983). A "meaningful" opportunity is one that permits the respondent to raise — and the agency to consider — the threshold question of whether the agency has the power to deprive the respondent of property at all.

Dr. Holtorf holds no Nevada license, has no Nevada presence to defend, and is haled before this Board on a Complaint that on its face fails to identify a single Nevada-enforceable predicate. NRS 639.2895 by its terms reaches only persons whose conduct falls within four specific statutory provisions; none is alleged here in any cognizable form. The Board's threshold duty is to determine, before subjecting an out-of-state respondent to its compulsory process, whether it has the statutory authority to do so at all. The procedural vehicle for raising that question is this Motion.

The Board should rule on the merits of this Motion, and dismiss the Complaint in its entirety.

G. Respondent Respectfully Requests an Award of Reasonable Attorney's Fees

Respondent respectfully requests an award of reasonable attorney's fees and costs incurred in defending this proceeding pursuant to NRS 233B.130 and NRS 233B.135, and/or under NRS 18.010(2)(b), which authorizes a fee award where a claim has been "brought or maintained without reasonable ground or to harass the prevailing party." The Complaint was filed against an out-of-state physician on statutory predicates the Board has no authority to enforce against an unlicensed person under NRS 639.2895, on a "dangerous drug" theory unsupported by any Board regulation as NRS 454.201(3) requires, and in significant part on facially inapplicable statutes. Each of these defect—and the Board's lack of jurisdiction—was apparent on the face of the Complaint when filed.

Accordingly, an award of reasonable fees and costs to Respondent is appropriate in this matter.

V. CONCLUSION

For the foregoing reasons, Respondent respectfully requests that the Board enter an order (1) rescinding the February 20, 2026 Order to Cease-and-Desist/Citation and Fine in its entirety, pursuant to NRS 639.2895(2); (2) rescinding any administrative fine assessed against Respondent pursuant to NRS 639.2895(2); (3) dismissing the Statement to the Respondent and Notice of Hearing, Case No. 25-289-C-O, with prejudice; and (4) awarding Respondent his reasonable attorney's fees and costs pursuant to NRS 233B.130, NRS 233B.135, and/or NRS 18.010(2)(b).

For the foregoing reasons, the Complaint should be dismissed in its entirety with prejudice and Respondent should be awarded his reasonable fees and costs.

Dated this 29th day of May, 2026.

Respectfully Submitted,

SPARTACUS LAW FIRM

/s/ Chandon S. Alexander
Chandon S. Alexander, Esq.
Nevada Bar No. 12033
3993 Howard Hughes Pkwy, Suite 480
Las Vegas, Nevada 89169
Attorney for Respondent

DECLARATION OF CHANDON S. ALEXANDER, ESQ.

CHANDON S. ALEXANDER, ESQ., hereby deposes and states the following under the pains and penalties of perjury:

1. That I am an attorney licensed to practice law in the State of Nevada and am Counsel of Record for Respondent KENT HOLTORF, M.D., in Case No. 25-289-C-O before the Nevada State Board of Pharmacy;
2. That I have personal knowledge of the facts and circumstances set forth herein and could competently testify to the same;
3. That I make this Declaration in support of Respondent's Motion to Dismiss, filed concurrently herewith;
4. That attached as **Exhibit A** to the Motion to Dismiss is a true and correct copy of the Board's Motion to Strike/Opposition to Motion to Dismiss filed in *Nev. State Bd. of Pharmacy v. Prime Plus Lakeview*, Case No. 25-110-V-O (May 26, 2026).
5. That attached as **Exhibit B** to the Motion to Dismiss is a true and correct copy of the Nevada State Board of Pharmacy's April 2025 Board Meeting Minutes (Final Draft),

which I personally downloaded from the Nevada State Board of Pharmacy's official public website at the following URL: https://bop.nv.gov/uploadedFiles/bopnvgov/content/board/ALL/2025_Meetings/April%202025%20Meeting%20Minutes%20-%20FINAL%20DRAFT.pdf

6. That attached as **Exhibit C** to the Motion to Dismiss is a true and correct copy of the Nevada State Board of Pharmacy's September 2022 Board Meeting Minutes (v5 – Final Approved by Board Members), which I personally downloaded from the Nevada State Board of Pharmacy's official public website at the following URL: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Board/September%20Board%20Meeting%20Minutes%20-%20v5%20-%20Final%20Approved%20by%20BM.pdf
7. That the foregoing **Exhibits B** and **C** are offered to demonstrate that the Nevada State Board of Pharmacy has previously entertained and ruled on pre-hearing motions to dismiss raising statutory-authority and predicate-failure challenges of the same general character as those presented in Respondent's Motion to Dismiss;
8. That the foregoing exhibits are true and correct copies of the records as they appeared and have not been altered in any respect.

I declare under penalty of perjury pursuant to the laws of the State of Nevada (NRS 53.045)[1]

DATED this 29th day of May, 2026.

/s/ Chandon S. Alexander
CHANDON S. ALEXANDER, ESQ

[1] NRS 53.045 Use of unsworn declaration in lieu of affidavit or other sworn declaration. Any matter whose existence or truth may be established by an affidavit or other sworn declaration may be established with the same effect by an unsworn declaration of its existence or truth signed by the declarant under penalty of perjury, and dated, in substantially the following form: 1. If executed in this State: "I declare under penalty of perjury that the foregoing is true and correct."

CERTIFICATE OF SERVICE

I hereby certify that on the 29th day of May, 2026, I caused the preceding document entitled **RESPONDENT'S MOTION TO DISMISS** to be served on the following parties via email:

Jessette Phaynarikone
Laura Tucker
Nevada State Board of Pharmacy
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/s/ Chandon S. Alexander
An Employee of SPARTACUS LAW FIRM

EXHIBIT A

FILED
MAY 2 6 2026
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PRIME PLUS LAKEVIEW,** **Respondent.**	**Case No. 25-110-V-O** **MOTION TO STRIKE/OPPOSITION TO RESPONDENT'S MOTION TO DISMISS**

The Nevada State Board of Pharmacy (Board), by and through counsel prosecuting this matter, Laura Tucker, General Counsel, files this motion to strike/opposition to Respondent Prime Plus Lakeview's (Respondent) Motion to Dismiss First Amended Statement to the Respondent filed May 22, 2026. This motion/opposition is based upon the following points and authorities and the pleadings on file herein.

MEMORANDUM OF POINTS AND AUTHORITIES

I. FACTUAL AND PROCEDURAL BACKGROUND

On or about September 15, 2025, the Board issued a Citation and Fine Order on Respondent alleging violation of Nevada law for unlicensed wholesale distribution in Nevada. On or about October 15, 2025, Respondent appealed the Citation and Fine Order and requested a hearing before the Board. On or about October 27, 2025, the Board served Respondent with a Statement to the Respondent and Notice of Hearing pursuant to Nevada Revised Statute (NRS) 233B.121 for Respondent's appeal. On or about December 20, 2025, the Board served Respondent with a First Amended Statement to the Respondent (hereinafter "NRS 233B Statement").

II. LEGAL STANDARD

Respondent's appeal is authorized by NRS 639.2895(2) and governed by the statutes for the adjudication of contested cases set forth in NRS 233B.121-126, inclusive. The Board's authority is

limited to either upholding or dismissing the citation. See *Andrews v. Nevada State Board of Cosmetology*, 86 Nev. 207,208,467 P.2d 96, 96-96 (2007).

Dismissal for failure to state a claim prior to a hearing should only result if the prosecution can prove no set of facts that support the charges. See *Simpson v. Mars Inc.*, 113 Nev. 188, 190, 929 P.2d 966, 967 (1997). The Board may strike "any insufficient defense or any redundant, immaterial, impertinent, or scandalous matter" filed in this matter. See NRCP 12(f); see also *Jordan v. State*, 121 Nev. 44, 61 n.32, 110 P.3d 30, 43, n.32 (2005), *abrogated on other grounds*.

III. ARGUMENT

Respondent's Motion to Dismiss should must be stricken or denied because it is procedurally improper and without merit.

A. Respondent's Motion to Dismiss Should be Stricken because its Arguments will be Properly Addressed at Hearing.

In arguing its motion to dismiss, Respondent advances arguments that are more appropriately addressed at hearing, including by attaching an exhibit that the Board intended to present into evidence at that time. When ruling on a motion to dismiss, matters outside the pleading being attacked generally are not considered. *Engelson v. Dignity Health*, 139 Nev. 578, 582, 542 P.3d 430, 436 (Nev. App. 2023), (citing *Breliant v. Preferred Equities Corp.*, 109 Nev. 842, 847, 858 P.2d 1258, 1261 (1993)).

Here, Respondent asks the Board to consider evidence presented outside the 233B Statement, specifically an invoice the Board's counsel intended to present as evidence of the Respondent's conduct at hearing. In doing so, Respondent provides support that a hearing to fully examine the facts and circumstances around the investigation is necessary—thus, defeating its own motion to dismiss.

Furthermore, Respondent asks the Board to consider that it falls under an\ exception to the state's wholesaler licensing statute. Once again, Respondent makes arguments that consider facts and

evidence outside the 233B Statement, thus necessitating a hearing. Because these assertions require the presentation of evidence outside the 233B statement, a motion to dismiss is improper.

B. Respondent's Motion to Dismiss is Procedurally Improper pursuant to NRS 639.2895(2) and Nevada law.

Respondent's motion to dismiss is procedurally improper because it asks the Board to dismiss an appeal that Respondent itself requested. Pursuant to NRS 639.2895(2), the Board may issue a citation on entities or individuals who engage in unlicensed activity in Nevada. The statute provides for an appeal in the form of a hearing, not based on motion practice. *See* NRS 639.2895(2). Opportunity must be afforded to all parties to respond and present evidence on argument on all issues involved. NRS 233B.121(4).

Here, Respondent first requested a hearing of the evidence to support the Board's citation, but now seeks dismissal of the citation altogether. The Board's citation authority allows for the Board to issue a citation, and the Respondent may request a hearing in front of the Board to appeal the decision. The statutory framework does not consider motion practice within its citation appeal authority, nor does it logically follow that the Respondent can request a hearing and then ask to dismiss a hearing it requested.

C. Respondent is Not Being Denied Due Process because the Board's 233B Statement meets Nevada's notice pleading requirements.

Respondent asserts that the NRS 233B Statement denies it due process in that it fails to plead facts establishing wholesale distribution in Nevada. NRS 233B.121(2) specifies that notice in a contested case must include:

(a) A statement of the time, place and nature of the hearing.

(b) A statement of the legal authority and jurisdiction under which the hearing is to be held.

(c) A reference to the particular sections of the statutes and regulations involved.

(d) A short and plain statement of the matters asserted.

The NRS 233B Statement clearly meets these requirements; it sets forth factual allegations relating to the matters asserted, references to the statutes and regulations involved, one cause of action based upon the Board's investigation and findings, a statement of legal authority and jurisdiction, and a statement of the time, place, and nature of the hearing (an appeal at the Respondent's request).

Nevada is "a notice-pleading jurisdiction and pleadings should be liberally construed to allow issues that are fairly noticed to the adverse party." *Nevada State Bank v. Jamison Family Partnership*, 106 Nev. 792, 801, 801 P.2 1377, 1383 (1990). The Nevada Supreme Court has further held that "in the context of administrative pleadings, 'due process requirements of notice are satisfied where the parties are sufficiently apprised of the nature of the proceedings so that there is no unfair surprise.'" *Dutchess Business Services, Inc. v. Nevada State Bd. of Pharmacy*, 124 Nev. 701, 712, 191 P.3d 1159, 1167(2008) (citations omitted).

Due process is not violated unless an administrative proceeding is so fundamentally unfair that a party is prevented from reasonably presenting his case and prejudiced as a result. *Manufactured Home Cmtys., Inc. v. Cty. of San Luis Obispo*, 167 Cal. App. 4th 705, 711 (2008) (*citing Sinaiko v. Superior Court*, 122 Cal. App. 4th 1133, 1140 (2004)).

Respondent argues that its due process is violated because the 233B Statement does not allege that Respondent did not qualify under an exception involving pharmacy-to-pharmacy sales pursuant to NRS 639.0155. However, that is not a requirement at the administrative pleading stage. In fact, Respondent urges the Board to consider evidence *outside* of the pleadings in its argument to dismiss the 233B Statement, which falls outside the scope of a motion to dismiss.

The Board provided Respondent with a short and plain statement of the matters asserted and the violations alleged. The Board also provided Respondent with evidence to be presented at hearing. Respondent is receiving a hearing, including the opportunity to present evidence, call witnesses and cross-examine opposing witnesses in conformance with NRS 233B.121(4) and NRS 233B.123(4)). Respondent has been accorded all necessary due process guarantees of fundamental fairness, including the opportunity to prepare a defense.

IV. Conclusion

For the foregoing reasons, the prosecution respectfully requests that the Board strike or deny Respondent's Motion to Dismiss.

By: /s/Laura M. Tucker
LAURA M. TUCKER, Esq.
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 26th day of May 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Prime Plus Lakeview
c/o Chandon S. Alexander, Esq.
Spartacus Law Firm
3993 Howard Hughes Pkwy, Suite 480
Las Vegas, NV 89169

And via Electronic Mail to: chandon@spartacuslawfirm.com

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

EXHIBIT B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206, Reno, NV 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

Email: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

MINUTES

April 16-17, 2025

BOARD MEETING

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, April 16, 2025, at 9:00 am. The meeting will continue Thursday, April 17, 2025, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

Hyatt Place
1790 E Plumb Lane
Reno, NV 89502

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

Board Members Present:

Helen Park	Krystal Freitas	Richard Tomasso	Adam Porath
Jade Jacobo	Anna Carr		

Board Staff Present:

David Wuest	Gregory Zunino	Brett Kandt	Monica Moazez
Darlene Nases	Erin Miller	Ryan Miller	Jessette Phaynarikone
Yenh Long	Todd Weiss	Laura Tucker	Mui Lee

1. Call to Order and Roll Call – Establishment of Quorum

President Park performed the roll call. Board members were present, and a quorum was established.

2. Public Comment at April 16, 2025, 9:07 AM

There was no public comment.

3. Approval of March 5-6, 2025, Board Meeting Minutes (**FOR POSSIBLE ACTION)**

Board Action:

Motion: Jade Jacobo moved to approve the March 5-6, 2025 Board Meeting Minutes.

Second: Krystal Freitas

Action: Passed unanimously.

◈CONSENT AGENDA ◈

The Consent Agenda contains matters of routine acceptance. The Board Members may approve the consent agenda items as written or, at their discretion, may address individual items for discussion or change.

3. Approval of the March 5-6, 2025, Board Meeting Minutes (**FOR POSSIBLE ACTION)**

4. 4.1 Applications for Out-of-State Medical, Devices, Equipment and Gases License (NAC 639.6944) – Non-Appearance (**FOR POSSIBLE ACTION)**

A. Clara Care, Inc – Uniontown, OH
B. Gramatan Health Supplies, LLC – Mount Vernon, NY
C. Graymont Equipment Distribution LLC – Chicago, IL

4.2 Applications for Out-of-State Wholesaler License (NRS 639.233) – Non-appearance (**FOR POSSIBLE ACTION**) **Background Check Not Required by Law.**

4.2.1 Publicly Traded (NAC 639.593(6)(a))

D. Cardinal Health 414, LLC – Lewis Center, OH
E. Infusystem, Inc – Bakersfield, CA

4.2.2 Publicly Traded and VAWD-Accredited (NAC 639.593(6)(a) and (c))

F. Catalent Pharma Solutions, LLC – Philadelphia, PA

4.2.3 Publicly Traded and Manufacturer (NAC 639.593(6)(a) and (d))

G. Euclid Vision Corporation – Sterling, VA
H. KalVista Pharmaceuticals, Inc – Cambridge, MA
I. Kuna Oncology, Inc – Boston, MA
J. Revance Therapeutics, Inc – Nashville, TN
K. Soleno Therapeutics, Inc – Reedwood City, CA

4.2.4 Publicly Traded, VAWD-Accredited, and Manufacturer (NAC 639.593(6)(a), (c), and (d))

4.2.5 VAWD-Accredited (NAC 639.593(6)(c))

L. Kuehne & Nagel, Inc – Lewisville, TX
M. Kuehne & Nagel, Inc – Memphis, TN

4.2.6 Manufacturer (NAC 639.593(6)(d))

N. Accellence Home Medical – Reno. NV
O. Banner Life Sciences, LLC – High Point, NC
P. Bridge Global Health – Hapeville, GA
Q. Catalent Greenville, LLC – Greenville, NC
R. Catalent Pharma Solutions, LLC – Morrisville, NC
S. Granulation Technology, Inc – Fairfield, NJ
T. Nuclein, LLC – Austin, TX

4.2.7 VAWD-Accredited and Manufacturer (NAC 639.593(6)(c) and (d))

4.2.8 Distributor for Single Manufacturer (NAC 639.593(6)(e))

4.2.9 <u>Background checks completed in compliance with NRS 639.500.</u>

U. Kuehne & Nagel, Inc – Dallas, TX

4.3 Application for Nevada Warehouse (NAC 639.622) – Non-Appearance **(FOR POSSIBLE ACTION)**

4.4 Application for Nevada Pharmacy License (NRS 639.230) – Non-Appearance **(FOR POSSIBLE ACTION)**

V. Renown Regional Medical Center Specialty Care Pharmacy – Reno, NV
W. Ridley's Pharmacy #1144 – Spring Creek, NV

4.5 Application for Out-of-State Compounding Pharmacy License (NRS 639.230) – Non-Appearance – **(FOR POSSIBLE ACTION)**

X. AnazaoHealth – Tampa, FL
Y. Oakstead Infusion Vital Care – Layton, UT

Z. Optum Infusion Services 308, LLC – Chandler, AZ
AA. Polomar Specialty Pharmacy, LLC – Palm Harbor, FL
BB. Rush Pharmacy – Oviedo, FL

4.6 Application for Out-of-State Pharmacy License (NRS 639.2328) – Non-Appearance –
(FOR POSSIBLE ACTION)

CC. Advanced Diabetes Supply – Carlsbad, CA
DD. AHF Pharmacy – Carson, CA
EE. Aurora Specialty Pharmacy – Menomonee Falls, WI
FF. Get Relief Rx – Billings, MT
GG. Rare Specialty Pharmac – Rahway, NJ
HH. Stellar Rx – Avondale, PA
II. SelectRx KS, LLC – Olathe, KS
JJ. The Art of Medicine – Philadelphia, PA
KK. The Medicine Shoppe – Riverside, CA
LL. US Med, LLC – Miami, FL

4.7 Application for Out-of-State Ambulatory Surgery Center License (NAC 639.4992) – Non- Appearance **(FOR POSSIBLE ACTION)**

4.8 Request to Engage in The Practice of Pharmacy at A Site Other Than a Licensed Pharmacy – Non-Appearance **(FOR POSSIBLE ACTION)**

4.9 Application for Nevada Ambulatory Surgery Center License (NAC 639.4992) – Non- Appearance **(FOR POSSIBLE ACTION)**

Adam Porath recused himself from Consent Agenda Item 4V from the Consent Agenda.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Consent Agenda with exception of Agenda Item 4V.

Second: Krystal Freitas

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to approve the Consent Agenda Item 4V.

Second: Krystal Freitas

Action: Passed unanimously (Porath recused).

◈ REGULAR AGENDA ◈

5. Disciplinary hearings pursuant to NRS 639.247. (**FOR POSSIBLE ACTION**)

N. Lincare, Inc (24-324-MP-N)

Jay DeVoy was present.

Gregory Zunino, Senior General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging Lincare failed to properly service the respiratory equipment furnished to a patient at least every 24 months as required by the manufacturer's product manual.

The proposed stipulated penalties for Lincare, Inc. License No. MP00015 are the following: 1) Respondent fined $1,000; and 2) Respondent assessed $1,000 in attorney's fees and costs.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Stipulation and Order for Lincare, Inc. as presented by Mr. Zunino.

Second: Jade Jacobo

Action: Passed unanimously.

N. Meta Pharmacy Services (24-125-PH-S)
O. Sean Barclay (24-125-RPH-A-S)

Richard Tomasso has recused himself from these matters.

President Park was familiar with Sean Barclay from Roseman University but could participate in this matter fairly and without bias.

Sean Barclay and William Stilling were present.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging that Meta Pharmacy Services and Sean Barclay as owner/managing pharmacist, and/or pharmacy employees, filled and dispensed unlawful prescriptions for controlled substances and compounded semaglutide, employed one pharmaceutical

technician in training (PTT) on an expired registration and another PTT without obtaining a registration to work at Meta Pharmacy.

Mr. Kandt commented that a change of ownership application had been submitted on behalf of Meta Pharmacy. The parties then presented a proposed stipulation to resolve the matter.

Board discussion ensued.

The hearing was recessed so the parties could meet to discuss proposed amendments to the stipulated penalties. The hearing resumed, and the parties presented the following proposed stipulation for the Board's consideration:

Respondent's Barclay's Certificate of Registration No. 17303 is revoked, the revocation is stayed, and respondent is placed on probation for a period of ten (10) years subject to the following conditions: 1) a public reprimand; 2) pay a $10,000 fine for the violations; 3) pay $2,000 in attorney's fees and costs; 4) 12 additional continuing education on pharmacy law and ethics within six months of the Order date; 5) shall not be a managing pharmacist at Meta Pharmacy or any pharmacy licensed by the Board during the probation period; 6) shall divest himself of any ownership interest in Meta Pharmacy within 90 days of the Order and shall not hold any ownership in any pharmacy licensed by the Board during the probation period; and 7) shall not work as a pharmacist for Meta Pharmacy for a period of two years from the effective date of the Order. Respondent Meta fined $10,000 for the violations; $2,000 in attorney's fees and costs; and quarterly inspections for a period of one (1) year not to exceed $500 at owner's expense.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order for Meta Pharmacy and Sean Barclay, with the amendments presented.

Second: Adam Porath

Action: Motion passed (Tomasso recused).

N. Christopher Peters (24-125-RPH-B-S and 23-175-RPH-S)
O. Michelle Lyn Badten (24-125-RPH-C-S)

Joey Gilbert was present on behalf of Christopher Peters and Michelle Lyn Badten.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging that Respondent Peters in Case No. 23-175-RPH-S refused to transfer a prescription as requested by a patient and engaged in unprofessional conduct, and he knowingly filled and dispensed unlawful prescriptions for controlled substances in Case No. 24-125-RPH-B-S. It was also alleged that Respondent Badten knowingly filled and dispensed unlawful prescriptions for controlled substances.

Kandt presented proposed stipulations for each respondent.

The proposed stipulated penalties for Michelle Lyn Badten, Certificate of Registration No. 14966-B are the following: 1) Respondent's Certificate of Registration No. 14966-B is suspended for a period of one (1) year, the suspension is stayed, and Respondent is placed on probation for one (1) year subject to the following conditions: 1) public reprimand; 2) Respondent fined $1,000; and 3) Respondent assessed $1,000 in attorney's fees and costs.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Stipulation and Order for Michelle Lyn Badten, as presented by Mr. Kandt.

Second: Krystal Freitas

Action: Motion passed (Tomasso recused).

The proposed stipulated penalties for Christopher Peters, Certificate of Registration No. 16325 are the following: 1) Respondent's Certificate of Registration No. 16325 is suspended for a period of two (2) years, the suspension is stayed, and Respondent is placed on probation for two (2) years; 2) Respondent fined $2,000; and 3) Respondent assessed $2,000 in attorney's fees and costs.

Board discussion ensued.

The Board proposed that Respondent also complete ten (10) additional continuing education (CE) hours on pharmacy law and ethics within six months of the effective date of the Order.

Mr. Gilbert indicated his client consented to the additional term of the Stipulation and Order.

Board Action:

Motion: Adam Porath moved to approve the prosed Stipulation and Order for Christopher Peters, with the additional requirement that Respondent complete ten (10) additional hours of continuing education on pharmacy law and ethics, due within six (6) months of this order.

Second: Jade Jacobo

Action: Motion passed (Tomasso recused).

O. Heliodoro Magana (20-070-PR-N)

Heliodoro Magana and Brad Shipley were present.

Todd Weiss disclosed that he previously worked with Brad Shipley but could participate in this matter fairly and without bias.

Gregory Zunino, Senior General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging that Respondent Magana failed to pay the $10,000 fine and $544.55 in attorney's fees and costs in Case No. 20-070-PR-N ordered on April 17, 2024.

A petition to vacate was filed with the Board on behalf of Mr. Magana by his counsel.

The Board heard testimony and received evidence.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to deny the Petition to Vacate.

Second: Krystal Freitas

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to uphold the previous terms of the Order with an amendment to include a payment plan option for Respondent Magana.

Second: Richard Tomasso

Aye: Freitas, Tomasso, Park, Jacobo, Carr
Nay: Porath

Action: Motion passed.

13. Discussion and possible action to amend, revise and/or approve proposed FY26 budget **(FOR POSSIBLE ACTION)**

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, and Kiran Bains, Finance Manager for the Nevada Board of Pharmacy, reviewed the monthly budget and gave an overview of the proposed FY26 budget for the Board.

Board discussion ensued.

Board Action:

Motion: President Park moved to approve the FY26 budget, as presented by Board staff.

Second: Adam Porath

Action: Passed unanimously.

A. Uri Assa Krutilin (18-052-RPH-S)

No one was present on behalf of Uri Assa Krutilin.

Brett Kandt, General Counsel for Nevada Board of Pharmacy, prosecuted the Order to Show Cause alleging that Respondent Krutilin failed to pay the fine of $1,300 and $749 in attorney's fees and costs as ordered on December 1, 2021.

Mr. Kandt called Erin Miller as a witness.

Erin Miller, Administrative Assistant – Board Coordinator II, was sworn in and subject to examination.

Mr. Kandt called Jessette Phaynarikone as a witness.

Jessette Phaynarikone, Administrative Assistant – Board Coordinator I, was sworn in and subject to examination.

Mr. Kandt requested that proof of service of the Order to Show Cause and proof of service of a second notice of the show cause hearing to Respondent Krutilin be admitted into record as Exhibits 1-2.

President Park admitted Exhibits 1-2 into the record.

The Board heard testimony and received evidence.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to find that Uri Assa Krutilin was properly served and was in violation of the original Order by non-payment of the fine and attorney's fees and the violation shall be reported to the National Practitioner Data Bank.

Second: Krystal Freitas

Action: Passed unanimously.

B. Eric Math (19-083-CS-S)

No one was present on behalf of Eric Math.

Brett Kandt, General Counsel for Nevada Board of Pharmacy, prosecuted the Order to Show Cause alleging that Respondent Math failed to pay the fine of $5,000 and $812.50 in attorney's fees and costs as ordered on April 21, 2021.

Mr. Kandt called Erin Miller as a witness and reminded her she was still under oath.

Erin Miller, Administrative Assistant – Board Coordinator II, was subject to examination.

Mr. Kandt called Jessette Phaynarikone as a witness.

Jessette Phaynarikone, Administrative Assistant – Board Coordinator I, was sworn in and subject to examination.

Mr. Kandt requested that proof of service of the Order to Show Cause and proof of service of a second notice of the show cause hearing to Respondent Math be admitted into record as Exhibits 1-2.

President Park admitted Exhibits 1-2 into the record.

The Board heard testimony and received evidence.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to find that Eric Math was properly served and was in violation of the original Order by nonpayment of the fine and attorney's fees and the violation shall be reported to the National Practitioner Data Bank.

Second: Krystal Freitas

Action: Passed unanimously.

L. Alyssa Garcia (25-076-PT-S)

No one was present on behalf of Alyssa Garcia.

Brett Kandt, General Counsel for Nevada Board of Pharmacy, prosecuted the case alleging that the Board filed an Order of Summary Suspension based upon preliminary findings that Respondent Garcia diverted controlled substances.

Mr. Kandt called Erin Miller as a witness and reminded her she was still under oath.

Erin Miller, Administrative Assistant – Board Coordinator II, was subject to examination.

Mr. Kandt called Jessette Phaynarikone as a witness and reminded her she was still under oath.

Jessette Phaynarikone, Administrative Assistant – Board Coordinator I, was subject to examination.

Mr. Kandt requested that proof of service of the Summary Suspension Order and proof of service of a second notice of the summary suspension hearing to Respondent Garcia be admitted into record as Exhibits 1-2.

President Park admitted Exhibits 1-2 into the record.
Board discussion ensued.

Board Action:

Motion: Adam Porath moved to uphold the Order of Summary Suspension, pending the filing of an accusation with charges.

Second: Jade Jacobo

Action: Passed unanimously.

C. McGuff Compounding Pharmacy Services (23-070-PH-O)

This matter was continued.

D. McGuff Company, Inc (23-070-WH-O)

This matter was continued.

E. Revive Rx (23-411-PH-O)

This matter was continued.

F. Injured Workers Pharmacy, LLC (23-428-PH-O)

This matter was continued.

K. Abdollah Assad (24-470-CS-N)

This matter was continued.

M. Pulmonary Solutions, LLC (22-357-MP-N)

This matter was continued.

P. Frank A Shallenberger (23-515-CS-N)

This matter was continued.

6. Application for Nevada Wholesaler License (NRS 639.233) – Appearance (**FOR POSSIBLE ACTION)**

B. The Tranzonic Companies – Las Vegas, NV – Background Check completed in compliance with NRS 639.500

Tamer Gerges (West Coast Distribution Director), Justin Nunez (designated representative), Chris Adams (Vice President - North American Firm), and Jaclyn Sittock (General Manager for Controlled Environments Pharma Strategic Business Unit) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the wholesaler license for The Tranzonic Companies.

Second: Jade Jacobo

Action: Passed unanimously.

6. Application for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6944) – Appearance (**FOR POSSIBLE ACTION)**

A. High Vibes Medical Supply, LLC – Las Vegas, NV

Cecily Fernandez, Owner and Administrator, was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

President Park asked the applicant if she would like to table her application and resubmit it to later to reappear in front of the Board.

This matter was tabled.

B. Med Way Medical Inc – Las Vegas, NV

Michael Williams (Regional Manager - Nevada), Austin Drushal (Regional Operations Director), Natascha Amster (Compliance), and Diane Segel (Compliance) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Nevada Medical, Devices, Equipment and Gases license for Med Way Medical, Inc.

Second: Adam Porath

Action: Passed unanimously.

11. Applications for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

A. Harsha Nagaraja

Harsha Nagaraja was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the controlled substance registration for Harsha Nagaraja for schedules II-V with the condition that he remains compliant with the monitoring program with the Nevada Medical Board of Medical Examiners and the North Carolina Medical Board and to send quarterly reports to Board staff

Second: Jade Jacobo

Action: Passed unanimously.

B. Rachel Miceli

Rachel Miceli was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: President Park moved to approve the controlled substance registration for Rachel Miceli on the condition that she stays complaint with her monitoring program with the Nevada Board of Medical Examiners.

Second: Richard Tomasso

Action: Passed unanimously.

12. Applications for Advance Practice Registered Nurse – Prescribe Registration (NAC 639.850) – Appearance (**FOR POSSIBLE ACTION)**

A. Jorge Menjivar

Jorge Menjivar was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the prescribing registration for Jorge Menjivar for schedules II-V with the condition that he stays compliant with the monitoring program with the Georgia Board of Nursing as well as the requirements imposed on him by the Nevada State Board of Nursing and to provide quarterly reports to Board staff.

Second: Jade Jacobo

Action: Passed unanimously.

B. Samantha Perkins

Samantha Perkins was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

President Park commented that since there is a pending case with the California Board of Nursing relating to this applicant and asked Ms. Perkins if she would like to table her application until the case is adjudicated.

The matter was tabled.

C. Rebecca Ballinger

Rebecca Ballinger and Craig Perry, Esq. were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: President Park moved to approve the controlled substance prescribing registration for Rebecca Ballinger for dangerous drugs only.

Second: Jade Jacobo

Action: Passed unanimously.

15. General Counsel Report

Gregory Zunino, Senior General Counsel, presented.

9. Application for Nevada Pharmacy License (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**

C. Healthy Choice Pharmacy – Las Vegas, NV

Olive Bayle (Pharmacist in Charge), Brandon Catacutan (Owner and Administrator), and Giovanni Bayle (Owner) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the pharmacy license for Healthy Choice Pharmacy pending a favorable inspection.

Second: Adam Porath

Action: Passed unanimously.

E. Renew Care Pharmacy – Las Vegas, NV

Yvonne Nkwen-tamo, managing pharmacist, was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the pharmacy license for Renew Care Pharmacy pending a favorable inspection.

Second: Adam Porath

Action: Passed unanimously.

16. Executive Secretary Report

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, presented.

Public comment at April 16, 2025, at 4:15 PM

There was no public comment.

President Park recessed the meeting for the night and reconvened the meeting the next morning at 9:00 AM.

Board Members Present:

Helen Park	Adam Porath	Richard Tomasso	Jade Jacobo
Krystal Freitas	Anna Carr		

Board Staff Present:

David Wuest	Yenh Long	Gregory Zunino	Brett Kandt
Monica Moazez	Laura Tucker	Darlene Nases	Erin Miller
Mui Lee	Jessette Phaynarikone		

Call to Order and Roll Call – Establishment of Quorum

President Park performed the roll call. All Board members were present, and a quorum was established.

Public comment at April 17, 2025, at 9:02 AM

There was no public comment.

◈ WORKSHOP ◈

Thursday, April 17, 2025 – 9:00 am

14. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2) **(FOR POSSIBLE ACTION)**:

    A. **Amendment to Nevada Administrative Code NAC 454.** The proposed amendment revises the ability of an advanced emergency medical technicians to possess and administer dangerous drugs upon the order of a practitioner in a license hospital when practicing under their scope of practice as determined by the State of Nevada Health Department.

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, and Brett Kandt, General Counsel for the Nevada Board of Pharmacy, presented.

President Park opened the floor for public comment.

The following person(s) offered public comment:

Melinda Osborn, Chief Nurse Executive for Renown Health.

Jimmy Lao, Director of Emergency Services for Renown Health.

President Park closed the floor for public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt the proposed amendment to Nevada Administrative Code NAC 454, with the suggested revisions by the Board.

Second: President Park

Action: Passed unanimously.

7. Application for Nevada Wholesaler License (NRS 639.233) – Appearance (**FOR POSSIBLE ACTION)**

A. Boxout, LLC – McCarran, NV – Background Check completed in compliance with NRS 639.500

Matthew Miller (Compliance Manager), Ken Kramer (Chief Finance Officer), and Dennis Partain (Regional Director) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the wholesaler license for Boxout, LLC.

Second: Jade Jacobo

Action: Passed unanimously.

9. Application for Nevada Pharmacy License (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**

D. Meta Pharmacy Services – Las Vegas, NV

Jade Jacobo, Krystal Freitas, and President Park disclosed that they were familiar with the incoming pharmacist in charge could participate in this matter fairly and without bias.

Rachel Grey (Counsel), Derek O'Leary (President of Operations), Andy Vukadinovich (Vice President of Operations), and Erik Heikkenen (Consultant) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the change of ownership application for Meta Pharmacy Services with conditions that the pharmacist in charge appears at the next Board Meeting; and quarterly inspections at the owner's expense.

Second: Richard Tomasso

Action: Passed unanimously.

8. Application for Nevada Warehouse (NAC 639.622) – Appearance **(FOR POSSIBLE ACTION)**

A. Kuehne & Nagel, Inc – McCarran, NV

Ria Philip (Director of Healthcare Regulatory Compliance) and Katy Ditmars (Quality Manager) were present.

The Board heard testimony and asked questions of the applicant.

Jade Jacobo was excused from the meeting at 10:20AM.

Jade Jacobo returned to the meeting at 10:21AM.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the warehouse license for Kuehne & Nagel, Inc.

Second: Krystal Freitas

Action: Passed unanimously.

9. Application for Nevada Pharmacy License (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**

B. First Choice Pharmacy, LLC – Las Vegas, NV

Kirk Beaulieu, Pharmacist in Charge, was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the ownership change for First Choice Pharmacy, LLC.

Second: Krystal Freitas

Action: Passed unanimously.

A. AMG Pharmacy – Las Vegas, NV

April Tsai (Owner and Designated Representative) and Terry Kang (Pharmacist in Charge) were present.

President Park disclosed that she is familiar with Dr. Kang from Roseman University but could participate in this matter fairly and without bias.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the pharmacy license for AMG Pharmacy pending a favorable inspection.

Second: Krystal Freitas

Action: Passed unanimously.

11. Applications for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

C. Devendrakumar Patel

Devendrakumar Patel and Lyn Beggs, Esq. were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the controlled substance registration for Devendrakumar Patel with conditions that he can prescribe Schedules IV and V only and must participate in quarterly PMP training with Board staff for a period of one (1) year.

Second: Richard Tomasso

Aye: Freitas, Tomasso, Carr, Park, Porath
Nay: Jacobo

Action: Motion passed.

10. Application for Out-of-State Pharmacy License (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**

D. Wedgewood Pharmacy LLC – Bakersfield, CA

Richard Tomasso was excused from the meeting at 11:38AM.

Samra Wussow, pharmacy and compliance manager, was present.

The Board heard testimony and asked questions of the applicant.

Richard Tomasso returned to the meeting at 11:42AM.

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to approve the out-of-state pharmacy license for Wedgewood Pharmacy LLC.

Second: Jade Jacobo

Action: Passed unanimously.

17. Date and Location of Next Scheduled Board Meeting:

June 4-5, 2025 – Las Vegas, NV

18. Public Comment

There was no public comment.

19. Adjournment

EXHIBIT C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206, Reno, NV 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

MINUTES

September 7-8, 2022

BOARD MEETING

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, September 7, 2022, at 9:00 am. The meeting will continue, Thursday, September 8, 2022, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

Hilton Garden Inn
7830 S Las Vegas Boulevard
Las Vegas, NV

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

Board Members Present:

Helen Park	Jade Jacobo	Krystal Freitas	Gener Tejero
Wayne Mitchell	Rolf Zakariassen	Richard Tomasso	

Board Staff Present:

Dave Wuest	Yenh Long	Shirley Hunting	Kristopher Mangosing
Brett Kandt	Peter Keegan	Darlene Nases	Courtney Lee
Joe Dodge	Leo Basch	Luis Curras	Dena McClish
Ken Scheuber	Sophia Long	Darla Zarley	

President Park read the mission statement of the Nevada State Board of Pharmacy to reiterate the Board's duty to carry out and enforce the provisions of Nevada Law to protect the health, safety, and welfare of the public.

Dave Wuest stated that this Board Meeting is being held over Zoom and is in compliance with the Governor's directive and Open Meeting Laws for Nevada.

1. Call to Order and Roll Call – Establishment of Quorum

President Park performed the roll call. All Board members were present, and a quorum was established.

2. Public Comment September 7, 2022, 9:00 AM

Ken Kunke from the Nevada Society of Health Systems Pharmacist and the Nevada Pharmacy Alliance invites the public to attend their annual meeting on September 24 at Renown Health in Reno, Nevada from 8am-3pm. For more information, please visit the Nevada Pharmacy Alliance Website under “News & Events”.

◈ CONSENT AGENDA ◈

The Consent Agenda contains matters of routine acceptance. The Board Members may approve the consent agenda items as written or, at their discretion, may address individual items for discussion or change.

3. Approval of the July 13-14, 2022, Meeting Minutes (**FOR POSSIBLE ACTION)**

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve July 13-14, 2022, Board Meeting minutes.

Second: Krystal Freitas

Action: Passed unanimously.

4. 4.1 Applications for Out-of-State Medical, Devices, Equipment and Gases License (NAC 639.6944) – Non-appearance (**FOR POSSIBLE ACTION)**

A. Bigfoot Biomedical, Inc. – Milpitas, CA
B. Edgepark Medical Supplies; Cardinal Health at Home – Cranbury, NJ
C. Edgepark Medical Supplies; Cardinal Health – Durham, NC
D. Edgepark Medical Supplies; Cardinal Health at Home – Elgin, IL
E. Edgepark Medical Supplies; Cardinal Health at Home – Fort Worth, TX
F. Edgepark Medical Supplies; Cardinal Health at Home – Jacksonville, FL
G. Edgepark Medical Supplies; Cardinal Health at Home – Kansas City, MO
H. Edgepark Medical Supplies; Cardinal Health at Home – Ontario, CA
I. Edgepark Medical Supplies; Cardinal Health at Home – Portland, OR
J. Edgepark Medical Supplies; Cardinal Health at Home – Twinsburg, OH
K. Kestra Medical Technology Services, Inc. – Kirkland, WA
L. Mendtronix, Inc. – Latrobe, PA
M. Petersen Medical, St. George, UT

N. Preferred Homecare – Kingman, AZ

4.2 Applications for Out-of-State Wholesaler License (NRS 639.233) – Non-appearance (**FOR POSSIBLE ACTION**)

Background Check Not Required by Law.

4.2.1 Distributor for Single Manufacturer (NAC 639.593(7)(e))

4.2.2 Manufacturer (NAC 639.593(7)(d))

O. ABB Optical Group – Alameda, CA
P. Almatica Pharma, LLC – Morristown, NJ
Q. CeQur Corp. – Greenville, SC
R. Datascope Corp. – Wayne, NJ
S. Edenbridge Pharmaceuticals, LLC – Parsippany, NJ
T. Exela Pharma Sciences, LLC – Lenoir, NC
U. Fisher & Paykel Healthcare Inc. – Irvine, CA
V. Mycovia Pharmaceuticals, Inc – Durham, NC
W. Novugen Pharma (USA) LLC – Princeton, NJ
X. Oryza Pharmaceuticals, Inc. – Coral Springs, FL
Y. Salus Medical LLC – Phoenix, AZ
Z. Tulex Pharmaceuticals Inc. – Cranbury, NJ
AA. Yaral Pharma Inc. – Parsippany, NJ

4.2.3 Publicly Traded (NAC 639.593(7)(a))

BB. Outlook Therapeutics, Inc. – Iselin, NJ
CC. Pharmacyclics, LLC – North Chicago, IL

4.2.4 VAWD-Accredited (NAC 639.593(7)(c))

4.2.5 Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d))

4.2.5 Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d))

DD. Alexion Pharmaceuticals, Inc. – New Haven, CT
EE. AtriCure, Inc. – Mason, OH
FF. Biofrontera Inc. – Woburn, MA
GG. ImmunoGen, Inc. – Waltham, MA

4.2.6 Publicly Traded and VAWD-Accredited (NAC 639.593(7)(a) and (c))

4.2.7 Background checks completed in compliance with NRS 639.500.

HH. ABB Optical Group – Coral Springs, FL

II. ABB Optical Group – Hawthorne, NY
JJ. DHL Supply Chain (USA) – Memphis, TN
KK. Direct Customer Solutions, LLC – Bells, TN
LL. HHCRX – Cincinnati, OH
MM. KARES Enterprises – Duarte, CA

4.3 Applications for Nevada Wholesaler License (NRS 639.233) – Non-Appearance (**FOR POSSIBLE ACTION**)

NN. Accelerated Care Plus Leasing, Inc. – Reno, NV - Background Check Not Required – Publicly Traded (NAC 639.593 (7)(a))
OO. Innovative Neurotronics, Inc. – Reno, NV - Background Check Not Required – Publicly Traded (NAC 639.593 (7)(a))

4.4 Application for Nevada Pharmacy License (NRS 639.230) – Non-appearance **(FOR POSSIBLE ACTION)**

PP. 986 LTC Pharmacy – Las Vegas, NV
QQ. Humboldt County General Hospital Pharmacy – Winnemucca, NV
RR. Nevada Health Centers Pharmacy – Elko – Elko, NV

4.5 Application for Out-of-State Pharmacy License (NRS 639.2328) – Non-appearance **(FOR POSSIBLE ACTION)**

SS. Perigon Pharmacy 360 – Coraopolis, PA
TT. Valley Vet Supply – Marysville, KS

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Consent Agenda.

Second: Jade Jacobo

Action: Passed unanimously.

◈ REGULAR AGENDA ◈

5. Disciplinary hearings pursuant to NRS 639.247. (**FOR POSSIBLE ACTION**)

A. Richard Teh, MD (20-021-CS-A-B-S)
B. Cynthia Teh, MD (20-021-CS-C-S)

Crane Pomerantz appeared as counsel on behalf of Richard and Cynthia Teh.

Richard Teh and Cynthia Teh appeared and were sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee, General Counsel for the Nevada Board of Pharmacy, prosecuted the case regarding unlawful prescribing of controlled substances while out of the country.

Ms. Lee presented a proposed Stipulation and Order for the Board's consideration with the following updates: 1) modify paragraph 9B on page 3 to change "Teh 1 to Teh 2" and change the pronouns to "she"; 2) modify page 4 to remove an extra space in paragraph 12; and 3) complete language change to paragraph 14 that Ms. Lee read into the record.

The penalties for Respondent Richard Teh ("Teh 1") Certificate of Registration Nos. CS19708 and CS31633 are the following: 1) the suspension is stayed and is placed on probation for a period of two years; 2) accept this Stipulation and Order as a public reprimand; 3) pay a fine of $4,000; 4) pay attorney's fees and costs of $2,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and 5) comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him whole on probation.

The penalties for Respondent Cynthia Teh ("Teh 2") Certificate of Registration No. CS09236 is the following: 1) the suspension is stayed and is placed on probation for a period of two years; 2) accept this Stipulation and Order as a public reprimand; 3) pay a fine of $4,000; 4) pay attorney's fees and costs of $2,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and 5) comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against her whole on probation.

In addition, the Board shall conduct scheduled quarterly inspections of Respondents' practice for a period of 12 months from the effective date of the Order, and Respondents shall bear and reimburse the Board for inspection costs in the amount not to exceed $500 per quarterly inspections.

Richard and Cynthia Teh commented to the Board that they made mistakes and apologized for their errors.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the proposed Stipulation and Order with the proposed changes by Ms. Lee.

Second: Rolf Zakariassen

Action: Passed unanimously.

C. Ann Childress, MD (20-250-CS-S)(20-250-PD-S)

Joseph Reynolds appeared as counsel on behalf of Ann Childress.

Ann Childress appeared and was sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee prosecuted the case regarding Ms. Childress dispensing clinical study medication consisting of controlled substances and dangerous drugs without a valid practitioner dispensing registration.

Ms. Lee presented a proposed Stipulation and Order for the Board's consideration.

The penalties for Respondent Childress are the following: 1) pay a fine of $5,000; 2) pay attorney's fees and costs of $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Ms. Lee clarified paragraph 7 is one singular violation.

Ms. Childress provided testimony to the Board on the events that occurred with this issue.

Board discussion ensued.

Mr. Reynolds would consider a more lenient discipline for Ms. Childress at the Board's consideration.

Mr. Reynolds requested Board to continue with the proposed Stipulation and Order presented by Ms. Lee.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the proposed Stipulation and Order for Ann Childress.

Second: Krystal Freitas

Aye: Park, Jacobo, Freitas, Mitchell, Zakariassen
Nay: Tejero, Tomasso

Action: Motion carries.

D. Christopher Olsen, RPH (21-171-RPH-N)
E. Olsen's Corner Drug Store Compounding Center (21-171-PH-N)

Gil Khan appeared as counsel on behalf of the respondents.

Christopher Olsen appeared and was sworn in by President Park prior to answering questions and offering testimony.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case regarding Mr. Olsen failing to maintain accurate and complete records for controlled substance inventories for Olsen's Corner Drug Store Compounding Center.

Mr. Kandt wanted to clarify that the Notice of Intended Action and Accusation should list pharmacy license no. PH01913 not PH03816. Pharmacy License No. PH01913 had the change of ownership approved 4/15/21, and Pharmacy License No. PH03186 ceased all operations.

Mr. Kandt presented a Stipulation and Order for the Board's consideration with a change to the pharmacy license number – PH01913.

The penalties for Christopher Olsen Certificate of Registration No. 11156 are the following: 1) the revocation is stayed and placed on probation for a period of five years; 2) Respondent Olsen may not work as a managing pharmacist for any pharmacy licensed by the Board or hold an ownership interest in any pharmacy licensed by the Board; 2) pay a fine of $5,000 3) pay attorney's fees and costs of $500 to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating this matter. Upon successful completion of probation, Respondent's Certificate of Registration No. 11156 will be fully restored.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the proposed Stipulation and Order for Christopher Olsen and Olsen's Corner Drug Store Compounding Center with the corrected pharmacy license no. PH01913.

Second: Rolf Zakariassen

Action: Passed unanimously.

F. Morton Hyson, MD (22-146-CS-S)

No representative was present on behalf of Morton Hyson.

Peter Keegan prosecuted the case regarding Dr. Hyson's license being suspended by the Nevada State Board of Medical Examiners (NSBME) for violations of NRS Chapter 630.

Mr. Keegan presented a Stipulation and Order for the Board's consideration with updates to page 2, paragraph 7 with it to reflect item "C" since "B" is listed twice.

The penalties for Respondent Hyson's Certificate of Registration No. CS05851 are the following: 1) suspension of his controlled substance registration until Dr. Hyson demonstrates reinstatement of his Nevada Medical License No. 6020; 2) pay attorney's fees and costs of $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Mr. Keegan clarified that Dr. Hyson no longer qualifies to hold a controlled substance license since his medical license was suspended.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve Stipulation and Order for Dr. Morton Hyson with changes presented by Mr. Keegan.

Second: Jade Jacobo

Action: Passed unanimously.

G. Wesley Robertson, MD (21-063-CS-S)

This matter was continued to a future Board Meeting.

H. Richard Washinsky, MD - Second Order to Show Cause (22-094-CS-S)

No representative was present on behalf of Richard Washinsky.

Brett Kandt prosecuted the case regarding Dr. Washinsky's Second Order to Show Cause where he prescribed controlled substances on a suspended registration in violation of the previous Orders.

Mr. Kandt presented a Stipulation and Order for the Board's consideration.

The penalties for Respondent Washinsky's Certificate of Registration No. CS06491 are the following: 1) revocation of his controlled substance registration; 2) respondent may not possess, administer, prescribe or dispense a controlled substance until he has petitioned the Board for reinstatement; 3) respondent may not petition for reinstatement of his certificate of registration for a period of five years from the effective date of this Order; 4) In the event, the respondent applies for reinstatement of his certificate of registration, or applies for any other certificate, license or permit with the Board, he shall appear before the Board.

Mr. Kandt commented that previous counsel entered a withdrawal of representation, and he was working with Dr. Washinsky directly on this matter who accepts the terms.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve Stipulation and Order for the Second Order to Show Cause for Dr. Richard Washinsky.

Second: Jade Jacobo

Action: Passed unanimously.

I. Stephen Dubin, MD (20-020-S)

Crane Pomerantz appeared as counsel on behalf of Dr. Stephen Dubin.

Stephen Dubin appeared and was sworn in by President Park prior to answering questions and offering testimony.

The Board heard part 1 of this case on December 1, 2021. The matter was continued to today's hearing due to scheduling conflicts. Courtney Lee prosecuted the case regarding Dr. Dubin unlawfully prescribing controlled substances while out of the country.

Ms. Lee presented a list of Stipulated Facts on page 1766 of the Board book that counsel for Dubin previously agreed.

Ms. Lee re-called Mary Allen Domondon as a witness.

Mary Allen Domondon appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee questioned Ms. Domondon.

Mr. Pomerantz cross-examined Ms. Domondon.

Ms. Lee re-crossed Ms. Domondon.

Ms. Lee called Stephen Dubin as a witness.

Ms. Lee questioned Dr. Dubin.

Ms. Lee requested public records of Dr. Dubin's previous suspension/revocation of his medical license be entered into the record as Exhibit 11.

Mr. Pomerantz objected to the exhibit as it is not related to this issue.

President Park denied exhibit due to the age of the disciplinary action and would only consider actions taken within the past five years.

Mr. Pomerantz cross-examined Dr. Dubin.

Mr. Pomerantz requested Exhibits 11-15 be entered into the record.

Ms. Lee objects to Exhibit 13 being entered as lacking foundation (no assurance of authenticity and or modification) and is not the best evidence (the medical records themselves are the best evidence).

President Park entered Exhibits 11-15 into the record.

Mr. Pomerantz questioned Dr. Dubin on Exhibits 11-15.

Ms. Lee re-crossed Dr. Dubin.

Ms. Lee provided a closing statement regarding Dr. Dubin, as the only medical director, should have properly supervised or been aware of his staff's actions. Also, Dr. Dubin did not establish a bona fide therapeutic relationship with some of his patients or follow the laws for emergency CII prescriptions.

Mr. Pomerantz provided a closing statement regarding Dr. Dubin was not aware that the prescriptions were being filled and believes there is a lack of evidence to charge him.

Board discussion ensued.

Peter Keegan read the Causes of Action into the record.

Ms. Lee requested the Board to find the Findings of Fact consistent with paragraphs 2-3, 5-13, and the entirety of the Stipulated Facts.

Board Action:

Motion: Jade Jacobo moved to make Findings of Fact consistent with paragraphs 2-3, 5-13 of the Notice of Intended Action and Accusation and the entirety of the Stipulated Facts.

Second: President Park

Board discussion ensued.

Aye: Park, Jacobo, Freitas, Tomasso, Mitchell, Zakariassen
Nay: Tejero

Action: Motion Carries.

Board Action:

Motion: Jade Jacobo moved to find that the Board has jurisdiction over this matter consistent with paragraph 1.

Second: Wayne Mitchell

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to find Dr. Dubin not guilty of the First Cause of Action.

Second: Gener Tejero

Gener Tejero withdraws his second motion.

Second: Richard Tomasso

Board discussion ensued.

Aye: Tomasso, Jacobo
Nay: Park, Freitas, Mitchell, Tejero, Zakariassen

Action: Motion fails.

Board Action:

Motion: Jade Jacobo moved to find Dr. Dubin not guilty of the Second Cause of Action.

Second: Gener Tejero

Board discussion ensued.

Aye: Park, Jacobo, Freitas, Tomasso, Tejero
Nay: Mitchell, Zakariassen

Action: Motion carries.

Board Action:

Motion: Jade Jacobo moved to find Dr. Dubin guilty of the Third Cause of Action.

Second: Wayne Mitchell

Board discussion ensued.

Aye: Park, Jacobo, Freitas, Tejero, Mitchell, Zakariassen
Nay: Tomasso

Action: Motion carries.

Board Action:

Motion: Jade Jacobo moved to find Dr. Dubin guilty of the Fourth Cause of Action.

Second: President Park

Board discussion ensued.

Aye: Park, Jacobo, Freitas, Mitchell, Zakariassen
Nay: Tomasso, Tejero

Action: Motion carries.

Board Action:

Motion: President Park moved to find Dr. Dubin guilty of the First Cause of Action.

Second: Gener Tejero

Board discussion ensued.

Aye: Park, Freitas, Tejero, Mitchell, Zakariassen
Nay: Tomasso, Jacobo

Action: Motion carries.

Ms. Lee requested the Board to enter the attorney's fees and cost as Exhibit 15.

President Park entered into the record as Exhibit 15.

Board Action:

Motion: President Park moved to award the attorney's fees and costs of $3,834.50 on the basis that they were reasonable, necessary, and actually incurred.

Second: Jade Jacobo

Action: Passed unanimously.

Ms. Lee proposed the following penalties for Dr. Dubin's Certificate of Registration No. CS19164: 1) suspension is stayed immediately and Dr. Dubin be placed on probation for two years from the date of the Order; 2) pay a fine of $5,000 within 30 days; 3) pay the attorney's fees and costs of $3,834.50 on the basis that they were reasonable, necessary and actually incurred; 4) complete four additional continuing education (CE) courses relating to proper prescribing of controlled substances.

Dave Wuest, Executive Secretary of the Nevada Board of Pharmacy, recommended that Dr. Dubin meet with the Darla Zarley and Joe Dodge who can train him over the PMP and how to properly prescribe.

Mr. Pomerantz requested the Board consider a fine of $1,000 rather than $5,000.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to make the following penalties for Dr. Dubin's Certificate of Registration No. CS19164: 1) placed on probation for two years; 2) one hour of training with Darla Zarley on the PMP and one hour of training with Joe Dodge on proper prescribing of controlled substances; 3) additional four hours of CE's on proper controlled substance prescribing; 4) pay a fine of $5,000 with a payment plan agreed upon by Board staff; 5) pay the attorney's fees and costs of $3,834.50 on the basis that they were reasonable, necessary and actually incurred with a payment plan agreed upon by Board staff, effective immediately.

Second: Rolf Zakariassen

Aye: Park, Jacobo, Freitas, Mitchell, Zakariassen
Nay: Tejero, Tomasso

Action: Motion carries.

J. Abdel Khalek, MD (19-003-CS-A-S)
K. Robert Chancellor, MD (19-003-CS-B-S)
L. Lindsay Hoffman, PA-C (19-003-CS-C-S)

These matters were continued to a future Board meeting.

6. Appeal hearing pursuant to NRS 639.2895(2) -Appearance:(**FOR POSSIBLE ACTION**)

Vinay Baraia, MD (19-003-S)

This matter was continued to a future Board meeting.

Public Comment September 8, 2022, 5:00 PM

There was no public comment.

President Park recessed the meeting for the night and reconvened the meeting the next morning.

Board Members Present:

Helen Park	Jade Jacobo	Krystal Freitas	Gener Tejero
Wayne Mitchell	Rolf Zakariassen	Richard Tomasso	

Board Staff Present:

Dave Wuest	Yenh Long	Shirley Hunting	Kristopher Mangosing
Brett Kandt	Peter Keegan	Darlene Nases	Courtney Lee
Joe Dodge	Leo Basch	Luis Curras	Ken Scheuber
Homa Woodrum			

President Park read the mission statement of the Nevada State Board of Pharmacy to reiterate the Board's duty to carry out and enforce the provisions of Nevada Law to protect the health, safety, and welfare of the public.

Dave Wuest stated that this Board Meeting is being held over Zoom and is in compliance with the Governor's directive and Open Meeting Laws for Nevada.

Call to Order and Roll Call – Establishment of Quorum

President Park performed the roll call. All Board members were present, and a quorum was established.

Public Comment September 7, 2022, 9:00 AM

Ken Kunke from the Nevada Society of Health Systems Pharmacist and the Nevada Pharmacy Alliance invites the public to attend their annual meeting on September 24 at Renown Health in Reno, Nevada from 8am-3pm. For more information, please visit the Nevada Pharmacy Alliance Website under "News & Events".

◈ PUBLIC HEARING ◈

Thursday September 8, 2022 – 9:00 am

22. Notice of Proposed Regulation Public Hearing Pursuant to NRS 233B.061(2)

(FOR POSSIBLE ACTION):

A. **Amendment to Nevada Administrative Code (NAC) 639.** The proposed amendments relate to licensing and regulation of Medical Products Wholesalers as Wholesalers in order to conform the requirements of existing law. (LCB File No. R085-22)

Peter Keegan provided background on public hearing item and proposed language changes.

President Park opened the floor to public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt the proposed Amendment to NAC 639 (LCB File No. R085-22) with conforming amendments.

Second: Wayne Mitchell

Action: Passed unanimously.

B. **Amendment to Nevada Administrative Code (NAC) 453**. The proposed amendments relate to controlled substances, provide for the registration of a law enforcement officer engaged in training a canine in drug detection, and add methoxetamine to the controlled substances listed in Schedule I. (LCB File No. R050-22)

Dave Wuest provided background on public hearing item and proposed language changes.

President Park opened the floor to public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt Amendment to NAC 453 (LCB File No. R050-22).

Second: Krystal Freitas

Action: Passed unanimously.

C. **Amendment of Nevada Administrative Code (NAC) 453.540: Schedule IV**. The proposed amendment to NAC 453.540 will add daridorexant to the list of controlled substances listed in Schedule IV. (LCB File No. R170-22)

Yenh Long, Deputy Secretary of the Nevada Board of Pharmacy, provided background on public hearing item and proposed language changes.

President Park opened the floor to public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt Amendment to NAC 453.540 (LCB File No. R170-22).

Second: Rolf Zakariassen

Action: Passed unanimously.

◈ REGULAR AGENDA ◈

19. Discussion and Possible Action on Adoption of Emergency Regulation pursuant to NRS 233B.0613 to amend NAC 639.250 relating to the number of pharmaceutical technicians and pharmaceutical technicians in training that a pharmacist may supervise at one time. **(FOR POSSIBLE ACTION)**

Lorri Walmsley, Walgreen's Director of Pharmacy Affairs, requested the Nevada Board of Pharmacy to consider an emergency regulation relating to the number of pharmaceutical technicians and pharmaceutical technicians in training that a pharmacist can supervise at one time.

Dave Wuest provided background on emergency regulation request to the Board.

Ms. Walmsley is in support of this emergency regulation request as it will help pharmacist with their workload and alleviate some stress for staff.

Mr. Wuest commented that several letters of support of this emergency regulation request were received and available for the public to review.

President Park opened the floor to public comment.

Liz McMenamin from the Retail Association of Nevada expressed support of this emergency regulation request. She commented that patient demand is greater due to COVID, and she would like this regulation to become permanent.

Holly Privo, Health Supervisor of Walgreens for Las Vegas, expressed support of this emergency regulation request. She commented that pharmaceutical technicians doing certain tasks allows the pharmacist to work on other things, and she received a lot of feedback from pharmacist when the emergency regulation expired.

Reyshelle Tucker, Pharmacist from Walgreens, expressed support of this emergency regulation request. She commented that it allows pharmaceutical technicians to take on certain tasks so that pharmacist can focus on other things.

Melissa Shake, Pharmacist from Walgreens, expressed support of this emergency regulation request. She commented that the limited capacity is hindering care for the public and supervising pharmaceutical technicians and pharmaceutical technicians in training ratios is an extra stressor to her duties.

Board discussion ensued.

Catherine Leiana Oswald, Pharmacist, encouraged Board consider the public safety if this emergency regulation is passed rather than the ease of work.

Jennifer Lindgren, Pharmacist, supported President Park and Ms. Oswald's testimony and is not in favor of the emergency regulation request.

Kelsey Maxim, Pharmacist from Community Health Alliance, is not in support of the emergency regulation request.

Lauren Paul from CVS Health commented that the increased ratio did not increase errors during the pandemic. Therefore, she is in support of the emergency regulation request and commented that the waiver to increase ratio during pandemic.

Achille Tiam, Pharmacist, expressed support of the emergency regulation request. He commented that this will allow him to focus on more clinical tasks for his patients.

Jennifer Wheeler, Chief Medical Officer from Community Health Alliance and represents ASHP Community Retail Pharmacy Committee, commented that she is not in favor of the emergency regulation request and stated in her experience with pharmacies that they need more pharmacist not pharmaceutical technicians.

Mary Grear, Pharmacist, is not in favor of the emergency regulation request. Pharmacies should hire more pharmacist and not pharmaceutical technicians.

Board discussion ensued.

Board Action:

Motion: President Park moved to deny adoption of Emergency Regulation pursuant to NRS 233B.0613 to amend NAC 639.250 relating to the number of pharmaceutical technicians and pharmaceutical technicians in training that a pharmacist may supervise at one time as there is no emergency.

Second: Gener Tejero

Aye: Park, Freitas, Mitchell, Tejero, Tomasso, Zakariassen
Nay: Jacobo

Action: Motion carries.

Dave Wuest commented that he will agendize a discussion regarding pharmaceutical technician ratio on a future meeting.

5. Disciplinary hearings pursuant to NRS 639.247. (**FOR POSSIBLE ACTION**)

Q. David Edwards, MD (22-133-CS-N)

David Edwards appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan prosecuted the case regarding Dr. Edwards prescribing controlled substances with an expired controlled substance registration.

Mr. Keegan proposed a Stipulation and Order for the Board's consideration.

The penalties for Respondent Edwards Certificate of Registration No. CS01332 are the following: 1) pay a fine of $5,000; 2) pay attorney's fees and costs of $500 to partially reimburse the Board for recoverable attorney's fees and costs in investigating and prosecuting this matter.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Stipulation and Order for Dr. David Edwards.

Second: Rolf Zakariassen

Action: Passed unanimously.

14. Applications for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

A. David Edwards

Dr. David Edwards would like to withdraw his controlled substance application.

Dave Wuest explained that Dr. Edwards will not be able to hold a DEA if he does not have a controlled substance registration.

Dr. Edwards rescinded his withdrawal of his controlled substance application.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve controlled substance registration for Dr. David Edwards.

Second: Wayne Mitchell

Action: Passed unanimously.

5. Disciplinary hearings pursuant to NRS 639.247. (**FOR POSSIBLE ACTION**)

R. Graham Simpson, MD (22-199-CS-S)

Graham Simpson appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan prosecuted the case regarding Dr. Simpson prescribing controlled substances with an expired controlled substance registration.

Mr. Keegan presented a proposed Stipulation and Order for the Board's consideration.

The penalties for Respondent Simpson's Certificate of Registration No. CS01982 are the following: 1) pay a fine of $10,000; 2) pay attorney's fees and costs of $750 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Dr. Simpson provided testimony on the events that occurred with this issue and has concerns with the question on the controlled substance application stating, "Have you been the subject of a board citation or an administrative action whether completed or pending in any state?". He requests clarification on what Board that they are referring to.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Stipulation and Order for Dr. Graham Simpson.

Second: Wayne Mitchell

Action: Passed unanimously.

14. Applications for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

B. Graham Simpson

Board Action:

Motion: Jade Jacobo moved to approve controlled substance registration for Dr. Graham Simpson.

Second: Wayne Mitchell

Board discussion ensued.

Action: Passed unanimously.

5. Disciplinary hearings pursuant to NRS 639.247. (**FOR POSSIBLE ACTION**)

M. Sherman Washington, MD (21-104-CS-N)
P. Sherman Washington, MD (19-243-CS-S)

Michael Mee appeared as counsel on behalf of Dr. Sherman Washington.

Dr. Sherman Washington was not present for the hearing.

Brett Kandt made an opening statement on the charges that Dr. Washington unlawfully prescribed controlled substances, was disciplined by the Nevada State Board of Medical Examiners for violations related to drugs and failed to disclose discipline by other jurisdictions on his pending controlled substance applications and his 2020 renewal application for Controlled Substance Registration No. CS24310.

Mr. Kandt presented a proposed stipulation and order for the Board's consideration.

Sherman Washington, Certificate of Registration No. CS24310, stipulates to the following penalties: 1) revocation of registration; 2) respondent may not petition for reinstatement for 2 years; 3) fine of $5,000; 4) $600 attorney's fees and costs for case 19-243-CS-S; and 5) $4,000 attorney's fees and costs for case 21-104-CS-N.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order as presented by Mr. Kandt.

Second: Wayne Mitchell

Action: Passed unanimously.

14. Applications for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

E. Sherman Washington - Iuventus Medical Center – Las Vegas, NV
F. Sherman Washington - Iuventus Medical Center – Las Vegas, NV

Dr. Sherman Washington has withdrawn both controlled substance applications.

17. Applications for Intern Pharmacist Registration– Appearance. (**FOR POSSIBLE ACTION)**

Tyler Hill

Lyn Beggs appeared as counsel on behalf of Tyler Hill.

Tyler Hill appeared and was sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest provided background on appearance.

President Park disclosed that she knows Tyler Hill due to her previous employment with Roseman University but stated that she could participate in this matter fairly and without bias.

Ms. Beggs provided background on discipline charges against Mr. Hill.

President Park requested assurances from Mr. Hill that his discipline history will not be an issue with his future practice.

Mr. Hill answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve Intern Pharmacist Registration for Tyler Hill pending favorable evaluation.

Second: Jade Jacobo

Action: Passed unanimously.

12. Applications for Pharmaceutical Technician in Training Registration (NAC 639.242) – Appearance. (**FOR POSSIBLE ACTION)**

James Taylor

James Taylor appeared and was sworn in by President Park prior to answering questions and offering testimony.

Yenh Long provided background on application and disclosures.

Richard Tomasso was excused from the meeting at 11:53 AM and returned at 11:54 AM.

Mr. Taylor explained the events that occurred with his disclosures regarding stolen property and theft.

The Board questioned Mr. Taylor on why he wants to be pharmacy technician, the discipline charges against him, and what he has been doing since his disclosures.

Mr. Taylor answered the Board's questions.

Board discussion ensued as they have concerns with approving his application.

President Park offered Mr. Taylor an opportunity to withdraw his application.

Mr. Taylor withdrew his application.

5. Disciplinary hearings pursuant to NRS 639.247. (**FOR POSSIBLE ACTION**)

N. Las Vegas Scripts Rx (19-243-PH-S)
O. Nathan Edouard, RPH (19-243-RPH-S)

Chandon Alexander appeared as counsel on behalf of Respondents Las Vegas Scripts Rx and Nathan Edouard, RPH.

Nathan Edouard appeared and was sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee prosecuted the case and read into the record the Stipulated Facts with the following amendments: deletion of paragraphs 6A, 6C, and 6E and modification of language to paragraph 6B as presented.

Mr. Alexander provided background on the allegations and requested the Board to enter Exhibit 9 which are CE's and Exhibit 10 which are letters of recommendation into the record.

President Park admitted Exhibit 9-10 into the record.

Mr. Alexander started providing testimony on the issue.

Ms. Lee objects to counsel's statements to the extent that counsel is testifying on facts and exhibits that were already stipulated. Counsel has agreed that the facts and exhibits support certain violations, and that the only consideration for the Board is the conditions/penalties or discipline.

President Park sustained objection.

Ms. Lee requested the Board to make Conclusions of Law consistent with paragraphs 7-21 and to dismiss Count Three (paragraph 18) and Count Five (paragraph 20) of the Notice of Intended Action and Accusation.

Yenh Long has concerns based on testimony provided by Mr. Alexander if Count Three (paragraph 18) should be dismissed and the process if it was stipulated.

Homa Woodrum, Senior Deputy Attorney General for the Attorney General's Office (AGO), provided counsel to Board staff.

Board discussion ensued.

Ms. Lee requested revision to Count Three to reference law NAC 639.712 instead of NAC 639.707.

Ms. Long read NAC 639.712 into the record.

Mr. Alexander agreed to not dismiss Count Three in the Notice of Intended Action and Accusation and accepted Board staff to revise the violation of law from NAC 639.707 to NAC 639.712.

Ms. Lee requested the Board to make Conclusions of Law consistent with paragraphs 7-21 and to dismiss Count Five (paragraph 20) and the revision of Count Three in the Notice of Intended Action and Accusation.

<u>Board Action:</u>

Motion: Jade Jacobo moved to make Conclusions of Law consistent with paragraphs 7-21 and to dismiss Count Five (paragraph 20) and the revision of Count Three as proposed by Ms. Lee in the Notice of Intended Action and Accusation.

Second: Krystal Freitas

Action: Passed unanimously.

Ms. Lee requested the Board to enter the attorney's fees and cost as Exhibit 11.

President Park admitted Exhibit 11 into the record.

Board Action:

Motion: Jade Jacobo moved to award the attorney's fees and costs of $940.50 on the basis that they were reasonable, necessary, and actually incurred.

Second: Krystal Freitas

Action: Passed unanimously.

Ms. Lee proposed the following penalties for Las Vegas Scripts Rx Pharmacy License No. PH03930: 1) revocation (effective immediately) and is unable to petition for re-instatement for two years; 2) pay a fine of $10,000; 3) pay attorney's fees and costs of $940.50 for investigating and prosecuting this matter; and 4) discipline is reportable to the National Practitioner Data Bank.

Mr. Alexander thinks that revocation of the license is severe and recommends only a fine or additional CE's.

Board discussion ensued.

Ms. Woodrum advised that there was no motion to enter the Stipulated Facts into the record.

Board Action:

Motion: Jade Jacobo moved to find that the Board has jurisdiction consistent with paragraph 1 of the Notice of Intended Action and Accusation.

Second: President Park

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to adopt the Stipulated Facts and the Facts consistent with paragraphs 2-5, 6B, and 6D of the Accusation.

Second: Gener Tejero

Action: Passed unanimously.

Board discussion ensued on potential penalties for respondents.

Joe Dodge, Investigator for the Nevada Board of Pharmacy, provided testimony that Board has inspected pharmacy and if any issues were found that they would have been brought to Board's attention.

Ms. Lee proposed the following penalties for Nathan Edouard Certificate of Registration No. 19462: 1) revocation effective immediately and placed on probation for two years, 2) pay a fine of $5,000; 3) pay attorney's fees and costs of $900 investigating and prosecuting this matter; and 5) discipline is reportable to the National Practitioner Data Bank.

Mr. Edouard provided testimony to the Board and apologized for his errors.

Mr. Alexander commented that the revocation is too severe and suggested that the revocation be stayed for Mr. Edouard.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the following penalties for Nathan Edouard Certificate of Registration No. 19462: 1) revocation which is immediately stayed and placed on probation for five years; 2) may not be a managing pharmacist for two years; 3) pay a fine of $5,000; 4) pay $900 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; 5) attend two discipline days for Board Meetings within one year.

Second: Jade Jacobo

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to approve the following penalties for Las Vegas Scripts Rx Pharmacy License No. PH03930: 1) quarterly inspections at the owner's expense for two years; 2) revocation (which is immediately stayed) and on probation for two years; 3) compounding training for all registered pharmacist(s) who compound within six months (Board staff to approve); 4) pay a fine of

$10,000; 5) pay $940.50 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Second: Rolf Zakariassen

Action: Passed unanimously.

8. Applications for Nevada Pharmacy License (NRS 639.2328) – Appearance (**FOR POSSIBLE ACTION**)

CrowdRx – Black Rock City, NV

Juliana Zschoche, Registered Pharmacist, and Connor Fitzpatrick, Executive Director, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest provided background on application.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Nevada Pharmacy License for CrowdRx.

Second: Krystal Freitas

Action: Passed unanimously.

11. Application for Ambulatory Surgery Center License (NAC 639.4992) - Appearance **(FOR POSSIBLE ACTION)**

A. Elko Community Health Center, LLC – Elko, NV

Kevin Brown (Administrator), David Lutz (Managing Director), Andrea Haslehurst (Operating Room Officer), Mary Grear (Contracted Pharmacist), and Jarrett Portz (Managing Partner) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest commented that a temporary license was provided, but they are not operating.

Yenh Long provided background on application and disclosures for Mr. Portz regarding pending lawsuits for an architecture firm seeking recovery fees for an abandonment of a job and fraudulent statements for a company that he invested in.

The Board questioned on the business model of the company.

Mr. Lutz answered to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Ambulatory Surgery Center License for Elko Community Health Center.

Second: President Park

Action: Passed unanimously.

B. Silver State Surgery Center West LLC – Las Vegas, NV

President Park commented that Mary Grear (Contracted Pharmacist) is still sworn in from a previous matter.

Selaiman Noori (Co-Owner), Rolonda Johnson (Coordinator), and Mallory Martin (Director of Nursing) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Yenh Long provided background on the application and a disclosure regarding a DUI for Mr. Noori.

Mr. Noori provided background on the events that occurred with his disclosure.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve the change of ownership for Silver State Surgery Center West LLC.

Second: Jade Jacobo

Action: Passed unanimously.

7. Application for Nevada Compounding Pharmacy License (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**

A. American Wellness Pharmacy – Las Vegas, NV

George Maiorano, Co-Owner, and Eytan Klepach, Co-Owner, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge provided background on change of ownership application.

Mr. Dodge wanted clarification from Mr. Maiorano on if they intend to do sterile compounding or if they would like the affidavit removed.

Mr. Maiorano requested that the affidavit be removed from the application.

Mr. Dodge questioned on the change of ownership, any changes in processes, location of the pharmacy, and Mr. Klepach's work history.

Mr. Maiorano and Mr. Klepach answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve the change of ownership and name change for American Wellness Pharmacy.

Second: Jade Jacobo

Action: Passed unanimously.

B. Capsules Rx LLC – Las Vegas, NV

President Park disclosed that she knows Mouna Mazloumi and Ani Avetyan due to her previous employment with Roseman University but stated that she could participate in this matter fairly and without bias.

Krystal Freitas disclosed that she worked with Mouna Mazloumi at her previous employment but stated that she could participate in this matter fairly and without bias.

Mouna Mazloumi and Ani Avetyan appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge provided background on application and questioned on the business model and their experience with non-sterile compounding.

Mr. Dodge has concerns that their knowledge of non-sterile compounding is still new.

Ms. Mazloumi and Ms. Avetyan request that they go forward with the application to only do retail pharmacy and will work to get approval to do non-sterile compounding later.

The Board questioned on the business model, their experience as managing pharmacist, and their past work history.

Ms. Mazloumi and Ms. Avetyan answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Nevada Pharmacy License for Capsules Rx LLC pending updated application to remove the service of non-sterile compounding, quarterly inspections at the owner's expense for one year, and a favorable inspection.

Second: Krystal Freitas

Action: Passed unanimously.

C. Indigo Pharmaceutical LLC – Las Vegas, NV

President Park disclosed that she knows Eric Sparks due to her previous employment with Roseman University but stated that she could participate in this matter fairly and without bias.

Eric Sparks, Managing Pharmacist, and Sima Koegel, Owner, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge provided background on application and wanted clarification on if they intend to do sterile compounding and if they would like the affidavit removed.

Mr. Sparks would like the affidavit removed.

Joe Dodge questioned the business model, products being shipped, and Mr. Sparks past work history with compounding.

Mr. Sparks answered questions to the Board's satisfaction.

Mr. Dodge is comfortable with Mr. Sparks experience with compounding experience.

Mr. Dodge questioned Ms. Koegel on her experience with pharmacy and what her role for the pharmacy will be.

Ms. Koegel answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Nevada Compounding Pharmacy License for Indigo Pharmaceutical LLC.

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Sparks requested the Board for a temporary license, so he can start the pharmacy.

Dave Wuest commented that he can call the Nevada Board of Pharmacy and discuss with him.

D. KabaFusion NV – Henderson, NV

Gener Tejero recused himself since he was a previous owner of KabaFusion NV.

Smita Njeru (Vice President of Regulatory and Licensing), Felicia Vargo-Johnson (Paralegal), Tina Benkendorfer (Pharmacist and Chief Operating Officer), Jennifer Lindgren (Managing Pharmacist), Tamara Boshans, Pharmacist and Regional Vice President of Operations, appeared and were sworn in by President Park prior to answering questions and offering testimony.

President Park disclosed that she knows Jennifer Lindgren due to her previous employment with Roseman University but stated that she could participate in this matter fairly and without bias.

Joe Dodge provided background on the application and wanted clarification if the Managing Pharmacist has changed.

Ms. Lindgren commented that the Managing Pharmacist has changed an updated application was sent back in June.

Mr. Dodge questioned on the business model, services that they will provide, and Ms. Lindgren's experience with compounding.

Ms. Benkendorfer and Ms. Lindgren answered questions to the Board's satisfaction.

Mr. Dodge feels comfortable with the application.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve change of ownership for KabaFusion NV.

Second: Wayne Mitchell

Action: Passed unanimously.

G. Monicos Pharmacy, LLC – Las Vegas, NV

Jade Jacobo disclosed that she is friends with Adebola Durosawo but stated that she could participate in this matter fairly and without bias.

President Park disclosed that she knows Adebola Durosawo due to her previous employment with Roseman University but stated that she could participate in this matter fairly and without bias.

Adebola Durosawo, Co-Owner and Managing Pharmacist, and Elaine Robles, Co-Owner, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge provided background on application.

Mr. Dodge questioned on the change of ownership, any staffing changes, and products that they plan to compound.

Ms. Durosawo and Ms. Robles answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve change of ownership for Monicos Pharmacy.

Second: Krystal Freitas

Action: Passed unanimously.

18. Discussion and possible action to request an Attorney General opinion pursuant to NRS 228.150 on the authority of homeopathic physicians to possess, administer, prescribe, and dispense controlled substances and dangerous drugs (**FOR POSSIBLE ACTION)**

Dave Wuest and Brett Kandt provided background on item.

Board discussion ensued.

Board Action:

Motion: President Park moved to request Attorney General Opinion pursuant to NRS 228.150 on the authority of homeopathic physicians to possess, administer, prescribe, and dispense controlled substances and dangerous drugs.

Second: Jade Jacobo

Action: Passed unanimously.

14. Applications for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

C. Kent Swaine

Kent Swaine, Mark Chase (Owner of PRN Program), and Praveen Saran (Dr. Swaine's preceptor) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Brett Kandt provided background on disclosures regarding domestic violence, a conviction for obtaining controlled substances by deception, a probation violation, a DUI, and his history of his registration to practice medicine.

The Board questioned on the events that occurred with Dr. Swaine's disclosures, any triggers that could cause him to relapse, what medications would his practice usually prescribe, and the PRN program that Dr. Swaine is admitted in.

Dr. Swaine, Dr. Saran, and Mr. Chase answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve controlled substance registration with conditions that Dr. Swaine can only prescribe Schedule IV's and V's and buprenorphine only.

Second: Gener Tejero

Action: Passed unanimously.

15. Request to Engage in the Practice of Pharmacy at a Site Other than a Licensed Pharmacy – Appearance **(FOR POSSIBLE ACTION)**

Stephen McMillan

Krystal Freitas recused herself due to Stephen McMillan being a co-worker that she worked with closely.

Annette Logan Parker, Founder and CEO for Cure 4 the Kids Foundation, and Stephen McMillan appeared and were sworn in by President Park prior to answering questions and offering testimony.

Yenh Long provided background on the appearance regarding Mr. McMillan's request to engage in the practice of pharmacy at a site other than a licensed pharmacy for Cure 4 the Kids Foundation.

The Board questioned Mr. McMillan on the services that he plans to provide.

Mr. McMillan answered questions to the Board's satisfaction.

Board discussion ensued.
Board Action:

Motion: Jade Jacobo moved to approve Stephen McMillan's request to engage in the practice of pharmacy at a site other than a licensed pharmacy.

Second: Rolf Zakariassen

Action: Passed unanimously.

7. Application for Nevada Compounding Pharmacy License (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**

E. Kindred Hospital Las Vegas (E. Flamingo) – Las Vegas, NV
F. Kindred Hospital Las Vegas (Sahara) – Las Vegas, NV

Gabe Scott appeared as counsel on behalf of Kindred Hospital.

Josh Dalton, Director of Pharmacy, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge provided background on application.

Mr. Dodge questioned about the ownership change and if there is any staffing or operation changes.

Mr. Scott answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve change of ownership for Kindred Hospital Las Vegas at E. Flamingo and Sahara locations.

Second: Krystal Freitas

Action: Passed unanimously.

13. Application for Pharmacist Registration by Reciprocation NRS 639.134) – Appearance (**FOR POSSIBLE ACTION**)

Michael Schember

Michael Schember appeared and was sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee provided background on application and questioned on if he has been disciplined in Arizona.

Mr. Schember confirmed that he was disciplined in Arizona and would like to update his application to reflect “yes” for the question “Been the subject of a board citation or administrative action or board citation whether completed or pending in any state?”.

Ms. Lee requested more information regarding his disclosure since Mr. Schember did not provide supporting documentation.

Mr Schember explained that the discipline was regarding a miscalculated a prescription and the discipline taken against him.

Ms. Lee wanted confirmation if he is subject of a court order for the support of a child.

Mr. Schember confirmed that he has not children, so the answer is “no”.

The Board requested Mr. Schember to provide an updated application to reflect updated answers.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve application for pharmacist registration by reciprocation for Michael Schember pending updated application.

Second: President Park

Action: Passed unanimously.

16. Request for Pharmacist Applicant to Retake the NAPLEX Exam (NRS 639.120(1)) – Appearance: **(FOR POSSIBLE ACTION)**

Ameer Alhaj

Ameer Alhaj appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Alhaj requested another chance to take the NAPLEX as the state of Michigan will not allow him to.

The Board questioned on what occurred with his five NAPLEX attempts and where he intends to practice.

Mr. Alhaj answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to approve Ameer Alhaj one more attempt at the NAPLEX exam.

Second: Jade Jacobo

Action: Passed unanimously.

10. Applications for Out-of-State Wholesaler License (NRS 639.233) – Appearance (**FOR POSSIBLE ACTION**)

    A. Maquet Cardiovascular, LLC – Wayne, NJ - Background Check Not Required – Manufacturer (NAC 639.593 (7)(d)) – Disclosure

Pierre Kernizan, Designated Representative, appeared and was sworn in by President Park prior to answering questions and offering testimony.

President Park requested a Letter of Authorization from Mr. Kernizan so that he can speak on behalf of the company.

Dave Wuest provided background on application and questioned on the details of their disclosure regarding an FDA administrative fine.

Mr. Kernizan is not familiar with the disclosure.

President Park gave Mr. Kernizan an opportunity to table the application so that he can get a representative who is familiar with the disclosure.

Mr. Kernizan would like to table application.

President Park tabled application at Mr. Kernizan's request.

14. Applications for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

D. Tri Truong

There was no representative present on behalf of Tri Truong.

21. Executive Secretary Report:

A. Financial Report
B. Issuance of Temporary Licenses and Registrations
C. Change of Address Business List
D. Meetings with Other Health Care Regulatory Boards
E. COVID-19 Response
F. Licensing Software Update
G. Licensing Activities Report
H. PMP Integration
I. Citations & Fines issued pursuant to NRS 632.2895

Dave Wuest provided the Financial Report to the Board's satisfaction.

Board discussion ensued.

20. General Counsel Report. Note: The Board may exclude the public for a report on potential or existing litigation pursuant to NRS 241.015(3)(b)(2).

There was no General Counsel Report.

23. Date and Location of Next Scheduled Board Meeting:

October 12-13, 2022 – Las Vegas, NV

24. Public Comment September 8, 2022, 5:00 PM

There was no public comment.

25. Adjournment

FILED
JUN 01 2026
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KENT HOLTORF,** **Respondent.**	**Case No. 25-289-C-O** **MOTION TO STRIKE/OPPOSITION TO RESPONDENT'S MOTION TO DISMISS**

The Nevada State Board of Pharmacy (Board), by and through counsel prosecuting this matter, Laura Tucker, General Counsel, files this motion to strike/opposition to Respondent Kent Holtorf's (Respondent) Motion to Dismiss filed May 29, 2026. This motion/opposition is based upon the following points and authorities and the pleadings on file herein.

MEMORANDUM OF POINTS AND AUTHORITIES

I. FACTUAL AND PROCEDURAL BACKGROUND

On or about February 20, 2026, the Board issued a Citation and Fine Order on Respondent alleging violation of Nevada law for unlicensed practice and aiding and abetting unlicensed practice in Nevada. On or about March 19, 2026, Respondent appealed the Citation and Fine Order and requested a hearing before the Board. On or about April 6, 2026, the Board served Respondent with a Statement to the Respondent and Notice of Hearing pursuant to Nevada Revised Statute (NRS) 233B.121 for Respondent's appeal (hereinafter "233B Statement").

II. LEGAL STANDARD

Respondent's appeal is authorized by NRS 639.2895(2) and governed by the statutes for the adjudication of contested cases set forth in NRS 233B.121-126, inclusive. The Board's authority is limited to either upholding or dismissing the citation. See *Andrews v. Nevada State Board of Cosmetology*, 86 Nev. 207,208,467 P.2d 96, 96-96 (1970).

Dismissal for failure to state a claim prior to a hearing should only result if the prosecution can prove no set of facts that support the charges. See *Simpson v. Mars Inc.*, 113 Nev. 188, 190, 929 P.2d

966, 967 (1997). The Board may strike "any insufficient defense or any redundant, immaterial, impertinent, or scandalous matter" filed in this matter. See NRCP 12(f); see also *Jordan v. State*, 121 Nev. 44, 61 n.32, 110 P.3d 30, 43, n.32 (2005), *abrogated on other grounds*.

III. ARGUMENT

Respondent's Motion to Dismiss should must be stricken or denied because it is procedurally improper and without merit.

A. Respondent's Motion to Dismiss is Procedurally Improper pursuant to NRS 639.2895(2) and Nevada law.

Respondent's motion to dismiss is procedurally improper because it asks the Board to dismiss an appeal that Respondent itself requested. Pursuant to NRS 639.2895(2), the Board may issue a citation on entities or individuals who engage in unlicensed activity in Nevada. The statute provides for an appeal in the form of a hearing, not based on motion practice. *See* NRS 639.2895(2). Opportunity must be afforded to all parties to respond and present evidence on argument on all issues involved. NRS 233B.121(4).

Here, Respondent first requested a hearing of the evidence to support the Board's citation, but now seeks dismissal of the citation altogether. The Board's citation authority allows for the Board to issue a citation, and the Respondent may request a hearing in front of the Board to appeal the decision. The statutory framework does not consider motion practice within its citation appeal authority, nor does it logically follow that the Respondent can request a hearing and then ask to dismiss a hearing he requested.

B. The Board Has Subject-Matter Jurisdiction and Administrative-Penalty Authority Over Respondent because Respondent Engaged in Unlicensed Practice of Pharmacy.

Respondent incorrectly asserts that the Board lacks subject matter jurisdiction or administrative-penalty authority over him. The Board has express statutory authority to enforce the provisions of Chapters 453, 454, and 639 of the Nevada Revised Statutes for the protection of the public. NRS 639.070(1)(l); *see also* NRS 454.366. This includes the express authority to issue a citation

and assess an administrative fine for any unlicensed activity falling within the Board's jurisdiction. NRS 639.2895. Furthermore, NRS 639.100(1)(a) states that unlicensed practice includes those who do not hold the appropriate license or permit required by Chapter 639 "or chapter 453 or 454 of NRS."

In asserting this argument, Respondent actually admits to the misconduct alleged: that he "holds no Nevada license." In its 233B statement, the Board alleges that Respondent and/or his agents possessed, furnished, administered and/or dispensed drugs without a license— that is, the unlicensed practice of pharmacy. In Nevada, drugs or medicine may be possessed or furnished by practitioners (among others). NRS 454.213(1)(a). A practitioner is defined as a "physician [...] who holds a valid license to practice his or her profession in this State." NRS 639.0125; NRS 454.00958 (*emphasis added*). Additionally, a dangerous drug "means any drug, other than a controlled substance, unsafe for self-medication or unsupervised use, and includes [...] [a]ny drug which, pursuant to the Board's regulations, may be sold only by prescription because the Board has found those drugs to be dangerous to public health or safety." NRS 454.201(3).

Under Nevada law, peptides are a "drug" because they qualify as a "parenteral solution" within the meaning of NRS 639.0105 and NRS 639.007. This means that the possession, compounding and sale of peptides is restricted pursuant to NRS 639.2806 and NRS 639.2807. The peptides must only be sold by "a pharmacy licensed in this state or a practitioner" and may only be compounded by "a registered pharmacist [...] or a practitioner licensed in this state." NRS 639.2806; NRS 639.2807. Because Respondent is neither a pharmacist nor a practitioner licensed in this state, the sale and furnishing of the peptides amounts to unlicensed practice by which the Board can take action. NRS 639.2895.

IV. Conclusion

For the foregoing reasons, the prosecution respectfully requests that the Board strike or deny Respondent's Motion to Dismiss.

RESPECTFULLY SUBMITTED this 1st day of June 2026.

By: /s/Laura M. Tucker
LAURA M. TUCKER, Esq.
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of June 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Kent Holtorf
c/o Chandon Alexander, Esq.
Spartacus Law Firm
3993 Howard Hughes Pkwy, Suite 480
Las Vegas, NV 89169

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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FILED
JUN 0 3 2026
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DARLENE KUUNANIALOHA HESS. PTT, Certificate of Registration No. PT27744,** **Respondent.**	**CASE NO. 24-460-PTT-S** **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER**

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, June 3, 2026. Brett Kandt, Esq., prosecuted the case before the Board. Respondent Darlene Kuunanialoha Hess, PTT, Certificate of Registration No. PT27744, failed to appear. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

The Board finds that probative evidence exists in the record to establish each of the following facts by a preponderance of the evidence:

1. The Board has jurisdiction over this matter and this Respondent because, at the time of the events herein, Respondent Darlene Kuunanialoha Hess, PTT, held a Nevada pharmaceutical technician in training registration, Certificate of Registration No. PT27744, issued by the Board.

2. Respondent's criminal history includes the following arrests:

08/15/1998: Solicitation for Prostitution
10/03/1998: Possession of Narcotic Paraphernalia/Providing False Information to the Police
11/08/1998: Loitering for Prostitution
12/08/1998: Possession of Narcotic Paraphernalia
12/21/1998: Trespassing
01/18/1999: Obstructing a Police Officer/Possession of Narcotic Paraphernalia/Providing False Information to the Police
01/12/2002: Battery Domestic Violence

11/05/2002: Obstructing a Police Officer
01/02/2003: Possession of a Hypodermic Needle/Possession of Narcotic Paraphernalia
03/12/2003: Possession of Narcotic Paraphernalia
09/04/2003: Pedestrian on a Highway
10/16/2003: Solicitation for Prostitution
01/02/2005: Failure to Appear

3. Respondent's criminal history includes the following convictions:

10/03/1998: Possession of Narcotic Paraphernalia
12/04/1998: Solicitation for Prostitution
01/18/1999: Possession of Narcotic Paraphernalia
11/16/2001: Possession of Narcotic Paraphernalia
01/12/2002: Battery Domestic Violence
01/02/2003: Possession of Narcotic Paraphernalia
03/12/2003: Possession of Narcotic Paraphernalia
10/16/2003: Solicitation for Prostitution

4. Respondent failed to disclose her criminal history to the Board on her 2014 application for a pharmaceutical technician in training registration, and was issued Certificate of Registration No. PT27744. Respondent subsequently failed to disclose her criminal history on all subsequent biennial renewal applications through 2022.

5. On or about October 24, 2025, Board staff served of the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing on Respondent by certified mail, return receipt requested, addressed to the Respondent at her last address of record.

6. Respondent failed to file an Answer and Notice of Defense denying or admitting the allegations in the Accusation.

7. On or about May 4, 2026, Board staff served a second Notice of Hearing on Respondent by certified mail, return receipt requested, addressed to the Respondent at her last address of record.

8. Board staff incurred at least One Thousand Two Hundred Sixty-Eight Dollars and Fifty-Four Cents ($1,268.54) in attorney's fees and recoverable costs investigating and prosecuting this administrative action. The attorney's fees are reasonable based upon legal

counsel's professional qualities, the nature of this administrative enforcement action, the work performed, and the result as evidenced by this Order.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and Respondent because, at the time of the events herein, Respondent held a registration issued by the Board.

2. The applicable law in this matter is as follows:

A. It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 639. NRS 639.281(1).

B. Willfully making to the Board any false statement which is material to the administration or enforcement of Nevada law is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(9).

C. Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

D. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

3. Respondent is GUILTY on Count One of the Accusation: by failing to disclose her criminal history to the Board on her 2014 application for a pharmaceutical technician in training registration and on biennial renewal applications, Respondent violated NRS 639.281(1) and is subject to discipline pursuant to NRS 639.210(9) and/or NRS 639.210(12).

4. Respondent is GUILTY on Count Two of the Accusation: by failing to disclose her criminal history to the Board on her 2014 application for a pharmaceutical technician in

training registration and on subsequent biennial renewal applications, Respondent is subject to discipline pursuant to NRS 639.210(10).

5. Board staff satisfied the notice and service requirements of NRS 233B.127(3), NRS 241.0333, NRS 639.242 and NRS 639.245, and Respondent was given sufficient legal notice of the hearing.

ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. The certificate of registration of Darlene Kuunanialoha Hess, PTT, Certificate of Registration No. PT27744, is hereby revoked pursuant to NRS 639.255(1)(d).

2. Pursuant to NRS 622A.410(1) and 639.257(1), Respondent may not petition for reinstatement of her certificate of registration for a period of one (1) year from the effective date of this Order.

3. In the event Respondent applies for reinstatement of her certificate of registration, or applies for any other certificate, license or permit with the Board, she shall appear before the Board to answer questions and give testimony regarding her application, her compliance with this Order, and the facts and circumstances underlying this matter.

4. Pursuant to NRS 622.400, Respondent shall pay One Thousand Two Hundred Sixty-One Dollars and Eighty-Four Cents ($1,261.84) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by July 3, 2026.

5. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by

Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

6. This Order constitutes a final decision in a contested case and a public record pursuant to NRS 639.255(5), and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

7. This Order is effective immediately.

IT IS SO ORDERED.

Entered this 3rd day of June 2026.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 5th day of June 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Darlene Hess, PTT
[redacted]
North Las Vegas, NV [redacted]

Darlene Hess, PTT
c/o Walgreens Pharmacy #21159
3821 W Flamingo Rd.
Las Vegas, NV 89103

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

From: David Wuest
To: Darlene Nases
Cc: Brett Kandt
Subject: FW: Appeal
Date: Monday, June 22, 2026 3:39:41 PM

FYSA.

Dave

J. David Wuest
Executive Secretary
Nevada State Board of Pharmacy

From: Darlene Cummings <[redacted]>
Sent: Friday, June 5, 2026 11:40 AM
To: Yenh Long <ylong@pharmacy.nv.gov>
Subject: Appeal

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello Yen,
I would like to ask for an appeal for my pharmacy license. I was at the meeting on Wed. 6/3/26 at 9 am and then I freaked out because I was scared and left. I spoke to Melissa Shake and you can see me sit 2 chairs down from her and when they called the first attorney for a doctor, I started freaking out and left. I would really like the opportunity to explain that I made some mistakes, I currently work for Walgreens and need at least a tech in training license to hold my position but would like to get my Pharmacy Tech license to be promoted to store manager.
Thank you,
Darlene Hess

FILED
OCT 23 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DARLENE KUUNANIALOHA HESS, PTT, Certificate of Registration No. PT27744,** **Respondent.**	**CASE NO. 24-460-PTT-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Darlene Kuunanialoha Hess, PTT, held a Nevada pharmaceutical technician in training registration, Certificate of Registration No. PT27744, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent's criminal history includes the following arrests:

08/15/1998: Solicitation for Prostitution
10/03/1998: Possession of Narcotic Paraphernalia/Providing False Information to the Police
11/08/1998: Loitering for Prostitution
12/08/1998: Possession of Narcotic Paraphernalia
12/21/1998: Trespassing
01/18/1999: Obstructing a Police Officer/Possession of Narcotic Paraphernalia/Providing False Information to the Police
01/12/2002: Battery Domestic Violence
11/05/2002: Obstructing a Police Officer
01/02/2003: Possession of a Hypodermic Needle/Possession of Narcotic Paraphernalia
03/12/2003: Possession of Narcotic Paraphernalia

09/04/2003: Pedestrian on a Highway
10/16/2003: Solicitation for Prostitution
01/02/2005: Failure to Appear

3. Respondent's criminal history includes the following convictions:

10/03/1998: Possession of Narcotic Paraphernalia
12/04/1998: Solicitation for Prostitution
01/18/1999: Possession of Narcotic Paraphernalia
11/16/2001: Possession of Narcotic Paraphernalia
01/12/2002: Battery Domestic Violence
01/02/2003: Possession of Narcotic Paraphernalia
03/12/2003: Possession of Narcotic Paraphernalia
10/16/2003: Solicitation for Prostitution

4. Respondent failed to disclose her criminal history to the Board on her 2014 application for a pharmaceutical technician in training registration, and was issued Certificate of Registration No. PT27744. Respondent subsequently failed to disclose her criminal history on all subsequent biennial renewal applications through 2022.

APPLICABLE LAW

5. It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 639. NRS 639.281(1).

6. Willfully making to the Board any false statement which is material to the administration or enforcement of Nevada law is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(9).

7. Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

8. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

COUNT ONE
Furnishing False Material Information to Board

9. By failing to disclose her criminal history to the Board on her 2014 application for a pharmaceutical technician in training registration and on biennial renewal applications, Respondent violated NRS 639.281(1) and is subject to discipline pursuant to NRS 639.210(9) and/or NRS 639.210(12).

COUNT TWO
Obtaining Registration by False or Fraudulent Application

10. By failing to disclose her criminal history to the Board on her 2014 application for a pharmaceutical technician in training registration and on biennial renewal applications, Respondent is subject to discipline pursuant to NRS 639.210(10).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 23rd day of OCTOBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DARLENE KUUNANIALOHA HESS, PTT, Certificate of Registration No. PT27744,** **Respondent.**	**CASE NO. 24-460-PTT-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, January 14, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 13th day of OCTOBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DARLENE KUUNANIALOHA HESS, PTT, Certificate of Registration No. PT27744,** **Respondent.**	**CASE NO. 24-460-PTT-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

DARLENE KUUNANIALOHA HESS, PTT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of October 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Darlene Hess, PTT
[redacted]
North Las Vegas, NV [redacted]

Darlene Hess, PTT
c/o Walgreens Pharmacy #21159
3821 W Flamingo Rd.
Las Vegas, NV 89103

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

PT15617

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane ≈ Reno, NV 89509
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION
Registration Fee: $40.00 - (non-refundable money order only, no cash)

Complete Name (**no abbreviations**):

First: DARLENE Middle: KUUNANI ALOHA Last: CUMMINGS

Home Address: [redacted] Apt #:

City: LAS VEGAS State: NV Zip Code: [redacted]

Telephone: [redacted] Social Security Number: [redacted]

Date of Birth: [redacted] Place of Birth: HONOLULU Sex: ☐ M or ☑ F

E-mail Address: [redacted]

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: _____

I am requesting registration at the following pharmacy:

Pharmacy: WALGREENS Store #: 04755

Address: 3480. S. JONES BLVD.

City: LAS VEGAS State: NV Zip Code: 89139

Signature of Managing Pharmacist: [signature] Lic #: 13454 Date: 11-27-14

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐
2. Are you a high school graduate or the equivalent? Yes ☑ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked **YES** to any of the numbered questions (3-5) above, include the following information & **provide an explanation & documentation:**

Board Administrative Action:	State			Case #:	
Criminal Action:	State	/ /			Court

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☒
IF you marked **YES** to the question, above are you in compliance with the court order?	☐	☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

[signature] 2-27-14

Original Signature, no copies or stamps accepted Date

Board Use Only Date Processed: 3/5/14 Amount: 40

9244

187916 1006 PT15617 0601R

.....DO NOT FOLD OR STAPLE ABOVE THIS LINE.....

Nevada State Board of Pharmacy - 431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

Renewal Application - PHARMACY TECHNICIAN OR TRAINEE

For the period of November 1, 2014 to October 31, 2016
Money Order ONLY (**NO BUSINESS or PERSONAL CHECKS, NO CASH**)
$40.00 (postmarked on or **before** 10/31/2014) **OR** $60.00 (postmarked **after** 10/31/2014)

LICENSE: PT15617
DARLENE KUUNANIALOHA CUMMINGS
[redacted]
Las Vegas, NV [redacted]

Please make any changes to name or address next to the old information

RENEW BY MAIL

1. Complete this form
2. Sign and date this form
3. Send payment with this form (do NOT staple)
4. Mail original form and payment to address above
5. NO COPIES OR STAMPS ACCEPTED

<OR>

RENEW ONLINE

1. Go to http://bop.nv.gov
2. Click "Applications " then, "License Renewal"
3. Follow instructions
4. Use: **USER ID:** [redacted]
   PASSWORD: [redacted]

***New Users:** once logged in, when asked for OLD password, use the above password, then change

Section 1: Since your last renewal or recent licensure have you: *(Please fill in completely)*

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide documentation**:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

Section 2:

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☒
IF you marked **YES** to the question above, **are you in compliance with the court order?**	☐	☐

Section 3: Technicians in Training must be registered at **EACH** place of employment.
By signing below, you certify that you have **completed** at least 1 hour of continuing education in an approved Nevada Law program, as required.

A licensee is not required to have a Nevada State Business license, however, if you do, please provide the **#:**_____

Have you ever served in the military, either active, reserve or retired? Yes☐ No☒ **Branch:**_____

Military occupation/specialty:_____ **Dates of service:**_____

Section 4: I hereby certify that the information furnished on this document is true and correct. I agree to abide by all statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statues, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a license PT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local enforcement agency.

Signature: Darlene K Cummings Date: 10/24/14

PT2034

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane ≈ Reno, NV 89509

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

Registration Fee: $40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Darlene Middle: Kuumanialoha Last: Cummings

Home Address: [redacted] Apt #:

City: Las Vegas State: NV Zip Code: [redacted]

Telephone: [redacted] Social Security Number: [redacted]

Date of Birth: [redacted] Place of Birth: Hawaii Sex: ☐ M or ☒ F

E-mail Address: [redacted]

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: _____

I am requesting registration at the following pharmacy:

Pharmacy: Walgreens Store #: 4755

Address: 3480 S. Jones Blvd

City: Las Vegas State: NV Zip Code: 89148

Signature of Managing Pharmacist: [signature] Lic #: 13454 Date: 11-21-17

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐
2. Are you a high school graduate or the equivalent? Yes ☒ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☒
IF you marked YES to the question, above are you in compliance with the court order?	☐	☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Darlene [signature] 11-21-17

Original Signature, no copies or stamps accepted Date

Board Use Only Date Processed: 12/13/17 Amount: $40.00

Back To Dashboard

Renewal Application
Pharmaceutical Technician

Application Fee : $40.00
Convenience Fee : $2.00
License Number : PT20341
License Type : Pharmaceutical Technician
New Expiration Date : 10/31/2020

Personal Information

First Name : DARLENE
Middle (initial only) : KUUNANIALOHA
Last Name : CUMMINGS
License # : PT20341

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Home Address :

Military Address :
Street : [redacted]
Country : United States
City : Las Vegas
State : Nevada
Zip : [redacted]
Home Phone : [redacted]
Cell Phone : [redacted]
Email Address : [redacted]
Fax : (XXX) XXX-XXXX

Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Nevada Business License Information - Check appropriate answer

- I DO NOT have a Nevada Business license number.
- I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending.
- I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066.

Name of Business License :
Business License # :

Child Support Information – Check appropriate answer

- I am NOT SUBJECT to a court order for the support of a child.
- I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Military Service Information

Have you ever served in the military : Yes No

Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license? Yes No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? Yes No

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? Yes No

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? Yes No

Acknowledgement and Declaration

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statues, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a license PT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local enforcement agency.

Signature : DARLENE CUMMINGS

Date Of Application : 09/22/2018

Please type only the First and Last Name that are listed at the top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2018 to 10/31/2020	License Renewal Fee	$40.00
	Convenience Fee	$2.00
	Total :	**$42.00**

Save for Later | Save and Proceed to Payment

Fee and Payment

Payment Method : Credit / Debit Card

Application Fees : 40

Convenience Fee : 2

Reference Number : 40955652464

InvoiceDate : 09/22/2018

Paid

Pay & Submit

PT 24248

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION Registration Fee: $50.00

(Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Complete Name (**no abbreviations**):

First: Darlene Middle: Kuunanialoha Last Hess

Home Address: [redacted] Apt#:

City: North Las Vegas State: NV Zip Code: [redacted]

Telephone: [redacted] SS# or ITIN: [redacted]

Date of Birth: [redacted] Place of Birth: Hawaii Sex: ☐ M or ☑ F

E-mail Address: [redacted]

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: _____

I am requesting registration at the following pharmacy:

Pharmacy: Walgreens Store #: 07842

Address: 3339 S. Las Vegas Blvd

City: Las Vegas State: NV Zip Code: 89109

Signature of Managing Pharmacist: [signature] Lic #: 18420 Date: 1/7/21

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☑ No ☐
2. Are you a high school graduate or the equivalent? Yes ☑ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☑
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked **YES** to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

	State	Date:	Case #:		
Board Administrative Action:		/ /			
Criminal Action:	**State**	**Date:**	**Case #:**	**County**	**Court**
		/ /			

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☑
IF you marked **YES** to the question, above are you in compliance with the court order?	☐	☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Darlene K. Hess — Jan. 13, 2021

Original Signature, no copies or stamps accepted — Date

Board Use Only Date Processed: 1/25/21 Amount: 50

PT24725

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION Registration Fee: $50.00

(Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Complete Name (**no abbreviations**):

First: DARLENE Middle: KUULNANIALOHA Last HESS

Home Address: [redacted] Apt#:

City: NORTH LAS VEGAS State: NV Zip Code: [redacted]

Telephone: [redacted] SS# or ITIN: [redacted]

Date of Birth: [redacted] Place of Birth: HONOLULU Sex: ☐ M or ☒ F

E-mail Address: [redacted]

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: _____

I am requesting registration at the following pharmacy:

Pharmacy: WALGREENS Store #: 12271

Address: 2427 S. LAS VEGAS BLVD

City: LAS VEGAS State: NV Zip Code: ~~89104~~ 89104

Signature of Managing Pharmacist: [signature] Lic #: 15963 Date: 4-8-21

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☑ No ☐
2. Are you a high school graduate or the equivalent? Yes ☑ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☑
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked **YES** to any of the numbered questions (3-5) above, include the following information & **provide an explanation & documentation:**

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☑
IF you marked **YES** to the question, above are you in compliance with the court order?	☐	☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Darlene Hess 4-10-21

Original Signature, no copies or stamps accepted Date

Board Use Only Date Processed: 4/20/21 Amount: $50 MO# 19-245682776

9250

Back To Dashboard

Renewal Application
Pharmaceutical Technician Trainee

Application Fee : $50.00
Convenience Fee : $2.50
License Number : PT24248
License Type : Pharmaceutical Technician Trainee
New Expiration Date : 10/31/2024

Personal Information

First Name : DARLENE
Middle (initial only) : KUUNANIALOHA
Last Name : HESS
License # : PT24248

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA : Walgreens #7842
Military Address : ☐
Street : 2427 S. Las Vegas Boulevard
Country : United States
City : Las Vegas
State : Nevada
Zip : 89104
Practice Phone : (XXX) XXX-XXXX
Practice Fax : (XXX) XXX-XXXX
Email Address : [redacted]
Sex : Female
Practice License Number:
Specialty:

Nevada Business License Information - Check appropriate answer

- (●) **I DO NOT** have a Nevada Business license number.
- ( ) **I HAVE APPLIED** for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending.
- ( ) I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066.

Name on Business License :
Business License # :

Child Support Information – Check appropriate answer

- (●) I am **NOT SUBJECT** to a court order for the support of a child.
- ( ) I am **SUBJECT** to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ( ) I am **SUBJECT** to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Military Service Information

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under condition other than dishonorable — ( ) Yes (●) No

Have you ever been assigned to duty for minimum of 6 continuous years in National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable — ( ) Yes (●) No

Have you ever served the Commissioned Corp of the United States Public Service or the Commissioned Corp of the National Oceanic and Atmospheric Administration of the United States in the capacity of the commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? — ( ) Yes (●) No

Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license? ○ Yes ◉ No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? ○ Yes ◉ No

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? ○ Yes ◉ No

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? ○ Yes ◉ No

Acknowledgement and Declaration

Technicians in Training must be registered at each PLACE of employment. By signing below, you certify that you have completed at least 1 hour of continuing education in an approved Nevada Law, program as required.

By signing and submitting this renewal application, I certify that: 1. My DEA certificate is CURRENT and reflects my current NV practicing address, and 2. I hold an active and current Nevada license with my professional licensing board

It is a violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

Signature : Darlene Hess Date Of Application : 09/01/2022

Please type only the First and Last Name that are listed at the top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2022 to 10/31/2024	License Renewal Fee	$50.00
	Convenience Fee	$2.50
	Late Fee	$0.00
	Total :	**$52.50**

Fee and Payment

Payment Method : Credit / Debit Card

Application Fees : 50

Late Fees : 0

Reference Number : 63908018348

InvoiceDate : 09/01/2022

Paid

Pay & Submit

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION Registration Fee: $50.00

(Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Complete Name **(no abbreviations)**:

First: Darlene Middle: Kuunanialoha Last Hess

Home Address: [redacted] Apt#:

City: North Las Vegas State: NV Zip Code: [redacted]

Telephone: [redacted] SS# or ITIN: [redacted]

Date of Birth: [redacted] Place of Birth: Honolulu Sex: ☐ M or ☒ F

E-mail Address: [redacted]

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: _____

I am requesting registration at the following pharmacy:

Pharmacy: Walgreens Store #: 21159

Address: 3821 W. Flamingo Rd

City: Las Vegas State: NV Zip Code: 89103

Signature of Managing Pharmacist: Ornela Kolicci Lic #: 19984 Date: 10/5/22

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐
2. Are you a high school graduate or the equivalent? Yes ☒ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked **YES** to any of the numbered questions (3-5) above, include the following information & **provide an explanation & documentation:**

	State	Date:	Case #:
Board Administrative Action:		/ /	

	State	Date:	Case #:	County	Court
Criminal Action:		/ /			

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☒
IF you marked **YES** to the question, above are you in compliance with the court order?	☐	☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Darlene Hess 9/22/22

Original Signature, no copies or stamps accepted Date

Board Use Only Date Processed: _____ Amount: 50.00 CC 10-11-22

Back To Dashboard

Renewal Application
Pharmaceutical Technician Trainee

Application Fee : $50.00
Convenience Fee : $2.50
License Number : PT27744
License Type : Pharmaceutical Technician Trainee
New Expiration Date : 10/31/2026

Personal Information

First Name : DARLENE

Middle (initial only) : KUUNANIALOHA

Last Name : HESS

License # : PT27744

Practice Address :

Name/Practice Name/DBA : Walgreens #21159

Military Address : ☐

Street : 3821 W Flamingo Rd

Country : United States

City : Las Vegas

State : Nevada

Zip : 89103

Practice Phone : (XXX) XXX-XXXX

Cell Phone : [redacted]

Email Address : [redacted]

Sex : Female

Child Support Information – Check appropriate answer

- ◉ I am **NOT SUBJECT** to a court order for the support of a child.
- ○ I am **SUBJECT** to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ○ I am **SUBJECT** to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- ○ Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)
- ○ Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?

Military Service Information

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under condition other than dishonorable	○ Yes ◉ No
Have you ever been assigned to duty for minimum of 6 continuous years in National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable	○ Yes ◉ No
Have you ever served the Commissioned Corp of the United States Public Service or the Commissioned Corp of the National Oceanic and Atmospheric Administration of the United States in the capacity of the commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?	○ Yes ◉ No

Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	○ Yes ◉ No
2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state?	○ Yes ◉ No
3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state?	○ Yes ◉ No
4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	○ Yes ◉ No

Acknowledgement and Declaration

☑ **By signing below, you certify that you have completed at least 1 hour of continuing education in an approved Nevada Law, program as required.**

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician in training who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220

Signature : Darlene Hess

Date Of Application : 10/18/2024

Please type only the First and Last Name that are listed at the top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2024 to 10/31/2026	License Renewal Fee	$50.00
	Convenience Fee	$2.50
	Late Fee	$0.00
	Total :	**$52.50**

Fee and Payment

Payment Method : Credit / Debit Card

Application Fees : 50

Reinstatement Fee : 0

Transaction Fee : 2.5

Late Fees : 0

Reference Number : 120716930062

InvoiceDate : 10/25/2024

Paid

Pay & Submit

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician (PT) Application

Non-Refundable $50 fee

Rev (03/17/2023)

Section 1: General Information

First: DARLENE Middle: KUUNANIALOHA Last: HESS

Date of Birth: [redacted] SSN or ITIN [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: NORTH LAS VEGAS State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you have successfully completed an ASHP and Board approved PT school or training program.)

Program/School Name: Walgreens

Address: 3821 W. Flamingo Rd

City: Las Vegas State: NV Zip: 89103

Name of Program Director:

Section 3: Employment Information

Pharmacy Name: Walgreens License #: PT27744

Address: 3821 W. Flamingo Rd

City: Las Vegas State: NV Zip: 89103

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?	X	
2. Are you a high school graduate or the equivalent?	X	
High School Name: Waipahu High School Graduation Date OR Date GED obtained (mm/yy): 1997 Address: 94-1211 Farrington HWY City: Waipahu State: HI Zip: 96797		

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 7: Personal and Professional History		
Before answering the questions below, please INITIAL to the right to attest you have read and understand the following: **WARNING** **You MUST provide truthful and complete responses to the questions on this application. If you omit information or provide false or misleading responses, including any failure to disclose past arrests or expunged convictions, this may be a basis for denial of your application and may result in disciplinary action against any other license or registration you hold from the Board.**	**Initials** DH	
	Yes	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged?	X	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		X
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event MUST be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
unknown		NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge Solicitation				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

During the time of 1999 to 2002 I was being trafficked by then said boyfriend.

Darlene Hess

Original Signature (electronic, copies or stamps not accepted)

2-17-24

Date

Section 8: You MUST submit the documents below with your application base on your qualifications as a PT.	
Select your qualification as a PT (please check a box).	**Required documents to be submitted with your application.**
☒ The successful completion of an ASHP-approved PT school or training program	a. Provide a copy of the certification of completion of the program.
☐ **Active practice in good standing** in another state as a PT, and the successful completion of at least 1,500 hours of employment as a PT in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, which must be verified by a **signed affidavit** by the managing pharmacist of the pharmacy.	a. Provide a copy of your PT registration, license, or certificate (if it is a requirement by that state to practice as a PT), which must be current, active, and in good standing. b. Provide the signed affidavit from your managing pharmacist that you have completed at least 1,500 hours of employment as a PT in a pharmacy **in that state** (see form provided in this application).
☒ The successful completion of at least 1,500 hours of training and experience as a registered pharmaceutical technician in training (PTT), performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, in Nevada licensed pharmacies, which must be verified by the managing pharmacist of the pharmacy.	a. Provide the signed form from your managing pharmacist that you have completed 1,500 hours of training and experience in a pharmacy **in this state** as a registered PTT (see form provided in this application).
☐ The successful completion of a pharmaceutical technician training program conducted by a branch of the U.S. Armed Forces, the Indian Health Service of United States Department of Health and Human Services or the U.S. Department of Veterans Affairs.	a. Provide a copy of the certification of completion of the program.

Section 9: Fingerprints for a background check. ALL APPLICANTS MUST COMPLETE THIS SECTION. NRS 639.1371
In addition to the requirements in section 7, submit fingerprints for a background check by following the instructions https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/FP%20Instructions%20NRS%20639.127%20639.1371.pdf

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Darlene Hess
Print Name

Darlene Hess
Original Signature, no copies or stamps accepted

2-17-24
Date

Board Use Only	Date Received: 6/11/24	Amount: $50 cc

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Nevada Managing Pharmacist Certification of Training Hours for Pharmaceutical Technician in Training (PTT)

Rev (06/22/2022)

This form cannot be returned by fax or email.
We must have an original signature and fee to process.

Section 1: Certification of PTT (NAC 639.242) MUST BE COMPLETED BY THE PHARMACY MANAGER

Name of PTT: Darlene Hess
PTT License #: 27744
Pharmacy Manager Name: Ornela Kolicci
Pharmacy Manager License #: 19984
Name of Pharmacy: Walgreens
Pharmacy License #: PH04116
Pharmacy Address: 3821 W Flamingo Rd
City: Las Vegas
State: NV
Zip: 89103
Time period PTT employed (mm/yy-mm/yy): 10-20-2022 to current

I certify to the Board that the above-named PTT has successfully completed 1500 hours of training and experience performing the tasks of a PT listed in NRS 639.1371 (3)(c) and NAC 639.245(2). The specific training and experience completed is listed below:

Counting, pouring and mixing Drugs. Placing drugs in containers. Packaging Prescriptions. Remove drugs from stock. Type prescriptions and enter them in the system. Performed tasks at in, out and drive thru window. Label containers.

Do you certify that the PTT is competent to perform the duties of a pharmaceutical technician? ☒Yes ☐No (If you answered "No" please explain why below):

I certify under penalty of perjury that the information contained on this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this form and any portion thereof is a public record unless otherwise declared confidential by law, and may be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020.

Ornela Kolicci
Print Name (First, Last)

Ornela Kolicci
Original Signature of Managing Pharmacist, no copies or stamps accepted

1/23/24
Date

Board Use Only	Date Received: 6/4/24

CERTIFIED RECORDS CHECK

DATE: May 10, 2024

I declare under the penalty of perjury:

I am authorized to conduct a search of the criminal history records of the Las Vegas Metropolitan Police Department (LVMPD). I conducted a name search of LVMPD records for any criminal history record information relating to arrests, misdemeanor or felony convictions for **HESS, DARLENE KUUNANIALOHA**, DOB [redacted] Based on this search conducted on May 10, 2024, LVMPD records reflect the following information:

☒ The subject has a criminal history record with the LVMPD. See attached 8 pages.
☐ No arrests, misdemeanor or felony convictions with the LVMPD. No attachments.

Please be advised the identity of the above-named person was NOT VERIFIED by fingerprints.

For proper certification, the attached records must be attached.

I declare under penalty of perjury that the foregoing is true and correct.

KEVIN MCMAHILL, *Sheriff*

BY: G. Ritson P#20491
FOR: Chris Dennis, Captain
Records and Fingerprint Bureau

Pursuant to Nevada Revised Statute, the Las Vegas Metropolitan Police Department is only authorized to release criminal history information from its own records. For information concerning other police departments or public agencies, contact the police department or agency directly or for complete state-wide background checks, contact the State of Nevada Central Repository at 775-684-6262.

Las Vegas Metropolitan Police Department
400 S. Martin L. King Blvd.
Las Vegas, Nevada 89106

FOR OFFICIAL USE ONLY

ID #: [redacted]
DATE: 05/10/24
CLERK: G20491R

RE: REQUEST FOR RECORDS CHECK

To Whom It May Concern,

I hereby request the Las Vegas Metropolitan Police Department conduct a search of its files for any criminal history record that I may have, based on the information I have given below (identity not verified by fingerprints):

NAME (NOMBRE): Darlene Kuuipoicaloha Hess
First (Primer) *Middle (Segundo)* *Last (Apellido)*

DATE OF BIRTH (FECHA DE NACIMIENTO): [redacted]

PLACE OF BIRTH (LUGAR DE NACIMIENTO): Honolulu Hawaii

COLOR OF EYES (COLOR DE OJOS): Brown COLOR OF HAIR (COLOR DE CABELLO): Brown

HEIGHT (ESTATURA): [redacted] WEIGHT (PESO): [redacted]

SOC. SEC. # (NUMERO DE SEGURO SOCIAL): [redacted]

SCARS/MARKS/TATTOOS (CICATRICES/MARCAS DE ACIMIENTO/TATUAJES): left ankle tatoo "DAD"

I hereby authorize the Las Vegas Metropolitan Police Department to list any arrests, convictions, or non-conviction information which might be contained in file on me.

I hereby certify that the name appearing above is my true name. I am requesting access to notations of my criminal history records, if any. I fully understand that if I have employed any deception in regard to my true identity, I will be subject to prosecution.

The undersigned does hereby waive, discharge and release the Las Vegas Metropolitan Police Department, County of Clark, State of Nevada, the Sheriff of said City, County and State, and any of his personnel, of any and all actions, claims and demands whatsoever of any kind or nature that now exist or may hereafter accrue against said parties as a result of any information given and/or supplied pursuant to and in accordance with the above request and authorization.

Darlene Hess
Signature (Firma)

SCOPE II - R2I1 › Dissemination - Citizens

LVMPD CITIZENS REPORT

SCOPE RESPONSE

I HEREBY CERTIFY that this is a full true and correct copy of the original on file with the Las Vegas Metropolitan Police Department, except for the information that is privileged and confidential by law.

PERSON BASE RECORD

ID #: [redacted]

NAM: CUMMINGS, DARLENE KUUMANI **DOB:** [redacted]

SEX: F **RAC:** W **HGT:** [redacted] **WGT:** [redacted] **HAIR:** BRO **EYE:** BRO

ADR: RS [redacted]
NORTH LAS VEGAS NV [redacted]

AKA [7]

NAME	AGY	ENTRY DATE
CUNNINGS, DARLLENE KUUMANI	LAS VEGAS METRO PD	8/15/1998
HESS, DARLENE KUUNANIALOHA	LAS VEGAS METRO PD	7/29/2019
KING, DARLENE KUUNANIALOHA	LAS VEGAS METRO PD	7/29/2019
OLIVA, DARLENE KUUNANIALOHA	LAS VEGAS METRO PD	7/29/2019
CUMMINGS, DARLENE KUUNANIALOHA	LAS VEGAS METRO PD	7/29/2019
CUMMINGS, DARLENE KUUMANI	LAS VEGAS METRO PD	8/15/1998
KING, DARLENE K	LAS VEGAS MUNICIPAL COURT	8/15/1998

ADDITIONAL DOB [1]

DOB	AGY	ENTRY DATE
[redacted]	LAS VEGAS METRO PD	8/15/1998

MISSING PERSON HISTORY [1]

CIRCUMSTANCE:	DESCRIPTION:	AGY:	REPORTED:	ENTERED:	EVENT#:	CANCELLED:	CANCELLATION ENTERED:
UNKNOWN		LAS VEGAS METRO PD	07/06/2001 00:00:00	07/06/2001 00:00:00	010706-1814	07/06/2001 00:00:00	07/06/2001 00:00:00

CRIMINAL HISTORY **ARR [13] CIT [3] SUM [0]**

ARREST DATE: 1/2/2005 **AGY: LAS VEGAS METRO PD** **PCN#:** **BK#: -**

RN#: 19 **CHARGE:** 1 **TYPE:** UNK **FAIL TO:** APPEAR **OFF:** 99999 OTHER () SOLICIT F/PURP O/PROST, WARRANT, BW-03M23688X, MPD **COUNTS:** 1 **EVT#:** 031016-1448
CREATED: 1/2/2005 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

ARREST DATE: 10/16/2003 **AGY: LAS VEGAS METRO PD** **PCN#: 20899282** **BK#: -**

RN#: 19 **CHARGE:** 1 **TYPE:** UNK **OFF:** 99999 OTHER () SOLICIT F/PURP O/PROST **COUNTS:** 1 **EVT#:** 031016-1448
CCN: 03M23688X UNKNOWN ADULT **SEQ#:** 000 **CREATED:** 10/16/2003 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:**

FINAL DISPO DATE: **FINAL OFF:** **DISPO:**

10/16/2003 99999 OTHER () SOLICIT F/PURP O/PROST UNKNOWN
CCN: 03M23688X **UPDATED:** 5/18/2013

FINE EXCUSE RESTITUTION

$ $ $

MIN YRS MOS DAYS HRS **MIN YRS MOS DAYS HRS**

[redacted]

TERM OF SENTENCE | COMMUNITY SERVICE

CREDIT TIME SERVED | NO | PROBATION

LEGACY DISPO: PCN 20899282 / ROR

ARREST DATE: 9/4/2003 **AGY:** LAS VEGAS METRO PD **PCN#:** **BK#:** -

RN#: 18 **CHARGE:** 1 **TYPE:** UNK **OFF:** 99999 OTHER () PED O/HWY **COUNTS:** 1 **EVT#:** 030904-3031
CCN: C-564393-A UNKNOWN **CREATED:** 9/4/2003 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
9/4/2003	99999 OTHER () PED O/HWY	UNKNOWN

CCN: C-564393-A **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED					NO	PROBATION					

LEGACY DISPO: OOOO

ARREST DATE: 3/12/2003 **AGY:** LAS VEGAS METRO PD **PCN#:** **BK#:** -

RN#:	CHARGE:	TYPE:	FAIL TO:	OFF:	COUNTS:	EVT#:
16	1	UNK	APPEAR	99999 OTHER () POSS NARCO PARAPHERNALIA, WARRANT, BW-C-541468-A, LVC	1	030102-1120

CCN: C-541468-A UNKNOWN **CREATED:** 3/12/2003 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
3/12/2003	99999 OTHER () POSS NARCO PARAPHERNALIA	UNKNOWN

CCN: C-541468-A **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED					NO	PROBATION					

LEGACY DISPO: OOOO

RN#:	CHARGE:	TYPE:	FAIL TO:	OFF:	COUNTS:	EVT#:
17	2	UNK	APPEAR	99999 OTHER () POSS HYPO DEV, WARRANT, BW-C-541468-B, LVC	1	030102-1120

CCN: C-541468-B UNKNOWN **CREATED:** 3/12/2003 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
3/12/2003	99999 OTHER () POSS HYPO DEV	UNKNOWN

CCN: C-541468-B **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED					NO	PROBATION					

LEGACY DISPO: OOOO

ARREST DATE: 1/2/2003 **AGY:** LAS VEGAS METRO PD **PCN#:** **BK#:** -

RN#: 16 **CHARGE:** 2 **TYPE:** UNK **OFF:** 99999 OTHER () POSS NARCO PARAPHERNALIA **COUNTS:** 1 **EVT#:** 030102-1120
CCN: C-541468-A UNKNOWN **CREATED:** 1/2/2003 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:

I HEREBY CERTIFY that this is a full true and correct copy of the original on file with the Las Vegas Metropolitan Police Department, except for the information that is privileged and confidential by law.

PER NEVADA REVISED STATUTES, LAS VEGAS METRO PD IS AUTHORIZED TO RELEASE OUR AGENCY'S CRIMINAL HISTORY INFORMATION ONLY. FOR OTHER AGENCY INFORMATION, CONTACT THE AGENCY DIRECTLY - OR - FOR COPIES OF BACKGROUND CHECKS, CONTACT THE STATE OF NEVADA REPOSITORY.

LAS VEGAS METRO PD GALIA RITSON [redacted] 05/10/2024 13:01:51

RELEASE TO: HE[redacted] DARLENE KUUNAPALOHA

1/2/2003 99999 OTHER () POSS NARCO PARAPHERNALIA UNKNOWN
CCN: C-541468-A **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED					NO	PROBATION					

LEGACY DISPO: ROR

RN#: 17 **CHARGE:** 1 **TYPE:** UNK **OFF:** 99999 OTHER () POSS HYPO DEV **COUNTS:** 1 **EVT#:** 030102-1120
CCN: C-541468-B UNKNOWN **CREATED:** 1/2/2003 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
1/2/2003	99999 OTHER () POSS HYPO DEV	UNKNOWN

CCN: C-541468-B **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED					NO	PROBATION					

LEGACY DISPO: ROR

ARREST DATE: 11/5/2002 **AGY: LAS VEGAS METRO PD** **PCN#:** **BK#: -**

RN#: 15 **CHARGE:** 1 **TYPE:** UNK **OFF:** 99999 OTHER () OBST POL OFCR **COUNTS:** 1 **EVT#:** 021105-1352
CCN: C-536630-A UNKNOWN **CREATED:** 11/5/2002 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
11/5/2002	99999 OTHER () OBST POL OFCR	UNKNOWN

CCN: C-536630-A **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED					NO	PROBATION					

LEGACY DISPO: OOOO

ARREST DATE: 1/12/2002 **AGY: LAS VEGAS METRO PD** **PCN#: 09565110** **BK#: -**

RN#: 13 **CHARGE:** 1 **TYPE:** UNK **OFF:** 99999 OTHER () BATT DOMESTIC VIOL **COUNTS:** 1 **EVT#:** 020112-2132
CCN: C-508949-A UNKNOWN **SEQ#:** 000 **CREATED:** 1/12/2002 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
1/14/2002	99999 OTHER () BATT DOMESTIC VIOL	FINAL

CCN: C-508949-A **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED					NO	PROBATION					

LEGACY DISPO: PCN 09565110//DENIED BY CA

ARREST DATE: 11/16/2001 **AGY: LAS VEGAS METRO PD** **PCN#:** **BK#: -**

I HEREBY CERTIFY that this is a full true and correct copy of the original on file with the Las Vegas Metropolitan Police Department, except for the information that is privileged and confidential by law.

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LAS VEGAS METRO PD GALIA RITSON/G20491R 05/10/2024 13:01:51

RELEASE TO: HESS, DALENE KUUNANILOHA

RN#: 11 **CHARGE:** 1 **TYPE:** UNK **FAIL TO:** APPEAR **OFF:** 99999 OTHER () POSS NARCO PARAPHERNALIA, WARRANT, BW-C-387608-A, MPD **COUNTS:** 1 **EVT#:** 990118-0499
CCN: C-387608-A UNKNOWN **CREATED:** 11/16/2001 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
11/16/2001	99999 OTHER () POSS NARCO PARAPHERNALIA	UNKNOWN

CCN: C-387608-A **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED					NO	PROBATION					

LEGACY DISPO: 0000

RN#: 12 **CHARGE:** 2 **TYPE:** UNK **FAIL TO:** APPEAR **OFF:** 99999 OTHER () OBST POL OFCR, WARRANT, BW-C-387608-B, MPD **COUNTS:** 1 **EVT#:** 990118-0499
CCN: C-387608-B UNKNOWN **CREATED:** 11/16/2001 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
11/16/2001	99999 OTHER () OBST POL OFCR	UNKNOWN

CCN: C-387608-B **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED					NO	PROBATION					

LEGACY DISPO: 0000

ARREST DATE: 1/18/1999 **AGY:** LAS VEGAS JUSTICE COURT **PCN#:** **BK#:** -

RN#: 9 **CHARGE:** 1 **TYPE:** UNK **FAIL TO:** APPEAR **OFF:** 99999 OTHER () POSS NARCO PARAPHERNALIA, WARRANT, BW-C-383075-A, LVC **COUNTS:** 1 **EVT#:** 981204-1115
CCN: C-383075-A UNKNOWN **CREATED:** 1/18/1999 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
1/25/1999	99999 OTHER () POSS NARCO PARAPHERNALIA	UNKNOWN

CCN: C-383075-A **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED					NO	PROBATION					

LEGACY DISPO: ROR

ARREST DATE: 1/18/1999 **AGY:** LAS VEGAS METRO PD **PCN#:** **BK#:** -

RN#: 11 **CHARGE:** 2 **TYPE:** UNK **OFF:** 99999 OTHER () POSS NARCO PARAPHERNALIA **COUNTS:** 1 **EVT#:** 990118-0499
CCN: C-387608A UNKNOWN **CREATED:** 1/18/1999 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
1/25/1999	99999 OTHER () POSS NARCO PARAPHERNALIA	UNKNOWN

CCN: C-387608A **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					

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LAS VEGAS METRO PD GALIA RITSON - 264918 05/10/2024 15:01:51

RELEASE TO: HESS, DARLENE KUUNANILOHA

CREDIT TIME SERVED NO PROBATION

LEGACY DISPO: ROR

RN#: 12 **CHARGE:** 1 **TYPE:** UNK **OFF:** 99999 OTHER () FLSE INFO T/POL **COUNTS:** 1 **EVT#:** 990118-0499
CCN: C-387608-B UNKNOWN **CREATED:** 1/18/1999 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
1/25/1999	99999 OTHER () FLSE INFO T/POL	UNKNOWN

CCN: C-387608-B **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED						PROBATION					

NO

LEGACY DISPO: ROR

CITE DATE: 12/21/1998 **AGY:** LAS VEGAS METRO PD **PCN#:**

RN#: 10 **CHARGE:** 1 **TYPE:** UNK **OFF:** 99999 OTHER () TRESPASS **COUNTS:** 1 **EVT#:** 981221-1226F
CITE#: 999999999999999 **CREATED:** 12/21/1998 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

ARREST DATE: 12/4/1998 **AGY:** LAS VEGAS METRO PD **PCN#:** **BK#:** -

RN#: 8 **CHARGE:** 2 **TYPE:** UNK **FAIL TO:** APPEAR **OFF:** 99999 OTHER () TRESPASS, WARRANT, BW-C-380840-A, LVC **COUNTS:** 1 **EVT#:** UNKNOWN
CCN: C-380840-A UNKNOWN **CREATED:** 12/4/1998 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
12/8/1998	99999 OTHER () TRESPASS	UNKNOWN

CCN: C-380840-A **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED						PROBATION					

NO

LEGACY DISPO: ROR

RN#: 9 **CHARGE:** 1 **TYPE:** UNK **OFF:** 99999 OTHER () POSS NARCO PARAPHERNALIA **COUNTS:** 1 **EVT#:** 981204-1115
CCN: C-383075-A UNKNOWN **CREATED:** 12/4/1998 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
12/8/1998	99999 OTHER () POSS NARCO PARAPHERNALIA	UNKNOWN

CCN: C-383075-A **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED						PROBATION					

NO

LEGACY DISPO: ROR

CITE DATE: 11/8/1998 **AGY:** LAS VEGAS METRO PD **PCN#:**

RN#: 7 **CHARGE:** 1 **TYPE:** UNK **OFF:** 99999 OTHER () LOITER F/PURP O/PROST **COUNTS:** 1 **EVT#:** 981108-1891F
CITE#: 999999999999999 **CREATED:** 11/8/1998 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

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LAS VEGAS METRO PD ID: JIA RITSON/G204918 05/10/2024 13:01:51

RELEASE TO: HESS, DARLENE KUUMANI(ALOHA

CITE DATE: 10/28/1998 **AGY: LAS VEGAS METRO PD** **PCN#:**

RN#: 6 **CHARGE:** 1 **TYPE:** UNK **OFF:** 99999 OTHER () TRESPASS **COUNTS:** 1 **EVT#:** 1-1816224A/F
CITE#: 1-1816224A/F **CREATED:** 10/28/1998 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

ARREST DATE: 10/3/1998 **AGY: LAS VEGAS METRO PD** **PCN#:** **BK#:** -

RN#: 1 **CHARGE:** 5 **TYPE:** UNK **FAIL TO:** APPEAR **OFF:** 99999 OTHER () SOLICIT F/PURP O/PROST, WARRANT, BW-C-371531-A, LVC **COUNTS:** 1 **EVT#:** UNKNOWN
CCN: C-371531-A UNKNOWN **CREATED:** 10/3/1998 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
10/3/1998	99999 OTHER () SOLICIT F/PURP O/PROST	UNKNOWN

CCN: C-371531-A **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED					NO	PROBATION					

LEGACY DISPO: OOOO

RN#: 2 **CHARGE:** 4 **TYPE:** UNK **FAIL TO:** APPEAR **OFF:** 99999 OTHER () SOLICIT F/PURP O/PROST, WARRANT, BW-C-371531-B, LVC **COUNTS:** 1 **EVT#:** UNKNOWN
CCN: C-371531-B UNKNOWN **CREATED:** 10/3/1998 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
10/3/1998	99999 OTHER () SOLICIT F/PURP O/PROST	UNKNOWN

CCN: C-371531-B **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED					NO	PROBATION					

LEGACY DISPO: OOOO

RN#: 3 **CHARGE:** 3 **TYPE:** UNK **FAIL TO:** APPEAR **OFF:** 99999 OTHER () SOLICIT F/PURP O/PROST, WARRANT, BW-C-371531-C, LVC **COUNTS:** 1 **EVT#:** UNKNOWN
CCN: C-371531-C UNKNOWN **CREATED:** 10/3/1998 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
10/3/1998	99999 OTHER () SOLICIT F/PURP O/PROST	UNKNOWN

CCN: C-371531-C **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED					NO	PROBATION					

LEGACY DISPO: OOOO

RN#: 4 **CHARGE:** 2 **TYPE:** UNK **OFF:** 99999 OTHER () FLSE INFO T/POL **COUNTS:** 1 **EVT#:** 981003-1579
CCN: C-377006-A UNKNOWN **CREATED:** 10/3/1998 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
10/3/1998	99999 OTHER () FLSE INFO T/POL	UNKNOWN

CCN: C-377006-A **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS

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LAS VEGAS METRO PD GALIA RITSON/G2049 on 05/10/2024 13:01:51

RELEASE TO: HESS, DEVIENE KUUNANIALOHA

TERM OF SENTENCE
CREDIT TIME SERVED
LEGACY DISPO: OOOO

NO

COMMUNITY SERVICE
PROBATION

RN#: 5 **CHARGE:** 1 **TYPE:** UNK **OFF:** 99999 OTHER () POSS NARCO PARAPHERNALIA **COUNTS:** 1 **EVT#:** 981003-1579
CCN: C-377006-B UNKNOWN **CREATED:** 10/3/1998 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE: 10/3/1998
CCN: C-377006-B

FINAL OFF: 99999 OTHER () POSS NARCO PARAPHERNALIA

DISPO: UNKNOWN

UPDATED: 5/18/2013

FINE EXCUSE RESTITUTION
$ $ $

MIN YRS MOS DAYS HRS
TERM OF SENTENCE
CREDIT TIME SERVED
LEGACY DISPO: OOOO

NO

MIN YRS MOS DAYS HRS
COMMUNITY SERVICE
PROBATION

ARREST DATE: 8/15/1998 **AGY: LAS VEGAS METRO PD** **PCN#:** **BK#: -**

RN#: 1 **CHARGE:** 2 **TYPE:** UNK **OFF:** 99999 OTHER () SOLICIT F/PURP O/PROST **COUNTS:** 1 **EVT#:** 980815-2001
CCN: C-371531-A UNKNOWN **CREATED:** 8/15/1998 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE: 8/15/1998
CCN: C-371531-A

FINAL OFF: 99999 OTHER () SOLICIT F/PURP O/PROST

DISPO: UNKNOWN

UPDATED: 5/18/2013

FINE EXCUSE RESTITUTION
$ $ $

MIN YRS MOS DAYS HRS
TERM OF SENTENCE
CREDIT TIME SERVED
LEGACY DISPO: OOB

NO

MIN YRS MOS DAYS HRS
COMMUNITY SERVICE
PROBATION

RN#: 2 **CHARGE:** 1 **TYPE:** UNK **OFF:** 99999 OTHER () SOLICIT F/PURP O/PROST **COUNTS:** 1 **EVT#:** 980815-2001
CCN: C-371531-B UNKNOWN **CREATED:** 8/15/1998 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE: 8/15/1998
CCN: C-371531-B

FINAL OFF: 99999 OTHER () SOLICIT F/PURP O/PROST

DISPO: UNKNOWN

UPDATED: 5/18/2013

FINE EXCUSE RESTITUTION
$ $ $

MIN YRS MOS DAYS HRS
TERM OF SENTENCE
CREDIT TIME SERVED
LEGACY DISPO: OOB

NO

MIN YRS MOS DAYS HRS
COMMUNITY SERVICE
PROBATION

WORK CARD/BUSINESS LICENSE - ACTIVE [1]

TYPE: WORKCARD
DESCRIPTION: OTHER
JURISDICTION: COUNTY
STATUS: APPROVED
ISSUE DATE: 8/19/2019
EXPIRATION DATE: 8/19/2024

EMPLOYER INFORMATION [1]

EMPLOYER: WALGREENS
POSITION: MANAGER
NOTIFIED:

I HEREBY CERTIFY that this is a full true and correct copy of the original on file with the Las Vegas Metropolitan Police Department, except for the information that is privileged and confidential by law.

PER NEVADA REVISED STATUTES, LAS VEGAS METRO PD IS AUTHORIZED TO RELEASE OUR AGENCY'S CRIMINAL HISTORY INFORMATION ONLY. FOR OTHER AGENCY INFORMATION, CONTACT THE AGENCY DIRECTLY - OR - FOR COMPLETE BACKGROUND CHECKS, CONTACT THE STATE OF NEVADA REPOSITORY.

LAS VEGAS METRO PD GALLE[illegible]/G2D491R 05/10/2024 [illegible]

RELEASED TO: HESS, DARLENE KIUNANIALOHA

COMMENTS:

I HEREBY CERTIFY that this is a full true and correct copy of the original on file with the Las Vegas Metropolitan Police Department, except for the information that is privileged and confidential by law.

PER NEVADA REVISED STATUTES, LAS VEGAS METRO PD IS AUTHORIZED TO RELEASE OUR AGENCY'S CRIMINAL HISTORY INFORMATION ONLY. FOR OTHER AGENCY INFORMATION, CONTACT THE AGENCY DIRECTLY – OR – FOR COMPLETE BACKGROUND CHECKS, CONTACT THE STATE OF NEVADA REPOSITORY.

LAS VEGAS METRO PD GALIA PITSON/G204919 05/10/2024 13:01:51

RELEASE TO: HESS, DARLENE KUUNANIALOHA

8

8A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☒ Nevada	☐ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	☒ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☐ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☒ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, **6**, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M P00440	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Vegas Medical Supplies Corp.

MDEG Physical Address: 3111 S Valley View Blvd, Suite A-105

City: Las Vegas State: NV Zip: 89102

Mailing Address (if different from physical address): 751 Horizon Court, Suite 200

City: Grand Junction State: CO Zip: 81506

Telephone: 702-638-7900 Website: https://vegasmedicalsupplies.com/

Email: pkendall@nuclearcarepartners.com

Name of MDEG Administrator (NAC 639.694): Vishal Mathur

Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
☒ Patients by prescriptions	☒ Medical Gases**
☐ Pharmacies[a]	☒ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☒ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: Vishal Mathur
	Telephone: 702-638-7900

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 9am-5pm	■ Tue: 9am-5pm	■ Wed: 9am-5pm	■ Thurs: 9am-5pm	■ Fri: 9am-5pm
☐ Sat: closed	☐ Sun: closed	☐ Holidays: all federal holidays office is closed		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
MEDICAID # - 1265602296
MEDICARE# 6155250001

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: N/A Credentials: _____ %: _____

Name: N/A Credentials: _____ %: _____

Name: N/A Credentials: _____ %: _____

Name: N/A Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:

   a) A practicing health professional; or

   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): Nuclear Care Partners, LLC

Corporation/Organization Name: Vegas Medical Supplies Corp.

Mailing Address: 751 Horizon Ct. Suite 200

City: Grand Junction State: CO Zip: 81505

Telephone: 970-244-0900 x 952 Email: mbruning@nuclearcarepartners.com

Contact Person Name: Mark Bruning, CEO

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Bruning ,CEO

Print Name of Authorized Person Submitting Application

Mark Bruning

Original signature of Authorized Person (copies or stamps not accepted)

5/18/2026

Date

Board Use Only	Date Received: 5/22/26	Amount: cc $500

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/19/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: WTW Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com
INSURED Vegas Medical Supplies Corp 3111 S. Valley View Blvd A-105 Las Vegas, NV 89102	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A: Vantage Risk Specialty Insurance Company 16275 INSURER B: Technology Insurance Company Inc 42376 INSURER C: Fortegra Specialty Insurance Company 16823 INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** W46110957 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. *LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. *Not Applicable in WY

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			P03HC0000069091	10/01/2025	10/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			P03HC0000069091	10/01/2025	10/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N No (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		TWC4697251	10/01/2025	10/01/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
C	Cyber Liability			C-4MX3-025864-CYBER-2025	10/01/2025	10/01/2026	Aggregate Limit	$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

This Voids and Replaces Previously Issued Certificate Dated 05/19/2026 WITH ID: W46107484.

SEE ATTACHED

CERTIFICATE HOLDER

Evidence of Coverage

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Patricia A Forry

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SR ID: 29961259 BATCH: 4453006

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Willis Towers Watson Northeast, Inc.	Vegas Medical Supplies Corp 3111 S. Valley View Blvd A-105 Las Vegas, NV 89102
POLICY NUMBER See Page 1	
CARRIER: See Page 1 / NAIC CODE: See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Vegas Medical Supply Corp FEIN 71-1012548 pending NCCI approval for combinability under Workers Compensation policy TWC4697251

INSURER AFFORDING COVERAGE: Vantage Risk Specialty Insurance Company NAIC#: 16275

POLICY NUMBER: P03HC0000069091 EFF DATE: 10/01/2025 EXP DATE: 10/01/2026

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Professional Liability	Each Claim	$1,000,000
	Aggregate:	$3,000,000

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SR ID: 29961259 BATCH: 4453006 CERT: W46110957

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **NUCLEAR CARE PARTNERS, LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 04/04/2011, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 05/06/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202605066666143
You may verify this certificate online at https://www.nvsilverflume.gov/home

Nuclear Care Partners, LLC

Date 5/06/2026

Directors and Officers:

Mark Bruning, CEO

Troy Noem, CFO

Kat Fraser, CDO

Karl Archuleta, CTO

Patti Kendall, VP Compliance

Courtney Mawheiney, EVP Clinical

Tyler Skeen, EVP Business Development

Patrick Howe, EVP Sales

Greg Letendre, VP Growth and Integration

POST CLOSE ORGANIZATIONAL ORG. STRUCTURE ACQUISITION OF VMS

There are no individual owners in any of the organizations listed below.



STATE OF NEVADA

FRANCISCO V. AGUILAR
Secretary of State

C. MURPHY HEBERT
Chief Deputy Secretary of State

DEANNA L. REYNOLDS
Deputy Secretary for Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

Patti Kendall
631 24.5 Road Suite C
Grand Junction, CO 81505, USA

Work Order #: W2026050601354
May 6, 2026
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 84547

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Certificates	Fees	20265722842	5/6/2026 1:29:09 PM	Approved	1	$50.00	$50.00
Total							$50.00

Payments

Type	Description	Payment Status	Amount
Credit Card	[redacted]	Success	$50.00
Credit Card	Service Fee	Success	$1.25
Total			$51.25

Credit Balance: $0.00

Patti Kendall
631 24.5 Road Suite C
Grand Junction, CO 81505, USA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Vegas Medical Supplies Corp. MDEG License # (if applicable): MP00440

Physical Address: 3111 S. Valley View Blvd. suite A-105

City: Las Vegas State: NV Zip: 89102

Mailing Address (if different from physical address): 751 Horizon Ct. suite 200

City: Grand Junction State: CO Zip: 81506

Telephone: 702-638-7900 Website: https://vegasmedicalsupplies.com/

Licensing Company Email: pkendall@nuclearcarepartners.com

Section 2: Personal Information

First: Vishal Middle: Last: Mathur

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Las Vegas State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3: Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.179)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
College of Southern Nevada		2004-2005	
Address	**City**	**State**	**Zip**
6375 W. Charleston Blvd.	Las Vegas	NV	89146
Diploma/Degree obtained, if any			
none			

School Name		From - To (MM/YY – MM/YY)	
Sierra Vista High School		graduated 2004	
Address	**City**	**State**	**Zip**
8100 W. Robindale Rd	Las Vegas	NV	89113
Diploma/Degree obtained, if any			
High School general education diploma			

School Name		From - To (MM/YY – MM/YY)	
n/a			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
n/a			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
n/a			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2024-2026	[redacted]	Las Vegas	NV	[redacted]
2023-2024		Las Vegas	NV	
2020-2023		Las Vegas	NV	
2012-2020		Las Vegas	NV	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Vegas Medical Supplies Corp.			09/06 - 05/26	
Business Address	**City**		**State**	**Zip**
3111 S. Valley View Blvd. suite A-105	Las Vegas		NV	89102
Phone	**Title**		**Number of Employed Hours**	
702-638-7900	Administrator		full time	
Description of Duties				
See Resume				

Business Name			From - To (MM/YY – MM/YY)	
United Medical Supplies			06/04 - 08/06	
Business Address	**City**		**State**	**Zip**
3111 S. Valley View Blvd. suite B-107	Las Vegas		NV	89102
Phone	**Title**		**Number of Employed Hours**	
702-368-3003	Employee/Technician		full time	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # N/A . Provide all the following *<u>where applicable</u>*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original signature (electronic, copies or stamps not accepted)

5/18/26
Date

I, Vishal Mathur, **certify that as the MDEG Administrator for**

Vegas Medical Supplies Corp.,

that I (initial that you have read and meet the following requirements):

1. VM Have a high school diploma or its equivalent;
2. VM Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. VM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. VM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Vishal Mathur
Print Name (First, Last)

Original signature (electronic, copies or stamps not accepted)

5/18/26
Date

Board Use Only	Date Received:

Vishal Mathur

[redacted] • Las Vegas, NV [redacted]

PROFESSIONAL SUMMARY

Results-driven healthcare operations and administrative professional with 20+ years of experience leading medical supply and durable medical equipment (DME) operations. Extensive background in office administration, business management, patient services, vendor negotiations, accounts receivable oversight, and operational coordination. Proven ability to manage daily business functions, improve workflow efficiency, maintain strong manufacturer relationships, and deliver exceptional customer service in fast-paced healthcare environments.

PROFESSIONAL EXPERIENCE

VEGAS MEDICAL SUPPLIES — President

Las Vegas, NV | 2006 – Present

- Direct and oversee all daily business and administrative operations for a medical supply company serving patients throughout the Las Vegas area
- Manage office administration, clerical operations, scheduling, and workflow coordination
- Supervise accounts receivable processes, billing follow-up, and patient account management
- Coordinate patient equipment setups and ensure high-quality customer service standards
- Negotiate competitive pricing and maintain relationships with manufacturers and medical vendors
- Lead marketing and business development initiatives to support company growth and client retention
- Ensure compliance with operational procedures and healthcare service standards
- Support staff coordination, inventory oversight, and operational efficiency improvements

UNITED MEDICAL SUPPLIES — Delivery Technician

Las Vegas, NV | 2004 – 2006

- Delivered and installed oxygen supplies and durable medical equipment for patients in home and clinical settings
- Educated patients and caregivers on proper equipment usage and safety procedures
- Assisted with setup and maintenance of hospital beds, wheelchairs, walkers, and oxygen equipment
- Maintained accurate delivery documentation and equipment records
- Provided professional customer service while supporting patient care needs

CORE COMPETENCIES

Administrative Management • Healthcare Operations • Office & Clerical Support • Vendor & Manufacturer Relations • Accounts Receivable Oversight • Customer & Patient Service • Scheduling & Workflow Coordination • Durable Medical Equipment (DME) • Business Operations • Team Coordination • Marketing & Client Relations • Inventory & Supply Management

EDUCATION

Sierra Vista High School

Las Vegas, Nevada

8B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☒ Nevada	☐ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☒ Yes	☐ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☒ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☒ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Vitality Medical Supplies LLC

MDEG Physical Address: 6756 W Charleston BLVD STE 150

City: Las Vegas State: NV Zip: 89146

Mailing Address (if different from physical address): [redacted]

City: Hurricane State: UT Zip: [redacted]

Telephone: 702.756.3646 Website: _____

Email: credentialing@msebilling.com

Name of MDEG Administrator (NAC 639.694): Ryan Yardley

Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
☒ Patients by prescriptions	☐ Medical Gases**
☒ Pharmacies[a]	☐ Respiratory Equipment**
☒ Practitioners[a]	☒ Life-sustaining equipment**
☒ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☒ Clinics[a]	☒ Assistive Equipment
☒ Wholesalers[a]	☒ Diabetic Supplies
☒ Other business entities (specify)[a]: Lien and Workers Compensation	☒ Orthotics and Prosthetics
	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: Dr. Brandon Snead
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
☒ Mon: 9am-5pm	☒ Tue: 9am-5pm	☒ Wed: 9am-5pm	☒ Thurs: 9am-5pm	☒ Fri: 9am-5pm
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Dr. Brandon Snead Medicare- 1174766620 Medicaid- 15428

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933).

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: Vitality Medical Supplies LLC

Mailing Address: [redacted]

City: Hurricane State: UT Zip: [redacted]

Telephone: 702.327.6653 Email: credentialing@msebilling.com

Contact Person Name: Sandy Friday

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of all Officers and Directors.	✓	✓		
• List of all general and limited partner names and their percent ownership (NAC 639.6942).			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• *Wholesaler Application must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brandon Sneed

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/17/26

Date

Board Use Only	Date Received: 4/27/26	Amount: $500.00

We are writing to formally state that, effective immediately, we will be initiating the prescribing and dispensing of life-sustaining and orthotic equipment in accordance with applicable guidelines and regulations.

At this time, our organization is actively undergoing the certification process. Upon receipt of our official licensure, we will expand our scope of services to include additional product lines. This expansion will be carried out in a structured and compliant manner.

Over the next two to three years, we plan to progressively introduce the remaining Medical Device and Equipment Group (MDEG) products listed in the top section of our application. This process will include the recruitment and hiring of appropriately certified personnel to ensure all services are delivered safely, effectively, and in full regulatory compliance.

We remain committed to maintaining the highest standards of care and operational integrity throughout this process.

Ryan Yardley holds a 91% ownership interest in Vitality Medical Supplies LLC and serves as the majority partner. Brandon Snead, M.D., holds a 9% ownership interest as a minority partner. This ownership structure reflects the agreed-upon equity distribution within the company.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/30/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	**CONTACT NAME:** Micah Gubler
Valley Insurance Brokers 525 W State Street, Suite 5 Hurricane, UT 84737	**PHONE (A/C, No, Ext):** (435)635-9811 **FAX (A/C, No):** (435)635-9120 **E-MAIL ADDRESS:** Micah@Valleyinsbrokers.com
	INSURER(S) AFFORDING COVERAGE — **NAIC #**
	INSURER A: Landmark American Insurance Company — 33138
INSURED	**INSURER B:**
Vitality Medical Supplies LLC [redacted] Hurricane, UT [redacted]	**INSURER C:**
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 00024800-251202092212 **REVISION NUMBER:** 8

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. *LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. *Not Applicable in WY

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			LHC866889	05/07/2026	05/07/2027	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Micah Gubler

(MIC)

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SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

UTAH DEPARTMENT OF COMMERCE
Division of Corporations and Commercial Code

MARGARET W. BUSSE
Executive Director

G. SCOTT WHITTAKER
Division Director

May 01, 2026

CERTIFICATE OF EXISTENCE

Registration Number:	14690153-0161
Business Name:	VITALITY MEDICAL SUPPLIES, LLC
Principal Office Address:	6765 W CHARLESTON BLVD STE 150, LAS VEGAS, NV 89146
Registered Date:	05/01/2026
Entity Type:	FOREIGN LIMITED LIABILITY COMPANY
Current Status:	ACTIVE - CURRENT

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division unless the status above is delinquent; and, that Articles of Dissolution have not been filed.

Scott Whittaker

G. Scott Whittaker
Director
Division of Corporations and Commercial Code

Certificate Number: 202605011132248
Enter the certificate number at https://businessregistration.utah.gov/ to verify this certification.

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of	Business Number
FVAguilar	E56636562026-2
	Filing Number
	20265663655
Secretary of State	Filed On
State Of Nevada	04/10/2026 17:41:20 PM
	Number of Pages
	2

Formation - Limited-Liability Company

- [x] NRS 86 - Articles of Organization Limited-Liability Company
- [ ] NRS 86.544 - Registration of Foreign Limited-Liability Company
- [ ] NRS 89 - Articles of Organization Professional Limited-Liability Company
- [ ] NRS 86.555 - Registration of Professional Foreign Limited-Liability Company

1. Name Being Registered in Nevada: (See instructions)
Vitality Medical Supplies, LLC

2. Foreign Entity Name: (Name in home jurisdiction)

3. Jurisdiction of Formation: (Foreign Limited-Liability Companies)
3a) Jurisdiction of formation:
3b) Date formed:
3c) I declare this entity is in good standing in the jurisdiction of its formation. ☐

4. Registered Agent for Service of Process*: (check only one box)
☐ Commercial Registered Agent (name only below) ☑ Noncommercial Registered Agent (name and address below) ☐ Office or position with Entity (title and address below)

Navvee Law, LLC
Name of Registered Agent **OR** Title of Office or Position with Entity

2831 St Rose Parkway, Suite 200 — Street Address
Henderson — City
Nevada 89052 — Zip Code

Mailing Address (If different from street address)
City
Nevada
Zip Code

4a. Certificate of Acceptance of Appointment of Registered Agent:
I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.

X Edwin Gehres
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

04/10/2026
Date

5. Management: (Domestic Limited-Liability Companies only)
Company shall be managed by: (check one box) ☑ Manager(s) **OR** ☐ Member(s)

6. Name and Address of each Manager(s) or Managing Member(s): (NRS 86 and NRS 86.544, see instructions)
Name and Address of the Original Manager(s) and Member(s): (NRS 89, see instructions)
IMPORTANT:
A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.

1) Ryan Yardley
Name
[redacted]
Address
Hurricane
City
UT
State
[redacted]
Zip Code

7. Dissolution Date: (Domestic only)
Latest date upon which the company is to dissolve (if existence is not perpetual):

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Vitality Medical Supplies LLC MDEG License # (if applicable): _____

Physical Address: 6756 W Charleston BLVD STE 150

City: Las Vegas State: NV Zip: 89146

Mailing Address (if different from physical address): [redacted]

City: Hurricane State: UT Zip: [redacted]

Telephone: 702.756.3646 Website: _____

Licensing Company Email: credentialing@msebilling.com

Section 2: Personal Information

First: Brandon Middle: _____ Last: Snead

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Las Vegas State: NV Zip: [redacted]

Telephone: 702.756.3646 Email: bsnead@nevadasportsandspine.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
American University Of The Caribbean, School Of Medicine		05/2005-04/2009	
Address	**City**	**State**	**Zip**
Medical Education Information Office 901 Ponce De Leon Blvd	Coral Gables	FL	89144
Diploma/Degree obtained, if any			
MD			

School Name		From - To (MM/YY – MM/YY)	
Thee University of Michigan		09/1997-12/2002	
Address	**City**	**State**	**Zip**
105 S State St	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
BS			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2014-Present	[redacted]	Las Vegas	NV	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Nevada Sports and Spine			06/2016-Present
Business Address	**City**	**State**	**Zip**
6765 W. Charleston Blvd Ste #150	Las Vegas	NV	89146
Phone	**Title**	**Number of Employed Hours**	
702.518.5774	Dr. Snead	20,000	
Description of Duties			
Assessing patient needs, issuing specific orders for orthotics, prosthetics, and wheelchairs, and coordinating with suppliers to ensure proper fit.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. **Provide all the following *<u>where applicable</u>*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/17/26
Date

I, Brandon Sneed, certify that as the MDEG Administrator for Vitality Medical Supplies, LLC,

that I (initial that you have read and meet the following requirements):

1. ✓ Have a high school diploma or its equivalent;
2. ✓ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ✓ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ✓ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brandon Sneed
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/17/26
Date

Board Use Only	Date Received: 4/17/26

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Vitality Medical Supplies LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 1062 E. Riverside Dr.

City St. George State UT Zip 84790

Mailing Address (if different from physical address) [redacted]

City Hurricane State UT Zip [redacted]

Telephone (702) 518-5774 Website _____

Licensing Company Email credentialing@msebilling.com

Section 2: Personal Information

First Ryan Middle _____ Last Yardley

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Hurricane State UT Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Denver Technical College		08/1996-04/2000	
Address	City	State	Zip
925 S. Niagra St	Denver	CO	80224
Diploma/Degree obtained, if any			
Physical Therapist Assistant			

School Name		From - To (MM/YY – MM/YY)	
Southern Utah University		08/1994-08/1996	
Address	City	State	Zip
351 W. University Blvd	Cedar City	UT	84720
Diploma/Degree obtained, if any			
BS			

School Name		From - To (MM/YY – MM/YY)	
Weber State University		09/1988-05/1994	
Address	City	State	Zip
3848 Harrison Blvd	Ogden	UT	84403
Diploma/Degree obtained, if any			
AA			

School Name		From - To (MM/YY – MM/YY)	
Beaver High School		08/1985-05/1988	
Address	City	State	Zip
195 E. Center St.	Beaver	UT	84713
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2020-Present	[redacted]	Hurricane	UT	[redacted]
07/2008-07/2020		Hurricane	UT	

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
OrthoSport Medical Services Corp.			03/2013- Present
Business Address [redacted]	City: Hurricane	State: UT	Zip [redacted]
Phone: 435-922-1295	Title: Owner		
Description of Duties: Orthopedic sales rep. & distributor for Breg, Aspen, Bioskin Orthopedic products.			

Business Name			From - To (MM/YY – MM/YY)
Mountain Ridge Holdings Inc			11/2019-08/2025
Business Address: 67 Shadow Breeze Rd	City: Kaysville	State: UT	Zip: 84037
Phone: 435-922-1295	Title: Co-Owner		
Description of Duties: Started company to purchase and run a Franchise Handel's Homemade Ice Cream stores.			

Business Name			From - To (MM/YY – MM/YY)
Yardley Management Inc			04/2025-Present
Business Address [redacted]	City: Hurricane	State: UT	Zip [redacted]
Phone: 435-922-1295	Title: Owner		
Description of Duties: Owns Mt. Ridge St. George- Handel's Homemade Ice Cream franchise in St. George UT			

Business Name			From - To (MM/YY – MM/YY)
Peak Orthopedic Solutions			01/2026-Present
Business Address [redacted]	City: Hurricane	State: UT	Zip [redacted]
Phone: 435-922-1295	Title: Owner		
Description of Duties: Aspen medical Products distributor for Utah & Nevada - DME equipment			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4-16-26
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

RYAN YARDLEY

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-16-26

Date

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Washington

I, RYAN YARDLEY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4-16-26

Date

Subscribed and Sworn ~~to~~ before me this 16 day of April.

Notary Public Signature

EMILY RIPPLINGER
Notary Public - State of Utah
Comm. No. 738253
My Commission Expires on
Jul 22, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Vitality Medical Supplies LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 6765 W. Charleston Blvd Ste #150

City: Las vegas State: NV Zip: 89146

Mailing Address (if different from physical address): [redacted]

City: Hurricane State: UT Zip: [redacted]

Telephone: 702.756.3646 Website:

Licensing Company Email: credentialing@msebilling.com

Section 2: Personal Information

First: Brandon Middle: Last: Snead

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: 6765 W. Charleston Blvd Ste #150

City: Las Vegas State: NV Zip: 89146

Telephone: 702.756.3646 Email: bsnead@nevadasportsandspine.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
Nevada Sports and Spine		06/2016-Present	
Business Address	**City**	**State**	**Zip**
6765 W CHARLESTON BLVD STE 150	Las Vegas	NV	89146
Phone	**Title**		
702.756.3646	Dr. Snead		
Description of Duties			
Assessing patient needs, issuing specific orders for orthotics, prosthetics, and wheelchairs, and coordinating with suppliers to ensure proper fit.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brandon Snead

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/17/26

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, Brandon Snead, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/17/26

Date

Subscribed and Sworn to before me this 17 day of APRIL, 26.

Notary Public Signature

Joseph Quinto
Notary Public - State of Nevada
County of Clark
Appt. No. 25-3280-01
My Appt. Expires: May 29, 2029

(Seal)

9

9A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH IB04039	☐ Retail/Community ☑ Hospital (# beds 60) ☐ Internet ☐ Nuclear ☐ Other:	☐ Retail/Community ☐ Dangerous drugs ☑ Controlled substances DEA #: [redacted] ☑ Non-sterile Compounding ☑ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☑ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☑ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Dignity Select Nevada, LLC d/b/a Dignity Health Rehabilitation Hospital

Physical Address: 2930 SIENA HEIGHTS DRIVE

City: Henderson State: NV Zip: 89052

Mailing Address (if different from physical address): 4714 Gettysburg Road

City: Mechanicsburg State: PA Zip: 17055

Telephone: 717-975-4503 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: 717-975-4503 Contact Email: mnotario@selectmedical.com

Website: www.dignityhealthrehab.com

Nevada Business License # (if applicable) NV20171224822

Supervising/Managing Pharmacist Name (NRS 639.220): Daniel Kim

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 15620

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Daniel Kim	NV Pharmacist Registration #: 15620
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Select Nevada Holdings, Inc. (51%) and Dignity Health (49%)

Corporation/Organization Name: Dignity Select Nevada, LLC (Licensee d/b/a Dignity Health Rehabilitation Hospital)

Mailing Address: 4714 Gettysburg Road

City: Mechanicsburg State: PA Zip: 17055

Telephone: 717-975-4503 Email: mnotario@selectmedical.com

Contact Person Name: Amanda Altland

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Director (title) for Dignity Select Nevada, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

John Duggan

Print Name of Authorized Person

DocuSigned by:
John F Duggan
25EC770B2E114EC...

Original signature of Authorized Person (copies or stamps not accepted)

5/7/2026 | 2:51:17 PM EDT

Date

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Daniel Kim Pharmacist Registration #: 15620

Pharmacy Name: Dignity Select Nevada, LLC d/b/a Dignity Health Rehabilitation Hospital

Initial each statement below to indicate you have read and agree with the following:

Initial ____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

Initial ____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

Initial ____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

Initial ____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

Initial ____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
N/A			

Criminal Action:	State:	Date:	Case #:	County:	Court:
N/A					

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Signed by: 4FDB77F58924474...

Original signature of Managing Pharmacist (copies or stamps not accepted)

5/6/2026 | 12:56:46 PM PDT

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Duggan, Director, Dignity Select Nevada, LLC d/b/a Dignity Health Rehabilitation Hospital

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

DocuSigned by:
John F Duggan
25EC770B2E114EC...

5/7/2026 | 2:50:42 PM EDT

Original signature of Authorized Person (copies or stamps not accepted) — Date

Board Use Only	Date Received: _____	Amount: 500.00

Officer/Director List For Dignity Select Nevada, LLC d/b/a Dignity Health Rehabilitation Hospital

John F. Duggan

John Saich

Michael Malatesta

Thomas Mullin

Robert Kido

All located at 4714 Gettysburg Road, Mechanicsburg, PA 17055

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DIGNITY SELECT NEVADA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6251086 8300

SR# 20261693886

Authentication: 203601311

Date: 04-09-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Dignity Select Nevada, LLC d/b/a Dignity Health Rehabilitation Hospital

Pharmacy/Wholesaler License # (if applicable) IB04039

Physical Address 2930 SIENA HEIGHTS DRIVE

City Henderson State NV Zip 89052

Mailing Address (if different from physical address) 4714 Gettysburg Road

City Mechanicsburg State PA Zip 17055

Telephone 717-975-4503 Website www.dignityhealthrehab.com

Licensing Company Email mnotario@selectmedical.com

Section 2: Personal Information

First Daniel Middle Hae Taik Last Kim

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State NV Zi[redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) N/A		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) N/A		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) N/A		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Leilehua High School		09/1981 - 06/1983	
Address	**City**	**State**	**Zip**
1515 California Ave	Wahiawa	HI	96786
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Mid-Pacific Institute		09/1983 - 06/1985	
Address	**City**	**State**	**Zip**
2445 Kaala St	Honolulu	HI	96822
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Oregon State University		09/1985 - 12/1992	
Address	**City**	**State**	**Zip**
1500 SW Jefferson Way	Corvallis	OR	97331
Diploma/Degree obtained, if any			
BS Biology 1990; BS Pharmacy 1992			

School Name		From - To (MM/YY – MM/YY)	
Western Governors University		04/2019 - 03/2021	
Address	**City**	**State**	**Zip**
4001 S 700 East #700	Salt Lake City	UT	84107
Diploma/Degree obtained, if any			
MBA, Healthcare Management			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2005 - Present	[redacted]	[redacted]	NV	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Dignity Health Rehabilitation Hospital			12/2018 - present	
Business Address		**City**	**State**	**Zip**
2390 Siena Heights Dr		Henderson	NV	89052
Phone	**Title**		**Number of Employed Hours**	
725-726-2034	DOP 12/2018-12/2023; Sr. DOP 1/2024-present		In excess of 6,000 hrs.	
Description of Duties				
The Senior Director of Pharmacy is responsible for the orientation, training, and evaluating all new and existing Directors of Pharmacy within their respective region, and has oversight of dispensing, distribution and recordkeeping.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Daniel Kim, **certify that as the designated representative for**

Dignity Select Nevada, LLC d/b/a Dignity Health Rehabilitation Hospital,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CA I am at least 21 years of age;
3. CA I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CA I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Daniel Kim

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/15/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Kim

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/15/2026

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, Daniel Kim, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/15/2026

Date

Subscribed and Sworn to before me this 15 day of APRIL, 2026

Notary Public Signature

Notary Public - State Of Nevada
COUNTY OF CLARK
CHRIS MANOLIDIS
My Appointment Expires
April 1, 2028
No. 22-5076-01

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Dignity Select Nevada, LLC d/b/a Dignity Health Rehabilitation Hospital

NV Pharmacy or Outsourcing facility license # (if applicable): IB04039

Physical Address: 2930 SIENA HEIGHTS DRIVE

City: Henderson State: NV Zip: 89052

Mailing Address (if different from physical address): 4714 Gettysburg Road

City: Mechanicsburg State: PA Zip: 17055

Telephone: 717-975-4503 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: N/A Contact Email: mnotario@selectmedical.com

Website: www.dignityhealthrehab.com

Nevada Business License # (if applicable) NV20191497453

Supervising/Managing Pharmacist Name (NRS 639.220): Daniel Kim

Supervising/Managing Pharmacist NV Pharmacist Registration #: 15620

Name of Designated Person(s) as defined by revised USP-797 guidelines: Daniel Kim

Email of Designated Person(s): dhkim@dignityhealthrehab.com

Telephone of Designated Person(s): 725-726-2034

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? N/A**

☐ Category 1 ☐ Category 2 ☐ Category 3

**All Sterile Compounding is Immediate Use Risk Level.

If you marked "**Category 3**", you must also complete **section 4**.

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? N/A ☐ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? N/A ☐ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? Not required for Immediate Use.

6. What is the frequency of the recertification for the ISO classified areas? Not required for Immediate Use.

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? N/A ☐ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Not required for Immediate Use Risk Level.

10. Will you be performing sterile hazardous drug compounding? Yes ■ No

If you marked "**Yes**", you must also complete **section 3**.

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

N/A

12. What laboratory performs your sterility or endotoxin testing?

Name: Not required for Immediate Use Risk Level.

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

13. What is your procedure for visual inspection of compounded sterile products?

Visual inspection using light & dark background contrast.

14. How often do you perform glove fingertip and medial fill testing?

Not required for Immediate Use Risk Level

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

Annual training and competency assessments in January with physical testing observations for immediate use risk levels.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Segregated, dedicated compounding workspace with sterile 70% IPA & disinfect with Super Sani-Cloth with 2 minutes dwell time prior to compounding. Repeat if compounding cycle extends past 30 minutes. Repeat at end of compounding cycle.

17. Who performs the sterile compounding process at your facility?

All Pharmacists & Technicians after passing annual competency.

18. Who is responsible and accountable for the sterile compounding process at your facility?

Daniel Kim, PIC

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

No Shipping or Mailing of compounded product.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? N/A		
2. Are you complying with all USP 800 guidelines?	Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	Yes	No
4. Is your BSC or CACI vented 100% to the outside?	Yes	No
5. Do you have a negative pressure buffer room at your facility?	Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

N/A

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? Yes No

4. What is the frequency for completing volumetric active air sampling?

5. What is the frequency for completing surface sampling?		
6. What is the frequency for using sporicidal agents?		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	Yes	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Kim

Name of Person who Completed the Form

Director of Pharmacy/Designated Representative

Title

Signed by:

4FC8D77F50924474...

Signature (copies or stamps not accepted)

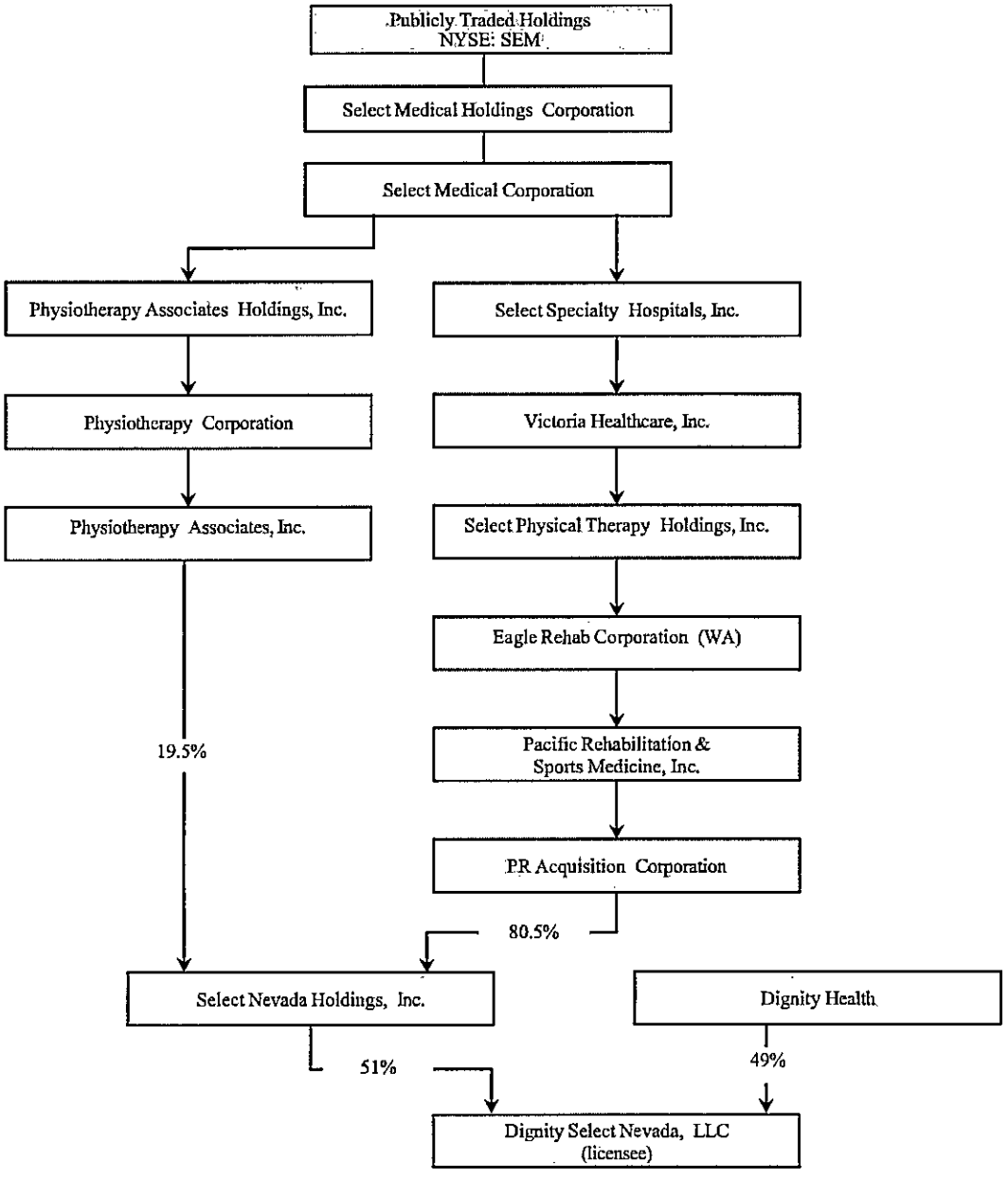
4/16/2026 | 10:24:25 AM PDT

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

EXHIBIT A

Select Medical and Licensee
Pre-Closing Ownership Structure
Unless otherwise indicated, ownership percentages are 100%

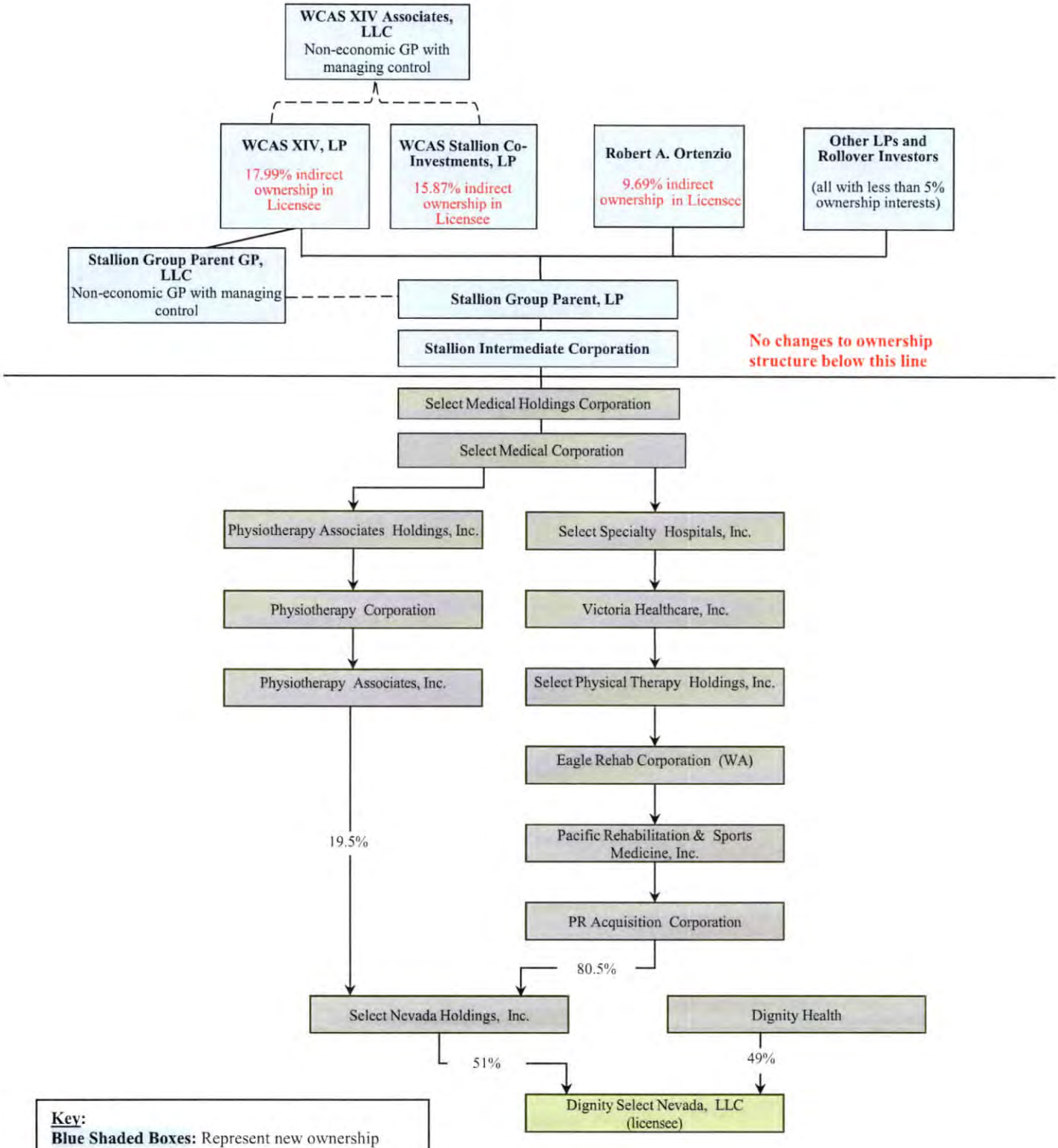


Key:
Grey Shaded Boxes: Represent existing ownership structure
Green Shaded Box: Represents the Licensee

Select Medical and Licensee

Post-Closing 5% or Greater Ownership Structure

Unless otherwise indicated ownership percentages are 100%



Key:
Blue Shaded Boxes: Represent new ownership (percentages subject to change
Grey Shaded Boxes: Represent existing ownership structure
Green Shaded Box: Represents the Licensee

9B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	■ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH_____	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: For application ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ■ Long Term Care ☐ Hospital ■ Other: Hospice

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Genuine Care Pharmacy

Physical Address: 4880 E Bonanza Rd., Suite 6

City: Las Vegas State: NV Zip: 89110

Mailing Address (if different from physical address): [redacted]

City: [redacted] State: NV Zip: [redacted]

Telephone: 702-881-1099 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-342-5479 Contact Email: admin@genuinecarepharmacylv.com

Website: genuinecarepharmacylv.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Dimitiris Efstathiou

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17277

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Edmund Arcilla Gianan	NV Pharmacist Registration #: 15316
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials: NA	%: NA
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: Lucky 888 LLC

Mailing Address: [redacted]

City: [redacted] State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Contact Person Name: Robert Bryan Jose

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Managing Pharmacist (title) for Genuine Care Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Dimitris Efstathiou

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

6/11/26

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Dimitris Efstathiou hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Managing Pharmacist (title) for Genuine Care Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 11th day of June, 2026

Maricel Autencio Palma
Notary Public

MARICEL AUTENCIO PALMA
Notary Public - State of Nevada
County of Clark
Appt. No. 22-9401-01
My Appt. Expires: Nov. 8, 2026

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Dimitris Efstathiou Pharmacist Registration #: 17277

Pharmacy Name: Genuine Care Pharmacy

Initial each statement below to indicate you have read and agree with the following:

D.E I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

D.E I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

D.E I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

D.E I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

D.E I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	✔	

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:
Fined, copy attached.	Nevada	June 2023	18-021-PH-S

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

06/11/2026
Date

June 15, 2026

To the Nevada Board of Pharmacy,

The undersigned, Dimitris Efstathiou verify that I failed to place the required sticker at the back of the original C2 prescription, no. 1893870 in violation of NRS 639.236 (2).

Sincerely,



Dimitris Efstathiou

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854, Pharmacy License No. PH01293,** **MINHQUANG D. NGUYEN, RPH, Certificate of Registration No. 15913,** **DIMITRIS EFSTATHIOU, RPH, Certificate of Registration No. 17277, and** **MARIA CRUZ, RPH, Certificate of Registration No. 18166,** **Respondents.**	**CASE NOS. 18-021-PH-S** **18-021-RPH-C-S** **STIPULATION AND ORDER [RESPONDENTS WALGREENS PHARMACY #4854 & EFSTATHIOU ONLY]**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, and Respondent Dimitris Efstathiou, RPh (Efstathiou), Certificate of Registration No. 17277, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondents and these matters.

2. On or about February 6, 2023, Board Staff served Respondents with the First Amended Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing.

3. Respondents jointly filed an Answer and Notice of Defense to the Accusation.

4. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. By failing to place a fill sticker on the back of the original hard copy of the prescription when filling prescription no. 1893870, Efstathiou violated NRS 639.236(2) and is subject to discipline pursuant to NRS 639.210(12); and

B. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens Pharmacy #4854 is responsible for those violations pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

7. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Dimitris Efstathiou, Certificate of Registration No. 17277, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Efstathiou shall pay a fine of One-Thousand Dollars ($1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Efstathiou shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #4854 shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #4854 shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

10. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 14, 2023.

Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *First Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of June 2023

WALGREENS PHARMACY #4854
Pharmacy License No. PH01293

Signed this 3 day of June 2023

DIMITRIS EFSTATHIOU, RPH
Certificate of Registration No. 17277

APPROVED AS TO FORM AND CONTENT
this ___ day of June 2023

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of June 2023

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, and Respondent Dimitris Efstathiou, RPh, Certificate of Registration No. 17277, in Case Nos. 18-021-PH-S and 18-021-RPH-C-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of June 2023.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

William J. Stilling (NBN 9915)
STILLING & HARRISON, PLLC
222 S. Main St., Ste. 500
Salt Lake City, Utah 84101
Telephone: 801-980-1888
Facsimile: (801) 341-2021
Email: bstilling@SHhealthlawyers.com

Attorneys for Respondents

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854, Pharmacy License No. PH01293,** **MINHQUANG D. NGUYEN, RPH, Certificate of Registration No. 15913, and** **DIMITRIS EFSTATHIOU, RPH, Certificate of Registration No. 17277,** **MARIA CRUZ, RPH, Certificate of Registration No. 18166,** **Respondents.**	**CASE NOS. 18-021-PH-S** **18-021-RPH-A-S** **18-021-RPH-B-S** **18-021-RPH-C-S** **18-021-RPH-D-S** **RESPONDENTS' ANSWER AND NOTICE OF DEFENSE**

Respondents Walgreens Pharmacy #4854, 5814, Minhquang D. Nguyen, RPh, Dimitris Efstathiou, RPh, , and Maria Cruz, RPh by and through their counsel William J. Stilling, of and for Stilling & Harrison, PLLC, answer and provide notice of their defense to the Notice of Intended Action and Accusation ("Notice") in the above-entitled matter and declare as follows.

REQUEST FOR HEARING

Respondents request a hearing on the Notice.

RESPONSES TO ALLEGATIONS AND CAUSES OF ACTION

In answer to the Notice, Respondents admit, deny, and allege as follows:

JURISDICTION

1. Respondents admit the allegations in paragraph 1.

2. Respondents admit the allegations in paragraph 2.

FACTUAL ALLEGATIONS

3. Respondents admit the allegations in paragraph 3.

4. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 4 and therefore deny the same.

5. Respondents admit the allegations in paragraph 4.

6. Respondents admit the allegations in paragraph 5.

7. Respondents admit the allegations in paragraph 6.

8. Respondents admit the allegations in paragraph 7.

9. Respondents admit the allegations in paragraph 8.

10. Respondents admit the allegations in paragraph 10.

11. Respondents admit that on or about December 24, 2017, prescription no. 1874629, post-dated 11/07/2017, was processed, filled and dispensed and that data entry review was performed by Cruz. However, there would have been nothing on the prescription 1874629 to indicate that it had been previously filled. Respondents deny all remaining allegations in paragraph 11.

12. Respondents admit that: (i) on or about January 29, 2018, prescription no. 1886042, post-dated 12/07/2017, was processed, filled and dispensed; (ii) data entry review and final verification were performed by Nguyen who did not place a fill sticker on the back of the original hard copy of the prescription. Respondents deny all remaining allegations in paragraph 12.

13. Respondents admit that: (i) on or about February 28, 2018, prescription no. 1896898, post-dated 12/07/2017, was processed, filled and dispensed and (ii) data entry review was performed by Cruz. However, there would have been nothing on the prescription 1896898 to indicate that it had been previously filled. Respondents deny all remaining allegations in paragraph.

COUNT ONE
Recordkeeping Violations
(Respondents Nguyen and Efstathiou)

14. Paragraph 14 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 14 implies any unprofessional or unlawful conduct, Respondents deny the same.

15. Respondents deny the allegations in paragraph 15.

COUNT TWO

Failure to Identify Duplicate Dispensed Medication/Unprofessional Conduct

(Respondents Nguyen and Cruz)

16. Paragraph 16 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 16 implies any unprofessional or unlawful conduct, Respondents deny the same.

17. Respondents deny the allegations in paragraph 17.

COUNT THREE

Managing Pharmacist Responsibility

(Respondent Nguyen)

18. Paragraph 18 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 16 implies any unprofessional or unlawful conduct, Respondents deny the same.

19. Respondents deny the allegations in paragraph 19.

COUNT FOUR

Pharmacy/Pharmacy Owner Responsibility

(Respondent Walgreens Pharmacy #4854)

20. Paragraph 20 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 16 implies any unprofessional or unlawful conduct, Respondents deny the same.

21. Respondents deny the allegations in paragraph 21.

RESERVATION OF RIGHTS, DEFENSES, AND GENERAL DENIAL

22. Each Count fails to state a claim upon which relief can be granted.

23. To the extent Respondents did not specifically admit allegations in the Notice, they deny such allegations.

24. Sanctioning Respondent Maria Cruz would be unfair and unjust in light of her circumstances. Maria Cruz retired _____, 2021 **(??)**. She now lives in the Philippines. She no longer has a pharmacy license and never intends to practice pharmacy again. Her decision to retire after ___ years of practicing as a pharmacist had nothing to do with this case. Ms. Cruz has never been sanctioned for any act or omission during her __ years of practice. The Board needs to be consistent in its decisions. But some cases are just different and require wise use of discretion as fairness requires. This is such a case. If the Board agrees to dismiss the claims against Maria Cruz, it would not set a precedent that a pharmacist can escape sanctions by retiring. Rather, a decision to dismiss the claims against her or to forego any sanctions would simply recognize that it is fair not to impose sanctions on a pharmacist who retires some three years after an alleged violation and before any Notice of intended Action is filed, who moves to her back to her native country, and who has never before been sanctioned by a board of pharmacy. If this Board finds that Maria Cruz engaged in unprofessional conduct, it has the power to impose sanctions. Just because a government body has the power to do something does not necessarily mean that it should do so—especially when fairness dictates otherwise.

PRAYER FOR RELIEF

25. That the Notice be dismissed or that the Board finds that the allegations in the Notice and all evidence presented to the Board do not support imposing discipline on any of the Respondents.

26. That the Board dismiss all Causes of Acton in in the Notice.

27. That the Board provide further relief to Respondents as it finds just and proper.

DATED this 23rd day of May 2023.

William J. Stilling
STILLING & HARRISON, PLLC
Attorneys for Respondents

CERTIFICATE OF SERVICE

I hereby certify that on May 23, 2023, I caused to be served a true and correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
1985 Damonte Ranch Pkwy #206,
Reno, NV 895219
bkandt@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail

David Wuest
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206,
Reno, NV 895219
dwuest@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail

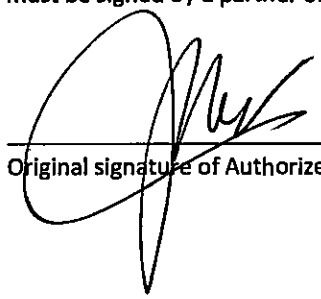
Yenh Long
Deputy Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206,
Reno, NV 895219
ylong@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert Bryan Jose

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

06/11/2026

Date

Board Use Only	Date Received: _____ Amount: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Genuine Care Pharmacy

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 4880 E. Bonanza Road, Suite 6

City Las Vegas State NV Zip 89110

Mailing Address (if different from physical address) 9894 Sparrow Ridge Ave

City Las Vegas State NV Zip 89117

Telephone 702-881-1099 Website genuinecarepharmacylv.com

Licensing Company Email admin@genuinecarepharmacylv.com

Section 2: Personal Information

First Dimitris Middle _____ Last Efstathiou

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State NV Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Southern Nevada USN		08/2003 - 06/2007	
Address	**City**	**State**	**Zip**
11 Sunset Way	Henderson	NV	89014
Diploma/Degree obtained, if any			
Pharmacy Degree			

School Name		From - To (MM/YY – MM/YY)	
1st High School of Zogroufos		09/1966 - 06/1974	
Address	**City**	**State**	**Zip**
Athens, Greece			
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2013 - present	[redacted]	[redacted]	NV	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Walgreens Pharmacy			04/2007 - 12/2020	
Business Address		**City**	**State**	**Zip**
2280 Las Vegas Blvd		N. Las Vegas	NV	89030
Phone	**Title**		**Number of Employed Hours**	
702-649-1415	Staff Pharmacist		Full- Time	
Description of Duties				
Ensuring all medications are dispensed accurately and in a timely manner, counseling patients on the use of medications and maintaining accurate patient records. Responsible for overseeing the work of pharmacy technicians				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
10/09/2017		NV	LAS VEGAS	CLARK

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
18-021-RPH-C-S	NEVADA BOARD OF PHARMACY

Reason/Charge
VIOLATION OF NRS 639.236 (2)

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
DIMITRIS EFSTATHIOU	STIPULATION AND ORDER

Name of Business/Industry/Entity

Provide explanation below:

June 15, 2026

To the Nevada Board of Pharmacy,
The undersigned, Dimitris Efstathiou verify that I failed to place the required sticker at the back of the original C2 prescription, no. 1893870 in violation of NRS 639.236 (2).

Sincerely,

Dimitris Efstathiou



Original Signature (electronic, copies or stamps not accepted)

June 15, 2026

Date

I, Dimitris Efstathiou, **certify that as the designated representative for**

Genuine Care Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. D.E I am at least 21 years of age;
3. D.E I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. D.E I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. D.E I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. D.E I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. D.E I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Dimitris Efstathiou

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/11/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dimitris Efstathiou

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/11/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Dimitris Efstathiou, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date 06/11/2026

Subscribed and Sworn to before me this 11th day of June, 2026

Notary Public Signature

MARICEL AUTENCIO PALMA
Notary Public - State of Nevada
County of Clark
Appt. No. 22-9401-01
My Appt. Expires Nov 8, 2026

(Seal)

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854, Pharmacy License No. PH01293,** **MINHQUANG D. NGUYEN, RPH, Certificate of Registration No. 15913,** **DIMITRIS EFSTATHIOU, RPH, Certificate of Registration No. 17277, and** **MARIA CRUZ, RPH, Certificate of Registration No. 18166,** **Respondents.**	**CASE NOS. 18-021-PH-S** **18-021-RPH-C-S** **STIPULATION AND ORDER [RESPONDENTS WALGREENS PHARMACY #4854 & EFSTATHIOU ONLY]**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, and Respondent Dimitris Efstathiou, RPh (Efstathiou), Certificate of Registration No. 17277, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and these matters.

2. On or about February 6, 2023, Board Staff served Respondents with the First Amended Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing.

3. Respondents jointly filed an Answer and Notice of Defense to the Accusation.

4. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. By failing to place a fill sticker on the back of the original hard copy of the prescription when filling prescription no. 1893870, Efstathiou violated NRS 639.236(2) and is subject to discipline pursuant to NRS 639.210(12); and

B. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens Pharmacy #4854 is responsible for those violations pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

7. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Dimitris Efstathiou, Certificate of Registration No. 17277, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Efstathiou shall pay a fine of One-Thousand Dollars ($1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Efstathiou shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #4854 shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #4854 shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

10. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 14, 2023.

Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

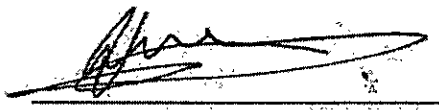
Respondents have fully considered the charges and allegations contained in the *First Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of June 2023

WALGREENS PHARMACY #4854
Pharmacy License No. PH01293

Signed this 3 day of June 2023



DIMITRIS EFSTATHIOU, RPH
Certificate of Registration No. 17277

APPROVED AS TO FORM AND CONTENT
this ___ day of June 2023

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of June 2023

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, and Respondent Dimitris Efstathiou, RPh, Certificate of Registration No. 17277, in Case Nos. 18-021-PH-S and 18-021-RPH-C-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of June 2023.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

William J. Stilling (NBN 9915)
STILLING & HARRISON, PLLC
222 S. Main St., Ste. 500
Salt Lake City, Utah 84101
Telephone: 801-980-1888
Facsimile: (801) 341-2021
Email: bstilling@SHhealthlawyers.com

Attorneys for Respondents

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854, Pharmacy License No. PH01293,** **MINHQUANG D. NGUYEN, RPH, Certificate of Registration No. 15913, and** **DIMITRIS EFSTATHIOU, RPH, Certificate of Registration No. 17277,** **MARIA CRUZ, RPH, Certificate of Registration No. 18166,** **Respondents.**	**CASE NOS. 18-021-PH-S** **18-021-RPH-A-S** **18-021-RPH-B-S** **18-021-RPH-C-S** **18-021-RPH-D-S** **RESPONDENTS' ANSWER AND NOTICE OF DEFENSE**

Respondents Walgreens Pharmacy #4854, 5814, Minhquang D. Nguyen, RPh, Dimitris Efstathiou, RPh, , and Maria Cruz, RPh by and through their counsel William J. Stilling, of and for Stilling & Harrison, PLLC, answer and provide notice of their defense to the Notice of Intended Action and Accusation ("Notice") in the above-entitled matter and declare as follows.

REQUEST FOR HEARING

Respondents request a hearing on the Notice.

RESPONSES TO ALLEGATIONS AND CAUSES OF ACTION

In answer to the Notice, Respondents admit, deny, and allege as follows:

JURISDICTION

1. Respondents admit the allegations in paragraph 1.

2. Respondents admit the allegations in paragraph 2.

FACTUAL ALLEGATIONS

3. Respondents admit the allegations in paragraph 3.

4. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 4 and therefore deny the same.

5. Respondents admit the allegations in paragraph 4.

6. Respondents admit the allegations in paragraph 5.

7. Respondents admit the allegations in paragraph 6.

8. Respondents admit the allegations in paragraph 7.

9. Respondents admit the allegations in paragraph 8.

10. Respondents admit the allegations in paragraph 10.

11. Respondents admit that on or about December 24, 2017, prescription no. 1874629, post-dated 11/07/2017, was processed, filled and dispensed and that data entry review was performed by Cruz. However, there would have been nothing on the prescription 1874629 to indicate that it had been previously filled. Respondents deny all remaining allegations in paragraph 11.

12. Respondents admit that: (i) on or about January 29, 2018, prescription no. 1886042, post-dated 12/07/2017, was processed, filled and dispensed; (ii) data entry review and final verification were performed by Nguyen who did not place a fill sticker on the back of the original hard copy of the prescription. Respondents deny all remaining allegations in paragraph 12.

13. Respondents admit that: (i) on or about February 28, 2018, prescription no. 1896898, post-dated 12/07/2017, was processed, filled and dispensed and (ii) data entry review was performed by Cruz. However, there would have been nothing on the prescription 1896898 to indicate that it had been previously filled. Respondents deny all remaining allegations in paragraph.

COUNT ONE
Recordkeeping Violations
(Respondents Nguyen and Efstathiou)

14. Paragraph 14 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 14 implies any unprofessional or unlawful conduct, Respondents deny the same.

15. Respondents deny the allegations in paragraph 15.

COUNT TWO

Failure to Identify Duplicate Dispensed Medication/Unprofessional Conduct
(Respondents Nguyen and Cruz)

16. Paragraph 16 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 16 implies any unprofessional or unlawful conduct, Respondents deny the same.

17. Respondents deny the allegations in paragraph 17.

COUNT THREE

Managing Pharmacist Responsibility
(Respondent Nguyen)

18. Paragraph 18 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 16 implies any unprofessional or unlawful conduct, Respondents deny the same.

19. Respondents deny the allegations in paragraph 19.

COUNT FOUR

Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens Pharmacy #4854)

20. Paragraph 20 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 16 implies any unprofessional or unlawful conduct, Respondents deny the same.

21. Respondents deny the allegations in paragraph 21.

RESERVATION OF RIGHTS, DEFENSES, AND GENERAL DENIAL

22. Each Count fails to state a claim upon which relief can be granted.

23. To the extent Respondents did not specifically admit allegations in the Notice, they deny such allegations.

24. Sanctioning Respondent Maria Cruz would be unfair and unjust in light of her circumstances. Maria Cruz retired _____, 2021 (22). She now lives in the Philippines. She no longer has a pharmacy license and never intends to practice pharmacy again. Her decision to retire after ___ years of practicing as a pharmacist had nothing to do with this case. Ms. Cruz has never been sanctioned for any act or omission during her __ years of practice. The Board needs to be consistent in its decisions. But some cases are just different and require wise use of discretion as fairness requires. This is such a case. If the Board agrees to dismiss the claims against Maria Cruz, it would not set a precedent that a pharmacist can escape sanctions by retiring. Rather, a decision to dismiss the claims against her or to forego any sanctions would simply recognize that it is fair not to impose sanctions on a pharmacist who retires some three years after an alleged violation and before any Notice of intended Action is filed, who moves to her back to her native country, and who has never before been sanctioned by a board of pharmacy. If this Board finds that Maria Cruz engaged in unprofessional conduct, it has the power to impose sanctions. Just because a government body has the power to do something does not necessarily mean that it should do so—especially when fairness dictates otherwise.

PRAYER FOR RELIEF

25. That the Notice be dismissed or that the Board finds that the allegations in the Notice and all evidence presented to the Board do not support imposing discipline on any of the Respondents.

26. That the Board dismiss all Causes of Acton in in the Notice.

27. That the Board provide further relief to Respondents as it finds just and proper.

DATED this 23rd day of May 2023.

William J. Stilling
STILLING & HARRISON, PLLC
Attorneys for Respondents

CERTIFICATE OF SERVICE

I hereby certify that on May 23, 2023, I caused to be served a true and correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
1985 Damonte Ranch Pkwy #206,
Reno, NV 895219
bkandt@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
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- ☑ Electronic Mail

David Wuest
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206,
Reno, NV 895219
dwuest@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
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- ☐ Facsimile
- ☑ Electronic Mail

Yenh Long
Deputy Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206,
Reno, NV 895219
ylong@pharmacy.nv.gov

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- ☑ Electronic Mail

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE Manager:

Name		Country
Robert Bryan Jose		USA
[redacted]	[redacted]	NV [redacted]
Address	City	State Zip/Postal Code

CORPORATION, INDICATE THE Member:

Name		Country
Edgar Princer		USA
[redacted]	[redacted]	NV [redacted]
Address	City	State Zip/Postal Code

CORPORATION, INDICATE THE Member:

Name		Country
Simon Valenzona-Gianan		USA
[redacted]	[redacted]	NV [redacted]
Address	City	State Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

X Robert Bryan Jose
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Manager
Title

02/14/2026
Date

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Lucky 888 LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 02/14/2026, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 02/17/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202602176492315
You may verify this certificate online at https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Genuine Care Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 4880 E Bonanza Rd Ste 6

City: Las Vegas State: NV Zip: 89110

Mailing Address (if different from physical address): 9894 Sparrow Ridge Ave

City: Las Vegas State: NV Zip: 89117

Telephone: 7028811099 Website: www.genuinecarepharmacylv.com

Licensing Company Email: admin@genuinecarepharmacylv.com

Section 2: Personal Information

First: Robert Bryan Middle: Joseph Last: Jose

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
San Beda University			06/2002 - 04/2006
Address	**City**	**State**	**Zip**
Mendiola, Manila Philippines			1005
Diploma/Degree obtained, if any			
Bachelors of Science in International Business Management and Entreprenuership			

School Name			From - To (MM/YY – MM/YY)
San Beda University			06/1998 - 03/2002
Address	**City**	**State**	**Zip**
Mendiola, Manila Philippines			1005
Diploma/Degree obtained, if any			
High School Diploma			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2024 -current	[redacted]	[redacted]	NV	[redacted]
From - To (MM/YY – MM/YY) 03/2023 - 03/2024			State NV	
From - To (MM/YY – MM/YY) 11/2022 - 03/2023			State NV	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Greater Good Veterinary Care, Pet Emergency and Urgent Care			01/2024 - current	
Business Address	**City**	**State**	**Zip**	
1250 Commerce Ctr Dr	Lancaster	CA	93534	
Phone	**Title**			
661-603-1771	Business Manager			
Description of Duties				
Administrative and HR duties. Bookkeeping.				

Business Name			From - To (MM/YY – MM/YY)	
Century Properties Group, Inc			01/2011 - 11/2022	
Business Address	**City**	**State**	**Zip**	
Gil Puyat Ave, Makati City Philippines			1200	
Phone	**Title**			
	Deputy Marketing Director			
Description of Duties				
Consultation, sales and management. Managerial role overseeing salespeople and staff.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**	
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**	
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**	
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert Bryan Joseph Jose

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/10/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Robert Bryan J. Jose, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/11/26

Date

Subscribed and Sworn to before me this 11th day of April.

Notary Public Signature

Saul Isaac Galicia Reyes
Notary Public - State of Nevada
County of Clark
Appt. No. 26-0292-01
My Appt. Expires: December 8,2029

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Genuine Care Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 4880 E Bonanza Rd Ste 6

City: Las Vegas State: NV Zip: 89110

Mailing Address (if different from physical address): 9894 Sparrow Ridge Ave

City: Las Vegas State: NV Zip: 89117

Telephone: 7028811099 Website: www.genuinecarepharmacylv.com

Licensing Company Email: admin@genuinecarepharmacylv.com

Section 2: Personal Information

First: Edgar Middle: Artienda Last: Princer

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Christ the King Mission Seminary		06/1984 - 03/1988	
Address	**City**	**State**	**Zip**
101 E Rodriguez Sr., Avenue, Philippines	Quezon City		1112
Diploma/Degree obtained, if any			
AB Philosophy			

School Name		From - To (MM/YY – MM/YY)	
Holy Cross School		06/1980 - 03/1984	
Address	**City**	**State**	**Zip**
Laang, Lagangilang, Abra Philippines			
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2002 - present	[redacted]	[redacted]	NV	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address,	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Envigor Medical and Behavioral Center			01/2023 - present
Business Address	**City**	**State**	**Zip**
4900 E Bonanza Rd	Las Vegas	NV	89110
Phone	**Title**		
725-205-4063	Practice Administrator		
Description of Duties			
Manage the operations of Envigor Medical and Behavioral Center			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Edgar A. Princer

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/10/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, EDGAR A. PRINCER, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/11/2026

Date

Subscribed and Sworn to before me this 11th day of April.

Notary Public Signature

. Saul Isaac Galicia Reyes
Notary Public - State of Nevada
County of Clark
Appt. No. 26-0292-01
My Appt. Expires: December 8,2029

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Genuine Care Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 4880 E Bonanza Rd Ste 6

City: Las Vegas State: NV Zip: 89110

Mailing Address (if different from physical address): 9894 Sparrow Ridge Ave

City: Las Vegas State: NV Zip: 89117

Telephone: 7028811099 Website: www.genuinecarepharmacylv.com

Licensing Company Email: admin@genuinecarepharmacylv.com

Section 2: Personal Information

First: Simon Middle: Last: Valenzona-Gianan

Alias(es, nicknames, name changes, etc.): Arvydaz Valenzona, Simon Valenzona

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Georgia Institute of Technology		08/24 - Expected 08/26	
Address	**City**	**State**	**Zip**
225 North Ave NW	Atlanta	GA	30332
Diploma/Degree obtained, if any			
M.S. Computer Science			

School Name		From - To (MM/YY – MM/YY)	
University of Nevada, Las Vegas		08/19 - 05/23	
Address	**City**	**State**	**Zip**
4505 S Maryland Pkwy	Las Vegas	NV	89154
Diploma/Degree obtained, if any			
B.S. Computer Science, Minor in Mathematics			

School Name		From - To (MM/YY – MM/YY)	
East Career and Technical Academy		08/15 – 05/19	
Address	**City**	**State**	**Zip**
6705 Vegas Valley Dr	Las Vegas	NV	89142
Diploma/Degree obtained, if any			
Advanced Honors Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/12 - Present	[redacted]	[redacted]	NV	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
JT4 LLC			06/23 - Present
Business Address	**City**	**State**	**Zip**
821 Grier Dr	Las Vegas	NV	89119
Phone	**Title**		
702-492-2100	Computer Scientist		
Description of Duties			
Full-Time Employee			

Business Name			From - To (MM/YY – MM/YY)
Decentre Labs			12/22 - 02/23
Business Address	**City**	**State**	**Zip**
1716 Rambla Court	Las Vegas	NV	89102
Phone	**Title**		
917-921-7612	Software Development Intern		
Description of Duties			
Part-Time Employee			

Business Name			From - To (MM/YY – MM/YY)
Paradigm IoT			02/22 - 11/22
Business Address	**City**	**State**	**Zip**
3997 Dean Martin Dr	Las Vegas	NV	89103
Phone	**Title**		
406-230-9494	Software Engineer Intern		
Description of Duties			
Part-Time Employee			

Business Name			From - To (MM/YY – MM/YY)
Youlpass			05/21 - 02/22
Business Address	**City**	**State**	**Zip**
2040 Glenview Drive	Las Vegas	NV	89134
Phone	**Title**		
702-281-8198	Software Development Intern		
Description of Duties			
Part-Time Employee			

Business Name			From - To (MM/YY – MM/YY)
University of Nevada, Las Vegas			08/20 - 12/20
Business Address	**City**	**State**	**Zip**
4505 S Maryland Pkwy	Las Vegas	NV	89154
Phone	**Title**		
702-895-3011	Teaching Assistant		
Description of Duties			
Part-Time Employee			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Simon Valenzona-Gianan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/08/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Simon Valenzona - Gianan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/08/2026

Date

State of Nevada, County of Clark

Subscribed and Sworn to before me this 8 day of April 2026. by Simon Valenzona - Gianan

Notary Public Signature

SAM SINGSON TUMBAGA
Notary Public, State of Nevada
Appointment No. 26-7569-01
My Appt. Expires Mar 21, 2030

(Seal)

9C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH 04697	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☐ Controlled substances DEA #: [redacted] ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Health Works Pharmacy

Physical Address: 1703 Civic Center Dr. Suite #5B

City: North Las Vegas State: NV Zip: 89030

Mailing Address (if different from physical address): same

City: same State: same Zip: same

Telephone: 725-502-2208 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 725-502-2388 Contact Email: _____

Website: https://hwprx.com/

Nevada Business License # (if applicable) NV20243240496

Supervising/Managing Pharmacist Name (NRS 639.220): Vinodkumar Gadley

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 09951

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Vinodkumar Gadley	NV Pharmacist Registration #: 09951
Name: n/a	NV Pharmacist Registration #: n/a
Name: n/a	NV Pharmacist Registration #: n/a
Name: n/a	NV Pharmacist Registration #: n/a
Name: n/a	NV Pharmacist Registration #: n/a
Name: n/a	NV Pharmacist Registration #: n/a
Name: n/a	NV Pharmacist Registration #: n/a
Name: n/a	NV Pharmacist Registration #: n/a
Name: n/a	NV Pharmacist Registration #: n/a
Name: n/a	NV Pharmacist Registration #: n/a

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: n/a	Credentials: n/a	%: n/a
Name: n/a	Credentials: n/a	%: n/a
Name: n/a	Credentials: n/a	%: n/a
Name: n/a	Credentials: n/a	%: n/a
Name: n/a	Credentials: n/a	%: n/a

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: n/a

Parent Company (if any): n/a

Corporation Name: n/a

Mailing Address: n/a

City: n/a State: n/a Zip: n/a

Telephone: n/a Email: n/a

Contact Person Name: n/a

Date of SEC Registration: n/a | SEC Registration Number: n/a | Stock Exchange Symbol: n/a

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): n/a

Corporation/Organization Name: Health Works Pharmacy

Mailing Address: 1703 Civic Center Dr. Suite #5B

City: North Las Vegas State: NV Zip: 89030

Telephone: 725-502-2208 Email: pharmacy@hwprx.com

Contact Person Name: Ralph Martinez

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: n/a

Mailing Address: n/a

City: n/a State: n/a Zip: n/a

Telephone: n/a Email: n/a

Contact Person Name: n/a

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: n/a

Business Name: n/a

Business Address: n/a

City: n/a State: n/a Zip: n/a

Telephone: n/a Email: n/a

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Manager (title) for Health Works Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Vinodkumar Gadley

Print Name of Authorized Person

Vinodkumar. N Gadley

Original signature of Authorized Person (copies or stamps not accepted)

4/24/26

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Mohammad Shahid Sabir hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President (title) for Health Works Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

Notary Public

PLEASE SEE ATTACHMENT FOR NOTARY

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 24th day of April,

2026 by Mohammad Shahid Sabir,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature (Seal)

VIRGINIA GONZALEZ
Notary Public - California
Los Angeles County
Commission # 2509212
My Comm. Expires Jan 27, 2029

OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Affidavit for Pharmacy License

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages ____ Document Date ____

Additional information

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one with does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
  - Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
  - Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Vinodkumar Gadley Pharmacist Registration #: 09951

Pharmacy Name: Health Works Pharmacy

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Vinodkumar W. Gadley

Original signature of Managing Pharmacist (copies or stamps not accepted)

4/24/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mohammad Shahid Sabir

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

4/24/2026

Date

Board Use Only	Date Received: 5/14/26	Amount: $850.00 ✓

LIST OF OFFICERS AND DIRECTORS

HEALTH WORKS PHARMACY

(A Nevada Domestic Corporation)

Effective Date: May 1, 2026

ENTITY INFORMATION

Entity Name: Health Works Pharmacy

Entity Type: Nevada Domestic For-Profit Corporation (NRS 78)

Nevada Entity ID: E44794552024-0

Nevada Business ID: NV20243240496

EIN: 33-2054934

Date of Incorporation: November 19, 2024

OFFICERS AND DIRECTORS — POST-TRANSFER (Effective May 1, 2026)

Position	Name	Address	Country
Director	Sabir Mohammad Shahid	[redacted]	USA
President	Sabir Mohammad Shahid		USA
Secretary	Sabir Mohammad Shahid		USA
Treasurer	Sabir Mohammad Shahid		USA

PRIOR OFFICERS AND DIRECTORS (Through April 30, 2026)

For reference purposes, the prior officers and directors of the Corporation, as reflected in the Annual List filed with the Nevada Secretary of State on December 18, 2025 (Filing Number 20255385700), were as follows:

Position	Name	Address	Country
Director	Ralph Martinez	1703 Civic Center Dr 5B, North Las Vegas, NV 89030	USA
President	Ralph Martinez	1703 Civic Center Dr 5B, North Las Vegas, NV 89030	USA
Secretary	Ralph Martinez	1703 Civic Center Dr 5B, North Las Vegas, NV 89030	USA
Treasurer	Ralph Martinez	1703 Civic Center Dr 5B, North Las Vegas, NV 89030	USA

Mr. Martinez resigned from all positions effective May 1, 2026, in connection with the transfer of 100% of the issued and outstanding capital stock of the Corporation to Sabir Mohammad Shahid. The transfer documents are included in the Change-of-Ownership packet submitted to the Nevada State Board of Pharmacy.

An Amended List of Officers and Directors will be filed with the Nevada Secretary of State (SilverFlume) reflecting the changes set forth above.

LIST OF STOCKHOLDERS

HEALTH WORKS PHARMACY

(A Nevada Domestic Corporation)

Effective Date: May 1, 2026

ENTITY INFORMATION

Entity Name: Health Works Pharmacy

Entity Type: Nevada Domestic For-Profit Corporation (NRS 78)

Nevada Entity ID: E44794552024-0

Nevada Business ID: NV20243240496

EIN: 33-2054934

Authorized Shares: 10,000 shares of common stock at $0.25 par value per share

Total Issued and Outstanding Shares: 10,000

TOP STOCKHOLDERS AND OWNERSHIP PERCENTAGES

As of May 1, 2026, the Corporation has one (1) stockholder of record, holding 100% of the issued and outstanding capital stock:

Rank	Stockholder Name	Address	Shares Held	Ownership %
1	Sabir Mohammad Shahid	[redacted]	10,000	100%
2	— (None)	—	0	0%
3	— (None)	—	0	0%
4	— (None)	—	0	0%
TOTAL			10,000	100%

OWNERSHIP TRANSFER SUMMARY

On May 1, 2026, all 10,000 issued and outstanding shares of common stock of the Corporation were transferred from Ralph Martinez (prior sole stockholder) to Sabir Mohammad Shahid (new sole stockholder), pursuant to a fully executed Stock Purchase Agreement, Stock Power, and supporting corporate consents and resolutions.

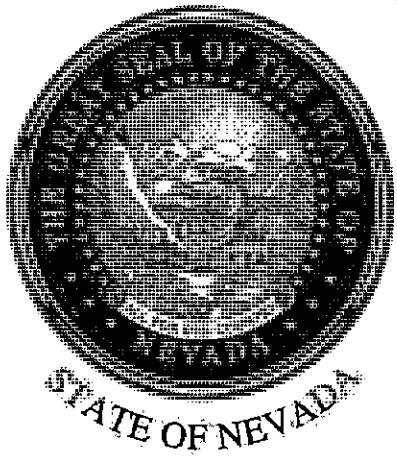
STOCKHOLDERS HOLDING 10% OR MORE

Pursuant to NAC 639.214(4)(b), the following stockholders hold 10% or more of the issued and outstanding shares:

Stockholder Name	Address	Ownership %
Sabir Mohammad Shahid	[redacted]	**100%**

There are no other stockholders, no outstanding options, warrants, convertible securities, or other rights to acquire equity of the Corporation as of the Effective Date.

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational or qualification, as applicable, documents on file in this office for

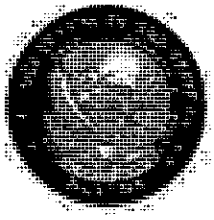
Health Works Pharmacy

Organizational Documents on File	Filing Date
Articles of Incorporation-For-Profit	11/19/2024

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence Health Works Pharmacy, as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, and by virtue of the laws of the State of Nevada since 11/19/2024, and is in good standing in this state.

SECRETARY OF STATE

STATE OF NEVADA



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/11/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202605116675135
You may verify this certificate online at
https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Health Works Pharmacy

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 1703 Civic Center Dr. #5B

City: North Las Vegas State: NV Zip: 89030

Mailing Address (if different from physical address): Same

City: State: Zip:

Telephone: Website:

Licensing Company Email: pharmacy@hwprx.com

Section 2: Personal Information

First: Vinodkumar Middle: Last: Gadley

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	Address	City	State	Zip	From - To (MM/YY – MM/YY)	Diploma/Degree obtained, if any
The Bombay School of Pharmacy		Mumbai, India			06/1970 to 06/1975	Bachelor of Pharmacy
Elphisten College		Mumbai, India			06/1968 to 06/1970	Undergraduate Degree
Premier High School		Mumbai, India			06/1967 to 06/1968	Diploma
N/A						
N/A						

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2019 to Current	[redacted]	[redacted]	NV	[redacted]
01/2016 to 12/2019			NV	
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name	From - To (MM/YY – MM/YY)
Health Works Pharmacy	03/2026 to Current

Business Address	City	State	Zip
1703 Civic Center Dr. #5B	North Las Vegas	NV	89030

Phone	Title	Number of Employed Hours
725-502-2208	Pharmacist in Charge	320.

Description of Duties

Dispensing prescription drugs, inventory control, compliance with state and federal pharmacy laws, recordkeeping, supervision of pharmacy staff.

Business Name	From - To (MM/YY – MM/YY)
Goodwill Pharmacy	11/2025 - 02/2026

Business Address	City	State	Zip
2610 S. Jones Blvd. #3	Las Vegas	NV	89146

Phone	Title	Number of Employed Hours
702-213-3102	Pharmacist in Charge	[illegible]640

Description of Duties

Dispensing prescription drugs, inventory control, compliance with state and federal pharmacy laws, recordkeeping, supervision of pharmacy staff.

Business Name	From - To (MM/YY – MM/YY)
Empire Pharmacy Consultants	01/2017 to 06/2025

Business Address	City	State	Zip
936 SW 1st Ave		FL	33130

Phone	Title	Number of Employed Hours
855-374-1029	Pharmacist.	10,000

Description of Duties

Business Name	From - To (MM/YY – MM/YY)
N/A	

Business Address	City	State	Zip

Phone	Title	Number of Employed Hours

Description of Duties

Business Name	From - To (MM/YY – MM/YY)
N/A	

Business Address	City	State	Zip

Phone	Title	Number of Employed Hours

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Vinodkumar Gadley, **certify that as the designated representative for**

Health Works Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. VG I am at least 21 years of age;
3. VG I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. VG I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. VG I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. VG I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. VG I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Vinodkumar Gadley

Print Name (First, Last)

Vinodkumar D. Gadley

Original Signature (electronic, copies or stamps not accepted)

5/7/26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Vinodkumar Gadley

Print Name (First, Last)

Vinodkumar D. Gadley

Original Signature (electronic, copies or stamps not accepted)

5/7/2026

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, VINODKUMAR GADLEY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Vinodkumar D. Gadley

Original Signature

5/7/2026

Date

Subscribed and Sworn to before me this 7TH day of MAY 2026 BY VINODKUMAR GADLEY

Notary Public Signature

MAYLENE DELOS SANTOS
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 22-3106-01
My Appt. Expires April 10, 2030

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Health Works Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) n/a

Physical Address 1703 Civic Center Dr. Suite #5B

City North Las Vegas State NV Zip 89030

Mailing Address (if different from physical address) same

City same State same Zip same

Telephone 725-502-2208 Website https://hwprx.com/

Licensing Company Email pharmacy@hwprx.com

Section 2: Personal Information

First Mohammad Middle Shahid Last Sabir

Alias(es, nicknames, name changes, etc.) n/a

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State CA Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
KARACHI UNIVERSITY PAKISTAN		1974 - 1978	
Address	City	State	Zip
	KARACHI		
Diploma/Degree obtained, if any			
B. COMMERCE			

School Name		From - To (MM/YY – MM/YY)	
n/a			
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
n/a			
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
n/a			
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
n/a			
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2003 Present	[redacted]	[redacted]	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
BATHALAL MARKET			2012 - 2025
Business Address	**City**	**State**	**Zip**
17515 Chatsworth St	GRANADA HILLS	CA	91344
Phone	**Title**		
818-642-6438	OWNER		

Description of Duties

OWNER, Performed all duties from cook to ordering, accounting etc

Business Name			From - To (MM/YY – MM/YY)
Retired			2025 - PRESENT
Business Address	**City**	**State**	**Zip**
—			
Phone	**Title**		
—			

Description of Duties

—

Business Name			From - To (MM/YY – MM/YY)
n/a			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
n/a			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
n/a			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 24th day of April,

2026 by Mohammad Shahid Sabir,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature (Seal)

VIRGINIA GONZALEZ
Notary Public - California
Los Angeles County
Commission # 2509212
My Comm. Expires Jan 27, 2029

OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Nevada State Board of Pharmacy
(Title or description of attached document)

Personal History application
(Title or description of attached document continued)

Number of Pages ____ Document Date ____

Additional information

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one with does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
  - Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
  - Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.

LETTER TO NEVADA STATE BOARD OF PHARMACY

Date: May 1, 2026

Mark Sedar

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206

Reno, NV 89521

Re: Health Works Pharmacy — Update on Pending Change-of-Ownership Application

Dear Mr. Sedar,

Thank you again for your kind response and for accommodating the change of ownership for Health Works Pharmacy under our existing pharmacy license while the formal Change-of-Ownership application is processed for the July 2026 Board meeting.

This letter is to inform the Board, in good faith and in the interest of full disclosure, that the entity-level transfer of corporate ownership has now been executed. Specifically:

• Effective May 1, 2026, all 10,000 issued and outstanding shares of Health Works Pharmacy (Nevada Entity ID E44794552024-0; Nevada Business ID NV20243240496) were transferred from Ralph Martinez to Sabir Mohammad Shahid.

• Effective May 1, 2026, Mr. Martinez resigned as sole Director, President, Secretary, and Treasurer of the Corporation, and Mr. Shahid was elected to all such positions.

• An Amended List of Officers and Directors will be filed with the Nevada Secretary of State to reflect these changes.

• The Corporation, the pharmacy license, and the Nevada State Business License all remain held by the same entity (Health Works Pharmacy). Only the underlying ownership of the Corporation has changed.

The Change-of-Ownership application currently before the Board reflects this transfer, and we look forward to the Board's formal consideration at the July 2026 meeting. In the meantime, in reliance on your prior written guidance, Mr. Shahid will continue to operate the pharmacy under the Corporation's existing license.

If the Board would prefer that any aspect of this transfer be handled differently, or if any additional documentation would be helpful in connection with the pending application, please let us know at your earliest convenience and we will accommodate accordingly.

Thank you for your continued support and guidance through this transition.

Sincerely,

RALPH MARTINEZ
Date: 5-9-26

(Outgoing Owner)

SABIR MOHAMMAD SHAHID
Date: MAY 01, 2026

(Incoming Owner)

cc: File

CALIFORNIA NOTARY ACKNOWLEDGEMENT
(INDIVIDUAL)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

On May 1st, 2026 before me, Gina Hermosa, Notary Public (insert name and title of the officer), personally appeared Ralph Martinez, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____. (Seal)

GINA HERMOSA
Notary Public - California
Los Angeles County
Commission # 2475094
My Comm. Expires Dec 5, 2027

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9D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada	☒ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☐ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☒ Dangerous drugs
	☐ Location Change *	☐ Internet	☒ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: TBD
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☒ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Kaiser Permanente Ion Pharmacy

Physical Address: 5070 Ion Drive, Suite 100

City: Sparks State: NV Zip: 89511

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 775-800-2601 Toll Free # (NAC 639.708, NRS 639.23286): 855-937-5768

Fax: 775-800-2630 Contact Email: co-pharmacy.compliance@kp.org

Website: www.kp.org

Nevada Business License # (if applicable) NV20253425062

Supervising/Managing Pharmacist Name (NRS 639.220): Lana Nguyen

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24091

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Lana Nguyen	NV Pharmacist Registration #: 24091
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): Kaiser Foundation Health Plan, Inc. (50.1%); Renown Health (49.9%)

Corporation/Organization Name: HPNV Holdco, Inc.

Mailing Address: 10315 Professional Circle

City: Reno State: Nevada Zip: 89521

Telephone: [redacted] Email: Patricia.M.Rodriguez@kp.org

Contact Person Name: Patricia Rodriguez

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Executive Officer (title) for Kaiser Permanente Ion Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Patricia Rodriguez

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

5/28/26

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Patricia Rodriguez hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Executive Officer (title) for Kaiser Permanente Ion Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

SEE ATTACHED
Notary Public

CALIFORNIA JURAT GOVERNMENT CODE § 8202

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of PLACER

Subscribed and sworn to (or affirmed) before me on

this 28 (Date) day of MAY (Month), 2026 (Year), by

(1) PATRICIA RODRIGUEZ

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

CASEY FINNEY
Notary Public - California
Placer County
Commission # 2472976
My Comm. Expires Nov 21, 2027

Place Notary Seal and/or Stamp Above

Signature _____
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: PHARMACY APPLICATION

Document Date: NONE Number of Pages: 10

Signer(s) Other Than Named Above: NONE

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Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Lana Nguyen Pharmacist Registration #: 24091

Pharmacy Name: Kaiser Permanente Ion Pharmacy

Initial each statement below to indicate you have read and agree with the following:

LN I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

LN I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

LN I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

LN I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

LN I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✔

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

5/27/26
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Patricia Rodriguez

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

5/29/26
Date

Board Use Only	Date Received: 6/1/26	Amount: $500.00

HPNV Holdco, Inc.
Directors and Officers

Officers

Name	Title	Address
Patricia Rodriguez	Chief Executive Officer	10315 Professional Circle, Reno, NV 89521
Vanessa Benavides	Secretary	One Kaiser Plaza, Oakland, CA 94612
Thomas Meier	Treasurer	One Kaiser Plaza, Oakland, CA 94612
Maryann Bodayle	Asst. Sec.	One Kaiser Plaza, Oakland, CA 94612
Christina Lockwood	Asst. Sec.	One Kaiser Plaza, Oakland, CA 94612

Directors

Name	Title	Address
Samuel Glick	Director, Chair	One Kaiser Plaza, Oakland, CA 94612
Charles Bevilacqua	Director	One Kaiser Plaza, Oakland, CA 94612
Alfonse Upshaw	Director	One Kaiser Plaza, Oakland, CA 94612
Jeffrey Krawcek	Director	One Kaiser Plaza, Oakland, CA 94612
Brian Erling	Director	10315 Professional Circle, Reno, NV 89521
Anna Loomis	Director	10315 Professional Circle, Reno, NV 89521
Rahul Mediwala	Director	10315 Professional Circle, Reno, NV 89521

Corporate Information:

HPNV Holdco, Inc.
Address: 10315 Professional Circle, Reno, NV 89521

Ownership Information:

Kaiser Foundation Health Plan, Inc.
Address: One Kaiser Plaza, Oakland, CA 94612
Ownership of HPNV Holdco, Inc.: 50.1%

Renown Health
Address: 10315 Professional Circle, Reno, NV 89521
Ownership of HPNV Holdco, Inc.: 49.9%

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **HPNV HoldCo, Inc.** as a DOMESTIC NONPROFIT CORPORATION (82) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 08/26/2025, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 05/15/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202605156684145
You may verify this certificate online at https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Kaiser Permanente Ion Pharmacy

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 5070 Ion Drive, Suite 100

City: Sparks State: Reno Zip: 89511

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 775-800-2601 Website: www.kp.org

Licensing Company Email: co-pharmacy.compliance@kp.org

Section 2: Personal Information

First: Lana Middle: Loan Last: Nguyen

Alias(es, nicknames, name changes, etc.): Former name: Loan Ngoc Nguyen

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: CA Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of the Pacific Thomas J. Long School of Pharmacy			08/2006 to 05/2009	
Address	City	State	Zip	
3601 Pacific Ave	Stockton	CA	95211	
Diploma/Degree obtained, if any				
Doctor of Pharmacy				

School Name			From - To (MM/YY – MM/YY)	
University of the Pacific			08/2003 to 05/2006	
Address	City	State	Zip	
3601 Pacific Ave	Stockton	CA	95211	
Diploma/Degree obtained, if any				
Pre Pharmacy Program				

School Name			From - To (MM/YY – MM/YY)	
Milpitas High School			08/1999 to 06/2003	
Address	City	State	Zip	
1285 Escuela Parkway	Milpitas	CA	95035	
Diploma/Degree obtained, if any				
High School Diploma				

School Name			From - To (MM/YY – MM/YY)	
Address	City	State	Zip	
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address	City	State	Zip	
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2022 to present	[redacted]	[redacted]	CA	[redacted]
8/2013 to 11/2022	[redacted]	[redacted]	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Kaiser Permanente			05/2023 to present
Business Address	**City**	**State**	**Zip**
1 Kaiser Plaza	Oakland	CA	94612
Phone	**Title**		**Number of Employed Hours**
(510) 271 5910	National Regulatory Director Pharmacy Mail Order		6,240
Description of Duties			
Responsible for ensuring pharmacy operations comply with laws and regulations, including monitoring regulatory changes.			

Business Name			From - To (MM/YY – MM/YY)
Truepill			12/2019 to 05/2023
Business Address	**City**	**State**	**Zip**
3121 Diablo Ave	Hayward	CA	94545
Phone	**Title**		**Number of Employed Hours**
(650) 353 5495	Senior Manager, Pharmacy Compliance		7,280
Description of Duties			
Responsible for ensuring pharmacy operations comply with laws and regulations, including monitoring regulatory changes.			

Business Name			From - To (MM/YY – MM/YY)
CVS Health			07/2010 to 12/2019
Business Address	**City**	**State**	**Zip**
1 CVS Drive	Woonsocket	RI	02895
Phone	**Title**		**Number of Employed Hours**
(401) 765 1500	Pharmacy Manager		18,720
Description of Duties			
Responsible for the daily operations of the pharmacy, including dispensing accuracy, regulatory compliance, inventory management, and staff training and development.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Lana Nguyen, **certify that as the designated representative for**

Kaiser Permanente Ion Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. LN I am at least 21 years of age;
3. LN I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. LN I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. LN I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. LN I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. LN I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Lana Nguyen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/27/26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lana Nguyen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/27/26

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Contra Costa

I, Lana Nguyen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5/27/26

Date

Subscribed and Sworn to before me this 27 day of May 2026

Notary Public Signature

JUANITA LUBRANO
Notary Public - California
Contra Costa County
Commission # 2482294
My Comm. Expires Feb 22, 2028

(Seal)

9E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH02771	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other:	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☒ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Shree Guru Krupa LLC. dba Patient Care Pharmacy

Physical Address: 4101 Wagon Trail Ave

City: Las Vegas State: NV Zip: 89118

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-576-9545 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-946-0353 Contact Email: [redacted]

Website: _____

Nevada Business License # (if applicable) NV20263541830

Supervising/Managing Pharmacist Name (NRS 639.220): Vy Burns

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19369

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Vy Burns	NV Pharmacist Registration #: 19369
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NR5.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Neveda

Parent Company (if any): _____

Corporation/Organization Name: Shree Guru Krupa LLC dba Patient Care Pharmacy

Mailing Address: 4101 Wagon Trail Ave

City: Las Vegas State: NV Zip: 89118

Telephone: 702-576-9545 Email: [redacted]

Contact Person Name: Manish Patel

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Managing Member (title) for Shree Guru Krupa LLC dba Patient Care (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Manish Patel

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

4/2/26

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Manish R Patel hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Managing Member (title) for Shree Guru Krupa LLC dba Patient Care Pharma (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 2nd day of April, 2026

Notary Public

LORI M. BROWN
Notary Public, Commonwealth of Massachusetts
My Commission Expires September 28, 2029

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Vy Burns Pharmacist Registration #: 19369

Pharmacy Name: Patient Care Pharmacy

Initial each statement below to indicate you have read and agree with the following:

VB I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

VB I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

VB I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

VB I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

VB I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

4/10/26
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Manish Patel

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

4/2/2026

Date

Board Use Only	Date Received: 4/20/26	Amount: $500-cc ✓

List of ALL officers and Directors of Shree Guru Krupa LLC. dba Patient Care Pharmacy

4101 Wagon Trail Ave, Las Vegas, NV 89118

1) Manish Patel – Managing Member
2) Sharan Patel – Managing Member
3) Chandresh Patel – Managing Member

List of TOP FOUR stockholders and their percent ownership of Shree Guru Krupa LLC. dba Patient Care Pharmacy

4101 Wagon Trail Ave, Las Vegas, NV 89118

1) Manish Patel – Managing Member – 20%
2) Sharan Patel – Managing Member – 60%
3) Chandresh Patel – Managing Member – 20%

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Shree Guru Krupa LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 03/10/2026, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 03/18/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202603186563587
You may verify this certificate
online at https://www.nvsilverflume.gov/home

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Shree Guru Krupa LLC

Nevada Business Identification # NV20263541830
Expiration Date: 03/31/2027

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/10/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202603106544838
You may verify this certificate online at https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Patient Care Pharmacy

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 4101 Wagon Trail Ave

City Las Vegas State NV Zip 89118

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-576-9545 Website _____

Licensing Company Email _____

Section 2: Personal Information

First Vy Middle _____ Last Burns

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted]

City [redacted] State NV Zip [redacted]

Telephon[redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Roseman University		9/2013 to 05/2016	
Address	**City**	**State**	**Zip**
11 Sunset Way	Henderson	NV	89014
Diploma/Degree obtained, if any			
Pharm.D			

School Name		From - To (MM/YY – MM/YY)	
College of Southern Nevada		9/2008 to 5/2013	
Address	**City**	**State**	**Zip**
6375 W Charleston Blvd	Las Vegas	NV	89146
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Nguyen Chi Thanh		09/2004 to 05/2007	
Address	**City**	**State**	**Zip**
Vietnam			
Diploma/Degree obtained, if any			
High Schools Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2017 to Now	[redacted]	[redacted]	NV	[redacted]
7/2012 to 08/2017			NV	

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Patient Care Pharmacy			04/2019 to Now	
Business Address		**City**	**State**	**Zip**
4101 Wagon Trail Ave		Las Vegas	NV	89118
Phone	**Title**		**Number of Employed Hours**	
702-576-9545	Pharmacy Manager		40 hours weekly	
Description of Duties				
Overseas pharmacy operations.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Vy Burns, **certify that as the designated representative for**

Patient Care Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Vy Burns
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

VY BURNS

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/10/26

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, VY ANH BURNS, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/10/26

Date

Subscribed and Sworn to before me this 10th day of APRIL 2026

Notary Public Signature

KENNETH ALBERT RIZO HERNANDEZ
Notary Public-State of Nevada
APPT. NO. 23-6634-01
My Appt. Expires 10-08-2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Shree Guru Krupa LLC. dba Patient Care Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 4101 Wagon Trail Ave

City: Las Vegas State: NV Zip: 89118

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-576-9545 Website:

Licensing Company Email: machenish112@hotmail.com

Section 2: Personal Information

First: Manish Middle: Ranchhodbhai Last: Patel

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: MA Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Massachusetts College of Pharmacy and Health Sciences			09/01-05/05	
Address		City	State	Zip
179 Longwood Ave		Boston	MA	02115
Diploma/Degree obtained, if any				
Doctor of Pharmacy				
School Name			From - To (MM/YY – MM/YY)	
Lukhdhirji Engineering College			09/91-05/95	
Address		City	State	Zip
		Morbi	Gujarat	363642
Diploma/Degree obtained, if any				
Bachelor of Engineering Mechanical				
School Name			From - To (MM/YY – MM/YY)	
Experimental High School			09/86-03/91	
Address		City	State	Zip
Rajmahel Road		Patan	Gujarat	384265
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/11- Current	[redacted]	[redacted]	MA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Shree Sainath LLC. dba Patient Care Pharmacy			06/17 - Current	
Business Address		**City**	**State**	**Zip**
4101 Wagon Trail Ave		Las Vegas	NV	89118
Phone	**Title**			
702-576-9545	Managing Member			
Description of Duties				
Assisting in overall management of the pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
Massachusetts General Hospital			07/03- Current	
Business Address		**City**	**State**	**Zip**
55 Fruit St		Boston	MA	02114
Phone	**Title**			
617-726-2508	Compounding Pharmacist			
Description of Duties				
Oversight on patient specific sterile and non-sterile compounding area.				

Business Name			From - To (MM/YY – MM/YY)	
Habitat Realty LLP			08/2019-Currenet	
Business Address		**City**	**State**	**Zip**
113 Dale St		Boston	MA	02119
Phone	**Title**			
617-755-7801	Managing Member			
Description of Duties				
Helping manage rental property				

Business Name			From - To (MM/YY – MM/YY)	
CVS in Target Pharmacy			07/2005 - 12/2020	
Business Address		**City**	**State**	**Zip**
36 Furlong Dr		Revere	MA	02151
Phone	**Title**			
781-922-6031	Pharmacy Manager			
Description of Duties				
Overall management of retail pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Manish Patel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/02/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of Essex

I, MANISH PATEL, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/2/2026

Date

Subscribed and Sworn to before me this 2nd day of April 2026

Notary Public Signature

LORI M. BROWN
Notary Public, Commonwealth of Massachusetts
My Commission Expires September 28, 2029

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Patient Care Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 4101 Wagon trail Ave

City: Las Vegas State: NV Zip: 89118

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-576-9545 Website:

Licensing Company Email:

Section 2: Personal Information

First: Sharan Middle: Indravadan Last: Patel

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNLV		08/15-05/18	
Address	**City**	**State**	**Zip**
4505 S MARYLAND PKWY	Las Vegas	NV	89154
Diploma/Degree obtained, if any			
BACHELROS IN MECHANICAL ENGINEERING			
School Name		**From - To (MM/YY – MM/YY)**	
College of Southern Nevada		07/13-07/15	
Address	**City**	**State**	**Zip**
6375 W CHARLESTON BLVD	LAS VEGAS	NV	89102
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
NIRMA UNIVERSITY		05/10-05/13	
Address	**City**	**State**	**Zip**
	INDIA		
Diploma/Degree obtained, if any			
DIPLOMA IN MECHANICAL ENGINEERING			
School Name		**From - To (MM/YY – MM/YY)**	
ST KABIR SCHOOL		04/00-05/10	
Address	**City**	**State**	**Zip**
	INDIA		
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/22-CURRENT	[redacted]	[redacted]	NV	[redacted]
04/19-01/22			NV	
05/16-03/19			NV	
07/13-04/16			NV	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
PATIENTCARE PHARMACY			07/2017-CURRENT
Business Address	**City**	**State**	**Zip**
4101 Wagon trail Ave	Las Vegas	NV	89118
Phone	**Title**		
702-576-9545	Pharmacy Technician		
Description of Duties			
PERFORMED PHARMACY TECHNICIAN DUTIES			

Business Name			From - To (MM/YY – MM/YY)
PREFERRED PHARMACY			05/2019-07/25
Business Address	**City**	**State**	**Zip**
2202 W CHARLESTON BLVD STE 13	LAS VEGAS	NV	89102
Phone	**Title**		
7023843784	Pharmacy Technician		
Description of Duties			
PERMORNED PHARMACY TECHNICIAN DUTIES			

Business Name			From - To (MM/YY – MM/YY)
SMOKE SHOP			01/2015-06/2017
Business Address	**City**	**State**	**Zip**
7460 W LAKE MEAD BLVD STE 5	LAS VEGAS	NV	89128
Phone	**Title**		
702-985-7081	OWNER/SELF EMPLOYED		
Description of Duties			
MANAGE STORE AND INVENTORY			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SHARAN PATEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/11/2026

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, SHARAN INDRAVADAN PATEL, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/11/26

Date

Subscribed and Sworn to before me this 11th day of April 2026

Notary Public Signature

KARA BERMUDES
Notary Public-State of Nevada
Appointment No. 25-0003-01
My Appointment Expires May 12, 2029

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Patient Care Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 4101 Wagon trail Ave

City Las Vegas State NV Zip 89118

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-576-9545 Website _____

Licensing Company Email _____

Section 2: Personal Information

First Chandresh Middle Kanjibhai Last Patel

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State NV Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed:)

School Name		From - To (MM/YY – MM/YY)	
Sahjanand Arts & Commerce College		7/1985 to 7/1988	
Address	**City**	**State**	**Zip**
120 Feet Ring Rd, AEC Char Rasta	Ahmedabad	Gujarat	380015
Diploma/Degree obtained, if any			
Bachelor of Commerce			

School Name		From - To (MM/YY – MM/YY)	
Mangal Vidhyalaya		6/1983 to 6/1985	
Address	**City**	**State**	**Zip**
2HH8+X88, Maharashtra Society Club Ground	Ahmedabad	Gujarat	380006
Diploma/Degree obtained, if any			
High Schools Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed:)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
4/22 TO CURRENT	[redacted]	[redacted]	NV	[redacted]
From - To (MM/YY – MM/YY) 6/19 to 4/22			State NV	
From - To (MM/YY – MM/YY) 8/12 to 6/19			State NV	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Patient Care Pharmacy			7/2017-CURRENT	
Business Address		**City**	**State**	**Zip**
4101 Wagon trail Ave		Las Vegas	NV	89118
Phone	**Title**			
702-576-9545	Pharmacy Technician			
Description of Duties				
Performed pharmacy technician duties				

Business Name			From - To (MM/YY – MM/YY)	
Blue Star LLC			7/2015 to 6/2017	
Business Address		**City**	**State**	**Zip**
1314 Wake Forest Ave		Walnut	CA	91789
Phone	**Title**			
714-519-9075	Marketing			
Description of Duties				
Sales and Marketing				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Chandresh Patel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/11/2026

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK.

I, Chandresh Patel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/11/2026

Date

Subscribed and Sworn to before me this 11th day of April 2026

Notary Public Signature

KARA BERMUDES
Notary Public-State of Nevada
Appointment No. 25-0003-01
My Appointment Expires May 12, 2029

(Seal)

9F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☑ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☑ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☑ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Premier Rx Pharmacy

Physical Address: 3940 S. Eastern Ave

City: Las Vegas State: NV Zip: 89119

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702 - 445 - 1246 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: [redacted]

Website: PremierRxlv.com

Nevada Business License # (if applicable) NV2026355120l

Supervising/Managing Pharmacist Name (NRS 639.220): Ma Lourdes Jauregui

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17035

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Ma. Lourdes J. Jauregui	NV Pharmacist Registration #: 17035
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: Premier Rx Pharmacy

Mailing Address: 3940 S. Eastern Avenue

City: Las Vegas State: NV Zip: 89119

Telephone: 702-445-1246 Email: [redacted]

Contact Person Name: Giovanna Merz

Please check type of partnership (NAC 639.214) ☐ General ☒ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☒ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Owner (title) for Premier RX Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Giovanna Merz
Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

05-07-2026
Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Ma Lourdes Jauregui hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist (title) for Premier Rx Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 8th day of May, 2026

Notary Public

NOTARY PUBLIC
STATE OF NEVADA
County of Clark
MAX JORDAN TERRELL
Appt. No. 25-9729-01
My Appt. Expires Dec. 6, 2028

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Ma Lourdes Jauregui Pharmacist Registration #: 17035

Pharmacy Name: Premier Rx Pharmacy

Initial each statement below to indicate you have read and agree with the following:

MJ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

MJ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

MJ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

MJ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

MJ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	X	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	X	

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
Resolved	NV	10/13/2021	19-240-RPH-S

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

May 7, 2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Giovanna Meiz

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

05-07-2026

Date

Board Use Only	Date Received: 5/22/26	Amount: $500 cc ✓

SECRETARY OF STATE

STATE OF NEVADA

DOMESTIC LIMITED-LIABILITY COMPANY (86) CHARTER

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that **PREMIERE PRESCRIBED CARE LLC** did, on 03/26/2026, file in this office the original Articles of Organization that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/26/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate
Number: B202603266579328
You may verify this certificate
online at https://www.nvsilverflume.gov/home

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

PREMIERE PRESCRIBED CARE LLC

Nevada Business Identification # NV20263551201
Expiration Date: 03/31/2027

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/26/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202603266579329
You may verify this certificate online at https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Premier Rx Pharmacy

Pharmacy/Wholesaler License # (if applicable) NV20263551201

Physical Address 3940 S. Eastern Ave

City Las Vegas State NV Zip 89119

Mailing Address (if different from physical address)

City State Zip

Telephone (702) 445-1246 Website PremierRxlv.com

Licensing Company Email Lourdes@premierRxLV.com

Section 2: Personal Information

First Ma Lourdes Middle Jamilla Last Saureghi

Alias(es, nicknames, name changes, etc.) Loudette

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] LV, NV

City [redacted] State NV Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
University of Santo Tomas (UST)			6/1983 - 11/1987
Address	**City**	**State**	**Zip**
Manila, Philippines			
Diploma/Degree obtained, if any			
Doctor of Medicine			

School Name			From - To (MM/YY – MM/YY)
University of Santo Tomas (UST)			6/1978 - 3/1983
Address	**City**	**State**	**Zip**
Manila, Philippines			
Diploma/Degree obtained, if any			
Bachelor of Science in Pharmacy			

School Name			From - To (MM/YY – MM/YY)
Immaculate Concepcion College			6/1974 - 3/1978
Address	**City**	**State**	**Zip**
Boac, Marinduque, Philippines			
Diploma/Degree obtained, if any			
High School degree			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/2018 - present	[redacted]		NV	[redacted]
7/2014 - 7/2018	[redacted]		NV	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: First Class Rx Pharmacy			From - To (MM/YY – MM/YY): 02/2023 - present
Business Address: 3783 E. Desert Inn Rd	City: LV	State: NV	Zip: 89121
Phone: (702) 534-0325	Title: Staff Pharmacist	Number of Employed Hours: > 6,000 hrs.	
Description of Duties: Dispensing + verification; patient counseling, drug therapy review + resolving drug interactions, consulting w/ MD, managing pharmacy personel and inventory			

Business Name: QHR Pharmacy			From - To (MM/YY – MM/YY): 01/2023 - 08/2023
Business Address: 7512 Westcliff Dr	City: LV	State: NV	Zip: 89145
Phone: (702) 331-6796	Title: Floater Pharmacy	Number of Employed Hours: 672 hrs.	
Description of Duties: Dispensing + verification, patient counseling			

Business Name: Trinity Pharmacy			From - To (MM/YY – MM/YY): 09/2017 - 09/2023
Business Address: 2797 S. Maryland Pkway Ste 28	City: LV	State: NV	Zip: 89109
Phone: (702) 776-8210	Title: Managing Pharmacist (PIC)	Number of Employed Hours: > 8,500 hrs	
Description of Duties: Supervise, manage + direct day to day operations; implement + execute standard operating procedures, manage inventories + record keeping			

Business Name: CVS Pharmacy			From - To (MM/YY – MM/YY): 2010 - 2017
Business Address: 3485 E. Owens Avenue	City: LV	State: NV	Zip: 89030
Phone: (702) 649-3107	Title: Staff Pharmacist	Number of Employed Hours: > 15,000 hrs	
Description of Duties: Dispensing + verification, supervise + manage pharmacy personel and drug inventory			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:	Number of Employed Hours:	
Description of Duties:			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I, Ma Lourdes Vauregui, **certify that as the designated representative for** Premier Rx Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. M/ I am at least 21 years of age;
3. M/ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. M/ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. M/ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. M/ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. M/ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Ma Lourdes Vauregui
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/15/20
Date
MJ

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

M.A CMURDES VAUREGUI

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/15/26

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Max Terrell, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5.15.2026

Date

Subscribed and Sworn to before me this 15 day of May.

Notary Public Signature

NOTARY PUBLIC
STATE OF NEVADA
County of Clark
MAX JORDAN TERRELL
Appt. No. 25-9729-01
My Appt. Expires Dec. 6, 2028

(Seal)

Nevada State Board of Pharmacy

For licensing inquiries please send an email to pharmacylicensing@pharmacy.nv.gov (mailto:pharmacylicensing@pharmacy.nv.gov).

For current information on **disciplinary actions taken against licensees**, please send an email to teambc@pharmacy.nv.gov (mailto:teambc@pharmacy.nv.gov).

VERIFY LICENSE

Last Name	First Name	License#	License Status	License Expiration Date	City	State	Discipline	Action
Jauregui	Ma. Lourdes	17035	Active	10/31/2027	Las Vegas	NV	Yes	

License Number : 17035

Name : Jauregui, Ma. Lourdes

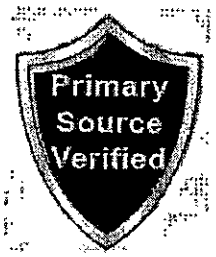
License Type : Pharmacist

License Status : Active

License Date : 11/08/2006

Discipline : Yes

Expiration Date : 10/31/2027



Drop file(s) here to upload or click here to browse and select file(s) to upload. ()

Complete Upload | Reset

Document Type	Upload Date	Name	Other Name	Is Public?	Status	Uploaded By	Link	Actions
Final Orders	10/21/2021	19-240-RPH-S.Stipulation and OrderNIAA.Jauregui.pdf		true		Kristopher Mangosing	Download ()	

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May 17, 2024

To: Board of Pharmacy

To Whom it may concern,

On or About Aug 17, 2021, I was served with a notice of Intended Action and Accusation with case # 19-240-RPH-5 with the Board of Pharmacy. It was regarding Controlled Substance Prescriptions (C_2) that were dispensed and delivered to hospice patients from June 10, 2020 - Sept. 28, 2020. I took the verbal orders by phone but failed to state as "Authorization for Emergency Dispensing". All I knew at that time was I need to provide for the needs of those hospice patients who are suffering and in pain. Prescriptions were not signed by the prescriber on time (within 24-72 hours) as this occurred at the height of COVID.

I was given disciplinary action and placed on probation for one year which I already satisfied. I had to pay a fine of $4,500 for the violation and $500 to the Board of Pharmacy, not including lawyer fees.

This was a real wake up call for me. It was such a traumatic experience that soon after, I started working only on part time basis (weekends only) for a year. It gave me time to reflect, to heal, and to review my priorities. I need to be more diligent in my duty as a pharmacist, to serve and obey the law at all times, be accountable to myself & to God and to use this experience to rise up again and be a better pharmacist.

Grateful that soon after that event, the Board of Pharmacy made it compulsory to send all prescriptions (controlled and narcotic medications) via erx only. Electronic prescriptions were an answered prayer and had given me peace of mind.

Thank you & hoping for your kind consideration regarding this matter.

Respectfully yours,

Ma Lourdes J. Jauregui, Rph
Lic # 17075

FILED
OCT 15 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. TRINITY PHARMACY, Pharmacy License No. PH03287, MA LOURDES JAUREGUI, RPH, Certificate of Registration No. 17035, Respondents.	CASE NOS. 19-240-PH-S 19-240-RPH-S STIPULATION AND ORDER FOR RESPONDENT MA LOURDES JAUREGUI, RPH ONLY

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Ma Lourdes Jauregui, RPh ("Jauregui"), Certificate of Registration No. 17035, by and through counsel, Francis C. Flaherty, Esq. of Dyer Lawrence, LLP,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over Respondent Jauregui and this matter.

2. On or about August 17, 2021, Board Staff served Respondent Jauregui with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about September 3, 2021, Respondent Jauregui filed her Answer and Notice of Defense through retained counsel, Francis C. Flaherty, Esq.

4. Respondent is aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, her right to reconsideration, her right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS

Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that:

A. Respondent Jauregui was the managing pharmacist of Trinity Pharmacy ("Trinity") during the alleged and relevant timeframes. During an annual Board inspection on or about September 4, 2019, a Board inspector discovered unsigned faxed prescriptions for schedule II controlled substances.

B. Upon further Board investigation, it was discovered from June 10, 2020 to September 28, 2020, forty-two (42) controlled substance schedule II ("CII") prescriptions ("Prescriptions") were dispensed and/or delivered to hospice patients without valid practitioners' handwritten signatures ("Practitioners"). Jauregui's failure to obtain handwritten signatures of Practitioners, and/or verifying the accuracy and completeness of CII Prescriptions violated NRS 453.381(8); NAC 453.420; NAC 453.440; NAC 453.450; NAC 639.945(1); 21 CFR § 1306.11, which also constituted unprofessional conduct.

C. The 42 CII Prescriptions appeared to have been received and notated by Respondent Jauregui as oral orders. However, none of the Prescriptions stated "Authorization for Emergency Dispensing" nor did any of the prescriptions meet legal requirements to qualify as dispensing CIIs by oral authorization in an emergency. Jauregui's failure to notate the prescriptions, satisfy the requirements of an oral emergency prescription, including verifying that the telephoned prescription was from the prescribing practitioner, violated NAC 453.420, and NAC 453.440.

8. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 453.236, NRS 453.241, NRS 639.210(4), (11), (12), and (15), and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Jauregui stipulate to the following. Respondent Jauregui is placed on probation for a period of one (1) year subject to the following conditions and penalties:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding her duties and responsibilities as a registered pharmacist;

B. Respondent shall pay a fine of Four Thousand Two Hundred Dollars ($4,200.00) for the violations;

C. Respondent shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

D. Respondent shall complete an additional four (4) hours of continuing education within ninety (90) days of this Order regarding validation of controlled substance prescriptions; and

E. Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges/violations filed against her while on probation.

Upon successful completion of probation, Respondent Jauregui's Certificate of Registration No. 17035 will be fully restored.

10. Any failure by Respondent Jauregui to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon the non-compliant Respondent consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly-scheduled public meeting on October 13, 2021. Respondent will appear telephonically or *via* Zoom at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the

merits of this matter may be heard by the Board on the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

15. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of September, 2021

MA LOURDES JAUREGUI, RPH,
Certificate of Registration No. 17035

APPROVED AS TO FORM AND CONTENT
this 22 day of September, 2021

FRANCIS C. FLAHERTY, ESQ.
Counsel for Respondent
Ma Lourdes Jauregui, RPH

Signed this 13th day of October, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Ma Lourdes Jauregui, RPH, Certificate of Registration No. 17035 in Case No. 19-240-RPH-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 12th day of October, 2021.

Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 19th day of October, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Francis Flaherty
2805 Mountain Street
Carson City, NV 89703

KRISTOPHER MANGOSING

FILED
AUG 13 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. TRINITY PHARMACY, Pharmacy License No. PH03287, MA LOURDES JAUREGUI, RPH, Certificate of Registration No. 17035, Respondents.	CASE NOS. 19-240-PH-S 19-240-RPH-S NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes ("NRS") 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Trinity Pharmacy ("Trinity") held a Nevada Pharmacy License No. PH03287, and Respondent Ma Lourdes Jauregui, RPh, ("Jauregui") held a Nevada Pharmacist Certificate of Registration No. 17035, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Trinity is located at 2797 S. Maryland Parkway, Suite 28, Las Vegas, Nevada 89109.

3. Respondent Jauregui was/is the managing pharmacist of Trinity during the alleged and relevant timeframes.

4. During an annual Board inspection on September 4, 2019, Board Inspector discovered unsigned faxed prescriptions for schedule II controlled substances.

5. Upon further Board investigation, it was discovered from June 10, 2020 to September 28, 2020, forty-two (42) controlled substance schedule II ("CII") prescriptions ("Prescriptions") were dispensed and/or delivered to hospice patients without valid practitioners' handwritten signatures ("Practitioners").

6. The 42 CII Prescriptions appeared to have been received and notated by Respondent Jauregui as oral orders. However, none of the Prescriptions stated "Authorization for Emergency Dispensing" nor did any of the prescriptions meet legal requirements to qualify as dispensing CIIs by oral authorization in an emergency.

APPLICABLE LAW

7. A person shall not dispense controlled substances in violation of a regulation adopted and/or followed by the Board. NRS 453.381(8); NAC 453.420; NAC 453.440; NAC 453.450; NAC 639.945(1); 21 CFR § 1306.11.

8. The Board may suspend or revoke a registration pursuant to NRS 639.210(15) when a person has "as a managing pharmacist, violated any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides, or has knowingly allowed a violation of any provision of this chapter or other state or federal laws or regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision."

9. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NAC 639.702; NAC 639.945(2).

FIRST CAUSE OF ACTION
Dispensing Unlawful CII Prescriptions
(Respondent Jauregui)

10. As a licensed and managing pharmacist, by failing to obtain handwritten signatures of Practitioners, and/or verifying the accuracy and completeness of CII Prescriptions,

Respondent Jauregui violated NRS 453.381(8), NAC 453.420, NAC 453.440, NAC 453.450, NAC 639.945(1), 21 CFR § 1306.11, constituting unprofessional conduct, and subjecting Jauregui to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210(4), (11), (12), and (15), and/or NRS 639.255.

11. The CII Prescriptions did not qualify as "emergency" prescriptions as provided pursuant to NAC 453.420, were deficient pursuant to NAC 453.440, and Respondent Jauregui is subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210(4), (11), (12), and (15), and/or NRS 639.255.

SECOND CAUSE OF ACTION
Pharmacy/Owner Responsibilities
(Respondent Trinity)

12. As the owner/operator of Trinity at the time of each of the violations alleged herein, Trinity is responsible for the violations, including those of its employees, pursuant to NAC 639.702, and NAC 639.945(2), and is subject to discipline pursuant to NRS 639.210(11), (12), and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of license/registration of these Respondents.

Signed this 13th day of August, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board, and to submit an answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, then the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. MA LOURDES JAUREGUI, RPH, Certificate of Registration No. 17035, Respondent.	CASE NO: 19-240-RPH-S STATEMENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, October 13, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Hampton Inn Las Vegas Strip South
7850 Giles Street
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 12th day of August, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MA LOURDES JAUREGUI, RPH, Certificate of Registration No. 17035,** **Respondent.**	**CASE NO. 19-240-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ____ day of _____, 2021.

MA. LOURDES JAUREGUI, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 17th day of August, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Trinity Pharmacy
2797 S. Maryland Pkwy STE 28
Las Vegas, NV 89109

Ma Lourdes Jauregui, R.Ph.
[redacted]
Las Vegas, NV 89113

SHIRLEY HUNTING

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Premier RX Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 3940 S. Eastern Avenue

City Las Vegas State NV Zip 89119

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-445-1246 Website premierrxlv.com

Licensing Company Email sales@premierrxlv.com

Section 2: Personal Information

First ABEL Middle _____ Last RODRIGUEZ LOPEZ

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State NV Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSIDAD CENTRAL DE LAS VILLAS		09/1989 – 07/1993	
Address	**City**	**State**	**Zip**
CARRETERA A CAMAJUANI, KM 5½	SANTA CLARA, CUBA		
Diploma/Degree obtained, if any			
ENGINEER			

School Name		From - To (MM/YY – MM/YY)	
RAMON TAUREGUI		09/1987 – 07/1989	
Address	**City**	**State**	**Zip**
CARRETERA A CUMANAYAGUA	CIENFUEGOS, CUBA		
Diploma/Degree obtained, if any			
HIGH SCHOOL			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/2024 – 05/2026	[redacted]	[redacted]	NV	[redacted]
12/2022 – 02/2024	[redacted]	[redacted]	NV	
04/2019 – 12/2022	[redacted]	[redacted]	FL	
06/2017 – 04/2019	[redacted]	[redacted]	FL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
FIRST CLASS RX PHARMACY			12/2022 – 05/2026
Business Address	**City**	**State**	**Zip**
3753 E DESERT INN Rd	LAS VEGAS	NV	89121
Phone	**Title**		
702 534 0325	DRIVER		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
ABREU HOMES INC			09/2015 – 12/2022
Business Address	**City**	**State**	**Zip**
6660 LAKE BLUE DR	MIAMI LAKES	FL	33014
Phone	**Title**		
786 389 3040	SUPERVISER		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State** / **Zip**
Phone	**Title**	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State** / **Zip**
Phone	**Title**	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State** / **Zip**
Phone	**Title**	
Description of Duties		

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ABEL RODRIGUEZ LOPEZ

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/15/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Max Terrell, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5.15.2026

Date

Subscribed and Sworn to before me this 15 day of May.

Notary Public Signature

NOTARY PUBLIC
STATE OF NEVADA
County of Clark
MAX JORDAN TERRELL
Appt. No. 25-9729-01
My Appt. Expires Dec. 6, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Premier RX Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 3940 S. Eastern Avenue

City Las Vegas State NV Zip 89119

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-445-1246 Website premierrxlv.com

Licensing Company Email sales@premierrxlv.com

Section 2: Personal Information

First Giovanna Middle K Last Merz

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City [redacted] State NV Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
ESAN GraduateSchool of Business		03/1996 - 11/1998	
Address	**City**	**State**	**Zip**
Alonso de Molina 1652, Monterrico, Surco	Lima, Peru		
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Universidad de Lima		04/1989 - 12/1993	
Address	**City**	**State**	**Zip**
Av. Javier Prado Este 4600, Santiago de Surco 15023	Lima, Peru		
Diploma/Degree obtained, if any			
Bachelor of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
San Jose High School		04/1983 - 12/1988	
Address	**City**	**State**	**Zip**
Fco Quijandria 439	Ica, Peru		
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/17 - up to date	[redacted]	[redacted]	NV	[redacted]
01/10 - 10/17			NV	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Luxury Estates International			2015-up to date
Business Address	**City**	**State**	**Zip**
7945 W Sahara Ave, Suite 202	Las Vegas	NV	89117
Phone	**Title**		
(702) 907-8770	Luxury Real Estate Advisor		

Description of Duties

Represent buyers and sellers inreal estate transactions while providing exceptional client service and market expertise. Develop marketing strategies, private networking, targeted advertising to maximize property exposure and value. Negotiate contracts, coordinate transactions, guide clients through every stage of the buying and selling process

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Giovanna Merz

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/15/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Max Terrell, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5.15.2026

Date

Subscribed and Sworn to before me this 15 day of May.

Notary Public Signature

NOTARY PUBLIC
STATE OF NEVADA
County of Clark
MAX JORDAN TERRELL
Appt. No. 25-9729-01
My Appt. Expires Dec. 8, 2028

(Seal)

10

10A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ New OUTSOURCING FACILITY
☐ Ownership Change (Provide current license number if making changes:) OUT_____
☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
☐ Non Publicly Traded Corporation – Pages 1-3 & 5
☐ Partnership - Pages 1-3 & 6
☑ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Bravado Pharmaceuticals, LLC

Physical Address: 4212 Cypress Gulch Dr

City: Lutz State: FL Zip Code: 33559

Telephone: 813-991-4100 Fax: _____

Toll Free Number: 800-761-1639 (Required per NAC 639.708)

E-mail: lsmith@bravapharm.com Website: bravadopharm.com

Supervising Pharmacist: Michael Nguyen Nevada License #: 25024

SERVICES PROVIDED

Yes/No

☑ ☐ Parenteral
☑ Sterile Compounding
☑ ☐ Non Sterile Compounding
☐ ☑ Mail Service Sterile Compounding
☐ ☑ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: 4/20/16 Amount: $500 CK 9598910469 ✓

9527

FEI Number (From FDA application): 82-1228845

Please provide the name of the facility as registered with the FDA and the registration number:
Bravado Pharmaceuticals, LLC 3015234532

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
NA

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Michael Nguyen Nevada License Number: 25024

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: NA

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☑

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Brian McMillan
Print Name of Authorized Person

04/15/2026
Date

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Brian Mcmillan

Business Name: Bravado Pharmaceuticals, LLC

Current Business Address: 4212 Cypress Gulch Dr

City: Lutz State: Fl Zip Code: 33559

Telephone: 813-991-4100 Fax: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

State of Florida
Department of State

I certify from the records of this office that BRAVADO PHARMACEUTICALS, LLC is a limited liability company organized under the laws of the State of Florida, filed on April 14, 2017.

The document number of this limited liability company is L17000084014.

I further certify that said limited liability company has paid all fees due this office through December 31, 2025, that its most recent annual report was filed on February 27, 2025, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fourteenth day of November, 2025

Secretary of State

Tracking Number: 7228031943CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
06/07/2025	**PH 35805**	**155614**

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Special Sterile Compounding
Outsourcing Facility

EXPIRATION DATE: **FEBRUARY 28, 2027**

BRAVADO PHARMACEUTICALS LLC
Bravado Pharmaceuticals LLC
4212 CYPRESS GULCH DR
LUTZ, FL - 33559

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

Scan QR Code for
License Authentication

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
06/07/2025	**PH 35805**	**155614**

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

BRAVADO
PHARMACEUTICALS LLC
Bravado Pharmaceuticals

Expiration Date: **FEBRUARY 28, 2027**

REGISTRANT SIGNATURE

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
503b Outsourcing Inspection

File # 30286
Insp # 204642

NAME	PERMIT NUMBER	DATE OF INSPECTION
Bravado Pharmaceuticals LLC		06/05/2025
DOING BUSINESS AS		
BRAVADO PHARMACEUTICALS LLC		
STREET ADDRESS	**TELEPHONE #**	**EXT**
4212 CYPRESS GULCH DR	813-716-1791	
CITY	**COUNTY**	**STATE/ZIP**
LUTZ	HILLSBOROUGH	FL/33559

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 37.5 hours
Monday Y	Monday Hours 7.5 hours
Tuesday Y	Tuesday Hours 7.5 hours
Wednesday Y	Wednesday Hours 7.5 hours
Thursday Y	Thursday Hours 7.5 hours
Friday Y	Friday Hours 7.5 hours
Saturday N	Saturday Hours 0
Sunday N	Sunday Hours 0

Registered Pharmacist / Intern / Tech

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # [redacted]	

License Relations

Pharmacy Affiliate

MCMILLLAN, BRIAN	License #

RX DPT MGR/COR/POR

VERGARA, GUSTAVO ADOLFO	License # 58302

503b - Outsourcing Inspection

Quality - 21CFR Part 211

Firm has a quality control unit. 211.22 *Shannon Kennedy, Ph.D.*	Yes
The quality control unit has the responsibility and authority to approve or reject all components, drug product containers, closures, in process materials, packaging materials, labeling and drug products. 211.22(a) *Reviewed batch record sent for stability testing and SOP on batch record (Q19.003)*	Yes
Quality control unit reviews and approves all drug product production and control records to determine compliance with all established, approved written procedures before a batch is released or distributed. 211.192	Yes
The quality control unit is responsible for approving or rejecting drug products manufactured, processed, packed, or held under contract by another company. 211.22(a)	Yes
The Quality Control Unit has authority to review production records to assure that no errors have occurred, or if errors have occurred, that they have been fully investigated. 211.22(a)	Yes

Adequate laboratory facilities for the testing and approval (or rejection) of components, drug product containers, closures, packaging materials, in-process materials, and drug products are available to the quality control unit. 211.22(b) *Potency done in-house; All initial formulation testing will be outsourced to third party lab; sterility & endotoxin on batch outsourced SOP Q25.037*	Yes
The Quality Control Unit has the responsibility for approving or rejecting all procedures or specifications impacting on the identity, strength, quality, and purity of the drug product. 211.22(c)	Yes
The responsibilities and procedures applicable to the quality control unit are in writing and such written procedures are followed. 211.22(d) *Reviewed SOP Q19.009*	Yes
Personnel responsible for supervising the manufacture, processing, packing, or holding of a drug product are qualified through education, training and experience or a combination thereof. Individuals are able to perform assigned functions in such a manner as to provide assurance that the drug product has the safety, identity, strength, quality, and purity that it purports or is represented to possess. 211.25(b) *Reviewed SOP H19.001 Training Program Guidelines and CV of QA personnel*	Yes

Investigations - 21CFR Part 211

Unexplained discrepancies or the failure of a batch, or any of its components to meet any of its specifications are thoroughly investigated. 211.192 *SOP Q19.004 Deviations and CAPAs, SOP Q189.022, Q19.028, Q19.031*	Yes
Investigations are extended to other batches of the same drug product and other drug products that may have been associated with the specific failure or discrepancy. 211.92	Yes
Written procedures describing the handling of all written and oral complaints regarding a drug product are established and followed. Procedures include provisions for review by the quality control unit and review to determine whether the complaint represents a serious and unexpected adverse drug experience which is required to be reported to the FDA. 211.198(a) ***Recommend moving the individual references to handling customer compliants in the other QA policies into a singular SOP on complaints and may then refer to SOPS with investigation, recall, CAPA, etc.*	Yes
A written record of each complaint is maintained in a file designated for drug product complaints. The file regarding such drug product is maintained at the establishment where the drug product was manufactured, processed, or packed, or if kept at another facility, are readily available. Written drug product records are maintained until at least 1 year after the expiration date of the drug product or 1 year after the date the complaint was received, whichever is longer. 211.198(b) *No products yet for there to be complaints or recalls*	N/A
Records of complaints include the name and strength of the drug product, lot number, name of the complainant, nature of the complaint and reply to complaint. 211.198(b)(1)	N/A
Where an investigation is conducted, the written records include the findings of the investigation and follow up. Where an investigation is not conducted, the written records include the reason the investigation was found not to be necessary and the name of the responsible person making such a determination. 211.198(b)(2)(3)	N/A

Personnel Qualification - 21CFR Part 211 Subpart B

Each person engaged in the manufacture, processing, packing, or holding of a drug product shall have the education, training and experience or a combination thereof to enable the person to perform the assigned functions. 211.25 ***Recommended third party didactic training to augment competency training.*	Yes
Training shall be in the particular operations that the employee performs and in current good manufacturing practice (including the current good manufacturing practice regulations in this chapter and written procedures required by these regulations) as they relate to the employee's functions. 211.25(a)	Yes
Training in current good manufacturing practices is conducted by qualified individuals on a continuous basis and with sufficient frequency. 211.25(a) ***Discussed need to have validated didactic and ongoing training. Facility is working on their train the trainer program and using third party validated training.*	Yes

Facilities and Equipment - 21CFR Part 211

Any building used in manufacture, processing, packing, or holding of a drug product is maintained in a clean and sanitary condition, free of infestation by rodents, birds, insects, and other vermin. 211.56(a) *Has contract with pest control agency - recommend installation of pest catch box by roll up door in warehouse.*	Yes
The flow of components, drug product containers, closures, labeling, in-process materials and drug products through the building or buildings is designed to prevent contamination. 211.42(b)	Yes
The facility is of suitable size, construction, and location to facilitate cleaning, maintenance, and proper operations. 211.42(a)	Yes
There is adequate space for the orderly placement of equipment and materials to prevent mix-ups between different components, drug product containers, closures, labeling, in-process materials, or drug products and to prevent contamination. 211.42(b)	Yes
Facility has a separate or defined areas or such other control systems to prevent contamination or mix ups during receipt, identification, storage and withholding from use of components, drug product containers, closures, and labeling pending the appropriate sampling, testing or examination by the quality control unit before release for manufacturing or packaging. 211.42(c)(1), 211.80	Yes
Facility has a separate or defined area for holding rejected components, drug product containers, closures and labeling before disposition. 211.42(c)(2)	Yes
Facility has a separate or defined area for quarantine storage before release of drug products. 211.42(c)(7)	Yes
Operations relating to the manufacture, processing, and packing of penicillin shall be performed in facilities separate from those used for other drug products for human use. 211.42(d)	N/A
Aseptic processing areas have floors, walls and ceilings that are smooth and easily cleanable. 211.42(10)(i)	Yes
Aseptic processing areas have temperature and humidity controls. 211.42(10)(ii) *PrimeX OneView continuous monitoring system*	Yes
Aseptic processing areas have an air supply through HEPA filters under positive pressure. 211.42(10)(iii)	Yes
Air filtration systems (including prefilters and particulate matter air filters) are used when appropriate on air supplies to production areas. 211.46(c)	Yes
Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature when appropriate for the manufacturing, processing, packing, or holding of drug products. 211.46(b)	Yes
The facility has written procedures for cleaning and maintenance of equipment, including utensils used in the manufacture, processing, packing, or holding of a drug product. 211.67(b)	Yes

The firm has written procedures for use of suitable rodenticides, insecticides, fungicides, fumigating agents, cleaning and sanitizing agents which must be registered and used in accordance with the Federal Insecticide, Fungicide and Rodenticide Act. 211.56(c) *Reviewed SOP S19.001*	Yes
A written record of major equipment cleaning, maintenance and use is included in individual equipment logs that show date, time, product, and lot number of each batch processed. The persons performing and double checking the cleaning and maintenance date and sign (or initial) the log. Entries are in chronological order. 211.182	Yes
Surfaces that contact components, in-process materials, or drug products are not reactive, additive, or absorptive so as to alter the safety, identity, strength, quality, or purity of the drug product beyond the official or other established requirements. 211.65(a)	Yes
Automatic, mechanical, electronic equipment used in the manufacture, processing, packing, or holding of a drug product shall be routinely calibratad, inspected or checked according to a written program designed to ensure proper performance. 211.68(a)	Yes

Environmental Monitoring - 21CFR Part 211

Facility has written procedures designed to prevent microbiological contamination of drug products purporting to be sterile. Such procedures include validation of all aseptic and sterilization processes. 211.113(b) *Reviewed SOP Q19.027, M25.029*	Yes
Aseptic processing areas have a system for monitoring environmental conditions. 211.42(10)(iv) *Pressure differential gauges in place, temperature and humidity monitoring, and SOP on sampling. EM SOP Q19.027*	Yes

Control of Components, Containers and Closures - 21CFR Part 211

Written procedures describe in sufficient detail the receipt, identification, storage, handling, sampling, testing, and approval or rejection of components and drug product containers and closures. Written procedures are followed. 211.80(a) *Reviewed S19.007, Q19.032, S19.008, A19.003 - Please add verbiage about qualifying APIs according to federal requirements.*	Yes
Components and drug product containers and closures shall at all times be handled and stored in a manner to prevent contamination. 211.80(b)	Yes
Bagged or boxed components of drug product containers or closures ere stored off the floor and suitably spaced to permit cleaning and inspection. 211.80(c)	Yes
Each container or grouping of containers for components or drug product containers, or closures shall be identified with a distinctive code for each lot in each shipment received. This code shall be used in recording the disposition of each lot. Each lot shall be appropriately identified as to its status (i.e., quarantined, approved, or rejected). 211.80(d) *Observed physical spaces included labeled storage areas*	Yes
Each component is tested for conformity to written specifications for purity, strength, and quality. Supplier analysis may be accepted provided thet at least one specific identity test has been conducted by the manufacturer and the manufacturer has established the reliability of the supplier's analysis through validation of supplier's test results at appropriate intervals. 211.84(d)(2) *New permit application, limited inventory to check for this items. SOPs speak to this requirement.*	Yes
Containers and closures are tested for conformity to written specifications. A certificate of testing may be accepted from the supplier, provided that at least a visual identification is conducted on such containers/closures by the manufacturer and provided that the manufacturer establishes the reliebility of the supplier's test results through appropriate validation of the supplier's test results at appropriate intervals. 211.84(3)	Yes
Each lot of a component, drug product container, or closure with potential for microbiological contamination that is objectionable in view of its intended use is subjected to microbiological tests before use. 211.84(d)(6)	Yes
Drug product containers and closures are not reactive, additive, or edsorptive so as to alter the safety, identity, strength, quality, or purity of the drug beyond the official or established requirements. 211.94(a)	Yes
Drug product containers and closures are clean and, where indicated, sterilized, and processed to remove pyrogenic properties. 211.94(c)	Yes
Depyrogenation process is validated. 211.94(c) *Reviewed SOP L25.043*	Yes

Production - 21CFR Part 211

There are written procedures for production and process control designed to assure the drug products have the identity, strength, quality, and purity they purport or are represented to possess. 211.100(a)	Yes
Written production and process control procedures are followed. Any deviation from the written procedures shall be recorded and justified. 211.100(b)	Yes
If a component is removed from the original container to another, the new container shall be identified with the following information: (1) component name or item code; (2) receiving or control number; (3) weight or measure in new container; (4) batch for which component was dispensed, including its product name, strength, and lot number. 211.101(b) *Reviewed SOP Q19.006*	Yes
Each component is either added to the batch by one person and verified by a second person or, if the components are added by automated equipment under 211.68, only verified by one person. 211.101(d)	Yes
Actual yields and percentages of theoretical yield are determined at the conclusion of each appropriate phase of manufacturing, processing, packaging, or holding of a drug product. 211.103	Yes
Written procedures are established to assure batch uniformity and integrity of drug products, that describe the in-process controls, and tests, or examinations to be conducted on appropriate samples of in-process materials of each batch. Procedures are followed. 211.110(a)	Yes
In process materials are tested for identity, strength, quality, and purity, where appropriate, and approved or rejected by quality control unit during production process. 210.110(c)	Yes
When appropriate, time limits are established for the completion of each phase of production to assure quality of the drug product. Deviations are justified and documented. 211.111	Yes
Written procedures include quarantine of drug products before release by the quality unit. Procedures are followed. 211.142(a) *Reviewed SOP Q25.037*	Yes

Packaging and Labeling - 21CFR Part 211

Written procedures describe the receipt, identification, storage, handling, sampling, examination and/or testing of labeling and packaging material. Procedures are followed. 211.122(a) *Reviewed M25.021 regarding labeling & S19.009 for shipping specific; packaging is specific to each product, this is pre-license inspection.*	Yes
Written procedures describe in sufficient detail the control procedures employed for the issuance of labeling. Procedures are followed. 211.125(f)	Yes

Strict control is exercised over labeling issued for use in drug product labeling operations. 211.125(a)	Yes
Records are maintained for each shipment received of each different labeling and packaging material indicating receipt, examination/testing, and whether accepted or rejected. 211.122(c)	Yes
Labels and other labeling materials for each different drug product, strength, dosage form, or quantity of contents are stored separately with suitable identification. 211.122(d) *New permit inspection, no products yet*	N/A
Access to label storage area is limited to authorized personnel. 211.122(d)	Yes
Obsolete and outdated labels, labeling and packaging materials are destroyed. 211.122(e)	Yes
Identification and handling of filled drug product containers that are set aside and held in unlabeled condition for future labeling operations to preclude mislabeling of individual containers, lots, or portions of lots. Identification need not be applied to each individual container but shall be sufficient to determine drug name, strength, quantity of contents, and lot or control number of each container. 211.130(b) *No products yet, new permit*	N/A
Written procedures shall specify how to reconcile quantity of labels that are issued, used, and returned. Procedures shall require evaluation of any discrepancies between quantity of drug product finished and the quantity of the labeling issued when such discrepancies are outside narrow preset limits based on historical operating data. Discrepancies shall be investigated in accordance with 211.192. Labeling reconciliation is waived for cut or roll labeling if 100% examination for correct labeling is performed in accordance with 211.122(g)(2). 211.25(c)	Yes
All excess labeling bearing lot and control numbers is destroyed. 211.125(d)	Yes
If cut labeling is used for immediate container labels, individual unit cartons, or multiunit cartons containing immediate containers that are not packaged in individual unit cartons, packaging and labeling operations includes one of the following special control procedures: 100% visual inspection is conducted for correct labeling during or after completion of finishing operations for hand applied labeling. Such examination is performed by one person and independently verified by a second person OR use of appropriate electronic or electromechanical equipment to conduct 100% examination of labeling during or after completion of finishing operations OR dedicated labeling and packaging lines of each different strength of each different drug product OR use of automated technique including differentiation by labeling size, that physically prevents incorrect labeling from being processed by labeling and packaging equipment. 211.122(g)(1)(2)(3)(4) *Planned use of cut labels with 100% verification and double check 100% verification*	Yes
Written procedures assure that correct labels, labeling, and packaging materials are used for drug products. Procedures are followed. 211.130	Yes
Procedures are designed to prevent mix-ups and cross-contamination by physical or spatial separation from operations on other drug products. 211.130(a)	Yes
Written procedures detail examination of packaging and labeling materials for suitability and correctness before packaging operations, and documentation of such examination is in the batch production record. 211.130(d)	Yes
Written procedures detail inspection of packaging and labeling facilities to assure that all drug products and labeling materials have been removed from previous operations. Results of inspection are documented on the batch record. Procedures are followed. 211.130(e) *Sample batch record supports this practice*	Yes

Holding and Distribution - 21CFR Part 211

Written procedures describing warehousing of drugs include quarantine of drug product before release by QC unit, including storage under appropriate temperature, humidity, and light. 211.142 *Reviewed SOP S19.007*	Yes

Laboratory - 21CFR Part 211 Subpart I

The establishment of any specifications, standards, sampling plans, test procedures, including any changes shall be reviewed and approved by the Quality Control Unit, deviations from written specifications are recorded and justified. 211.160(a) *Reviewed SOP Q19.004*	Yes
Laboratory controls shall include the establishment of scientifically sound and appropriate specifications, standards, sampling plans, and test procedures designed to assure that components, drug product containers, closures, in-process materials, labeling, and drug products conform to appropriate standards of identity, strength, quality, and purity. 211.160(b) *Reviewed SOPs: Q25.037, L23.036*	Yes
Laboratory controls include the calibration of instruments, apparatus, gauges, and recording devices at suitable intervals in accordance with an established written program containing specific directions, schedules, limits for accuracy and precision, and provisions for remedial action if the event limits are not met. 211.160(b)(4) *Multiple SOPs, one per each piece of equipment reviewed. Discussed adding one for cleaning and maintenance of crimping device.*	Yes
There is a written testing program designed to assess the stability characteristics of drug products. The written program includes sample size and test interval, storage conditions for samples retained for testing, reliable, meaningful, and specific test methods, and testing of the drug product in the same container closure system in which the drug product is marketed. Procedures are followed. 211.166(a)(1)(2)(3)(4)	Yes
Results of stability testing is used to determine appropriate storage conditions and expiration dates. 211.166(a) *Discussed required compendial studies for stability and facility has SOPs which speak to appropriate methods.*	Yes
For each batch of drug product there is appropriate laboratory determination of satisfactory conformance to final specifications for the drug product, including the identity and strength of each active ingredient. 211.165(a) *No products yet, new permit*	N/A
Written procedures describe sampling and testing plans and include method of sampling and the number of units per batch to be testad. Procedures are followed. 211.165(c) *SOP L25.037 specifies to follow USP 797/71 quantities.*	Yes
Acceptance criteria for sampling and testing conducted by the quality control unit are adequate to assure that batches of drug products meet each appropriate specification and appropriate statistical quality control criteria as a condition for their approval and release. 211.165(d)	Yes
Drug products failing to meet established standards or specifications, or any other relevant quality control criteria are rejected. 211.165(f)	Yes
Each batch of drug product purporting to be sterile and/or pyrogen free has appropriate laboratory testing to determine conformance to such requirements. 211.167(a) *No products yet, new permit*	N/A
The accuracy, sensitivity, specificity, and reproducibility of test methods employed by the firm shall be established and documented. Such validation and documentation are accomplished in accordance with 211.194(a)(2). 211.165(e) *SOPs follow compendial standards.*	Yes

Laboratory records include complete data derived from all tests necessary to assure compliance with established specifications and standards as defined in 211.194(a). *No products yet, new permit*	N/A
Complete records are maintained of any modification of an established method used in testing. 211.194(b) *No products yet, new permit*	N/A
A reserve sample that is representative of each lot in each shipment of each active ingredient, is retained and stored under conditions consistent with product labeling and in the same immediate container-closure system for 1 year after the expiration date of the last lot of the drug product containing the active ingredient. 211.170(a)(b) *SOP Q19.006*	Yes

Records and Reports - 21CFR Part 211

Any production, control, or distribution record that is required to be maintained and is specifically associated with a batch of a drug product is retained for at least 1 year after the expiration date of the batch. This includes all components, drug product containers, closures. 211.180(a)(b) *Q19.002 Document Control Procedures*	Yes
Written records are maintained so that data herein can be used for evaluating, at least annually, the quality standards of each drug product to determine the need for changes in drug product specifications or manufacturing or control procedures. 211.180(e)	Yes
Master production and control records for each drug product, including each batch size thereof, shall be prepared, dated, and signed (full signature, handwritten) by one person and independently checked, dated, and signed by a second person. The preparation of master production and control records is described in a written procedure and such written procedure is followed. Master production and control records include all required elements as described in 211.186(a). *Batch records appropriately contain fields for different verification than preparer; facility will add more specific language to existing SOPs to explicitly indicate a different person required for verification than preparer.*	Yes
Batch products and control records are prepared for each batch of drug product produced and include complete information relating to the product and control of each batch and are an accurate reproduction of the appropriate master production or control record. 211.188, 211.188(a)	Yes
Batch records include documentation that each significant step in the manufacture, processing, packing, or holding of the batch was accomplished and include all required elements as described in. 211.188 (b)(1-13) *New permit, no active batch records to review, however facility had a test batch for stability testing which I reviewed and facility indicates this record will be essentially the same used in production.*	Yes
Major equipment is identified by a distinctive identification number or code that is recorded in the batch production record. 211.105(b)	Yes
Batch production and control records are prepared for each batch of drug product produced and shall include complete information relating to the production and control of each batch. These records shall include: Identification of the persons performing and directly supervising or checking each significant step in the operation, or if a significant step in the operation is performed by automated equipment under § 211.68, the identification of the person checking the significant step performed by the automated equipment. 211.188(11)	Yes
Distribution records contain the name and strength of the product and description of the dosage form, name and address of the consignee, date and quantity shipped, and lot or control number of the drug product. 211.196	Yes

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

PANOFSKY, LINDA

Linda Panofsky

Date:6/5/2025

Representative:

Gustavo Vergara

Date:6/5/2025

503B Outsourcing Facility Inspection

Conducted for

Bravado Pharmaceuticals

Conducted on
December 8th-10th, 2025

Corrective Action Received on
December 18th, 2025

Prepared by

Michelle Woosley, PharmD., MBA
Senior Consultant

Mala Cullipher, RPh, CPh
Associate Consultant

Location

4212 Cypress Gulch Drive
Lutz, FL 33559

Private and Confidential. Gates Healthcare Associates, Inc.©

503B Outsourcing Facility Inspection v2.0

Bravado Pharmaceuticals / Michelle Woosley, PharmD., MBA, Senior Consultant
Mala Cullipher, RPh, CPh, Associate Consultant

Facility Name

Bravado Pharmaceuticals

Facility Address

4212 Cypress Gulch Drive
Lutz, FL 33559

Inspection Date December 8th--10th, 2025

Conducted by

Michelle Woosley, PharmD., MBA, Senior Consultant
Mala Cullipher, RPh, CPh, Associate Consultant

Name of facility participants

Brian McMillan, President & CEO
Shannon Kennedy, Quality Director

Corrective Action Plan Reviewed December 18th, 2025

Private and Confidential. Gates Healthcare Associates, Inc.©

Executive Summary

Inspection Summary

Bravado Pharmaceuticals is a single location 503B outsourcing facility located in Tampa, Florida. The facility is currently nearing the end of the R&D phase for its two formulations, with plans to move into production phase in 2026. Daré Bioscience has contracted with Bravado Pharmaceuticals to compound its proprietary sildenafil cream formulation for women, and with Medvantx, a Kentucky licensed dispensing pharmacy, for patient direct distribution services. Daré's proprietary sildenafil cream formulation is the only topical sildenafil formulation that has been formally evaluated in women through controlled clinical studies. In addition to compounding sildenafil cream, Bravado Pharmaceuticals has plans to provide nicotinamide adenine dinucleotide in an injectable formulation.

Bravado Pharmaceuticals was inspected by Gates Healthcare on December 8th—10th, 2025. The facility is approximately 6500 square feet and consists of a main laboratory area for R&D testing, a nonsterile compounding suite, a dispensing room, a washroom, a visual inspection room, a sterile compounding suite, and a warehouse area. Bravado Pharmaceuticals has not yet brought a product to market and the ability to fully determine compliance with cGMP standards was limited without verifiable product. Inasmuch, areas of new or ongoing development for production readiness have been indicated as partially compliant or non-compliant with notes to this effect provided by the inspector within the report.

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Quality Control Unit

Responsibilities of Quality Control Unit § 211.22

1. There is a quality control unit that has the responsibility and authority to approve or reject all components, drug product containers, closures, in-process materials, packaging material, labeling, and drug products, and the authority to review production records to assure that no errors have occurred or, if errors have occurred, that they have been fully investigated. The quality control unit is responsible for approving or rejecting drug products manufactured, processed, packed, or held under contract by another company.

Compliant

Shannon Kennedy, PhD, Quality Lead, oversees the quality control unit. Reviewed the Bravado Pharmaceuticals Quality Manual, v3.

2. Adequate laboratory facilities for the testing and approval (or rejection) of components, drug product containers, closures, packaging materials, in-process materials, and drug products is available to the quality control unit.

Compliant

3. The quality control unit has the responsibility for approving or rejecting all procedures or specifications impacting on the identity, strength, quality, and purity of the drug product.

Compliant

4. The responsibilities and procedures applicable to the quality control unit is in writing; such written procedures is followed.

Compliant

As noted in the Quality Manual, v.3.

Personnel Qualifications

Personnel Qualifications § 211.25

5. Each person engaged in the manufacture, processing, packing, or holding of a drug product has education, training, and experience, or any combination thereof, to enable that person to perform the assigned functions. Training is in the particular operations that the employee performs and in current good manufacturing practice (including the current good manufacturing practice regulations in this chapter and written procedures required by these regulations) as they relate to the employee's functions. Training in current good manufacturing practice is conducted by qualified individuals on a continuing basis and with sufficient frequency to assure that employees remain familiar with CGMP requirements applicable to them.



Reviewed SOP H19.001 Training Program Guidelines v5.

6. Each person responsible for supervising the manufacture, processing, packing, or holding of a drug product has the education, training, and experience, or any combination thereof, to perform assigned functions in such a manner as to provide assurance that the drug product has the safety, identity, strength, quality, and purity that it purports or is represented to possess.



Shannon Teeters-Kennedy has a PhD. in Physical Chemistry, a Masters in Pharmaceutical Formulations, and a Masters in Pharmacy-Forensic Sciences
Current Staff as of
Brian McMillan
Shannon Kennedy
J. Brandon Kennedy
Malgorzata Frik
Yevgeny Habibe
Michael Rodriguez
Michael Nguyen (PIC)
Carlos Inostroza
Ashley Mandell
Kai Edwards (Technician Intern)
Valentin Vasquez (PT)
Tim Morrissey (PT)
Salvador Delgado (PT)
Lori Smith (PT)
Recommend additional training for Production and Quality personnel.

7. There is an adequate number of qualified personnel to perform and supervise the manufacture, processing, packing, or holding of each drug product.



Michael Nguyen PIC KY 025457, Kai Edwards (not RPt, Technician Student intern), Shannon-Teeters-Kennedy-Quality Assurance

§ 211.28 Personnel Responsibilities

8. Personnel engaged in the manufacture, processing, packing, or holding of a drug product shall wear clean clothing appropriate for the duties they perform. Protective apparel, such as head, face, hand, and arm coverings, is worn as necessary to protect drug products from contamination



Protective apparel appropriately worn for specific areas and duties performed. Observed.

9. Personnel shall practice good sanitation and health habits.



10. Only personnel authorized by supervisory personnel shall enter those areas of the buildings and facilities designated as limited-access areas.



Compounding areas are appropriately labeled with signage and indicate authorized personnel only.

11. Any person shown at any time (either by medical examination or supervisory observation) to have an apparent illness or open lesions that may adversely affect the safety or quality of drug products is excluded from direct contact with components, drug product containers, closures, in-process materials, and drug products until the condition is corrected or determined by competent medical personnel not to jeopardize the safety or quality of drug products. All personnel is instructed to report to supervisory personnel any health conditions that may have an adverse effect on drug products.



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Equipment Requirements

1 / 1 (100%)

Equipment Design, Size, and Location § 211.63

30. Equipment used in the manufacture, processing, packing, or holding of a drug product is of appropriate design, adequate size, and suitably located to facilitate operations for its intended use and for its cleaning and maintenance.

Unknown or Partially Compliant

Sterile Cleanroom: Facility lacks a Containment Ventilated Enclosure (CVE) in the ISO 7 Classified buffer room for weighing out and mixing nonsterile APIs to prevent contamination. Based on USP <797>, Section 4.2.6 Facilities preparing Category 2 or Category 3 CSPs from nonsterile starting components, presterilization procedures must be performed in a containment ventilated enclosure (CVE) to minimize the risk of airborne contamination.

Sterile Cleanroom: Particle counter is only used for baseline particle count, but not throughout the compounding process. This is required according to 21 CFR Part 211.42(c)(10)(iii) to assess risk of contamination during aseptic processing. Continuous monitoring is the gold standard for ensuring stringent environmental control during and throughout critical operations to prevent batch contamination.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25006 has been initiated to evaluate the facility to ensure that the equipment, facility, installation, and design are appropriate for aseptic processing.
Target Completion Date: 16Jan2026

Equipment Construction § 211.65

31. Equipment is constructed so that surfaces that contact components, in-process materials, or drug products is not reactive, additive, or absorptive so as to alter the safety, identity, strength, quality, or purity of the drug product beyond the official or other established requirements.

Compliant

32. Any substances required for operation, such as lubricants or coolants, shall not come into contact with components, drug product containers, closures, in-process materials, or drug products so as to alter the safety, identity, strength, quality, or purity of the drug product beyond the official or other established requirements.

Compliant

Equipment Cleaning and Maintenance § 211.67

1 / 1 (100%)

33. Equipment and utensils are cleaned, maintained, and, as appropriate for the nature of the drug, sanitized and/or sterilized at appropriate intervals to prevent malfunctions or contamination that would alter the safety, identity, strength, quality, or purity of the drug product beyond the o6cial or other established requirements.

Compliant

Nalgene holding tank mini-clean versus deep clean: Directional flow of dirty to clean

34. Written procedures is established and followed for cleaning and maintenance of equipment, including utensils, used in the manufacture, processing, packing, or holding of a drug product. These procedures shall include, but are not necessarily limited to, the following:

Injections, including infusions

Facility rinses with WFI beakers then depyrogenates them in the dry heat oven. 7 days of hold time. Recommend writing Exp on the Aluminum foil of the wrapped glassware.

35. Records is kept of maintenance, cleaning, sanitizing, and inspection as specified in §§ 211.180 and 211.182.

Compliant

Cleaning for ISO Classified Areas was described with dwell times in SOP M25.027.

FIND SOP DOCUMENT (AS ABOVE), NO CLEANING LOGS LOCATED IN SHARED FILES, CONTROL BATCH RECORD

Automatic, Mechanical, and Electronic Equipment§ 211.68

36. Automatic, mechanical, or electronic equipment or other types of equipment, including computers, or related systems that will perform a function satisfactorily, may be used in the manufacture, processing, packing, and holding of a drug product. If such equipment is so used, it is routinely calibrated, inspected, or checked according to a written program designed to assure proper performance.

Compliant

37. Written records of those calibration checks and inspections is maintained.

Compliant

38. Appropriate controls is exercised over computer or related systems to assure that changes in master production and control records or other records are instituted only by authorized personnel. Input to and output from the computer or related system of formulas or other records or data is checked for accuracy. The degree and frequency of input/output verification is based on the complexity and reliability of the computer or related system. A backup file of data entered into the computer or related system is maintained except where certain data, such as calculations performed in connection with laboratory analysis, are eliminated by computerization or other automated processes. In such instances a written record of the program is maintained along with appropriate validation data. Hard copy or alternative systems, such as duplicates, tapes, or microfilm, designed to assure that backup data are exact and complete and that it is secure from alteration, inadvertent erasures, or loss is maintained.

Compliant

Facility has hard copies; utilizes Lab Notebooks; Project to initiate a EQMS by next year.

39. Such automated equipment used for performance of operations addressed by §§211.101(c) or (d), 211.103, 211.182, or 211.188(b)(11) can satisfy the requirements included in those sections relating to the performance of an operation by one person and checking by another person if such equipment is used in conformity with this section, and one person checks that the equipment properly performed the operation.

Compliant

No autofill or automated equipment in use; manual processes and equipment for sterile and nonsterile.

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Filters § 211.72

40. Filters for liquid filtration used in the manufacture, processing, or packing of injectable drug products intended for human use shall not release fibers into such products. Fiber-releasing filters may be used when it is not possible to manufacture such products without the use of these filters. If use of a fiber-releasing Filter is necessary, an additional nonfiber-releasing filter having a maximum nominal pore size rating of 0.2 micron (0.45 micron if the manufacturing conditions so dictate) shall subsequently be used to reduce the content of particles in the injectable drug product. The use of an asbestos-containing filter is prohibited.



Confirmed MDI PES filters in use are suitable for human use.

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Component & Drug Product Containers/Closures

2 / 2 (100%)

Control of Components & Drug Product Containers and Closures § 211.80

41. There is written procedures describing in sufficient detail the receipt, identification, storage, handling, sampling, testing, and approval or rejection of components and drug product containers and closures; such written procedures is followed.

Compliant

42. Components and drug product containers and closures shall at all times be handled and stored in a manner to prevent contamination.

Unknown or Partially Compliant

In the warehouse location, although items are labeled as released or quarantined, tubs, holding tanks, and boxes containing quarantined materials are intermingled with released items. Released and quarantined components, containers and closures must be physically separated and organized in clearly designated holding areas to prevent mix-ups.
According to 211.42 Design and Construction features, "Any buildings used in the manufacture, processing, packing or holding of a drug product shall be of suitable size, construction and location to facilitate cleaning, maintenance, and proper operations."
Firm must define areas and clearly label designated areas for Quarantine, Hold, Rejected and Sequestered materials and store such materials in these distinct locations to prevent mix-ups.

CORRECTIVE ACTION PENDING 12-18-2025:CAPA-25001 has been initiated to evaluate how to re-organize the current warehouse space to allow for proper separation / segragation of materials to prevent mix-ups.
Target Completion Date: 16Jan2026

43. Bagged or boxed components of drug product containers, or closures is stored off the floor and suitably spaced to permit cleaning and inspection.

Compliant

44. Each container or grouping of containers for components or drug product containers, or closures is identified with a distinctive code for each lot in each shipment received. This code is used in recording the disposition of each lot. Each lot is appropriately identified as to its status (i.e., quarantined, approved, or rejected).

Unknown or Partially Compliant

Observed one API tub for sildenafil was not labeled as 'Released or Quarantine' sitting on lab shelf; no deviation written at the time of the inspection. This would increase the change of mix-ups as it is not labeled by quality as released to production. It was explained to inspector, MC that the label may have fallen off. Advised to do a change control of the procedure and document in SOP to place the label in a location which is secure.
Recommendation: Status identification of all containers released to production must be clearly marked.

CORRECTIVE ACTION PENDING 12-18-2025: Deviation opened during inspection to address deficiency.

Receipt and Storage of Untested Components, Drug Product Containers, and Closures § 211.82

45. Upon receipt and before acceptance, each container or grouping of containers of components, drug product containers, and closures is examined visually for appropriate labeling as to contents, container damage or broken seals, and contamination.

Compliant

Reviewed S19.008, Receiving of Incoming Materials. Section 2.3 indicates all GMP material is visually examined upon receipt.

46. Components, drug product containers, and closures is stored under quarantine until they have been tested or examined, whichever is appropriate, and released. Storage within the area shall conform to the requirements of § 211.80.

Compliant

SOP reviewed and quarantine area visualized.

Testing and Approval or Rejection of Components, Drug Product Containers, and Closures § 211.84

2 / 2 (100%)

47. Each lot of components, drug product containers, and closures is withheld from use until the lot has been sampled, tested, or examined, as appropriate, and released for use by the quality control unit.

Compliant

Reviewed S19.008, Receiving of Incoming Materials v4 & Q19.006, Sampling, Retains and Disposition for GMP Materials.

48. Representative samples of each shipment of each lot is collected for testing or examination. The number of containers to be sampled, and the amount of material to be taken from each container, is based upon appropriate criteria such as statistical criteria for component variability, confidence levels, and degree of precision desired, the past quality history of the supplier, and the quantity needed for analysis and reserve where required by § 211.170.

Unknown or Partially Compliant

Reviewed SOP Q19.006, Sampling of GMP Materials v3. Section 4.2 indicated the sample amounts recommended by the ANSI table is considered a minimum & QA determines the amount of sample for each applicable component based on the amount of material received.

Sterile Product: Method verification for representative sample is completed by viewing COA for NAD plus which describes identity testing completed by repackager using USP <197>, but review of the COA by Quality is not well documented by the firm.

No deficiencies noted with the nonsterile (sildenafil) materials.

Firm states the FTIR machine is in need of repair.

Samples is collected in accordance with the following procedures:

Injections, including infusions

Reviewed the Sampling Request Form (SFR). Procedures for sampling outlined in the sampling SOP.

51. Samples is examined and tested as follows:

Injections, including infusions

Sampling includes Raw Materials Sampling, Labeling Component Sampling, Packaging and Manufacturing Component Sampling, & In-Process and Finished Product Sampling.

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52. Each lot of a component, drug product container, or closure with potential for microbiological contamination that is objectionable in view of its intended use is subjected to microbiological tests before use.

Unknown or Partially Compliant

Requested Water activity verification for Sildenafil API used in non-sterile compounding-not in Monograph provided. Microbiological testing before use in compounding must occur according to 211.84.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25003 has been initaited to conduct a risk assessment on the need for microbial testing of Sildenafil Citrate as guided by FDA Guidance, Microbiological Quality Considerations in Non-sterile Drug Manufacturing, and 21CFR211.84(d)(4). Actions will be performed based on the outcome of risk assessment.
Target Completion Date: 02Jan2026

53. Any lot of components, drug product containers, or closures that meets the appropriate written specifications of identity, strength, quality, and purity and related tests under paragraph (d) of this section may be approved and released for use. Any lot of such material that does not meet such specifications is rejected.

Compliant

Use of Approved Components, Drug Product Containers, and Closures § 211.86

54. Components, drug product containers, and closures approved for use is rotated so that the oldest approved stock is used first. Deviation from this requirement is permitted if such deviation is temporary and appropriate.

Unknown or Partially Compliant

There does not appear to be a FEFO methodology in the warehouse as released and quarantined material is on the same side of the room.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25001 has been initiated to evaluate how to re-organize the current warehouse space to allow for ease of material status identification.
Target Completion Date: 16Jan2026

Retesting of Approved Components, Drug Product Containers, and Closures § 211.87

55. Components, drug product containers, and closures is retested or reexamined, as appropriate, for identity, strength, quality, and purity and approved or rejected by the quality control unit in accordance with § 211.84 as necessary, e.g., after storage for long periods or after exposure to air, heat or other conditions that might adversely affect the component, drug product container, or closure.

Unknown or Partially Compliant

Per SOP Q19.006, Sampling of GMP Materials v3, retained samples of drug products should be visually inspected annually for deterioration; retained samples of other materials should be reviewed at least every two years. No indication in the SOP related to retesting or reexamination of raw materials after storage for long periods of time or other conditions that might impact the materials.

This 503B OSF has mostly R&D and ongoing testing and no production at this time. Bravado has not yet had the need to implement the requirements of this procedure as the materials intended for marketed / commercial products have not reached its routine inspection time per SOP Q19.006.

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Rejected Components, Drug Product Containers, and Closures
§ 211.89

56. Rejected components, drug product containers, and closures is identified and controlled under a quarantine system designed to prevent their use in manufacturing or processing operations for which they are unsuitable.

Compliant

Drug Product Containers and Closures § 211.94

57. Drug product containers and closures is not reactive, additive, or absorptive so as to alter the safety, identity, strength, quality, or purity of the drug beyond the official or established requirements.

Compliant

58. Container closure systems provide adequate protection against foreseeable external factors in storage and use that can cause deterioration or contamination of the drug product.

Compliant

Facility still in R&D phase. Container Closure Integrity testing will be conducted when all testing is complete.

59. Drug product containers and closures is clean and, where indicated by the nature of the drug, sterilized and processed to remove pyrogenic properties to assure that they are suitable for their intended use. Such depyrogenation processes is validated.

Compliant

ECVs were sent to lab and demonstrated a greater than 5 log reduction in Endotoxins
Dry Heat Oven Process Verification completed by Focus labs 2-3-25

60. Standards or specifications, methods of testing, and, where indicated, methods of cleaning, sterilizing, and processing to remove pyrogenic properties is written and followed for drug product containers and closures.

Compliant

Reviewed L25.043, Operation and Maintenance of the Dry Heat for Sterilization and Depyrogenation, Process Verification Autoclave, L25.044, Calibration of Ovens and Autoclaves, & L25.048, Use, Verification and Maintenance of the SQP-04 Autoclave v2.

61. Does the facility have or provide medical gases? If so, medical gas containers and closures must meet the following requirements:

Unknown or Partially Compliant

Facility has nitrogen tank medical gas for Filter used for Filter Integrity testing. SOP M25.028 demonstrates bubble point testing performed manually, however firm has not updated to use of Nitrogen for Filter integrity testing and all the requirements for use of medical gases.
Recommendation: Update SOP to meet standards.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25005 has been initiated to review the use of Nitrogen in the facility and procedures will be created or updated, as needed.
Target Completion Date: 02Jan2026

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Production & Process Controls

1 / 1 (100%)

Production and Process Controls: Written Procedures & Deviations. § 211.100

62. There is written procedures for production and process control designed to assure that the drug products have the identity, strength, quality, and purity they purport or are represented to possess. Such procedures include all requirements in this subpart. These written procedures, including any changes, is drafted, reviewed, and approved by the appropriate organizational units and reviewed and approved by the quality control unit.

Compliant

63. Written production and process control procedures is followed in the execution of the various production and process control functions and is documented at the time of performance. Any deviation from the written procedures is recorded and justified.

Unknown or Partially Compliant

Facility is in preliminary phases of production, still performing R&D functions for the 503B side.

Sterile Compounding Observation: Pharmacist demonstrating simulation of media fill was noted to simulate aseptic filling of amber vials without a needle. This is an objectionable practice. Please review aseptic guidance by the FDA.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25004 has been initiated to review the practices within the aseptic operations. Additional actions will be assigned to implement changes and improvements identified.
Target Completion Date: 16Jan2026

Charge-In of Components § 211.101

1 / 1 (100%)

64. Written production and control procedures include the following, which are designed to assure that the drug products produced have the identity, strength, quality, and purity they purport or are represented to possess:

Injections, including infusions

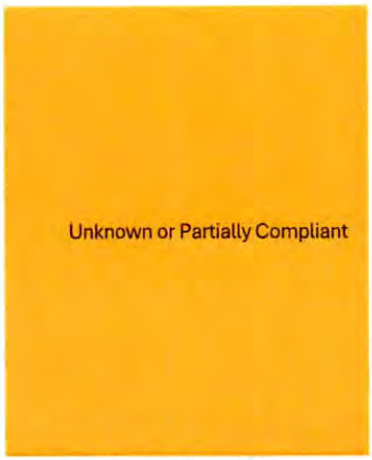
No specific Production procedures SOP

b) Components for drug product manufacturing is weighed, measured, or subdivided as appropriate. If a component is removed from the original container to another, the new container is identified with the following information:
1) Component name or item code;
2) Receiving or control number;
3) Weight or measure in new container;
4) Batch for which component was dispensed, including its product name, strength, and lot number

Unknown or Partially Compliant

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c) Weighing, measuring, or subdividing operations for components is adequately supervised. Each container of component dispensed to manufacturing is examined by a second person to assure that:
1) The component was released by the quality control unit;
2) The weight or measure is correct as stated in the batch production records;
3) The containers are properly identified. If the weighing, measuring, or subdividing operations are performed by automated equipment under § 211.68, only one person is needed to assure paragraphs (c)(1), (c)(2), and (c)(3) of this section.



Manual weighing supervised by PIC, however weigh balances not located in CVE for sterile or non-sterile weighing. Nonsterile compounding suite is a dedicated suite for sildenafil cream only. Facility is choosing to not place a CVE inside the nonsterile lab where weighing is taking place.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25004 has been initiated to review the practices within the aseptic operations. Additional actions will be assigned to implement changes and improvements identified.
Target Completion Date: 16Jan2026

d) Each component shall either be added to the batch by one person and verified by a second person or, if the components are added by automated equipment under § 211.68, only verified by one person.



Calculation of Yield § 211.103

65. Actual yields and percentages of theoretical yield is determined at the conclusion of each appropriate phase of manufacturing, processing, packaging, or holding of the drug product. Such calculations shall either be performed by one person and independently verified by a second person, or, if the yield is calculated by automated equipment under § 211.68, be independently verified by one person.



Equipment Identification § 211.105

66. All compounding and storage containers, processing lines, and major equipment used during the production of a batch of a drug product is properly identified at all times to indicate their contents and, when necessary, the phase of processing of the batch.



67. Major equipment is identified by a distinctive identification number or code that is recorded in the batch production record to show the specific equipment used in the manufacture of each batch of a drug product. In cases where only one of a particular type of equipment exists in a manufacturing facility, the name of the equipment may be used in lieu of a distinctive identification number or code.



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No signage on Beckman Coulter Particle Size Analyzer that it is Out of Commission. Not in use. Advise to place a sign.

Sampling & Testing In-Process Materials and Drug Products § 211.110

To assure batch uniformity and integrity of drug products, written procedures is established and followed that describe the in- process controls, and tests, or examinations to be conducted on appropriate samples of in-process materials of each batch. Such control procedures are established to monitor the output and to validate the performance of those manufacturing processes that may be responsible for causing variability in the characteristics of in-process material and the drug product. Such control procedures shall include, but are not limited to, the following, where appropriate:

1) Tablet or capsule weight variation;
2) Disintegration time;
3) Adequacy of mixing to assure uniformity and homogeneity;
4) Dissolution time and rate;
5) Clarity, completeness, or pH of solutions.
6) Bioburden testing.

Unknown or Partially Compliant

For non-sterile compounding testing of Sildenafil Vaginal Cream 30 gram tube for final production, facility has a sample thief (long tube); all placed in stainless steel tanks. The Sildenafil MBR was approved on 04DEC2025. A copy of the approved MBR was provided for review during the audit.

QC In-Process: visual inspection, sample thief checks various things--assay, final bulk, full testing spectrum. Bioburden testing is not complete for this batch # 25026 and there are not notes in the EBR under Batch Accountability. Signed Dec 4, 2025.

69. Valid in-process specifications for such characteristics is consistent with drug product final specifications and is derived from previous acceptable process average and process variability estimates where possible and determined by the application of suitable statistical procedures where appropriate. Examination and testing of samples shall assure that the drug product and in-process material conform to specifications.

Compliant

70. In-process materials is tested for identity, strength, quality, and purity as appropriate, and approved or rejected by the quality control unit, during the production process, e.g., at commencement or completion of significant phases or after storage for long periods.

Unknown or Partially Compliant

For Sterile NAD plus injection which is sill in R&D phase, Potency testing T0-T90, etc is not complete yet. No Microbial Enumeration tests have been completed for Sildenafil cream at the time of this inspection.

Sildenafil Batch 25026 was completed on 05DEC2025 and it was noted that the EBR was incomplete because it was pending batch reconciliation, PIC review, and QA review. Microbial samples were taken from the bulk cream to be sent to an outside laboratory for testing. Microbial testing takes approximately 3 weeks to complete.

CORRECTIVE ACTION PENDING 12-18-2025: All sildenafil batch testing results will be reviewed and verified that it meets pre-established product specification before the product will be released for distribution.

71. Rejected in-process materials is identified and controlled under a quarantine system designed to prevent their use in manufacturing or processing operations for which they are unsuitable.

Compliant

Time Limitations on Production § 211.111

72. When appropriate, time limits for the completion of each phase of production is established to assure the quality of the drug product. Deviation from established time limits may be acceptable if such deviation does not compromise the quality of the drug product. Such deviation is justified and documented.

Compliant

Control of Microbiological Contamination § 211.113

73. Does the facility prepare non-sterile compounded products or utilized a non-sterile to sterile process? If so, appropriate written procedures, designed to prevent objectionable microorganisms in drug products not required to be sterile, is established and followed.

Unknown or Partially Compliant

Nonsterile Product: Water content of the sildenafil API (USP <61, 62>) and baseline AET data on the API. Microbial enumeration test pending from ARL labs for Sildenafil 3.6% R&D Batch #25026.

Microbial testing is performed according the FDA guidance, Microbiogical Quality Considerations in Non-Sterile Drug Manufacturing (Draft September 2021) and USP <1111>, Microbiogical Quality Considerations in Non-Sterile Products, requirements for the non-sterile product. Microbial samples have been taken from the bulk cream to be sent to an outside laboratory for testing. Microbial testing takes approximately 3 weeks to complete.

CORRECTIVE ACTION PENDING 12-18-2025: All results of the sildenafil testing batch will be reviewed and verified that it meets pre-established product specification before the product will be released for distribution.

74. Does the facility prepare sterile compounded products and utilized sterile compounding processes? If so, appropriate written procedures, designed to prevent microbiological contamination of drug products purporting to be sterile, is established and followed. Such procedures includes validation of all aseptic and sterilization processes.

Unknown or Partially Compliant

Observed sterile processes and procedures within the cleanroom. PIC observed in the cleanroom and noted to move in and out of the PEC 5 area frequently without consistently disinfecting gloves. Staging was lacking which caused excessive movement around the ISO 7 space and into the PEC 5 hood. Recommended a review of the formulation procedure to improve efficiency and reduce risk of contamination.

During the observed smoke study, process does not include a needle at the end of the tubing from the repeater pump into the vials. This may pose a risk to the finished product.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25004 has been initiated to review the practices within the aseptic operations. Additional actions will be assigned to implement changes and improvements identified. Target Completion Date: 16Jan2026

Reprocessing § 211.115

75. Written procedures is established and followed prescribing a system for reprocessing batches that do not conform to standards or specifications and the steps to be taken to ensure that the reprocessed batches will conform with all established standards, specifications, and characteristics.

Unknown or Partially Compliant

Reprocessing discussed with Quality Lead. No current procedure for reprocessing which should include defined criteria as to when reprocessing is appropriate versus documenting a batch deviation. Instances of reprocessing have occurred without impact to the API mixture or finished preparation. Deviation/investigation into the incident not provided.

CORRECTIVE ACTION PENDING 12-18-2025: Deviation DID-25016 was opened to document the batch failure and any actions to be taken to prevent future recurrence. Target Completion Date: 22Dec2025

76. Reprocessing is not performed without the review and approval of the quality control unit.

Unknown or Partially Compliant

R& D phases at this time. Recommend a Reprocessing SOP if not available.

CORRECTIVE ACTION PENDING 12-18-2025:CAPA-25002 has been initiated to create or revise procedure to indicate that Bravado's policy on reprocessing. Target Completion Date: 09Jan2026

Materials Examination and Usage Criteria § 211.122

77. There is written procedures describing in sufficient detail the receipt, identification, storage, handling, sampling, examination, and/or testing of labeling and packaging materials; such written procedures is followed. Labeling and packaging materials is representatively sampled and examined or tested upon receipt and before use in packaging or labeling of a drug product.

Compliant

Reviewed SOP M25.021, Visual Inspection and Application of Product Labels v2.

78. Any labeling or packaging materials meeting appropriate written specifications may be approved and released for use. Any labeling or packaging materials that do not meet such specifications is rejected to prevent their use in operations for which they are unsuitable.

Compliant

79. Records is maintained for each shipment received of each different labeling and packaging material indicating receipt, examination or testing, and whether accepted or rejected.

Compliant

Reviewed and verified shipping receipt log and indication of acceptance. The facility does not have any type of barcoding or inventory tracking tools at this time. Manually maintained.

80. Labels and other labeling materials for each different drug product, strength, dosage form, or quantity of contents is stored separately with suitable identification. Access to the storage area is limited to authorized personnel.

Unknown or Partially Compliant

Nonsterile Product: Visually verified tubing labels and secondary packaging for sildenafil cream. Primary packing labels are pre-printed in advance on empty tubes.

Sterile Product: NAD+ product labels are still in development. Currently using cut labeling for testing batches.

81. Obsolete and outdated labels, labeling, and other packaging materials is destroyed.

Compliant

Visually observed quarantine area that holds labels for destruction.

82. Use of gang-printed labeling for different drug products, or different strengths or net contents of the same drug product, is prohibited unless the labeling from gang-printed sheets is adequately differentiated by size, shape, or color.

Compliant

83. Is cut labeling used for immediate container labels, individual unit cartons, or multiunit cartons containing immediate containers that are not packaged in individual unit cartons? If so, then packaging and labeling operations includes one of the following special control procedures:

Yes

Cut labeling used on the sterile product only.

1) Dedication of labeling and packaging lines to each different strength of each different drug product;

Compliant

2) Use of appropriate electronic or electromechanical equipment to conduct a 100-percent examination for correct labeling during or after completion of finishing operations; or

Unknown or Partially Compliant

Nonsterile Product: No electronic or electromechanical equipment utilized; manual process.

Sterile Product: Labeling not documented on NAD+ Batch Record (testing batch); the Smart Jet Core Printer to be used for the sterile production batch is new and has not been brought online to date.

3) Use of visual inspection to conduct a 100-percent examination for correct labeling during or after completion of finishing operations for hand-applied labeling. Such examination is performed by one person and independently verified by a second person.

Unknown or Partially Compliant

Nonsterile Product: Visually observed the sildenafil cream pre-printed tubes are 100% visually verified for accuracy. Unable to confirm the examination is performed by two people as per the SOP; facility did not produce a batch during the inspection.

Sterile Product: No current written or active process for label visual inspection for the sterile injection (pre-production phase).

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4) Use of any automated technique, including differentiation by labeling size and shape, that physically prevents incorrect labeling from being processed by labeling and packaging equipment.

Compliant

84. Printing devices on, or associated with, manufacturing lines used to imprint labeling upon the drug product unit label or case is monitored to assure that all imprinting conforms to the print specified in the batch production record.

Unknown or Partially Compliant

Sterile Product Only: SOP M25.045 Operation, Cleaning, and Maintenance of the Smart-Jet Core Printer was provided; not in operation at this current time; new piece of equipment.

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Compounding Laboratory Design & Staff Training/Competencies

Describe the facility's compounding laboratory design and include a description of the layout, classification, flow, other pertinent details.

The facility has a main laboratory area for R&D with associated equipment. Next to the main laboratory area is a wall that separates individual areas for nonsterile compounding, the filling room, wash room, and sterile compounding suite.

The nonsterile compounding lab is dedicated for compounding sildenafil cream. The nonsterile compounding area is ISO 8 Classified and has an initial room for garbing and a secondary room for weighing out powders and mixing the cream. The nonsterile lab is a single-dedicated lab for sildenafil cream without cross-over. Absent in the nonsterile compounding lab is a balance hood/CVE/powder hood that encloses the balance to be used for weighing out APIs and other components.

The sterile compounding lab is dedicated to preparing NAD+ at the current point in time and is an ISO 7 classified space. The sterile compounding suite consists of an anteroom with a sink on the clean side and autoclave. The buffer room has a 4 foot LAFH, analytical balance, an oven, and a sub-zero freezer.
The facility is currently weighing out nonsterile APIs on a balance located on a steel bench within the ISO 7 buffer room. There is no certified CVE for containment.

Provide photographs of the compounding areas, anterooms, and buffer areas.


Photo 1


Photo 2


Photo 3


Photo 4


Photo 5


Photo 6

List and describe the equipment and any automation utilized to prepare and package compounded preparations located within the designated compounding areas.

Nonsterile Compounding Equipment (sildenafil cream): Analytical balanced, floor scale, 300L jacketed tank, a 100L jacketed tank, and a 50L non-jacketed tank and associated pumps. For filling processes--manual crimper and coder.

Sterile Compounding Equipment (NAD+ injectable): autoclave, oven, freezer, LAFH, analytical balance, and a repeater pump. No automation is used at this point in time.

Provide photographs of any equipment and automation used that is located within the designated compounding areas.

Describe the facility's compounding processes (nonsterile to sterile, sterile to sterile), cleanroom classifications, and usage of sterilization.

NS to NS & NS to Sterile.

Personnel Monitoring – Sterile Training & Competency

1. Personnel performing compounding and personnel who have direct oversight of compounding personnel must successfully complete training and competencies before performing compounding or supervising compounding.

Compliant

Reviewed SOP H19.001 Training Program Guidelines.

Initial training and competencies are performed and documented.

Compliant

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a. Core Skills and SOP training **• Written test**	Compliant
b. Garbing and Hand Hygiene training and competencies **• Observational Competency** **• Gloved Fingertip and Thumb Sampling (GFTS), 3 times in succession**	Compliant
c. Aseptic Technique training and competencies **• Observational Competency** **• Media Fill Test** **• Surface sampling** **• Gloved Fingertip and Thumb Sampling**	Compliant
4. Ongoing training and competencies are performed and documented.	Compliant
a. Core Skills and SOPs, written test: Every 12 months	Compliant
b. Garbing and Hand Hygiene competencies (with single GFTS test): **• Every 12 months – direct oversight, no compounding** **• Every 6 months – Compounding Category 1 or 2 CSPs**	Compliant
c. Aseptic Technique competencies (with media fill, GFTS, and surface sample) **• Every 12 months – direct oversight, no compounding** **• Every 6 months – Compounding Category 1 or 2 CSPs**	Compliant
5. Persons performing cleaning and disinfecting of sterile compounding areas (may be compounding personnel, or personnel dedicated to cleaning activities), and others that enter the classified compounding areas (performing stocking, etc.) receive the training appropriate for their duties. **• Initial and annual for items that apply to their position, detailed in SOPs.** **• Includes hand hygiene and garbing, cleaning, and disinfection.**	Compliant

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6. Core skills training includes: **• Hand hygiene Garbing** **• Cleaning and disinfection** **• Calculations, measuring, and mixing.** **• Aseptic technique** **• Achieving and/or maintaining sterility (and apyrogenicity if compounding with nonsterile components)** **• Use of equipment** **• Documentation of the compounding process (e.g., master formulation and compounding records)** **• Principles of high-efficiency particulate air (HEPA)-filtered unidirectional airflow within the ISO Class 5 area PEC** **• Proper use of PECs** **• Principles of movement of materials and personnel within the compounding area**	Compliant
7. Gloved Fingertip and Thumb Sampling Procedures are detailed in the SOP. Includes:	Compliant
a. Using one sampling media device (e.g., plates, paddles, or slides) per hand. Plates	Compliant
b. Using general microbial growth agar (e.g., trypticase soy agar [TSA]) supplemented with neutralizing additives (e.g., lecithin and polysorbate 80) as this agar supports both bacterial and fungal growth.	Compliant
c. Sampling occurs BEFORE gloves are sanitized with sterile 70% IPA.	Compliant
d. Collect samples from all gloved fingertips and thumbs from both hands by rolling fingertip pads and thumb pad over the agar surface.	Compliant
e. Incubate the media device at 30°–35° for no less than 48 h and then at 20°–25° for no less than 5 additional days. Samples must be inverted and incubated in an incubator.	Compliant
f. Record the number of CFU per hand (left hand, right hand). **• Determine whether the CFU action level is exceeded by counting the total number of CFU from both hands.** **• Action Level for Garbing Competency: > 0 CFU total from both hands** **• Action Level for Aseptic Technique Competency: > 3 CFU total from both hands**	Compliant
g. A test failure will require the test to be repeated. The designated person(s) will determine if any remediation may be required (training, etc.) before the test is repeated.	Compliant

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h. The personnel that failed the test will not be allowed to compound, or supervise compounding, until remediation is completed, and a successful gloved fingertip and thumb test is achieved.	Compliant
Hand Hygiene & Garbing Technique Observations	
1. Personnel with rashes, recent tattoos, oozing sores, conjunctivitis, or active respiratory infections must report to the designated person(s) who will evaluate whether the person is excluded from compounding until the condition resolves.	Compliant
2. No food (including mints, gum, etc.) or drinks are allowed in the anterooms, buffer rooms, or segregated compounding areas.	Compliant
3. Personnel remove items that are not easily cleanable or are not necessary for compounding. At a minimum, individuals must: **• Remove personal outer garments (e.g., bandanas, coats, hats, jackets, sweaters, vests)** **• Remove all cosmetics because they shed flakes and particles (including false eyelashes)** **• Remove all hand, wrist, and other exposed jewelry, including piercings that could interfere with the effectiveness of garbing (e.g., the fit of gloves, cuffs of sleeves, and eye protection)** **• Cover any jewelry that is permanent and cannot be removed (if it can be removed, it should be removed).**	Compliant
4. No earbuds or headphones allowed.	Compliant
5. No electronic devices that are not necessary for compounding or other required tasks into the compounding area.	Compliant
6. Fingernails are clean, short, and neatly trimmed to minimize particle shedding and avoid glove punctures. Nail products (e.g., polish, artificial nails, and extenders) must not be worn.	Compliant
7. Eyeglasses and hearing aids are cleaned or wiped down with sterile 70% IPA, if worn.	Compliant

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8. **Garb is available and includes:**
- **Low-lint knee-length garment with sleeves that fit snugly around the wrists and an enclosed neck (e.g., gown or coverall)**
- **Low-lint covers for shoes**
- **Low-lint cover for head that covers the hair and ears,**
- **Low-lint cover for facial hair**
- **Low-lint face mask**
- **Sterile powder-free gloves**

Coveralls

Compliant

9. **Garb is not stored near the sink to avoid contamination by splashing water.**

Compliant

10. **Perform hand hygiene:**
- **Clean underneath fingernails under warm running water using a disposable nail cleaner.**
- **Keeping your hands above the level of your elbows, wash hands starting at the fingers and working down the forearms to the elbows with soap and water for at least 30 seconds. Time the washing using a clock or timer located near and visible when at the sink.**
- **Do not use a brush to scrub your skin, this will create more skin shedding.**
- **Do not shake water off your hands. Keep hands above the level of your elbows so water does not run down and drip off your fingers.**
- **Using low-lint disposable towels or wipers, dry completely from your hands down to elbows.**

Observed: PIC did not perform hand hygiene down to his elbows; only to his wrists.

Unknown or Partially Compliant

11. **Apply alcohol-based hand rub to one hand and rub hands together, covering all surfaces of hands and fingers until hands are dry. Allow hands to dry thoroughly before donning sterile gloves.**

Compliant

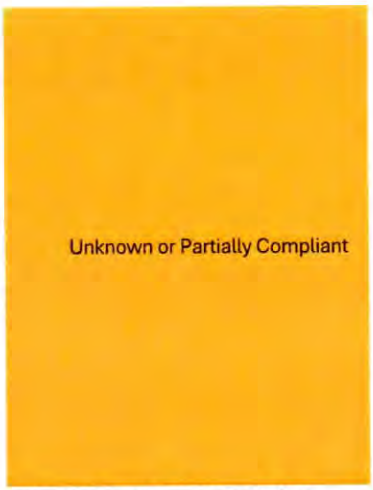
12. **The order of donning garb is dependent on the location of the handwashing sink and the line of demarcation. The order must be detailed in the SOP.**

Compliant

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13. Donning garb.

- Don dedicated shoes or shoe covers.
- Don dedicated sterile scrubs and bunny suit or equivalent garb that prevents skin exposure.
- Don a surgical mask.
- Don a head cover and/or hood to cover all hair and ears. Check in the mirror to ensure all hair is contained and covered.
- Don shoe covers/knee-high booties over each shoe while stepping over the line of demarcation (LOD), taking care that the shoe does not touch the floor on the clean side of the LOD and the covered shoe does not touch the floor on the dirty side of the line of demarcation.
- Repeat with the other shoe.



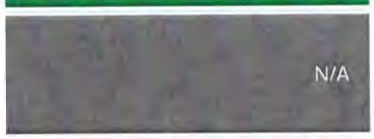
Observed: PIC donned a sterile coveralls. Had difficulty with not allowing the coverall feet to touch the ground before putting it on. Recommended usage of a bench and more practice to ensure sterility. The coveralls are being donned on the "clean" side of the line of demarcation.

14. Gloves:

- Select the appropriate size of sterile gloves.
- Open the package of sterile gloves on a flat surface and inspect for defects.
- Don sterile gloves using aseptic technique.
- Gloves must NOT be donned or doffed inside the ISO Class 5 primary control engineering exposing bare skin.
- Enter the buffer room.
- If using a RABS PEC, sterile gloves must be donned over the gloves on the gauntlets inside the RABS. This is in addition to the gloves worn on your hands inside the gauntlets.
- Apply sterile 70% IPA to gloves immediately after donning is completed, and regularly throughout the compounding process and whenever nonsterile surfaces (e.g., vials, counter tops, chairs, or carts) are touched, or the gloves leave and re-enter the ISO Class 5 PEC.



15. Garb must be replaced immediately if it becomes visibly soiled or if its integrity is compromised. Gloves are changed if torn, punctured or contaminated.



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16. Doffing garb

- **When personnel exit the compounding area, all garb is removed and discarded.**
- **All other disposable garb is discarded.**
- **Shoe covers remain on the shoes while on the clean side of the LOD and may be removed and discarded once on the dirty side of the LOD.**

• Shoe covers are not worn outside the compounding area to prevent tracking residue into other areas.

• Non-disposable garb such as goggles, full face masks, or shields, are placed in an area or bin marked for used garb and cleaned and sanitized during the daily cleaning at the end of the day.



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Components - Sterile

Controls over the source and quality of components are required, particularly when using non-sterile materials or ingredients when producing sterile compounded drug products. For each of the following, the firm should have written and approved procedures and documentation resulting therefrom. The firm's adherence to written procedures should be verified through observation whenever possible.

1. Appropriate specifications must be established for the components used in each drug product that address the attributes necessary to ensure the quality of the finished drug product such as identity, strength, purity, particle size, sterility, bacterial endotoxin level, or other characteristics.

Compliant

Reviewed SOP S19.008, Receiving of Incoming Materials v3.

2. Each lot of components must be tested to verify identity and evaluated for conformity with appropriate specifications before use unless: the component is an approved finished human drug product; the component was purchased directly from a manufacturer who has registered and listed with FDA under section 510 of the FD&C Act without repacking or other alteration since initial manufacture, or was purchased from a distributor that certifies that the component has not been subject to repacking or other alteration since initial manufacture; the label of each lot of the component has been examined to verify that the component meets required specifications before use; and the shipment's package integrity has been verified upon receipt before use.

Unknown or Partially Compliant

Identity testing for API has not been completed as per USP <197> for use in production. Firm relies on the COA.

3. Components (e.g., bulk active ingredients and excipients, but not an approved finished drug product), must be tested to verify identity and evaluated for conformity with appropriate specifications, and, if necessary, depending on intended use, endotoxin level and sterility before use in compounding. Alternatively, a COA can be accepted from the supplier and evaluated to determine whether the lot can be used, provided the reliability of the supplier's analyses has been established at appropriate intervals (i.e., no less frequently than annually for active ingredients and every two years for other components) through appropriate steps to confirm the supplier's test results for those tests relevant to the specifications established for the compounded drug product, and to confirm that the ingredient meets the applicable USP or NF monograph, if one exists; at least one identity test has been conducted to confirm that the component is the one specified in the purchase order; each container or grouping of containers of components is examined to verify appropriate labeling regarding contents; and the shipment's package integrity must be verified upon receipt before use.

Unknown or Partially Compliant

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At least one identity has not been completed for API (NAD+).

4. Acceptance of incoming lots of nonsterile components (including water) must include microbial and endotoxin testing unless: the water is purchased and certified as sterile and non-pyrogenic and is accompanied by a COA.	Compliant
Water is USP; COA review.	
5. The quality of water produced on-site and used as a component or processing aid should be tested regularly at point of use to verify acceptable microbial quality and endotoxin limits.	N/A
6. Components must be re-tested or re- examined for identity, strength, quality, and purity after exposure to conditions that might adversely affect the component.	Compliant

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Equipment, Containers, and Closures - Sterile

Equipment, containers, and closures that come into contact with the drug product must be evaluated to ensure adequacy for intended use, including for holding or storing sterilized equipment, containers, or closures to ensure sterility and cleanliness at time of use. For each of the following, the firm should have written and approved procedures and documentation resulting therefrom. The firm's adherence to written procedures should be verified through observation whenever possible.

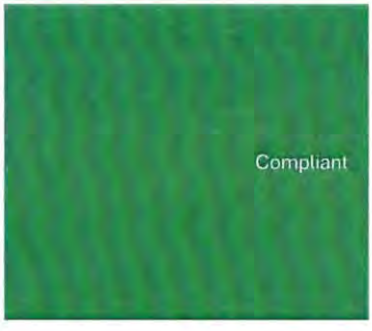
1. If the outsourcing facility does not use pre-sterilized and depyrogenated single-use equipment and containers and closures, the equipment, containers, and closures must be sterilized and depyrogenated before first use through sterilization and depyrogenation processes that have been validated.



Sterile--vials and stoppers are purchased sterile; tools are autoclaved; glassware is depyrogenated; repeater pump tubing is purchased as sterile, filters are sterile.

Product contact components are all purchased as sterile.

2. Each lot of equipment, containers, and closures must be examined to verify identity and tested to ensure conformity with appropriate specifications before use unless the supplier certifies and labels the materials as ready-to-use, sterile and non-pyrogenic; the supplier's packaging integrity is verified upon receipt before use; and the certificate of analysis (COA) provided by the supplier is reviewed to verify that the product meets the required specifications including sterility and depyrogenation.



COA review provided by the supplier.

3. Equipment must be qualified as capable of performing its intended functions or operations before first use, and procedures for routine calibration and maintenance established and followed.



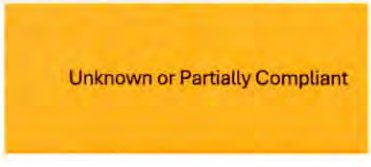
Reviewed SOP Q19.008, Change Control Procedure & Q19.011, Qualification of Equipment and Change Control. Indicates process for new equipment and routine calibration and maintenance procedures.

Reviewed the IOPQ for the Grisco-MA Filling Machine from 12-04-2025.

4. Equipment surfaces that come in contact with components, in process materials, or drugs must not be reactive, additive, or absorptive.



5. Appropriate criteria for containers and closures is established to ensure that drug product containers and closures used for compounded drug products are suitable for each particular drug product for which they will be used.



In R&D phase. No study in extractables and leachables.

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6. Appropriate procedures are established for testing the containers and closures at the time they are selected to determine whether they meet the criteria for use; the tests and results must be documented.

Unknown or Partially Compliant

Dry heat oven run reviewed for glassware. Not documented on the batch record.

7. As part of the selection process integrity testing of the drug product container closure system is performed to verify its ability to maintain the quality of the finished drug product and sterility over the expiry period. Integrity testing should be performed again if the supplier or specifications of the container/closure is changed.

Unknown or Partially Compliant

CCIT has not been completed for the sterile product to date because they are waiting for the method of suitability test to be complete from ARL. This is slated to be conducted as per their contract with ARL.

Unable to locate an SOP on this process.

8. Procedures for storage of sterilized containers or closures is established to minimize the risk of contamination and to maintain sterility. Retesting or re- examination required if exposed to conditions that may affect the integrity of the containers/closures.

Unknown or Partially Compliant

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Facilities & Equipment Systems – Sterile

For each of the following, the firm should have written and approved procedures and documentation resulting therefrom. The firm's adherence to written procedures should be verified through observation whenever possible.

1. Training/qualification of employees in sterile facilities and equipment systems.

Compliant

2. All sterile processing and controlled areas must be clean and free of visible signs of filth, dirt, mold or mildew, insects, and inappropriate items or debris.

Compliant

3. Sterile drugs are produced only in ISO 5 or better air quality. Particle counts of 0.5 µm and larger per cubic meter are measured under dynamic conditions and are 3,520 or less.

Compliant

4. The air cleanliness classification of the area surrounding the ISO 5 zone immediately adjacent to the aseptic processing line should meet, at a minimum, ISO 7 standards.

Compliant

5. There are no sinks or drains in any ISO 5 or ISO 7 areas, or other water sources.

Compliant

There is a sink located in the anteroom (ISO 7). No drains or other water sources.

6. If an isolator is used, the surrounding area should meet at least ISO 8 standards.

N/A

7. The ISO 5 zone or critical area is certified initially, when changes are made to HVAC or HEPA units, or if the ISO 5 PEC is moved.

Compliant

8. Certification/Qualification studies and tests are documented including the particular conditions under which the studies and tests were conducted (dynamic includes number of personnel present).

Compliant

Reviewed SOP M25.022, ISO 5 Hood and Classified Room Certification v1.
Review of the sterile cleanroom certification report indicates all testing was performed under simulated dynamic conditions with 4 pharmacy staff members present at the time of testing.

9. Airflow studies should be conducted under dynamic conditions (e.g., in-situ smoke study) to initially qualify the HVAC/HEPA unit and when any changes are made to the HVAC/HEPA unit or the critical area that might affect airflow. Any indication of poor air control (e.g., non-laminar, turbulent) should be corrected before use.

Compliant

Watched the smoke study test; confirmed it was conducted under dynamic conditions.

10. HEPA filter testing includes integrity testing of the HEPA filters, particle counts, and air velocity checks.

Compliant

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11. Velocities of unidirectional air are measured six inches from the HEPA filter face and at a defined distance close to the work surface in the ISO 5 area.	Compliant
12. The clean areas in which components, formulated products, in- process materials, equipment, and container/closures are prepared, held, or transferred are designed to minimize the level of particle contaminants in the final product. The microbiological content (bioburden) of articles and components that are subsequently sterilized is controlled.	Compliant
13. To prevent contamination or mix-ups during the course of sterile and other operations requires separate or defined areas or other similar control systems for a facility's operations.	Compliant
14. Procedures established and followed for sanitation and describe in detail the cleaning schedules, methods, equipment, and materials to be used in cleaning buildings and facilities.	Compliant
15. Large equipment present in the cleanroom does not obstruct air vents and/or air flow to compromise aseptic operations.	Compliant
16. Pressure differential limits are established, and control systems should include built-in alarms to detect excursions. If there are no system alarms, pressure differentials are frequently and regularly checked during operations (checks should be scheduled considering the environment, such as use of an isolator versus a less protected process) and the results recorded in logs and evaluated against pre- specified alert and action limits at each check. Pressure differentials are continuously monitored with real-time alerts.	Compliant
17. Monitoring for pressure differentials, humidity, and temperatures should occur during production, and prompt action should be taken to correct inappropriate conditions. If a problem cannot be immediately corrected, production should stop until corrected.	Compliant
18. Monitoring procedures require documentation and investigation of any instances in which there is a loss of positive pressure in the clean room during actual production, the lots affected, and the corrective action taken.	Compliant

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19. Powder drugs: If powder drugs are handled, procedures established and followed to appropriately manage cross-contamination risk, particularly if the powder is cytotoxic or highly sensitizing. Physical segregation of areas in which powder drugs are exposed to the environment. For penicillin/beta-lactam products, a separate facility (or physically separate space) is required.	Compliant
20. Multiple manipulations, multi-use facilities: Processes and procedures in place to minimize contamination risks posed by the number and complexity of manipulations, number of simultaneous operations and workstations, and the staging of materials used in the process.	N/A
21. For multi-use facilities and non- dedicated equipment, changeover and cleaning procedures are established and followed to prevent cross- contamination between products.	N/A
22. Procedures for cleanrooms cleaning and disinfecting are established.	Compliant
23. Procedures for cleaning and disinfecting ISO 5 areas/units should include instructions for consistently and properly cleaning and disinfecting surfaces that are difficult to access.	Compliant
24. Sterile disinfectants and lint-free sterile wipes should be used for disinfecting all critical areas. Procedures should describe the methods and schedule for cleaning and include the use of sporicidal disinfectants in the ISO 5 area and classified rooms on a regular basis.	Compliant
25. The suitability, efficacy, and limitations of the disinfecting agents being used should be monitored. The expiration dates of disinfection solutions should be closely monitored. Decon-Spor, Peridox RTU (daily), and sIPA.	Compliant
26. The sanitation program and other practices should be revised if there are indications that the frequency of disinfectant use or the type of disinfectant being used is inadequate to ensure appropriately clean surfaces.	Compliant

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Environmental Monitoring and Controls of Compounding Areas

For each of the following, the firm should have written and approved procedures and documentation resulting therefrom. The firm's adherence to written procedures should be verified through observation whenever possible. Training/qualification of employees in sterile environmental monitoring.

1. Monitoring covers all production shifts and include monitoring during normal production conditions

Compliant

Reviewed SOP Q19.027, Environmental Monitoring Policies v5.

2. Includes a routine program for daily/shift monitoring of operators' gloves and an appropriate schedule for monitoring gowns during operations

Compliant

3. Include at least daily monitoring of the ISO 5 zone during operations

Compliant

4. Establishes limits that are based on the criticality of the operation relative to the contamination risk to the product

Compliant

5. Describe use of viable sampling (e.g., contact plates, swabs, active air samplers), alert and action limits, and testing methods (e.g., media, plate exposure times, incubation times and temperatures) that are designed to detect environmental contaminants, including changes in microflora type and amount

Compliant

6. Be supported by an evaluation of the choice of the sampling locations and sampling methods

Compliant

7. Establish alert and action limits and appropriate responses for each nonviable test or measurement

Compliant

8. Viable particles (CFUs) are investigated if the results exceed the established action levels or demonstrate an adverse trend. The investigation includes determination of the impact on the sterility assurance of finished products intended to be sterile, and the development and execution of appropriate corrective actions

Compliant

Reviewed deviation that occurred due to a backorder of sampling plates from Hardy Diagnostics in June.

9. Procedures include establishing the validity of the microbiological media including the preparation, sterilization, and growth potential of the media used in performing tests, including environmental and personnel monitoring.

Unknown or Partially Compliant

Utilizes a positive control during media fill (TSB) but not for surface sampling or gown sampling plates.

10. The cleanroom suite is maintained at a temperature of 20° or cooler and a relative humidity of 60%. Indicate the current temperatures of the cleanroom suites.

Compliant

11. The temperature and humidity are monitored in each room of the cleanroom suite by a continuous recording device, allows for real-time alerts, and is retrievable.

Compliant

Continously monitored with real-time alerts; Temp/Humidity reviewed on a monthly basis by Quality. Recommend a monthly sign-off or formalized report review.

12. The temperature and humidity readings must be reviewed and maintained as described in the facility's SOPs and includes a procedure for responding to excursions that includes evaluating the effect of the excursion on drug product integrity. Excursions are documented.

Compliant

13. Temperature and humidity monitoring devices are NIST certified and calibrated or verified for accuracy at least every 12 months or as required by the manufacturer.

Compliant

14. Controlled room temperature is maintained 20° to 25°C (68° to 77°F), or more restrictive if warranted by specific drug product storage requirements. Indicate the current room temperature of any areas where APIs or finished product are stored.

Compliant

15. Humidity is generally maintained 35%-60% relative humidity. Note that some components require storage in a "dry place" which is not to exceed 40% relative humidity. Indicate the currently humidity in the designated compounding areas and any API storage areas.

Compliant

16. Temperature in the refrigerator or cooler is maintained to provide controlled cold temperature of 2° to 8°C (36° to 46°F) or more restrictive if warranted by specific drug product storage requirements. Indicate the current temperature of the refrigerators that store any APIs, components, or finished products.

Compliant

17. Temperature in the freezer is maintained to provide controlled frozen temperature of -10° to -25°C (-13° to 14°F) or more restrictive if warranted by specific drug product storage requirements. Indicate the current temperature of the freezers that store any APIs, components, or finished products.

Compliant

18. Review and describe any temperature or humidity excursions, the root cause, and investigation results the facility may have recently experienced.

Compliant

Reviewed deviation DID25012--HVAC cooling unit blew a fuse; pressures maintained.

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Production System - Non-sterile and Sterile Compounding

For each of the following, the firm should have written and approved procedures and documentation resulting therefrom. The firm's adherence to written procedures should be verified through observation whenever possible.

1. Training/qualification of personnel in productions systems	Compliant
2. Control system for implementing changes in processes	Compliant
3. Procedure for charge-in of components: the batch shall be formulated with the intent to provide not less than 100 percent of the labeled or established amount of active ingredient; components for drug product manufacturing shall be weighed, measured, or subdivided as appropriate and adequately supervised; each container of component dispensed to manufacturing shall be examined by a second person; each component shall either be added to the batch by one person and verified by a second person or, if added by automated verified by one person.	Compliant
4. Formulation/manufacturing at not less than 100%	Compliant
5. Identification of equipment with contents, and where appropriate phase of manufacturing and/or status	Compliant
6. Validation and verification of cleaning/sterilization/depyrogenation of containers and closures	Compliant
7. Calculation and documentation of actual yields and percentage of theoretical yields	Compliant
8. Contemporaneous and complete batch production documentation	Compliant
9. Established time limits for completion of phases of production	Compliant
10. Implementation and documentation of in-process controls, tests, and examinations (e.g., pH, adequacy of mix, weight variation, clarity)	Compliant
11. Justification and consistency of in- process specifications and drug product final specifications	Compliant
12. Prevention of objectionable microorganisms in non-sterile drug products	Compliant
13. Adherence to preprocessing procedures (e.g., set-up, line clearance)	Compliant

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14. Equipment cleaning and use logs	Compliant
15. Master production and control records	Compliant
16. Batch production and control records	Compliant
17. Process validation, including validation and security of computerized or automated processes No automation currently; manual documentation	N/A
18. Change control; the need for revalidation evaluated	Compliant
19. Documented investigation into any unexpected discrepancy	Compliant

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Additional Production and Process Controls - Sterile Compounding

Written procedures for production and process control are established and followed to ensure the consistent production of a drug that meets the applicable standards of identity, strength, quality, and purity including documentation that all key process parameters are controlled and that any deviations from the procedures are justified.

1. If a drug product intended to be sterile is not terminally sterilized, it is critical that in-process controls include sterile filtration before filling into the final product container.	Compliant
2. Storing or holding materials during processing (e.g., prior to sterilization; post-sterilization prior to container fill), also called hold times, must be assessed. Hold time(s) for production phases are limited and supported by data and based on an understanding of the associated risk of increased bioburden and increased level of endotoxin. Hold time assessments are performed as part of the process for validating sterility assurance. Hold times not utilized for NAD+ or sildenafil.	N/A
3. Aseptic Drug Processing training: introductory training on aseptic technique, cleanroom behavior, gowning, and procedures covering aseptic manufacturing area operations must be established and conducted, and competencies performed successfully before an individual is permitted to enter the aseptic manufacturing area or conduct operations in a laminar flow hood.	Compliant
4. Further training based on department- specific requirements and individual job descriptions is conducted.	Compliant
5. An individual must pass at least three successful, successive media fill simulations designed to verify the adequacy of their technique and behavior. Simulations of production should be conducted in the same area where production occurs.	Compliant

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6. Techniques intended to maintain sterility of sterile items and surfaces include the following:

- **Sterile materials should be handled only with sterile instruments.**
- **After initial gowning, sterile gloves should be regularly sanitized during production or, when needed, changed.**
- **Sterile and non-particle shedding gowning components should be used. Gowning components should be stored such that their sterility is not compromised.**
- **If an element of a gown is found to be torn or defective, it should be changed immediately.**
- **Sterile products, containers, closures, or critical surfaces should not directly touch any part of the gown or gloves.**
- **Personnel should move slowly and deliberately within the cleanroom or hood.**
- **Personnel should keep their entire body and objects out of the path of unidirectional airflow above containers and products being filled.**



7. Procedures for aseptic processing address the following considerations:

- **The design of equipment used in aseptic processing should limit the number and complexity of aseptic manipulations and be suitable for its intended use.**
- **Personnel, material, and process flow are optimized to prevent unnecessary activities that could increase the potential for introducing contaminants to exposed product, container- closures, or the surrounding environment.**
- **In-process material, including intermediates such as stock solutions, are placed in container-closures that protect the material from the cleanroom environment.**
- **Container closures holding sterile in-process material are not breached in an environment less than ISO 5.**
- **Products are transferred under appropriate cleanroom conditions.**
- **All aseptic manipulations, including processing of sterile materials, filling, and closing (e.g., placement and sealing of stoppers on vials) are performed under unidirectional air flow that is ISO 5 or better.**
- **Appropriate steps to prepare equipment for sterilization should be established, such as cleaning and use of wrapping that ensures protection while still allowing penetration of the sterilizing agent.**



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8. The validation of sterilization operations (e.g., holding vessels, filling equipment) and periodic verification activities and results must be documented. Specifically: For sterile drug products that are terminally sterilized, validation should demonstrate that the sterilization process achieved at least a 10-6 sterility assurance level (SAL) using an appropriate biological indicator.

- **For aseptic processing of sterile drug products (i.e., not subjected to terminal sterilization), validation is demonstrated by conducting media fills simulating the actual production process.**
- **For aseptic processing (e.g., filling) of sterile powders, validation is demonstrated by conducting media fills simulating the actual production process.**
- **For sterile drug products that are filter sterilized, prefiltration bioburden and endotoxin limits are established and measured prior to sterile filtration. A pharmaceutical sterilizing-grade filter is used, and filter integrity testing is conducted after each filtration or production run.**
- **For sterile drug products that are not subjected to overkill terminal sterilization, pre-filtration bioburden limits are established and measured prior to filtration.**



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9. Media fill studies closely simulate aseptic manufacturing operations incorporating, as appropriate, worst- case activities and conditions that provide a challenge to aseptic operations.
The media fill program addresses applicable issues such as the following:
- **Factors associated with the longest permitted run of the aseptic processing operation that can pose contamination risk (e.g., operator fatigue, quality of processing environment)**
- **Representative number, type, and complexity of normal interventions that occur with each run, as well as non- routine interventions and events (e.g., maintenance, stoppages, equipment adjustments)**
- **Lyophilization, when applicable**
- **Aseptic assembly of equipment (e.g., at start-up, during processing)**
- **Number of personnel and their activities**
- **Representative number of aseptic additions (e.g., charging containers and closures as well as sterile ingredients) or transfers**
- **Shift changes, breaks, and gown changes (when applicable)**
- **Type of aseptic equipment disconnections/connections**
- **Aseptic sample collections**
- **Operational configurations in the ISO 5 zone, and line speeds (when applicable)**
- **Weight checks**
- **Container closure systems (e.g., sizes, type, compatibility with equipment)**
- **Specific provisions in written procedures relating to aseptic processing (e.g., conditions beyond which discarding of exposed materials in the ISO 5 area or line clearance is mandated)**



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Labeling and Packaging Operations

Labeling Issuance § 211.125

85. Strict control is exercised over labeling issued for use in drug product labeling operations.

Compliant

Reviewed SOP Q25.041, Creation and Approval of Master Records for Labeling Material & M25.021, Visual Inspection and Application of Product Labels.

86. Labeling materials issued for a batch is carefully examined for identity and conformity to the labeling specified in the master or batch production records.

Compliant

The facility is pre-production; however, they are batching for testing. Reviewed SOP M19.006, Creating MasterBatch Records. Assessed documentation of a batch sent for method suitability testing.

87. Procedures is used to reconcile the quantities of labeling issued, used, and returned, and requires evaluation of discrepancies found between the quantity of drug product finished and the quantity of labeling issued when such discrepancies are outside narrow preset limits based on historical operating data. Such discrepancies is investigated in accordance with § 211.192. Labeling reconciliation is waived for cut or roll labeling if a 100-percent examination for correct labeling is performed in accordance with § 211.122(g)(2). Labeling reconciliation is also waived for 360° wraparound labels on portable cryogenic medical gas containers.

Compliant

Reviewed SOP M25.021, Visual Inspection and Application of Product Labels v2.

88. All excess labeling bearing lot or control numbers is destroyed.

Compliant

89. Returned labeling is maintained and stored in a manner to prevent mixups and provide proper identification.

Compliant

90. Procedures is written describing in sufficient detail the control procedures employed for the issuance of labeling; such written procedures are followed.

Compliant

Packaging and Labeling Operations § 211.130

91. There is written procedures designed to assure that correct labels, labeling, and packaging materials are used for drug products; such written procedures is followed. These procedures shall incorporate the following features:

Yes

Reviewed SOP M25.021, Visual Inspection and Application of Product Labels v2.

1) Prevention of mixups and cross-contamination by physical or spatial separation from operations on other drug products.

Compliant

Indicated in the SOP; facility is pre-production.

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2) Identification and handling of filled drug product containers that are set aside and held in unlabeled condition for future labeling operations to preclude mislabeling of individual containers, lots, or portions of lots. Identification need not be applied to each individual container but is sufficient to determine name, strength, quantity of contents, and lot or control number of each container.

Compliant

Indicated in the SOP; facility is pre-production.

3) Identification of the drug product with a lot or control number that permits determination of the history of the manufacture and control of the batch.

Compliant

4) Examination of packaging and labeling materials for suitability and correctness before packaging operations, and documentation of such examination in the batch production record.

Compliant

Reviewed the batch record for a verification batch; manually printed label reviewed and verified (included batch number, prep date, expiry date, initials, and name of the compounding).

5) Inspection of the packaging and labeling facilities immediately before use to assure that all drug products have been removed from previous operations. Inspection shall also be made to assure that packaging and labeling materials not suitable for subsequent operations have been removed.

Compliant

6) Results of inspection is documented in the batch production records.

Compliant

Drug Product Inspection & Expiration Dating

Drug Product Inspection § 211.134

92. Packaged and labeled products is examined during finishing operations to provide assurance that containers and packages in the lot have the correct label.

Unknown or Partially Compliant

Sterile Product: A review of 100% of the NAD plus Injection labels has not been accounted for on the Batch record for product sent for Method suitability.

93. A representative sample of units is collected at the completion of finishing operations and is visually examined for correct labeling.

Compliant

Nonsterile Product: Able to verify visual examination for correct labeling is being completed with the batch (observation & interview).

Sterile Product: In pre-production phase; visual examination for correct labeling is not presently documented for NAD plus injection batch testing record.

94. Results of these examinations is recorded in the batch production or control records.

Compliant

Expiration Dating § 211.137

95. To assure that a drug product meets applicable standards of identity, strength, quality, and purity at the time of use, it shall bear an expiration date determined by appropriate stability testing described in § 211.166.

Unknown or Partially Compliant

Nonsterile Product: Sildenafil cream has established expiration date;
Sterile Product: In R&D phase at this time; stability testing still pending.

96. Expiration dates is related to any storage conditions stated on the labeling, as determined by stability studies described in § 211.166.

Unknown or Partially Compliant

Nonsterile Product: Sildenafil cream has established expiration date;
Sterile Product: In R&D phase at this time; stability testing still pending.

97. If the drug product is to be reconstituted at the time of dispensing, its labeling shall bear expiration information for both the reconstituted and unreconstituted drug products.

N/A

98. Expiration dates shall appear on labeling in accordance with the requirements of § 201.17 of this chapter. Homeopathic drug products is exempt from the requirements of this section.

Unknown or Partially Compliant

Nonsterile Product: Sildenafil cream has established expiration date;
Sterile Product: In R&D phase at this time; stability testing still pending.

99. Allergenic extracts that are labeled No U.S. Standard of Potency are exempt from the requirements of this section.

N/A

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100. New drug products for investigational use are exempt from the requirements of this section, if they meet appropriate standards or specifications as demonstrated by stability studies during their use in clinical investigations. Where new drug products for investigational use are to be reconstituted at the time of dispensing, their labeling shall bear expiration information for the reconstituted drug product.



101. Pending consideration of a proposed exemption, published in the FEDERAL REGISTER of September 29, 1978, the requirements in this section is not enforced for human OTC drug products if their labeling does not bear dosage limitations and they are stable for at least 3 years as supported by appropriate stability data.



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Warehousing & Distribution Procedures

Warehousing Procedures § 211.142

102. Written procedures describing the warehousing of drug products is established and followed. They shall include:
1) Quarantine of drug products before release by the quality control unit.
2) Storage of drug products under appropriate conditions of temperature, humidity, and light so that the identity, strength, quality, and purity of the drug products are not affected.



Reviewed SOP Q25.037, Quarantine & Release of Compounded Finished Products v2.

Consider review of process of QC Product Release and initiate Change Control; identified a product wherein the label had fallen off.

Distribution Procedures § 211.150

103. Written procedures is established, and followed, describing the distribution of drug products. They shall include:
1) A procedure whereby the oldest approved stock of a drug product is distributed first. Deviation from this requirement is permitted if such deviation is temporary and appropriate.
2) A system by which the distribution of each lot of drug product can be readily determined to facilitate its recall if necessary.



The facility has a GTIN set-up that will allow them to create a barcode for each batch and lot number. The facility is still developing their distribution procedures while being in the pre-production phase.

S25.015, Distribution of 503B Products is lacking details on product tracking and tracing of distributed lots, BUDs, quantity, etc. for traceability and recalls. Currently, the firm is keeping manual records of all processes and procedures. Lacking electronic document control.

CORRECTIVE ACTION PENDING 12-18-2025: The information can be found in Appendix A: lot distributed, quantity distributed, consignee, date shipped, tracking number, to allow for product tracking and tracing. The procedure will be revised to provide further clarify of the requirement within the body of the procedure.

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General Requirements

1 / 1 (100%)

General Requirements § 211.160

1 / 1 (100%)

104. The establishment of any specifications, standards, sampling plans, test procedures, or other laboratory control mechanisms required by this subpart, including any change in such specifications, standards, sampling plans, test procedures, or other laboratory control mechanisms, is drafted by the appropriate organizational unit and reviewed and approved by the quality control unit. The requirement in this subpart is followed and is documented at the time of performance. Any deviation from the written specifications, standards, sampling plans, test procedures, or other laboratory control mechanisms is recorded and justified.



Sterile Product: Environmental sampling such as Viable air sampling and surface sampling is completed by Production personnel. Production cannot monitor their own work. Best for QC to conduct the sampling. According to Q19.009, QA is responsible for Material Control compliance as stated in line 3 regarding Sampling.

105. Laboratory controls include the establishment of scientifically sound and appropriate specifications, standards, sampling plans, and test procedures designed to assure that components, drug product containers, closures, in-process materials, labeling, and drug products conform to appropriate standards of identity, strength, quality, and purity. Laboratory controls shall include:

Injections, including infusions

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Product Testing & Release

Testing and Distribution Release § 211.165

106. For each batch of drug product, there is appropriate laboratory determination of satisfactory conformance to final specifications for the drug product, including the identity and strength of each active ingredient, prior to release. Where sterility and/or pyrogen testing are conducted on specific batches of short-lived radiopharmaceuticals, such batches may be released prior to completion of sterility and/or pyrogen testing, provided such testing is completed as soon as possible.

Unknown or Partially Compliant

Reviewed SOP M25.037, Quarantine & Release of Compounded Finished Products v2.

Nonsterile Product: Sildenafil Cream batches will be tested according to pre-established specifications. The first batch of Sildenafil Cream was completed on 05DEC2025 and the audit was on 08DEC2025. All results will be reviewed and verified that it meets pre-established product specification before the product will be released for distribution.

Sterile Product: Pre-production phase; NAD+ injection formulation has been sent to the contract lab for testing.

107. There is appropriate laboratory testing, as necessary, of each batch of drug product required to be free of objectionable microorganisms.

Unknown or Partially Compliant

Sterile Product: Sterility pending.

108. Any sampling and testing plans is described in written procedures that includes the method of sampling and the number of units per batch to be tested; such written procedure is followed.

Compliant

109. Acceptance criteria for the sampling and testing conducted by the quality control unit is adequate to assure that batches of drug products meet each appropriate specification and appropriate statistical quality control criteria as a condition for their approval and release. The statistical quality control criteria include appropriate acceptance levels and/or appropriate rejection levels.

Compliant

Contracted with ARL, Frontage Labs, Focus Labs for third-party testing.

110. The accuracy, sensitivity, specificity, and reproducibility of test methods employed by the firm is established and documented. Such validation and documentation may be accomplished in accordance with § 211.194(a)(2).

Compliant

111. Drug products failing to meet established standards or specifications and any other relevant quality control criteria is rejected. Reprocessing may be performed. Prior to acceptance and use, reprocessed material must meet appropriate standards, specifications, and any other relevant criteria.

Compliant

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Stability Testing § 211.166

112. There is a written testing program designed to assess the stability characteristics of drug products. The results of such stability testing are used in determining appropriate storage conditions and expiration dates. The written program is followed and shall include:

Compliant

Reviewed SOP Q22.035, Stability Program v2.

1) Sample size and test intervals based on statistical criteria for each attribute examined to assure valid estimates of stability; Storage conditions for samples retained for testing;

Compliant

2) Reliable, meaningful, and specific test methods;

Compliant

3) Testing of the drug product in the same container-closure system as that in which the drug product is marketed;

Compliant

4) Testing of drug products for reconstitution at the time of dispensing (as directed in the labeling) as well as after they are reconstituted.

N/A

113. An adequate number of batches of each drug product is tested to determine an appropriate expiration date and a record of such data is maintained. Accelerated studies, combined with basic stability information on the components, drug products, and container-closure system, may be used to support tentative expiration dates provided full shelf-life studies are not available and are being conducted. Where data from accelerated studies are used to project a tentative expiration date that is beyond a date supported by actual shelf-life studies, there must be stability studies conducted, including drug product testing at appropriate intervals, until the tentative expiration date is verified or the appropriate expiration date determined.

Compliant

Special Testing Requirements § 211.167

114. For each batch of drug product purporting to be sterile and/or pyrogen-free, there is appropriate laboratory testing to determine conformance to such requirements. The test procedures is in writing and is followed.

Compliant

115. For each batch of ophthalmic ointment, there is appropriate testing to determine conformance to specifications regarding the presence of foreign particles and harsh or abrasive substances. The test procedures are in writing and is followed.

N/A

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116. For each batch of controlled-release dosage form, there is appropriate laboratory testing to determine conformance to the specifications for the rate of release of each active ingredient. The test procedures are in writing and is followed.

N/A

Reserve Samples § 211.170

117. An appropriately identified reserve sample that is representative of each lot in each shipment of each active ingredient is retained. The reserve sample consists of at least twice the quantity necessary for all tests required to determine whether the active ingredient meets its established specifications, except for sterility and pyrogen testing. The retention time is as follows:

Compliant

1) For an active ingredient in a drug product other than those described below, the reserve sample is retained for 1 year after the expiration date of the last lot of the drug product containing the active ingredient.

Compliant

Reserve samples are retained for 5 years.

2) For an active ingredient in a radioactive drug product, except for nonradioactive reagent kits, the reserve sample is retained for:
• Three months after the expiration date of the last lot of the drug product containing the active ingredient if the expiration dating period of the drug product is 30 days or less; or
• Six months after the expiration date of the last lot of the drug product containing the active ingredient if the expiration dating period of the drug product is more than 30 days.

N/A

118. An appropriately identified reserve sample that is representative of each lot or batch of drug product is retained and stored under conditions consistent with product labeling. The reserve sample is stored in the same immediate container-closure system in which the drug product is marketed or in one that has essentially the same characteristics. The reserve sample consists of at least twice the quantity necessary to perform all the required tests, except those for sterility and pyrogens. Except for those for drug products described in (2) below, reserve samples from representative sample lots or batches selected by acceptable statistical procedures are examined visually at least once a year for evidence of deterioration unless visual examination would affect the integrity of the reserve sample. Any evidence of reserve sample deterioration is investigated in accordance with §211.192. The result of the examination is recorded and maintained with other stability data on the drug product. Reserve samples of compressed medical gases need not be retained. The retention time is as follows:

Yes

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Reviewed SOP Q19.006, Sampling of GMP Materials v3. Visually inspected reserve samples.

Firm explained they have sent the sterile product for method suitability; unable to confirm if reserve samples were retained.

1) For a drug product other than those described in paragraphs (2), the reserve sample is retained for 1 year after the expiration date of the drug product.

Compliant

2) For a radioactive drug product, except for nonradioactive reagent kits, the reserve sample is retained for: Three months after the expiration date of the drug product if the expiration dating period of the drug product is 30 days or less; or six months after the expiration date of the drug product if the expiration dating period of the drug product is more than 30 days.

N/A

Penicillin Contamination § 211.176

119. If a reasonable possibility exists that a non-penicillin drug product has been exposed to cross-contamination with penicillin, the non-penicillin drug product is tested for the presence of penicillin. Such drug product is not marketed if detectable levels are found when tested according to procedures specified in Procedures for Detecting and Measuring Penicillin Contamination in Drugs, which is incorporated by reference.

N/A

Records & Report Requirements

2 / 2 (100%)

Records and Reports § 211.180

120. Any production, control, or distribution record that is required to be maintained in compliance with this part and is specifically associated with a batch of a drug product is retained for at least 1 year after the expiration date of the batch or, in the case of certain OTC drug products lacking expiration dating because they meet the criteria for exemption under § 211.137, 3 years after distribution of the batch.



Reviewed SOP Q19.002 Document Control Procedure, Document Numbering, and Central File Designation v3.

121. Records is maintained for all components, drug product containers, closures, and labeling for at least 1 year after the expiration date or, in the case of certain OTC drug products lacking expiration dating because they meet the criteria for exemption under § 211.137, 3 years after distribution of the last lot of drug product incorporating the component or using the container, closure, or labeling.



122. All records required under this part, or copies of such records, is readily available for authorized inspection during the retention period at the establishment where the activities described in such records occurred. These records or copies thereof is subject to photocopying or other means of reproduction as part of such inspection. Records that can be immediately retrieved from another location by computer or other electronic means is considered as meeting the requirements of this paragraph.



123. Records required under this part may be retained either as original records or as true copies such as photocopies, microfilm, microfiche, or other accurate reproductions of the original records. Where reduction techniques, such as microfilming, are used, suitable reader and photocopying equipment is readily available.



124. Written records required by this part is maintained so that data therein can be used for evaluating, at least annually, the quality standards of each drug product to determine the need for changes in drug product specifications or manufacturing or control procedures. Written procedures is established and followed for such evaluations and includes provisions for:



1) A review of a representative number of batches, whether approved or rejected, and, where applicable, records associated with the batch.



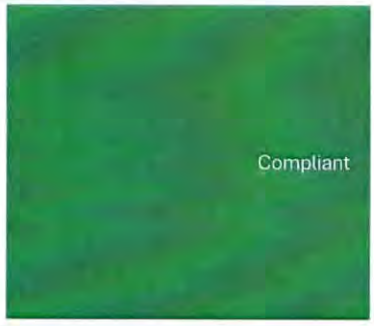
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2) A review of complaints, recalls, returned or salvaged drug products, and investigations conducted under § 211.192 for each drug product.



Complaint Handling Q25.038 & S25.40 Pharmacovigilence Reporting.

125. Procedures is established to assure that the responsible o6cials of the firm, if they are not personally involved in or immediately aware of such actions, are notified in writing of any investigations conducted under §§ 211.198, 211.204, or 211.208 of these regulations, any recalls, reports of inspectional observations issued by the Food and Drug Administration, or any regulatory actions relating to good manufacturing practices brought by the Food and Drug Administration.



Equipment Cleaning and Use Log § 211.182

126. A written record of major equipment cleaning, maintenance (except routine maintenance such as lubrication and adjustments), and use is included in individual equipment logs that show the date, time, product, and lot number of each batch processed. If equipment is dedicated to manufacture of one product, then individual equipment logs are not required, provided that lots or batches of such product follow in numerical order and are manufactured in numerical sequence. In cases where dedicated equipment is employed, the records of cleaning, maintenance, and use is part of the batch record. The persons performing and double-checking the cleaning and maintenance (or, if the cleaning and maintenance is performed using automated equipment under § 211.68, just the person verifying the cleaning and maintenance done by the automated equipment) shall date and sign or initial the log indicating that the work was performed. Entries in the log is in chronological order.



Component, Drug Product Container, Closure, and Labeling Records § 211.184

1 / 1 (100%)

127. These records include the following:

Injections, including infusions

Master Production & Control Records § 211.186

128. To assure uniformity from batch to batch, master production and control records for each drug product, including each batch size thereof, is prepared, dated, and signed (full signature, handwritten) by one person and independently checked, dated, and signed by a second person. The preparation of master production and control records is described in a written procedure and such written procedure is followed.



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129. Master production and control records shall include:
1) The name and strength of the product and a description of the dosage form;
2) The name and weight or measure of each active ingredient per dosage unit or per unit of weight or measure of the drug product, and a statement of the total weight or measure of any dosage unit;
3) A complete list of components designated by names or codes su6ciently specific to indicate any special quality characteristic;
4) An accurate statement of the weight or measure of each component, using the same weight system (metric, avoirdupois, or apothecary) for each component. Reasonable variations may be permitted, however, in the amount of components necessary for the preparation in the dosage form, provided they are justified in the master production and control records;
5) A statement concerning any calculated excess of component;
6) A statement of theoretical weight or measure at appropriate phases of processing;
7) A statement of theoretical yield, including the maximum and minimum percentages of theoretical yield beyond which investigation according to § 211.192 is required;
8) A description of the drug product containers, closures, and packaging materials, including a specimen or copy of each label and all other labeling signed and dated by the person or persons responsible for approval of such labeling;
9) Complete manufacturing and control instructions, sampling and testing procedures, specifications, special notations, and precautions to be followed.



Batch Production & Control Records § 211.188

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130. Batch production and control records is prepared for each batch of drug product produced and includes complete information relating to the production and control of each batch. These records shall include:
a) An accurate reproduction of the appropriate master production or control record, checked for accuracy, dated, and signed; Documentation that each significant step in the manufacture, processing, packing, or holding of the batch was accomplished, including:
1) Dates;
2) Identity of individual major equipment and lines used;
3) Specific identification of each batch of component or in-process material used;
4) Weights and measures of components used in the course of processing;
5) In-process and laboratory control results;
6) Inspection of the packaging and labeling area before and after use; A statement of the actual yield and a statement of the percentage of theoretical yield at appropriate phases of processing; Complete labeling control records, including specimens or copies of all labeling used;
7) Description of drug product containers and closures;
8) Any sampling performed;
9) Identification of the persons performing and directly supervising or checking each significant step in the operation, or if a significant step in the operation is performed by automated equipment under § 211.68, the identification of the person checking the significant step performed by the automated equipment.
10) Any investigation made according to § 211.192.
11) Results of examinations made in accordance with § 211.134.

Unknown or Partially Compliant

Nonsterile Product: Batch record reviewed was pending reconciliation (testing batch). Required elements present on the batch record template.

Sterile Product: Testing batch record reviewed; sampling results pending.

Production Record Review § 211.192

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131. All drug product production and control records, including those for packaging and labeling, is reviewed and approved by the quality control unit to determine compliance with all established, approved written procedures before a batch is released or distributed. Any unexplained discrepancy (including a percentage of theoretical yield exceeding the maximum or minimum percentages established in master production and control records) or the failure of a batch or any of its components to meet any of its specifications is thoroughly investigated, whether or not the batch has already been distributed. The investigation shall extend to other batches of the same drug product and other drug products that may have been associated with the specific failure or discrepancy. A written record of the investigation is made and includes the conclusions and followup.



Laboratory Records § 211.194

1 / 1 (100%)

132. Laboratory records include complete data derived from all tests necessary to assure compliance with established specifications and standards, including examinations and assays, as follows:

Injections, including infusions

134. Complete records is maintained of any testing and standardization of laboratory reference standards, reagents, and standard solutions.



135. Complete records is maintained of the periodic calibration of laboratory instruments, apparatus, gauges, and recording devices required by § 211.160(b)(4).



136. Complete records are maintained of all stability testing performed in accordance with § 211.166.



Nonsterile Product: Stability testing for the Sildenafil cream has begun (T0 / Release testing) and was put into the sterility program.

Sterile Product: Method suitability in process.

Distribution Records § 211.196

137. Distribution records contain the name and strength of the product and description of the dosage form, name and address of the consignee, date and quantity shipped, and lot or control number of the drug product. For compressed medical gas products, distribution records are not required to contain lot or control numbers.



No products have been distributed to date (nonsterile or sterile). Reviewed Distribution SOP; records will be generated and retained according to the record retention SOP. Bravado does not distribute medical gases.

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Complaint Handling

Complaint Files § 211.198

138. Written procedures describing the handling of all written and oral complaints regarding a drug product is established and followed. Such procedures include provisions for review by the quality control unit, of any complaint involving the possible failure of a drug product to meet any of its specifications and, for such drug products, a determination as to the need for an investigation in accordance with § 211.192. Such procedures include provisions for review to determine whether the complaint represents a serious and unexpected adverse drug experience which is required to be reported to the Food and Drug Administration in accordance with §§310.305 and 514.80 chapters.

Under R&D phase. SOP and process reviewed.



139. A written record of each complaint is maintained in a File designated for drug product complaints. The File regarding such drug product complaints is maintained at the establishment where the drug product involved was manufactured, processed, or packed, or such File may be maintained at another facility if the written records in such Files are readily available for inspection at that other facility. Written records involving a drug product is maintained until at least 1 year after the expiration date of the drug product, or 1 year after the date that the complaint was received, whichever is longer. In the case of certain OTC drug products lacking expiration dating because they meet the criteria for exemption under § 211.137, such written records are maintained for 3 years after distribution of the drug product.



1) The written record includes the following information, where known: the name and strength of the drug product, lot number, name of complainant, nature of complaint, and reply to complainant.



2) Where an investigation under § 211.192 is conducted, the written record includes the findings of the investigation and followup. The record or copy of the record of the investigation is maintained at the establishment where the investigation occurred in accordance with § 211.180(c).



3) Where an investigation under § 211.192 is not conducted, the written record includes the reason that an investigation was found not to be necessary and the name of the responsible person making such a determination.



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Returned Drug Products & Salvaging

Returned Drug Products § 211.204

140. Returned drug products is identified as such and held. If the conditions under which returned drug products have been held, stored, or shipped before or during their return, or if the condition of the drug product, its container, carton, or labeling, as a result of storage or shipping, casts doubt on the safety, identity, strength, quality or purity of the drug product, the returned drug product is destroyed unless examination, testing, or other investigations prove the drug product meets appropriate standards of safety, identity, strength, quality, or purity. A drug product may be reprocessed provided the subsequent drug product meets appropriate standards, specifications, and characteristics. Records of returned drug products is maintained and includes the name and label potency of the drug product dosage form, lot number (or control number or batch number), reason for the return, quantity returned, date of disposition, and ultimate disposition of the returned drug product. If the reason for a drug product being returned implicates associated batches, an appropriate investigation is conducted in accordance with the requirements of §211.192. Procedures for the holding, testing, and reprocessing of returned drug products is in writing and is followed.



Currently in R&D phase.

Drug Product Salvaging § 211.208

141. Drug products that have been subjected to improper storage conditions including extremes in temperature, humidity, smoke, fumes, pressure, age, or radiation due to natural disasters, fires, accidents, or equipment failures is not salvaged and returned to the marketplace. Whenever there is a question whether drug products have been subjected to such conditions, salvaging operations may be conducted only if there is (a) evidence from laboratory tests and assays (including animal feeding studies where applicable) that the drug products meet all applicable standards of identity, strength, quality, and purity and (b) evidence from inspection of the premises that the drug products and their associated packaging were not subjected to improper storage conditions as a result of the disaster or accident. Organoleptic examinations is acceptable only as supplemental evidence that the drug products meet appropriate standards of identity, strength, quality, and purity. Records including name, lot number, and disposition is maintained for drug products subject to this section.



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Media summary



Photo 1



Photo 2



Photo 3



Photo 4



Photo 5



Photo 6

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From: Shannon Kennedy VP, CSO + Head of Quality

To: File

Date: 16Jan2026 (Updated 15Apr2026)

Re: Response to the Audit by Gates Healthcare conducted December 8-10, 2025.

Introduction

Between Monday 08Dec2025 and Wednesday 10Dec2025, Gates Healthcare representatives Michelle Woosley, PharmD, MBA and Mala Cullipher, RPh, CPh conducted a 503B Outsourcing Facility Inspection of the Bravado Pharmaceuticals (BP) policies/procedures/systems. The report was updated with CAPAs and provided to Bravado on 18Dec2025. At the time of the inspection, BP working on a sterile and a nonsterile product. No product distribution had been initiated.

Status of Products in Development

Sterile – NAD+ 100 mg/mL – This product was awaiting completion of method validation activities at a 3rd party laboratory, ARL Bio Pharma. A master batch record was provided for review during the inspection. Once validation was completed, process validation batches were compounded and placed on stability.

Non-Sterile – 3.6% Sildenafil Cream – Manufacturing of non-sterile product validation batches was in progress. This first of these batches was produced on Friday 05Dec2025 and, as a result, accountability had not been calculated, and the batch record had not yet been reviewed. The in-process batch record was provided for review upon request of the inspectors, with the explanation of its status. Batch records were reviewed, but batches did not pass all required specifications. An investigation was conducted and the batches discarded. New validation batches are scheduled to be produced in May upon completion required CAPAs.

Inspection Scope

The following areas were evaluated during the inspection:

- Quality Control Unit
- Personnel Qualifications
- Equipment Requirements
- Component & Drug Product Containers/Closures
- Production and Process Controls
- Compounding Laboratory Design & Staff Training/Competencies
- Components – Sterile
- Equipment, Containers, and Closures – Sterile
- Facilities & Equipment Systems – Sterile
- Environmental Monitoring and Controls of Compounding Areas
- Production System – Non-Sterile and Sterile Compounding
- Additional Production and Process Controls – Sterile Compounding

- Labeling and Packaging Operations
- Drug Product Inspection & Expiry Dating
- Warehouse & Distribution Procedures
- Facilities & Equipment Systems – Sterile – No observations
- General Requirements
- Product Testing & Release
- Records & Report Requirements
- Complaint Handling
- Returned Drug Products & Salvaging

Audit Observations

The following is a summary of the findings and responses to those items deemed as "unknown or partially compliant" or "non-compliant". The item being evaluated is in bold, followed by the inspector's observations in regular font. Bulleted items provide updates to the items addressed that were added in response to the observations. Please note that the following categories had no observations and thus are not addressed in this section.

- Quality Control Unit
- Personnel Qualifications
- Facilities & Equipment Systems – Sterile
- Production System – Non-Sterile and Sterile Compounding
- Additional Production and Process Controls – Sterile Compounding
- Labeling and Packaging Operations
- Complaint Handling
- Returned Drug Products & Salvaging

Equipment Requirements

#30. Equipment used in the manufacture, processing, packing, or holding of a drug product is of appropriate design, adequate size, and suitably located to facilitate operations for its intended use and for its cleaning and maintenance.

Sterile Cleanroom: Facility lacks a Containment Ventilated Enclosure (CVE) in the ISO 7 Classified buffer room for weighing out and mixing nonsterile APIs to prevent contamination. Based on USP <797>, Section 4.2.6 Facilities preparing Category 2 or Category 3 CSPs from nonsterile starting components, presterilization procedures must be performed in a containment ventilated enclosure (CVE) to minimize the risk of airborne contamination.

Sterile Cleanroom: Particle counter is only used for baseline particle count, but not throughout the compounding process. This is required according to 21 CFR Part 211.42(c)(10)(iii) to assess risk of contamination during aseptic processing. Continuous monitoring is the gold standard for ensuring stringent environmental control during and throughout critical operations to prevent batch contamination.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25006 has been initiated to evaluate the facility to ensure that the equipment, facility, installation, and design are appropriate for aseptic processing.

Target Completion Date: 16Jan2026

- Continuous monitoring with the particle counter during all compounding process activities is now required and documented on an EM monitoring form.
- Bravado Pharmaceuticals respectfully notes that, as a registered 503B Outsourcing Facility, our operations are governed by FDA CGMP regulations under 21 CFR Parts 210 and 211, and not by USP <797>, which applies to 503A pharmacy compounding. Accordingly, the USP <797> §4.2.6 citation referenced in this observation does not constitute an applicable regulatory requirement for our facility. At the time of the inspection, Bravado was operating in full compliance with the applicable CGMP standards governing our cleanroom and buffer room environments.

  However, Bravado acknowledges the spirit of the auditor's concern regarding particulate control during API weighing activities. As our facility was already planning an extended operational pause during the stability study waiting period — during which no compounding activities would occur. We elected to use this downtime proactively and have ordered a HEPA-filtered enclosure to be installed in the ISO 7 buffer room during this shutdown period. This will both address the auditor's observation and better position the facility for future product development.

  Following installation of the enclosure, the cleanroom will undergo recertification by a qualified contractor to ensure all environmental parameters, including air pressure differentials, HEPA filter integrity, air changes per hour, etc. meet the required specifications before any compounding activities resume. No production or testing operations will occur in the affected space until recertification is complete and documented.

Component & Drug Product Containers/Closures

#42. Components and drug product containers and closures shall at all times be handled and stored in a manner to prevent contamination.

In the warehouse location, although items are labeled as released or quarantined, tubs, holding tanks, and boxes containing quarantined materials are intermingled with released items. Released and quarantined components, containers and closures must be physically separated and organized in clearly designated holding areas to prevent mixups.

According to 211.42 Design and Construction features, "Any buildings used in the manufacture, processing, packing or holding of a drug product shall be of suitable size, construction and location to facilitate cleaning, maintenance, and proper operations."

Firm must define areas and clearly label designated areas for Quarantine, Hold, Rejected and Sequestered materials and store such materials in these distinct locations to prevent mix-ups.

CORRECTIVE ACTION PENDING 12-18-2025:CAPA-25001 has been initiated to evaluate how to re-organize the current warehouse space to allow for proper separation / segregation of materials to prevent mix-ups.

Target Completion Date: 16Jan2026

- CAPA-25001 – The warehouse was reorganized to ensure physical segregation of released and quarantined materials while still allowing personnel to maneuver through the space. The CAPA was closed on 19Jan2026.

#44. Each container or grouping of containers for components or drug product containers, or closures is identified with a distinctive code for each lot in each shipment received.

This code is used in recording the disposition of each lot. Each lot is appropriately identified as to its status (i.e., quarantined, approved, or rejected).

Observed one API tub for sildenafil was not labeled as 'Released or Quarantine' sitting on lab shelf; no deviation written at the time of the inspection. This would increase the change of mix-ups as it is not labeled by quality as released to production. It was explained to inspector, MC that the label may have fallen off. Advised to do a change control of the procedure and document in SOP to place the label in a location which is secure.

Recommendation: Status identification of all containers released to production must be clearly marked.

CORRECTIVE ACTION PENDING 12-18-2025: Deviation opened during inspection to address deficiency.

- DID-25013 was initiated on 08Dec2025 and closed on 16Dec2026. The tag was located and reaffixed to the container during the inspection. CAPA1-DID-25013 was initiated on 16Dec2015 to determine a more effective way of affixing the labels; it was closed on 06Mar2026. Closure was delayed due to multiple deliveries of large quantities of material and personnel's desire to test the new method and ensure it would hold through multiple moves of the containers.

#48. Representative samples of each shipment of each lot is collected for testing or examination. The number of containers to be sampled, and the amount of material to be taken from each container, is based upon appropriate criteria such as statistical criteria for component variability, confidence levels, and degree of precision desired, the past quality history of the supplier, and the quantity needed for analysis and reserve where required by § 211.170.

Reviewed SOP Q19.006, Sampling of GMP Materials v3. Section 4.2 indicated the sample amounts recommended by the ANSI table is considered a minimum & QA determines the amount of sample for each applicable component based on the amount of material received.

Sterile Product: Method verification for representative sample is completed by viewing COA for NAD plus which describes identity testing completed by repackager using USP <197>, but review of the COA by Quality is not well documented by the firm.

No deficiencies noted with the nonsterile (sildenafil) materials.

Firm states the FTIR machine is in need of repair.

- FTIR has been repaired. A protocol for re-qualification was written, approved by QA and executed.
- PIC has been reviewing the CoA for all incoming raw materials. He will initial and date each CoA upon completion of his review.

#52. Each lot of a component, drug product container, or closure with potential for microbiological contamination that is objectionable in view of its intended use is subjected to microbiological tests before use.

Requested Water activity verification for Sildenafil API used in non-sterile compounding-not in Monograph provided. Microbiological testing before use in compounding must occur according to 211.84.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25003 has been initiated to conduct a risk assessment on the need for microbial testing of Sildenafil Citrate as guided by FDA Guidance, Microbiological Quality Considerations in Non-sterile Drug Manufacturing, and 21CFR211.84(d)(4). Actions will be performed based on the outcome of risk assessment.

Target Completion Date: 02Jan2026

- CAPA-25003 was closed on 19Jan2026 and determined micro testing should be performed. CAPA-25007 was initiated to complete USP<61> for TAMC and TYMC and USP<62> testing for C. albicans, P. aeruginosa, and S. aureus. (Testing was requested for the same organisms as required for the drug product.) The results from ARL Bio Pharma were released on 11Feb2026 and the CAPA closed the same day as all tests met specification.

#54. Components, drug product containers, and closures approved for use is rotated so that the oldest approved stock is used first. Deviation from this requirement is permitted if such deviation is temporary and appropriate.

There does not appear to be a FEFO methodology in the warehouse as released and quarantined material is on the same side of the room.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25001 has been initiated to evaluate how to re-organize the current warehouse space to allow for ease of material status identification.

Target Completion Date: 16Jan2026

- At the time of inspection, we had only a single shipment (all the same lot) of each raw material on-site. Thus, FEFO methodology was not applicable.
- CAPA-25001 – The warehouse was reorganized to ensure physical segregation of released and quarantined materials. This will also be useful if we have more than one lot/shipment of a given material. The CAPA was closed on 19Jan2026.

#55. Components, drug product containers, and closures is retested or reexamined, as appropriate, for identity, strength, quality, and purity and approved or rejected by the quality control unit in accordance with § 211.84 as necessary, e.g., after storage for long periods or after exposure to air, heat or other conditions that might adversely affect the component, drug product container, or closure.

Per SOP Q19.006, Sampling of GMP Materials v3, retained samples of drug products should be visually inspected annually for deterioration; retained samples of other materials should be reviewed at least every two years. No indication in the SOP related to retesting or reexamination of raw materials after storage for long periods of time or other conditions that might impact the materials.

This 503B OSF has mostly R&D and ongoing testing and no production at this time. Bravado has not yet had the need to implement the requirements of this procedure as the materials intended for marketed / commercial products have not reached its routine inspection time per SOP Q19.006.

- Retesting/reexamination requirements are being added to the SOP Q19.006 in v.4.

#61. Does the facility have or provide medical gases? If so, medical gas containers and closures must meet the following requirements:

Facility has nitrogen tank medical gas for Filter used for Filter Integrity testing. SOP M25.028 demonstrates bubble point testing performed manually, however firm has not updated to use of Nitrogen for Filter integrity testing and all the requirements for use of medical gases.

Recommendation: Update SOP to meet standards.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25005 has been initiated to review the use of Nitrogen in the facility and procedures will be created or updated, as needed.

Target Completion Date: 02Jan2026

CAPA-25005 was closed on 19Jan2026. The review found that bubble point testing is performed in the general laboratory, post-use for the filter, with a calibrated regulator to measure the pressure. The filter is re-wetted with the appropriate solution immediately

prior to testing and discarded afterward. (The vendor does a pre-test and provides the result on the CoA for each filter. Filters are received sterile.) The gas has no product contact and is not used in the compounding of the drug product. Thus, the N_2 should not be considered a medical gas and testing requirements do not apply.

Production and Process Controls

#63. Written production and process control procedures is followed in the execution of the various production and process control functions and is documented at the time of performance. Any deviation from the written procedures is recorded and justified.

Facility is in preliminary phases of production, still performing R&D functions for the 503B side.

Sterile Compounding Observation: Pharmacist demonstrating simulation of media fill was noted to simulate aseptic filling of amber vials without a needle. This is an objectionable practice. Please review aseptic guidance by the FDA.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25004 has been initiated to review the practices within the aseptic operations. Additional actions will be assigned to implement changes and improvements identified.

Target Completion Date: 16Jan2026

- Regarding the use of a filling needle during manual aseptic filling, Bravado respectfully notes that current FDA guidance does not explicitly mandate the use of a filling needle for manual filling operations, provided that the process ensures sterility, prevents contamination, and is appropriately validated. Bravado does not concede that the absence of a filling needle constitutes a deficiency under applicable CGMP requirements. However, in the interest of continuous improvement and rigorous scientific documentation, Bravado commits to evaluating the current filling configuration to the extent possible during the next smoke study which is projected for June 2026, and to update our processes accordingly based upon the results.
- Validation batches are currently on stability and are bring tested to ensure product quality and stability.

#64. Written production and control procedures include the following, which are designed to assure that the drug products produced have the identity, strength, quality, and purity they purport or are represented to possess:

b) Components for drug product manufacturing is weighed, measured, or subdivided as appropriate. If a component is removed from the original container to another, the new container is identified with the following information:

1) Component name or item code;

2) Receiving or control number;

3) Weight or measure in new container;

4) Batch for which component was dispensed, including its product name, strength, and lot number

c) Weighing, measuring, or subdividing operations for components is adequately supervised. Each container of component dispensed to manufacturing is examined by a second person to assure that:

1) The component was released by the quality control unit;

2) The weight or measure is correct as stated in the batch production records;

3) The containers are properly identified. If the weighing, measuring, or subdividing operations are performed by automated equipment under § 211.68, only one person is needed to assure paragraphs (c)(1), (c)(2), and (c)(3) of this section.

Manual weighing supervised by PIC, however weigh balances not located in CVE for sterile or non-sterile weighing.

Nonsterile compounding suite is a dedicated suite for sildenafil cream only. Facility is choosing to not place a CVE inside the nonsterile lab where weighing is taking place.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25004 has been initiated to review the practices within the aseptic operations. Additional actions will be assigned to implement changes and improvements identified.

Target Completion Date: 16Jan2026

- Bravado Pharmaceuticals respectfully notes that, as a registered 503B Outsourcing Facility, our operations are governed by FDA CGMP regulations under 21 CFR Parts 210 and 211. The requirement for a Containment Ventilated Enclosure (CVE) during weighing operations is not explicitly mandated under applicable CGMP standards for a facility of our classification, particularly in the context of our dedicated non-sterile sildenafil cream suite. The decision not to place a CVE in the applicable weighing area was a deliberate and considered facility design choice. The suite is used exclusively for a single non-hazardous product, minimizing cross-contamination risk. No regulatory citation applicable to our 503B classification explicitly requires a CVE in this configuration.
- In regard to the sterile suite, the value of additional protection during weighing and mixing operations was noted. A balance enclosure PEC was ordered, but delivery was delayed and is not anticipated at the end of April. Following installation, the room will be re-certified, after which weighing and compounding activities will resume in this area.

#68 To assure batch uniformity and integrity of drug products, written procedures is established and followed that describe the in- process controls, and tests, or examinations to be conducted on appropriate samples of in-process materials of each batch. Such control procedures are established to monitor the output and to validate the performance of those manufacturing processes that may be responsible for causing variability in the characteristics of in-process material and the drug product. Such control procedures shall include, but are not limited to, the following, where appropriate:

1) Tablet or capsule weight variation;

2) Disintegration time;

3) Adequacy of mixing to assure uniformity and homogeneity;

4) Dissolution time and rate;

5) Clarity, completeness, or pH of solutions.

6) Bioburden testing.

For non-sterile compounding testing of Sildenafil Vaginal Cream 30 gram tube for final production, facility has a sample thief (long tube); all placed in stainless steel tanks. The Sildenafil MBR was approved on 04DEC2025. A copy of the approved MBR was provided for review during the audit.

QC In-Process: visual inspection, sample thief checks various things--assay, final bulk, full testing spectrum. Bioburden testing is not complete for this batch # 25026 and there are not notes in the EBR under Batch Accountability.

Signed Dec 4, 2025.

- The inspectors were informed at the time of the review that the accountability had not yet been completed because batch production had only finished Friday 05Dec2025, the

workday immediately before the start of the inspection (Monday 08Dec2025). Batch accountability was completed and the batch record reviewed.

#70. In-process materials is tested for identity, strength, quality, and purity as appropriate, and approved or rejected by the quality control unit, during the production process, e.g., at commencement or completion of significant phases or after storage for long periods.

For Sterile NAD plus injection which is still in R&D phase, Potency testing T0-T90, etc is not complete yet. No Microbial Enumeration tests have been completed for Sildenafil cream at the time of this inspection.

Sildenafil Batch 25026 was completed on 05DEC2025 and it was noted that the EBR was incomplete because it was pending batch reconciliation, PIC review, and QA review. Microbial samples were taken from the bulk cream to be sent to an outside laboratory for testing. Microbial testing takes approximately 3 weeks to complete.

CORRECTIVE ACTION PENDING 12-18-2025: All sildenafil batch testing results will be reviewed and verified that it meets pre-established product specification before the product will be released for distribution.

- Sterile NAD stability testing is on-going. All T0 and T30 testing met specification for the 5°C storage condition. Testing includes, but is not limited to, assay NAD, benzyl alcohol assay, sterility, endotoxin, etc.
- Sildenafil batch 25026 EBR was completed and reviewed by Bravado personnel. Batch disposition was determined based upon the results of the chemical and microbiological testing.

#73. Does the facility prepare non-sterile compounded products or utilized a non-sterile to sterile process? If so, appropriate written procedures, designed to prevent objectionable microorganisms in drug products not required to be sterile, is established and followed.

Nonsterile Product: Water content of the sildenafil API (USP <61, 62>) and baseline AET data on the API. Microbial enumeration test pending from ARL labs for Sildenafil 3.6% R&D Batch #25026.

Microbial testing is performed according the FDA guidance, Microbiogical Quality Considerations in Non-Sterile Drug Manufacturing (Draft September 2021) and USP <1111>, Microbiogical Quality Considerations in Non-Sterile Products, requirements for the non-sterile product. Microbial samples have been taken from the bulk cream to be sent to an

outside laboratory for testing. Microbial testing takes approximately 3 weeks to complete.

CORRECTIVE ACTION PENDING 12-18-2025: All results of the sildenafil testing batch will be reviewed and verified that it meets pre-established product specification before the product will be released for distribution.

- PPQ samples for the non-sterile product were tested by an independent lab. While testing confirmed negative results for S. aureus, P. aeruginosa, and C. albicans, not all samples met pre-established specifications for total microbial count. Bravado takes these results seriously and responded accordingly. Formal investigations (INV-26001 for the micro results and INV-26002 for manufacturing policies and procedures) were completed and process changes/improvements were identified. In recognition of the significance of these results and in keeping with Bravado's commitment to product quality and patient safety, the decision was made to repeat all three validation batches in their entirety following implementation of the CAPAs. No non-sterile sildenafil product will be released for distribution until all three repeat validation batches have been successfully manufactured with the revised processes, tested, reviewed, and formally approved by QA.

#74. Does the facility prepare sterile compounded products and utilized sterile compounding processes? If so, appropriate written procedures, designed to prevent microbiological contamination of drug products purporting to be sterile, is established and followed. Such procedures includes validation of all aseptic and sterilization processes.

Observed sterile processes and procedures within the cleanroom. PIC observed in the cleanroom and noted to move in and out of the PEC 5 area frequently without consistently disinfecting gloves. Staging was lacking which caused excessive movement around the ISO 7 space and into the PEC 5 hood. Recommended a review of the formulation procedure to improve efficiency and reduce risk of contamination.

During the observed smoke study, process does not include a needle at the end of the tubing from the repeater pump into the vials. This may pose a risk to the finished product.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25004 has been initiated to review the practices within the aseptic operations. Additional actions will be assigned to implement changes and improvements identified. Target Completion Date: 16Jan2026

- Regarding the movement of the PIC during the cleanroom observation, the observation was conducted under non-routine practices with only the PIC in the cleanroom (and the inspector with her escort observing through the window). Under normal compounding conditions, all sterile operations are performed with two trained personnel working in coordinated tandem which helps to minimize unnecessary movement, reduce PEC exit/re-entry, and help ensure routine re-sanitization of the gloves is performed.
- To strengthen our processes, Bravado hired a consultant (Mitch Garber from MG Aseptic and Quality Assurance Consulting) to review sterile procedures with the PIC and Bravado staff and recommend potential improvements. The consultant was on-site 12Jan2026.
- Regarding the use of a filling needle during manual aseptic filling, please see our update to #63, which is not repeated here for the sake of brevity.

#75. Written procedures is established and followed prescribing a system for reprocessing batches that do not conform to standards or specifications and the steps to be taken to ensure that the reprocessed batches will conform with all established standards, specifications, and characteristics.

Reprocessing discussed with Quality Lead. No current procedure for reprocessing which should include defined criteria as to when reprocessing is appropriate versus documenting a batch deviation. Instances of reprocessing have occurred without impact to the API mixture or finished preparation. Deviation/investigation into the incident not provided.

CORRECTIVE ACTION PENDING 12-18-2025: Deviation DID-25016 was opened to document the batch failure and any actions to be taken to prevent future recurrence. Target Completion Date: 22Dec2025

- The auditor was informed at the time of the visit by the Quality Lead that no re-processing had occurred during her tenure at Bravado.
- The conclusion reached by the auditor was not aligned with the deviation. Per the deviation, "The failure did not affect the process, but did impact the batch. The batch production was halted and the batch discarded." Re-processing was not allowed.

#76. Reprocessing is not performed without the review and approval of the quality control unit.

R&D phases at this time. Recommend a Reprocessing SOP if not available.

CORRECTIVE ACTION PENDING 12-18-2025:CAPA-25002 has been initiated to create or revise procedure to indicate that Bravado's policy on reprocessing. Target Completion Date:

- CAPA-25002 was closed on 19Jan2026 after a review of procedures as reprocessing was covered by SOP M19.001 v. 3.1 for batch production and SOP S19.008 for damaged materials.
- After the closure, it was determined that we should separate client project from Bravado projects so SOP M19.001 was updated. M19.001 v. 3.1 which was provided for review during the inspection states the following (copied from the SOP):

Reprocessing

2.1. In the event a particular batch does not conform to established specifications and requires reprocessing, written procedures shall be established in accordance with the applicable sponsor's directive to ensure that the reprocessed batch will conform to all established standards, specifications, and characteristics.

2.2. QA and the client will review and approve all reprocessing procedures prior to use.

SOP M19.001 v. 4 was updated to include the following language (copied from the SOP):

Reprocessing

2.1. In the event a particular batch does not conform to established specifications and requires reprocessing, written procedures shall be established in accordance with the applicable sponsor's directive to ensure that the reprocessed batch will conform to all established standards, specifications, and characteristics. Bravado QA and the client will review and approve all reprocessing procedures prior to use.

2.2. Re-processing will not be allowed for Bravado sponsored batches, unless the following are completed:

2.2.1. A risk assessment which includes a thorough investigation into the root cause of the nonconformity.

2.2.2. A formal procedure for the re-processing is pre-approved by QA.

2.2.3. The re-processed batch undergoes full, rigorous testing to ensure it meets all specifications.

#80. Labels and other labeling materials for each different drug product, strength, dosage form, or quantity of contents is stored separately with suitable identification. Access to the storage area is limited to authorized personnel.

Nonsterile Product: Visually verified tubing labels and secondary packaging for sildenafil cream. Primary packing labels are pre-printed in advance on empty tubes.

Sterile Product: NAD+ product labels are still in development. Currently using cut labeling for testing batches.

- For the non-sterile sildenafil cream, primary and secondary labels are pre-printed on empty tubes and cartons, respectively. Labels are visually verified for accuracy prior to use.
- For the sterile NAD+ product, cut labeling was used exclusively for testing and method suitability batches during the pre-production phase. This labeling was stored separately from commercial labeling materials in a controlled and access-restricted area. The NAD+ production label design has since been developed and approved. Labels will be visually verified before use. A formalized batch record for sterile product labeling, including full accountability documentation, has been written and is awaiting finalization pending qualification of the Smart Jet Core Printer.

#83-2) Use of appropriate electronic or electromechanical equipment to conduct a 100-percent examination for correct labeling during or after completion of finishing operations; or

Nonsterile Product: No electronic or electromechanical equipment utilized; manual process.

Sterile Product: Labeling not documented on NAD+ Batch Record (testing batch); the Smart Jet Core Printer to be used for the sterile production batch is new and has not been brought online to date.

- Please note that labeling documentation was a separate form that was not requested during the inspection. In order to improve our process and ensure compliance, a more formalized record has been developed and is awaiting qualification of the Smart Jet Core Printer to finalize.
- The Smart Jet Core Printer was a new piece of equipment that had not yet been brought online at the time of the inspection. Qualification of this equipment is currently in progress and is projected to be completed before the end of May. This printer will be used to print lot numbers and dates on labeling materials for which all other information is pre-printed.

#83-3) Use of visual inspection to conduct a 100-percent examination for correct labeling during or after completion of finishing operations for hand-applied labeling. Such examination is performed by one person and independently verified by a second person.

Nonsterile Product: Visually observed the sildenafil cream pre-printed tubes are 100% visually verified for accuracy.

Unable to confirm the examination is performed by two people as per the SOP; facility did not produce a batch during the inspection.

Sterile Product: No current written or active process for label visual inspection for the sterile injection (pre-production phase).

- SOP M25.021, "Visual Inspection and Application of Product Labels" was included in the SOP list provided to the inspectors but was not requested for review during the inspection. This SOP outlines Bravado's procedure, requiring 100% visual inspection of labeling materials.

#84. Printing devices on, or associated with, manufacturing lines used to imprint labeling upon the drug product unit label or case is monitored to assure that all imprinting conforms to the print specified in the batch production record.

Sterile Product Only: SOP M25.045 Operation, Cleaning, and Maintenance of the Smart-Jet Core Printer was provided; not in operation at this current time; new piece of equipment.

- The Smart Jet Core Printer was a new piece of equipment that had not yet been brought online at the time of the inspection. Qualification of this equipment is currently in progress and is projected to be completed before the end of May.

Compounding Laboratory Design & Staff Training/Competencies

#10. Perform hand hygiene:

• Clean underneath fingernails under warm running water using a disposable nail cleaner.

• Keeping your hands above the level of your elbows, wash hands starting at the fingers and working down the forearms to the elbows with soap and water for at least 30 seconds. Time the washing using a clock or timer located near and visible when at the sink.

• Do not use a brush to scrub your skin, this will create more skin shedding.

• Do not shake water off your hands. Keep hands above the level of your elbows so water does not run down and drip off your fingers.

• Using low-lint disposable towels or wipers, dry completely from your hands down to

elbows.

Observed: PIC did not perform hand hygiene down to his elbows; only to his wrists.

 # 13. Donning garb.

- ***Don dedicated shoes or shoe covers.***
- ***Don dedicated sterile scrubs and bunny suit or equivalent garb that prevents skin exposure.***
- ***Don a surgical mask.***
- ***Don a head cover and/or hood to cover all hair and ears. Check in the mirror to ensure all hair is contained and covered.***
- ***Don shoe covers/knee-high booties over each shoe while stepping over the line of demarcation (LOD), taking care that the shoe does not touch the floor on the clean side of the LOD and the covered shoe does not touch the floor on the dirty side of the line of demarcation.***
- ***Repeat with the other shoe.***

Observed: PIC donned a sterile coveralls. Had difficulty with not allowing the coverall feet to touch the ground before putting it on. Recommended usage of a bench and more practice to ensure sterility. The coveralls are being donned on the "clean" side of the line of demarcation.

- Bravado maintains a rigorous and comprehensive cleanroom personnel competency program. The first step of this program is the performance of hand hygiene and gowning with a glove fingertip test after each replicate. Each individual must pass this test three consecutive times before he/she is authorized to perform any compounding activities in the cleanroom. This program applies to all compounding personnel without exception, including the PIC and requires re-certification at least once per year.
- Per the suggestion of the inspector, a stainless-steel stool was added to the "clean" side of the anteroom that will allow personnel to sit while gowning.
- Hand-hygiene and gowning process was reviewed with the PIC as part of the consultation with Mitch Garber from MG Aseptic and Quality Assurance Consulting 12Jan2026.

Components – Sterile

 # 2. Each lot of components must be tested to verify identity and evaluated for conformity with appropriate specifications before use unless: the component is an approved finished human drug product; the component was purchased directly from a manufacturer who has registered and listed with FDA under section 510 of the FD&C Act without repacking or other alteration since initial manufacture, or was purchased from a distributor that certifies that the component has not been subject to repacking or other alteration since initial manufacture; the label of each lot of the component has been examined to verify that the component meets required specifications before use; and the shipment's package integrity has been verified upon receipt before use.

Identity testing for API has not been completed as per USP <197> for use in production. Firm relies on the COA.

- Bravado acknowledges that at the time of inspection, API identity testing had not yet been completed. The NAD+ 100 mg/mL sterile validation batches were subsequently compounded and released to the stability program on an at-risk basis, but no batches have been produced that will be released for distribution. Prior to distribution of any product, Bravado will ensure that identity testing is completed, as well as full confirmation of drug product conformation, and approved by Bravado QA.

3. Components (e.g., bulk active ingredients and excipients, but not an approved finished drug product), must be tested to verify identity and evaluated for conformity with appropriate specifications, and, if necessary, depending on intended use, endotoxin level and sterility before use in compounding. Alternatively, a COA can be accepted from the supplier and evaluated to determine whether the lot can be used, provided the reliability of the supplier's analyses has been established at appropriate intervals (i.e., no less frequently than annually for active ingredients and every two years for other components) through appropriate steps to confirm the supplier's test results for those tests relevant to the specifications established for the compounded drug product, and to confirm that the ingredient meets the applicable USP or NF monograph, if one exists; at least one identity test has been conducted to confirm that the component is the one specified in the purchase order; each container or grouping of containers of components is examined to verify appropriate labeling regarding contents; and the shipment's package integrity must be verified upon receipt before use.

At least one identity has not been completed for API (NAD+).

- API identity testing will be completed prior to batch production. Please see the response above.

Equipment, Containers, and Closures – Sterile

#5. Appropriate criteria for containers and closures is established to ensure that drug product containers and closures used for compounded drug products are suitable for each particular drug product for which they will be used.

In R&D phase. No study in extractables and leachables.

- At the time of the inspection, Bravado was in the pre-production phase, and a formal E&L study had not yet been initiated. Bravado recognizes that a completed and documented E&L program is a prerequisite to commercial product release and that appropriate container closure suitability criteria must be established and verified before the product is distributed. Accordingly, the extractables and leachables data for the vials and septa are currently under review to design the appropriate testing program. based on applicable FDA guidance and USP <661> and <1664> requirements as appropriate for the intended product and container closure system.
- Completion of the E&L program is incorporated into the overall NAD+ product development timeline and will be required as a condition of product release authorization. No NAD+ product will be certified for commercial distribution until the E&L study has been completed and approved by QA.

#6. Appropriate procedures are established for testing the containers and closures at the time they are selected to determine whether they meet the criteria for use; the tests and results must be documented.

Dry heat oven run reviewed for glassware. Not documented on the batch record.

- Oven runs are documented in a logbook specific to the instrument. Per the SOP, each run is assigned a unique identifier which was also recorded in the batch record, providing the required traceability. The batch record will be updated to include additional details from the dry heat oven run.

#7. As part of the selection process integrity testing of the drug product container closure system is performed to verify its ability to maintain the quality of the finished drug product and sterility over the expiry period. Integrity testing should be performed again if the

supplier or specifications of the container/closure is changed.

CCIT has not been completed for the sterile product to date because they are waiting for the method of suitability test to be complete from ARL. This is slated to be conducted as per their contract with ARL. Unable to locate an SOP on this process.

- CCIT is a product quality testing parameter that is performed as part of the stability program for sterile drug products and outsourced to an approved vendor. As such, CCIT is governed by Bravado's Stability Program SOP Q22.035 Version 2 (effective 30Oct2025) which explicitly identifies Container Closure Integrity Testing as a required stability test for sterile products under Section 5.2.3.11.

  The absence of a dedicated standalone CCIT SOP does not represent a procedural gap, as the requirement is fully captured within the stability program framework where it appropriately resides alongside all other sterile product quality testing parameters.

  CCIT is currently being tested at ARL Bio Pharma who performs the test per USP <1207> as part of the on-going stability testing.

#8. Procedures for storage of sterilized containers or closures is established to minimize the risk of contamination and to maintain sterility. Retesting or re- examination required if exposed to conditions that may affect the integrity of the containers/closures.

No comments given by inspector.

- All sterile materials are stored in their original containers, and all packaging is inspected prior to use to ensure sterility as part of routine procedure for all materials entering the clean room.

Environmental Monitoring and Controls of Compounding Areas

#9. Procedures include establishing the validity of the microbiological media including the preparation, sterilization, and growth potential of the media used in performing tests, including environmental and personnel monitoring.

Utilizes a positive control during media fill (TSB) but not for surface sampling or gown sampling plates.

- Growth promotion testing is performed on contact plates by ARL Bio Pharma for Bravado. These plates are used for air, surface, and gown sampling, as well as glove fingertip testing.

Drug Product Inspection & Expiry Dating

#92. Packaged and labeled products is examined during finishing operations to provide assurance that containers and packages in the lot have the correct label.

Sterile Product: A review of 100% of the NAD plus Injection labels has not been accounted for on the Batch record for product sent for Method suitability.

- For method suitability, a temporary label was used and only the number of labels required was printed.
- A formalized batch record for labeling of sterile products, including accountability, has been written. It is waiting approval of the Smart Jet Printer qualification before finalizing.

#95. To assure that a drug product meets applicable standards of identity, strength, quality, and purity at the time of use, it shall bear an expiration date determined by appropriate stability testing described in § 211.166.

Nonsterile Product: Sildenafil cream has established expiration date; Sterile Product: In R&D

phase at this time; stability testing still pending.

- Stability testing is currently on-going for the sterile product. The 30d timepoint was completed in early April.

#96. Expiration dates is related to any storage conditions stated on the labeling, as determined by stability studies described in § 211.166.

Nonsterile Product: Sildenafil cream has established expiration date; Sterile Product: In R&D phase at this time; stability testing still pending.

- Stability testing is currently on-going for the sterile product. The 30d timepoint was completed in early April.

#98. Expiration dates shall appear on labeling in accordance with the requirements of § 201.17 of this chapter. Homeopathic drug products is exempt from the requirements of this section.

Nonsterile Product: Sildenafil cream has established expiration date; Sterile Product: In R&D phase at this time; stability testing still pending.

- Stability testing is currently on-going for the sterile product. The 30d timepoint was completed in early April.

Warehouse & Distribution Procedures

#103. Written procedures is established, and followed, describing the distribution of drug products. They shall include:

1) A procedure whereby the oldest approved stock of a drug product is distributed first. Deviation from this requirement is permitted if such deviation is temporary and appropriate.

2) A system by which the distribution of each lot of drug product can be readily determined to facilitate its recall if necessary.

The facility has a GTIN set-up that will allow them to create a barcode for each batch and lot number. The facility is still developing their distribution procedures while being in the pre-production phase. S25.015, Distribution of 503B Products is lacking details on product tracking and tracing of distributed lots, BUDs quantity, etc. for traceability and recalls. Currently, the firm is keeping manual records of all processes and procedures. Lacking electronic document control.

CORRECTIVE ACTION PENDING 12-18-2025: The information can be found in Appendix A: lot distributed, quantity distributed, consignee, date shipped, tracking number, to allow for product tracking and tracing. The procedure will be revised to provide further clarify of the requirement within the body of the procedure.

- S25.015 was updated to include directions for use of Appendix A.

General Requirements

#104. The establishment of any specifications, standards, sampling plans, test procedures, or other laboratory control mechanisms required by this subpart, including any change in such specifications, standards, sampling plans, test procedures, or other laboratory control mechanisms, is drafted by the appropriate organizational unit and reviewed and approved by the quality control unit. The requirement in this subpart is followed and is documented at the time of performance. Any deviation from the written specifications, standards, sampling plans, test procedures, or other laboratory control mechanisms is recorded and justified.

Sterile Product: Environmental sampling such as Viable air sampling and surface sampling is completed by Production personnel. Production cannot monitor their own work. Best for QC to conduct the sampling. According to Q19.009, QA is responsible for Material Control compliance as stated in line 3 regarding Sampling.

- The individual who was performing EM sampling was not production personnel. He was a technician that was trained in cleaning and EM sampling, but not production. Sampling was completed (and will continue to be done) with QA and PIC oversight. This was explained to the inspectors when they were on-site.

Product Testing & Release

#106. For each batch of drug product, there is appropriate laboratory determination of satisfactory conformance to final specifications for the drug product, including the identity and strength of each active ingredient, prior to release. Where sterility and/or pyrogen testing are conducted on specific batches of short-lived radiopharmaceuticals, such batches may be released prior to completion of sterility and/or pyrogen testing, provided such testing is completed as soon as possible.

Reviewed SOP M25.037, Quarantine & Release of Compounded Finished Products v2.

Nonsterile Product: Sildenafil Cream batches will be tested according to pre-established specifications. The first batch of Sildenafil Cream was completed on 05DEC2025 and the audit was on 08DEC2025. All results will be reviewed and verified that it meets pre-established product specification before the product will be released for distribution.

Sterile Product: Pre-production phase; NAD+ injection formulation has been sent to the contract lab for testing.

- All drug products produced at Bravado are tested per a QA pre-approved specification. Test results are reviewed and approved by QA prior to product release.

#107. There is appropriate laboratory testing, as necessary, of each batch of drug product required to be free of objectionable microorganisms.

Sterile Product: Sterility pending.

- Stability testing is on-going. T=0 timepoint passed sterility testing for all three pre-production batches.

Records & Report Requirements

#130. Batch production and control records is prepared for each batch of drug product produced and includes complete information relating to the production and control of each batch. These records shall include:

a) An accurate reproduction of the appropriate master production or control record, checked for accuracy, dated, and signed; Documentation that each significant step in the manufacture, processing, packing, or holding of the batch was accomplished, including:

1) Dates;

2) Identity of individual major equipment and lines used;

3) Specific identification of each batch of component or in-process material used;

4) Weights and measures of components used in the course of processing;

5) In-process and laboratory control results;

6) Inspection of the packaging and labeling area before and after use; A statement of

the actual yield and a statement of the percentage of theoretical yield at appropriate phases of processing; Complete labeling control records, including specimens or copies of all labeling used;

7) Description of drug product containers and closures;

8) Any sampling performed;

9) Identification of the persons performing and directly supervising or checking each significant step in the operation, or if a significant step in the operation is performed by automated equipment under § 211.68, the identification of the person checking the significant step performed by the automated equipment.

10) Any investigation made according to § 211.192.

11) Results of examinations made in accordance with § 211.134.

Nonsterile Product: Batch record reviewed was pending reconciliation (testing batch). Required elements present on the batch record template.

Sterile Product: Testing batch record reviewed; sampling results pending.

- Non-sterile batch record reconciliation and batch record were completed for bath 25026 (the record reviewed during the inspection). Sterile product stability testing is on-going.

#136. Complete records are maintained of all stability testing performed in accordance with § 211.166.

Nonsterile Product: Stability testing for the Sildenafil cream has begun (T0 / Release testing) and was put into the sterility program.

Sterile Product: Method suitability in process.

- Method suitability is completed. Stability testing is in progress for sterile. All records are retained per SOP Q19.002, Document Control Procedures, Document and Protocol Number Assignment, and Central File Designation.

#137. Distribution records contain the name and strength of the product and description of the dosage form, name and address of the consignee, date and quantity shipped, and lot or control number of the drug product. For compressed medical gas products, distribution records are not required to contain lot or control numbers.

No products have been distributed to date (nonsterile or sterile). Reviewed Distribution SOP; records will be generated and retained according to the record retention SOP. Bravado does not distribute medical gases.

- No distribution to-date.

Registered Outsourcing Facilities

Facilities Registered as Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act)

Updated as of 4/16/2026

- Information Concerning Outsourcing Facility Registration (/drugs/compounding/questions-and-answers-outsourcing-facility-registration)
- Outsourcing Facility Product Reporting Information (/drugs/compounding/information-outsourcing-facilities#reporting)

This table lists the outsourcing facilities that have submitted registration information that has been determined to be complete by the data lock date for the latest weekly update of the table.

Search: brav

Show 10 entries

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Facility	Contact	Initial Registration Date [1]	Most Recent Registration Date [1]	Last Inspection [2]	Form 483 Issued? [3]	Recall Conducted? [9]	Action Based on Last Inspection [4,5]	Intends to Compound Sterile Drugs From Bulk Substances [6]
Bravado Pharmaceuticels, LLC, Lutz, FL	Brian McMillan 1-813-991-4100	2/28/2025	1/10/2026	Not yet inspected	N/A	N/A	N/A	Yes

Showing 1 to 1 of 1 entries (filtered from 92 total entries)

Previous 1 Next

Feedback

Notes

1. The "initial date of registration as an outsourcing facility" is the date the facility was first registered (i.e., the date FDA determined that the initial registration information submitted for the facility was complete, and the establishment fee was paid in full).

   Under section 503B(b) of the FD&C Act, after the initial registration, a facility that elects to continue to be registered with FDA as an outsourcing facility must re-register annually. A facility that elects to register (or re-register) with FDA as an outsourcing facility must pay an annual establishment fee. The "date of most recent registration as an outsourcing facility" reflects the date FDA determined the most recently submitted registration information was complete and the annual establishment fee for that fiscal year paid in full.

   Unless a previously registered outsourcing facility re-registers and pays the annual establishment fee in full during the registration period (between October 1 and December 31 of each calendar year), the facility will be removed from the list of registered outsourcing facilities on January 1 of the next calendar year.

2. Once an outsourcing facility is registered, the facility will be added to the list of facilities FDA intends to inspect according to a risk-based schedule. FDA plans to inspect outsourcing facilities within a reasonable period of time following initial registration, once it is confirmed that the facility has initiated drug production and distribution. However, the exact timing of the inspections can be affected by a number of variables, including the number of outsourcing facility registrants, other inspection priorities, and the operational status of the newly registered outsourcing facility.

   Inspections identified in this table are associated with the facility at the listed address. A company may own or operate more than one registered outsourcing facility. FDA's web page Compounding: Inspections, Recalls, and other Actions (/node/363232) may contain information about compounding facilities under the same ownership as the listed registered outsourcing facility.

   Inspections may take place over several days, weeks or longer. The date of the inspection is the date a Form FDA 483 listing the investigators' observations was issued. If no FDA Form 483 was issued, the date is the last day of the inspection.

3. A Form FDA 483 is issued when investigators observe any significant objectionable conditions. It does not constitute a final agency determination of whether any condition is in violation of the FD&C Act or any relevant regulations.
4. This table does not include State Board of Pharmacy actions, if any. To determine whether a registered outsourcing facility has been the subject of a state enforcement action, check with the State Board of Pharmacy for the state in which the facility is located. Some states post disciplinary or other actions on their web sites.
5. "Closed" means the inspection has been closed without further action. "Open" means FDA has not determined whether further action will be taken. If an action has been taken, it will be listed. Possible FDA actions include warning letter, seizure or injunction.
6. The information in this column was provided by the registered outsourcing facility at the time of registration and has not been verified by FDA. "N/A" indicates the registered outsourcing facility has not provided this information.
7. This outsourcing facility was the subject of at least one previous inspection relating to compounding that resulted in a Form FDA 483, warning letter or other action. For information about such inspections and resulting actions, visit Compounding: Inspections, Recalls, and other Actions (/node/363232).
8. A remote regulatory assessment (RRA) is an examination of an FDA-regulated establishment and/or its records, conducted remotely, to evaluate compliance with applicable FDA requirements. These assessments assist in protecting human and animal health, inform regulatory decisions and verify certain information submitted to the agency.
9. Based on inspectional findings, the inspection revealed significant issues. As a result, the outsourcing facility may have either initiated a recall on their own following conversation(s) with the FDA investigator or FDA recommended a recall at the conclusion of the inspection or both. Additionally, the outsourcing facility may have conducted multiple recalls or recalled multiple drugs.

Was this page helpful? * (required)

Yes

No

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		■ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: BioWound Solutions INC

Physical Address: 6823 W Post Road Suite 102

City: Las Vegas State: NV Zip: 89118

Mailing Address (if different from physical address): 5955 S Edmond Street

City: Las Vegas State: NV Zip: 89118

Telephone: 661-312-4018 Website: www.biowoundsolutions.com

Name of Designated Representative (DR): John Mark Rogers

Licensing Company Email: service@biowound.com DR Email: mark@biowound.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	■ Others: Terminally Sterilized, Human Amniotic Tissue for Chronic Wound Care	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Wound Care Clinics		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:
Not Applicable, Answered NO to ALL

NA 17OCT2025

Mark Rogers
Original Signature (electronic, copies or stamps not accepted)

17OCT2025
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Biolab Sciences
Address: 13825 N Northsight Blvd Ste 101 City: Scottsdale State: AZ Zip: 85260

Name: Acesso Biologics
Address: 1980 Festival Plaza Drive Suite 850 City: Las Vegas State: NV Zip: 89135

Name: Royal Biologics
Address: 401 Hackensack Ave Suite 604 City: Hackensack State: NJ Zip: 07601

Name: Sequence Life Sciences
Address: 4590 Lockhill Selma Road City: San Antonio State: TX Zip: 78249

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada
Parent Company (if any):
Corporation/Organization Name: BioWound Solutions INC
Mailing Address: 5955 S Edmond Street
City: Las Vegas State: NV Zip: 89118
Telephone: 661-312-4018 Email: mark@biowound.com
Contact Person Name: John Mark Rogers

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

BioWound Solutions INC

Facility Name

John Mark Rogers

Print Name of Authorized Person Submitting Application

John Mark Rogers

Original signature of Authorized Person (copies or stamps not accepted)

17 OCT 2025

Date

Board Use Only	Date Received: 11/25/25	Amount: $1000 ck 1037

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
BIOWOUND SOLUTIONS
6823 W Post Rd Ste 102
Las Vegas, NV 89118
Registration Number: 3034456223
FEI Number*: 3034456223
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2025

Owner/Operator:
BioWound Solutions[6]
6823 W Post Road
Suite 102
Las Vegas, NV US 89118
Owner/Operator Number: 10093220[7]

Official Correspondent:
Olivia Taylor
6823 W Post Rd
Suite 102
Las Vegas, NV 89118
Phone: 725-3245380

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

---

Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10093220&OwnerOperatc
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10093220&OwnerOperatc

Page Last Updated: 12/01/2025

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive Vulnerability Disclosure Policy

U.S. Department of **Health & Human Services**

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10093220&OwnerOperatc

List of Officers and Directors

BioWound Solutions, Inc

1. Nicholas Andolino
   Chief Executive Officer

2. Will Lenz
   Chief Operating Officer

3. Aaron Rosenberger
   Chief Strategy Officer

4. Eric Gilliland
   Chief Human Resource Officer

John

5. Mark Rogers
   Chief of Quality and Regulatory

JMR
17OCT 2025

6. Sam Ball
   Chief Revenue Officer

7. Brad Elliott
   Controller, Finance

Page 1 of 1

JMR 17OCT2025

Biowound Solutions Inc Detailed Cap Table

Name	Common (CS)	Outstanding Shares	Outstanding Ownership
Benevolent Ventures LLC	1,650,000	1,650,000	29.925%
Bradley Elliott	13,750	13,750	0.249%
BY 77 inc	55,000	55,000	0.998%
CW Family Investments, LLC	1,081,665	1,081,665	19.618%
Incunabula	1,081,665	1,081,665	19.618%
K6 Medical Consultants LLC	165,000	165,000	2.993%
Minerva LLC	55,000	55,000	0.998%
NR3 Group	1,081,665	1,081,665	19.618%
ROCASU	137,500	137,500	2.494%
Ropey's Futures LLC	55,000	55,000	0.998%
William Lenz	137,500	137,500	2.494%
Options and RSU's issued and outstanding			
Shares available for issuance under the plan			
Fully diluted shares	**5,513,745**		
Total Shares outstanding	**5,513,745**	**5,513,745**	**100.000%**
Percentage outstanding	**100.000%**	**100.000%**	
Share Class Original Issue Price			

Pg. 1 of 1

JmR 17OCT2025

DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH

December 15, 2025

John Mark Rogers, CTBS
BioWound Solutions
6823 W Post Road Suite 102; Las Vegas, NV 89118

Dear John Mark Rogers, CTBS,

This letter confirms that **BioWound Solutions** is registered with the Delaware Tissue Bank until April 30, 2026.

Thank you for notifying the Bureau of Communicable Diseases office in a timely manner of any changes to the information contained in the registration form. Please continue to keep contact information current to ensure timely delivery of updates and notifications.

If you have any questions, please contact me at the number below or via my e-mail.

Best regards,

Malia Wise

Malia Wise
Delaware Division of Public Health
Bureau of Infectious Disease Prevention & Control
Ph. 302-744-1015 Fax 302-739-2550
DHSS_DPH_tissuebank@delaware.gov

STATE OF NEVADA

FRANCISCO V. AGUILAR
Secretary of State

RUBEN J. RODRIGUEZ
Deputy Secretary for Southern Nevada

2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2452

OFFICE OF THE
SECRETARY OF STATE

GABRIEL DI CHIARA
Chief Deputy Secretary of State

DEANNA L. REYNOLDS
Deputy Secretary for Commercial Recordings

401 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7141

MaKayla Owens
1 Alhambra Plaza Suite 1410
Coral Gables, FL 33134, USA

Work Order #: W2025042400720
April 24, 2025
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 750106

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Amended List	Fees	20254845204	4/24/2025 10:39:35 AM	Approved	1	$200.00	$200.00
Total							$200.00

Payments

Type	Description	Payment Status	Amount
Credit Card	[redacted]	Success	$200.00
Credit Card	Service Fee	Success	$5.00
Total			$205.00

Credit Balance: $0.00

MaKayla Owens
1 Alhambra Plaza Suite 1410
Coral Gables, FL 33134, USA

STATE OF NEVADA

FRANCISCO V. AGUILAR
Secretary of State

RUBEN J. RODRIGUEZ
Deputy Secretary for Southern Nevada

2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
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OFFICE OF THE
SECRETARY OF STATE

GABRIEL DI CHIARA
Chief Deputy Secretary of State

DEANNA L. REYNOLDS
Deputy Secretary for Commercial Recordings

401 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7141

Business Entity - Filing Acknowledgement

04/24/2025

Work Order Item Number:	W2025042400720 - 4406531
Filing Number:	20254845204
Filing Type:	Amended List
Filing Date/Time:	04/24/2025 10:39:35 AM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E40345962024-0 **Entity Name:** Biowound Solutions, Inc.

Entity Status: Active **Expiration Date:** None

Commercial Registered Agent
CORPORATE CREATIONS NETWORK INC.
8275 SOUTH EASTERN AVENUE #200, Las Vegas, NV 89123, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application

☐ ANNUAL ☑ AMENDED (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

Biowound Solutions, Inc.
NAME OF ENTITY

NV20243110329
Entity or Nevada Business Identification Number (NVID)

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☑ Corporation
☐ This corporation is publicly traded, the Central Index Key number is:

☐ Nonprofit Corporation (see nonprofit sections below)

☐ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership

☐ Business Trust

☐ Corporation Sole

Filed in the Office of	Business Number
F V Aguilar	E40345962024-0
Secretary of State	Filing Number
State Of Nevada	20254845204
	Filed On
	04/24/2025 10:39:35 AM
	Number of Pages
	2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: **Charitable Solicitation Information - check applicable box**

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required

☐ Yes - the "Charitable Solicitation Registration Statement" is required.

☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE President:

Name	Country
Nicholas Andolino	USA

Address	City	State	Zip/Postal Code
5955 S Edmond Street	Las Vegas	NV	89118

CORPORATION, INDICATE THE Secretary:

Name	Country
Nicholas Andolino	USA

Address	City	State	Zip/Postal Code
5955 S Edmond Street	Las Vegas	NV	89118

CORPORATION, INDICATE THE Treasurer:

Name	Country
Nicholas Andolino	USA

Address	City	State	Zip/Postal Code
5955 S Edmond Street	Las Vegas	NV	89118

CORPORATION, INDICATE THE Director:

Name	Country
Nicholas Andolino	USA

Address	City	State	Zip/Postal Code
5955 S Edmond Street	Las Vegas	NV	89118

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Evan Gray
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Title	Date
Authorized Signer	04/24/2025

STATE OF NEVADA

FRANCISCO V. AGUILAR
Secretary of State

RUBEN J. RODRIGUEZ
Deputy Secretary for Southern Nevada

2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2452

OFFICE OF THE
SECRETARY OF STATE

GABRIEL DI CHIARA
Chief Deputy Secretary of State

DEANNA L. REYNOLDS
Deputy Secretary for Commercial Recordings

401 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7141

MaKayla Owens
1 Alhambra Plaza Suite 1410
Coral Gables, FL 33134, USA

Work Order #: W2025042400720
April 24, 2025
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 750106

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Amended List	Fees	20254845204	4/24/2025 10:39:35 AM	Approved	1	$200.00	$200.00
Total							$200.00

Payments

Type	Description	Payment Status	Amount
Credit Card	[redacted]	Success	$200.00
Credit Card	Service Fee	Success	$5.00
Total			$205.00

Credit Balance: $0.00

MaKayla Owens
1 Alhambra Plaza Suite 1410
Coral Gables, FL 33134, USA

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Biowound Solutions, Inc.

Nevada Business Identification # NV20243110329
Expiration Date: 05/31/2027

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/02/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202603026526649
You may verify this certificate online at https://www.nvsilverflume.gov/home

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE President:

Name	Country
Nicholas Andolino	USA

Address	City	State	Zip/Postal Code
5955 S Edmond Street	Las Vegas	NV	89118

CORPORATION, INDICATE THE Secretary:

Name	Country
Nicholas Andolino	USA

Address	City	State	Zip/Postal Code
5955 S Edmond Street	Las Vegas	NV	89118

CORPORATION, INDICATE THE Treasurer:

Name	Country
Nicholas Andolino	USA

Address	City	State	Zip/Postal Code
5955 S Edmond Street	Las Vegas	NV	89118

CORPORATION, INDICATE THE Director:

Name	Country
Nicholas Andolino	USA

Address	City	State	Zip/Postal Code
5955 S Edmond Street	Las Vegas	NV	89118

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Bradley Elliott
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Authorized Signer
Title

03/02/2026
Date

SECRETARY OF STATE

STATE OF NEVADA

DOMESTIC CORPORATION (78) CHARTER

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Biowound Solutions, Inc.** did, on 05/02/2024, file in this office the original ARTICLES OF INCORPORATION-FOR-PROFIT that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/02/2024.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate
Number: B202405024616302
You may verify this certificate online at http://www.nvsos.gov

JMR 17 OCT 2025

STATE OF NEVADA

FRANCISCO V. AGUILAR
Secretary of State

DEPUTY BAKKEDAHL
Deputy Secretary for Commercial Recordings

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings & Notary Division
401 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7141

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

MaKayla Owens
1 Alhambra Plaza Suite 1410
Coral Gables, FL 33134, USA

Work Order #: W2024121700218
December 17, 2024
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 750106

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Certificate Pursuant to NRS 78.209	Fees	20244536159	12/17/2024 7:35:52 AM	InternalReview	1	$175.00	$175.00
Total							$175.00

Payments

Type	Description	Payment Status	Amount
Credit Card	[redacted]	Success	$175.00
Credit Card	Service Fee	Success	$4.38
Total			$179.38

Credit Balance: $0.00

Page 1 of 1

JmR

17 OCT 2025

MaKayla Owens
1 Alhambra Plaza Suite 1410
Coral Gables, FL 33134, USA

STATE OF NEVADA

FRANCISCO V. AGUILAR
Secretary of State

DEPUTY BAKKEDAHL
Deputy Secretary for
Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
401 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7141

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

12/17/2024

Work Order Item Number:	W2024121700218 - 4121893
Filing Number:	20244536159
Filing Type:	Certificate Pursuant to NRS 78.209
Filing Date/Time:	12/17/2024 07:35:52 AM
Filing Page(s):	1

Indexed Entity Information:

Entity ID: E40345962024-0 **Entity Name:** Biowound Solutions, Inc.

Entity Status: Active **Expiration Date:** None

Commercial Registered Agent
CORPORATE CREATIONS NETWORK INC.
8275 SOUTH EASTERN AVENUE #200, Las Vegas, NV 89123, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Page 1 of 1
JMB 17OCT2025

Commercial Recording Division
401 N. Carson Street

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Filed in the Office of	Business Number
FVAguilar	E40345962024-0
Secretary of State	Filing Number
State Of Nevada	20244536159
	Filed On
	12/17/2024 07:35:52 AM
	Number of Pages
	1

Certificate of Change Pursuant to NRS 78.209

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

INSTRUCTIONS:

1. Enter the current name as on file with the Nevada Secretary of State and enter the Entity or Nevada Business Identification Number (NVID).

2. Indicate the current number of authorized shares and par value, if any, and each class or series before the change.

3. Indicate the number of authorized shares and par value, if any of each class or series after the change.

4. Indicate the change of the affected class or series of issued, if any, shares after the change in exchange for each issued share of the same class or series.

5. Indicate provisions, if any, regarding fractional shares that are affected by the change.

6. NRS required statement.

7. This section is optional. If an effective date and time is indicated the date must not be more than 90 days after the date on which the certificate is filed.

8. Must be signed by an Officer. Form will be returned if unsigned.

1. Entity Information:	Name of entity as on file with the Nevada Secretary of State: **Biowound Solutions, Inc.** Entity or Nevada Business Identification Number (NVID): **NV20243110329**
2. Current Authorized Shares:	The current number of authorized shares and the par value, if any, of each class or series, if any, of shares before the change: **2,000,000 common shares, par value $0.01 per share.**
3. Authorized Shares After Change:	The number of authorized shares and the par value, if any, of each class or series, if any, of shares after the change: **12,000,000 common shares, par value $0.01 per share.**
4. Issuance:	The number of shares of each affected class or series, if any, to be issued after the change in exchange for each issued share of the same class or series: **5 common shares to be issued in exchange for each issued and outstanding share of common stock.**
5. Provisions:	The provisions, if any, for the issuance of fractional shares, or for the payment of money or the issuance of scrip to stockholders otherwise entitled to a fraction of a share and the percentage of outstanding shares affected thereby:
6. Provisions:	The required approval of the stockholders has been obtained.
7. Effective Date and time: (Optional)	Date: **12/17/2024** Time: (must not be later than 90 days after the certificate is filed)
8. Signature: (Required)	X **Nicholas Andolino** — Signature of Officer **Officer** — Title **12/17/2024** — Date

This form must be accompanied by appropriate fees.
If necessary, additional pages may be attached to this form.

Page 1 of 1

Page 1 of 1
JMR 17 OCT 2025

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of	Business Number
FVAguilar	E40345962024-0
	Filing Number
	20244034595
Secretary of State	Filed On
State Of Nevada	5/2/2024 8:00:00 AM
	Number of Pages
	2

ABOVE SPACE IS FOR OFFICE USE ONLY

Formation - Profit Corporation

☒ NRS 78 - Articles of Incorporation Domestic Corporation ☐ NRS 80 - Foreign Corporation ☐ NRS 89 - Articles of Incorporation Professional Corporation

☐ 78A Formation - Close Corporation

(Name of Close Corporation MUST appear in the below heading)

Articles of Formation of _____ **a close corporation (NRS 78A)**

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Name of Entity: (If foreign, name in home jurisdiction)

BioWound Solutions, Inc.

2. Registered Agent for Service of Process: (Check only one box)

☒ Commercial Registered Agent:(name only below) ☐ Noncommercial Registered Agent (name and address below) ☐ Office or Position with Entity (title and address below)

Corporate Creations Network Inc.
Name of Registered Agent **OR** Title of Office or Position with Entity

8275 South Eastern Avenue #200 | Las Vegas | Nevada | 89123
Street Address | City | Zip Code

Mailing Address (if different from street address) | City | Nevada | Zip Code

2a. Certificate of Acceptance of Appointment of Registered Agent:

I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.

x Tim Pratts-Special Secretary, Corporate Creations Network — 04/30/2024
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity — Date

3. Governing Board: (NRS 78A, close corporation only, check one box; if yes, complete article 4 below)

This corporation is a close corporation operating with a board of directors ☐ Yes **OR** ☐ No

4. Names and Addresses of the Board of Directors/ Trustees or Stockholders

(NRS 78: Board of Directors/ Trustees is required.

NRS 78a: Required if the Close Corporation is governed by a board of directors.

NRS 89: Required to have the Original stockholders and directors. A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing. See instructions)

1) Nicholas Andolino — United States
Name — Country

5475 S Decatur Blvd | Suite 100 | NV | 89118
Street Address | City | State | Zip/Postal Code

2)
Name — Country

Street Address | City | State | Zip/Postal Code

3)
Name — Country

Street Address | City | State | Zip/Postal Code

5. Jurisdiction of Incorporation: (NRS 80 only)

5a. Jurisdiction of incorporation:

5b. I declare this entity is in good standing in the jurisdiction of its incorporation. ☐

This form must be accompanied by appropriate fees.

Pg 1 of 2 JMP
17 OCT 2025

9642

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - Profit Corporation

Continued, Page 2

6. Benefit Corporation:
(For NRS 78, NRS 78A, and NRS 89, optional. See instructions.)

By selecting "Yes" you are indicating that the corporation is organized as a benefit corporation pursuant to NRS Chapter 78B with a purpose of creating a general or specific public benefit. The purpose for which the benefit corporation is created must be disclosed in the below purpose field.

Yes ☐

7. Purpose/Profession to be practiced:
(Required for NRS 80, NRS 89 and any entity selecting Benefit Corporation. See instructions.)

retail, e-commerce, and other lawful business

8. Authorized Shares:
(Number of shares corporation is authorized to issue

NRS 80: Must include copy of the most recently filed in home jurisdiction setting forth the authorized stock of the corporation.)

Please indicate the break down of all corporate shares and the par value.

Number of Authorized shares with Par value: 2,000,000 Par value: $ 0.0100000000

Number of Common shares with Par value: **2,000,000** Par value: $ **0.0100000000**

Number of Preferred shares with Par value: 0 Par value: $ 0.0000000000

Number of shares with no par value: 0

Foreign Corporations, NRS 80 only:

☐ This is a corporation is a unlimited stock corporation

☐ This is a corporation is a non-stock corporation.

If more than one class or series of stock is authorized, please attach the information on an additional sheet of paper.

9. Name and Signature of: Officer making the statement or Authorized Signer for NRS 80.

Name, Address and Signature of the Incorporator for NRS 78, 78A, and 89. NRS 89 - Each Organizer/ Incorporator must be a licensed professional.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Evan Gray — Name

United States — Country

1 Alhambra Plaza Suite 1410 — Address

Coral Gables — City

FL — State

33134 — Zip/Postal Code

X _____

(attach additional page if necessary)

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:
(attach additional page(s) if necessary)

This form must be accompanied by appropriate fees.

Pg 2 of 2 JMR
ITOCT 2025

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

BioWound Solutions, Inc.

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☒ Corporation

☐ This corporation is publicly traded, the Central Index Key number is:

Filed in the Office of	Business Number
FVAguilar	E40345962024-0
Secretary of State	Filing Number
State Of Nevada	20244034613
	Filed On
	5/2/2024 8:00:00 AM
	Number of Pages
	2

☐ Nonprofit Corporation (see nonprofit sections below)

☐ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership (If formed at the same time as the Limited Partnership)

☐ Business Trust

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS Chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No – no additional form is required

☐ Yes – the "Charitable Solicitation Registration Statement" is required.

☐ The Organization claims exemption pursuant to NRS 82A.210 - the "Exemption From Charitable Solicitation Registration Statement" is required .

**** Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

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JmR 17OCT2025

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE PRESIDENT, OR EQUIVALENT OF: Title: President

Nicholas Andolino — Name
United States — Country
5475 S Decatur Blvd, Suite 100 — Address
Las Vegas — City
NV — State
89118 — Zip/Postal Code

CORPORATION, INDICATE THE SECRETARY, OR EQUIVALENT OF: Title: Secretary

Nicholas Andolino — Name
United States — Country
5475 S Decatur Blvd, Suite 100 — Address
Las Vegas — City
NV — State
89118 — Zip/Postal Code

CORPORATION, INDICATE THE TREASURER, OR EQUIVALENT OF: Title: Treasurer

Nicholas Andolino — Name
United States — Country
5475 S Decatur Blvd, Suite 100 — Address
Las Vegas — City
NV — State
89118 — Zip/Postal Code

CORPORATION, INDICATE THE DIRECTOR:

Nicholas Andolino — Name
United States — Country
5475 S Decatur Blvd, Suite 100 — Address
Las Vegas — City
NV — State
89118 — Zip/Postal Code

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X _____

Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED.*

Attorney/Authorized Signer — **Title**

04/30/2024 — **Date**

Pg 2 of 2
JMR 17OCT2025

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Filed in the Office of	Business Number
F V Aguilar	E40345962024-0
	Filing Number
	20244536159
Secretary of State	Filed On
State Of Nevada	12/17/2024 07:35:52 AM
	Number of Pages
	1

Certificate of Change Pursuant to NRS 78.209

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

INSTRUCTIONS:

1. Enter the current name as on file with the Nevada Secretary of State and enter the Entity or Nevada Business Identification Number (NVID).

2. Indicate the current number of authorized shares and par value, if any, and each class or series before the change.

3. Indicate the number of authorized shares and par value, if any of each class or series after the change.

4. Indicate the change of the affected class or series of issued, if any, shares after the change in exchange for each issued share of the same class or series.

5. Indicate provisions, if any, regarding fractional shares that are affected by the change.

6. NRS required statement.

7. This section is optional. If an effective date and time is indicated the date must not be more than 90 days after the date on which the certificate is filed.

8. Must be signed by an Officer. Form will be returned if unsigned.

1. Entity Information:	Name of entity as on file with the Nevada Secretary of State: **Biowound Solutions, Inc.** Entity or Nevada Business Identification Number (NVID): **NV20243110329**
2. Current Authorized Shares:	The current number of authorized shares and the par value, if any, of each class or series, if any, of shares before the change: **2,000,000 common shares, par value $0.01 per share.**
3. Authorized Shares After Change:	The number of authorized shares and the par value, if any, of each class or series, if any, of shares after the change: **12,000,000 common shares, par value $0.01 per share.**
4. Issuance:	The number of shares of each affected class or series, if any, to be issued after the change in exchange for each issued share of the same class or series: **5 common shares to be issued in exchange for each issued and outstanding share of common stock.**
5. Provisions:	The provisions, if any, for the issuance of fractional shares, or for the payment of money or the issuance of scrip to stockholders otherwise entitled to a fraction of a share and the percentage of outstanding shares affected thereby:
6. Provisions:	The required approval of the stockholders has been obtained.
7. Effective Date and time: (Optional)	Date: **12/17/2024** Time: (must not be later than 90 days after the certificate is filed)
8. Signature: (Required)	X **Nicholas Andolino** — Signature of Officer **Officer** — Title **12/17/2024** — Date

This form must be accompanied by appropriate fees.
If necessary, additional pages may be attached to this form.

pg. 1 of 1
JMR 17OCT2025

U.S. FOOD & DRUG ADMINISTRATION

FDA Home Page | Contact eHCTERS Technical Support

HUMAN CELL AND TISSUE ESTABLISHMENT REGISTRATION - Public Query
Establishment Details

Establishment Name and Location

Current Status:	Registered
Last Annual Registration Year:	2025
FDA Establishment Identifier (FEI):	3034456223
Establishment Name:	BioWound Solutions Inc.
Address:	6823 W Post Road
	Suite 102
City:	Las Vegas
State:	Nevada
Zip:	89118
Country:	UNITED STATES
Phone:	661-312-4018

Establishment Functions

Types of HCT/Ps	Recover	Screen	Donor Testing	Package	Process	Store	Label	Distribute
Amniotic Membrane						☑		☑
Blood Vessel								
Bone								
Cardiac Tissue - non-valved								
Cartilage								
Cornea								
Dura Mater								
Embryo								
Fascia								
Heart Valve								
HPC Apheresis								
HPC Cord Blood								
Ligament								
Nerve Tissue								
Oocyte								
Ovarian Tissue								
Pancreatic Islet Cells - autologous								
Parathyroid								
Pericardium								
Peripheral Blood Mononuclear Cells								
Peritoneal Membrane								
Sclera								
Semen								
Skin						☑		☑

Tendon								
Testicular Tissue								
Tooth Pulp								
Umbilical Cord Tissue								

Establishment HCT/P Listing

Types of HCT/Ps	HCT/Ps Described in 21 CFR 1271.10	Proprietary Names
Amniotic Membrane	X	Mantle DL, Overlay SL, Renew FT, Amnio-Maxx, NeoStim SL, NeoStim DL, NeoStim TL, Acesso TL, Acesso AC, Membrane Wrap, Membrane Wrap Restore, Membrane Wrap Hydro, Membrane Wrap Lite, Tri-Membrane Wrap, Theramend, BioVair, Abiomend, Abiomend Xplus, PalinGen Xplus
Blood Vessel		
Bone	D	
Cardiac Tissue - non-valved		
Cartilage		
Cornea		
Dura Mater		
Embryo		
Fascia		
Heart Valve		
HPC Apheresis		
HPC Cord Blood		
Ligament		
Nerve Tissue		
Oocyte		
Ovarian Tissue		
Pancreatic Islet Cells - autologous		
Parathyroid		
Pericardium		
Peripheral Blood Mononuclear Cells		
Peritoneal Membrane		
Sclera		
Semen		
Skin	X	Derm-Maxx, Matrix HD
Tendon		
Testicular Tissue		
Tooth Pulp		
Umbilical Cord Tissue		

HCT/P Listing - Donor Information

Types of HCT/Ps	SIP	Directed	Anonymous	Autologous	Family Related
Embryo					
HPC Apheresis					
HPC Cord Blood					

Oocyte					
Peripheral Blood Mononuclear Cells					
Semen					

Print Date: 11/18/2025

Print This Page | Back To Query Criteria Screen | Back To Query Results Screen | Exit

eHCTERS v02.13.04
Updated 07/29/2024

Contact eHCTERS Technical Support | Online Help | Release Notes
Contact CBER | Contact FDA | Privacy
FDA Home Page | Accessibility | HHS Home Page | Vulnerability Disclosure Policy

FDA / Center for Biologics Evaluation and Research

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/27/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Connor & Gallagher Insurance Services, Inc.
750 Warrenville Rd.
Suite 400
Lisle IL 60532
License#: 100300162

CONTACT NAME: CGO Certificate Team
PHONE (A/C, No, Ext): 630-810-9100 **FAX (A/C, No):** 630-810-0100
E-MAIL ADDRESS: certs@gocgo.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Hartford Insurance Company	22357
INSURER B : Phoenix Insurance Company	25623
INSURER C : Travelers Property Casualty Insurance Company of A	25674
INSURER D : Farmington Casualty Company	41483
INSURER E :	
INSURER F :	

INSURED
Biowound Solutions, Inc.
6823 W Post Road
Las Vegas NV 89118
BIOWSOL-01

COVERAGES **CERTIFICATE NUMBER:** 1585190340 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [X] PRO-JECT [ ] LOC OTHER:		Y	630A2024013	11/15/2025	11/15/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ Excluded $
D	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			BAA2025175	11/15/2025	11/15/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
C	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [X] RETENTION $ 10,000		Y	CUPA2025255	11/15/2025	11/15/2026	EACH OCCURRENCE AGGREGATE $	$ 5,000,000 $ 5,000,000 $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	83WECBN3B8E	1/1/2026	1/1/2027	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
C	MED-Product		Y	DCSB6468575-TIL-25	11/15/2025	11/15/2026	Per Occurrence Aggregate Deductible	15,000,000 15,000,000 50,000/250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Employment Practices Liability, PML0003763 00, 3/24/2025-9/3/2026: $2,000,000 Aggregate Limit
Directors & Officers Liability, PML0003763 00, 3/24/2025-9/3/2026: $2,000,000 Aggregate Limit
Crime, PML0003763 00, 3/24/2025-9/3/2026:: $500,000 Aggregate Limit
Professional Liability, ZPL31N84989, 11/15/2025-11/15/2026: $5,000,000 Aggregate Limit
Cyber, 817112026, 11/15/2025-11/15/2026: $2,000,000 Aggregate Limit

RE: 6823 W Post Road, Las Vegas, NV 89118

See Attached...

CERTIFICATE HOLDER

Evidence of Coverage

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: BIOWSOL-01

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY Connor & Gallagher Insurance Services, Inc.	NAMED INSURED Biowound Solutions, Inc. 6823 W Post Road Las Vegas NV 89118
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Waiver of Subrogation applies to Additional Insureds with respects to General Liability, MedProduct Libility and Workers Compensation Policies when required in written contract. Umbrella Follows Form.

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Liberty Mutual. SURETY

BOND RIDER

To be attached to and form a part of :

Bond No.: **999446438**

Cross Ref Bond No.: _____

Type of Bond: Pharmaceutical Wholesaler

Dated effective: October 15, 2025

Executed by: BioWound Solutions Inc.

_____ , as Principal,

And by: The Ohio Casualty Insurance Company , as Surety,

In favor of: Nevada State Board of Pharmacy

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to:

Changing: Principal Name and/or Address

From: BioWound Solutions Inc.
5955 S Edmond Street, Las Vegas, NV 89118

To: BioWound Solutions Inc.
6923 W Post Rd, Ste 102, Las Vegas, NV 89118

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

The Principal as changed by this Rider is the Principal as if it had been initially named the Principal when the bond was issued. The former Principal is hereby released and has no obligations with respect to the bond.

This rider is effective: December 4, 2025

Signed and Sealed on: December 9, 2025

Principal Name: BioWound Solutions Inc.

By: _____

Surety Name: The Ohio Casualty Insurance Company

By: Timothy A. Nikolajewski

THE OHIO CASUALTY INSURANCE COMPANY INCORPORATED 1919 NEW HAMPSHIRE

Agency Name: Connor & Gallagher Insurance Services, Inc.

Agency Address: 750 Warrenville Rd Ste 400, Lisle, IL 60532

Liberty Mutual. SURETY

POWER OF ATTORNEY

The Ohio Casualty Insurance Company

Principal: BioWound Solutions Inc.
Agency Name: Connor & Gallagher Insurance Services, Inc. Bond Number: 999446438
Obligee: Nevada State Board of Pharmacy
Bond Amount: ($100,000.00) One Hundred Thousand Dollars And Zero Cents

KNOW ALL PERSONS BY THESE PRESENTS: that The Ohio Casualty Insurance Company, a corporation duly organized under the laws of the State of New Hampshire (herein collectively called the "Company"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint **Timothy A. Mikolajewski** in the city and state of **Seattle, WA**, each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Company in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of the Company has been affixed thereto this 9th day of December, 2025.

The Ohio Casualty Insurance Company

By: _____
Nathan J. Zangerle, Assistant Secretary

STATE OF PENNSYLVANIA
COUNTY OF MONTGOMERY ss

On this 9th day of December, 2025, before me personally appeared Nathan J. Zangerle, who acknowledged himself to be the Assistant Secretary of The Ohio Casualty Insurance Company and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2029
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-law and Authorizations of The Ohio Casualty Insurance Company, which is now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes Nathan J. Zangerle, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature or electronic signatures of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, wherever appearing upon a certified copy of any power of attorney or bond issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of The Ohio Casualty Insurance Company do hereby certify that this power of attorney executed by said Company is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Company this 9th day of December, 2025.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

eBonding_POA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. **999446438**

Application/License No. _____

BioWound Solutions Inc.

Applicant/Principal

doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 5955 S Edmond Street, Las Vegas, NV 89118

Address of Applicant/Principal

as PRINCIPAL, and The Ohio Casualty Insurance Company , a

Surety Company

corporation organized under the laws of the state of New Hampshire

State of Incorporation

and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is

175 Berkeley Street, Boston, Massachusetts 02116

Address of Surety

as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 15, 2025 .

Effective Date

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 17th day of November, 2025.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY COMPANY

Susan Vanek
Surety Company's Representative

Susan Vanek, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Kate Homerding
Witness

Daynah DeArcangelis
Witness

Countersigned by:

Nevada Resident Agent

LMS-21913 11/20

Posted February 20, 2020

Liberty Mutual SURETY

POWER OF ATTORNEY

The Ohio Casualty Insurance Company

Principal: BioWound Solutions Inc.
Agency Name: Connor & Gallagher Insurance Services, Inc. Bond Number: 999446438
Obligee: Nevada State Board of Pharmacy
Bond Amount: ($100,000.00) One Hundred Thousand Dollars And Zero Cents

KNOW ALL PERSONS BY THESE PRESENTS: that The Ohio Casualty Insurance Company, a corporation duly organized under the laws of the State of New Hampshire (herein collectively called the "Company") pursuant to and by authority herein set forth, does hereby name, constitute and appoint **Susan Vanek** in the city and state of **Lisle, IL**, each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Company in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of the Company has been affixed thereto this 17th day of November, 2025.

The Ohio Casualty Insurance Company

By: _____
Nathan J. Zangerle, Assistant Secretary

STATE OF PENNSYLVANIA
COUNTY OF MONTGOMERY ss

On this 17th day of November, 2025, before me personally appeared Nathan J. Zangerle, who acknowledged himself to be the Assistant Secretary of The Ohio Casualty Insurance Company and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2029
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-law and Authorizations of The Ohio Casualty Insurance Company, which is now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes Nathan J. Zangerle, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature or electronic signatures of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, wherever appearing upon a certified copy of any power of attorney or bond issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of The Ohio Casualty Insurance Company do hereby certify that this power of attorney executed by said Company is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Company this 17th day of November, 2025.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

eBonding: POA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG BioWound Solutions INC MDEG License # (if applicable) _____

Physical Address 6823 W Post Road, Suite 102

City Las Vegas State NV Zip 89118

Mailing Address (if different from physical address) 5955 S Edmond Street

City Las Vegas State NV Zip 89118

Telephone 661-312-4018 Website www.biowoundsolutions.com

Licensing Company Email information@biowound.com

Section 2: Personal Information

First John Middle Mark Last Rogers

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 5955 S Edmond Street

City Las Vegas State NV Zip 89118

Telephone 661-312-4018 Email mark@biowound.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Brevard Senior High School		08/1981 to 05/1985	
Address	**City**	**State**	**Zip**
609 N Country Club Road	Brevard	NC	28712
Diploma/Degree obtained, if any			
Diploma Recieved			

School Name		From - To (MM/YY – MM/YY)	
North Carolina State University		08/1985 to 12/1989	
Address	**City**	**State**	**Zip**
1010 Main Campus Drive Ste 300	Raleigh	NC	27606
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Furman University		01/1990 -12/1991	
Address	**City**	**State**	**Zip**
3300 Pointsett Highway	Greenville	SC	29613
Diploma/Degree obtained, if any			
Pe-MBA Preparation Classes			

School Name		From - To (MM/YY – MM/YY)	
University of North Carolina Chapel Hill		01/2000-09/2001	
Address	**City**	**State**	**Zip**
250 E Franklin Street	Chapel Hill	NC	27514
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2025-Present	[redacted]	Henderson	NV	[redacted]
08/2023-05/2025		Durham	NC	
08/2022-08/2023		Scottsdale	AZ	
08/2021-08/2022		Philadelphia	PA	
04/2017-08/2021		Marietta	GA	
04/2014-04/2017		Marietta	GA	
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
BioWound Solutions			05/2025 - Present
Business Address	**City**	**State**	**Zip**
6823 W Post Road Suite 102	Las Vegas	NV	89118
Phone	**Title**		**Number of Employed Hours**
661-312-4018	Chief, Quality and Regulatory Officer		2040
Description of Duties			
Primary person responsible related to the dispensing and distribution of, and record keeping related to, all Doctor guided applications for Human Amniotic Tissue products in the treatment of Chronic Wounds. Was responsible for Medical Device			

Business Name			From - To (MM/YY – MM/YY)
Merakris Therapeutics			08/2023 - 05/2025
Business Address	**City**	**State**	**Zip**
400 Park Office Drive	Research Tirangle Park	NC	27709
Phone	**Title**		**Number of Employed Hours**
919-921-8105	Vice President, Quality and Regulatory		3,500
Description of Duties			
Primary person responsible related to the dispensing and distribution of, and record keeping related to, all Doctor guided applications for Human Amniotic Tissue products in the treatment of Chronic Wounds. Was responsible for Medical Device			

Business Name			From - To (MM/YY – MM/YY)
MiMedx			01/2014 - 08/2021
Business Address	**City**	**State**	**Zip**
1775 West Oak Commons Ct. NE	Marietta	GA	30062
Phone	**Title**		**Number of Employed Hours**
888-543-1917	Vice President, Global Quality and Regulatory Compliance		14,280
Description of Duties			
Primary person responsible related to the dispensing and distribution of, and record keeping related to, all Doctor guided applications for Human Amniotic Tissue products in the treatment of Chronic Wounds. Was responsible for Medical Device			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

N/A JmR

17OCT2025

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A JMP
17OCT2025

[signature] 17OCT 2025

Original Signature (electronic, copies or stamps not accepted) Date

I, John Mark Rogers, **certify that as the MDEG Administrator for** BioWound Solutions INC,

that I (initial that you have read and meet the following requirements):

1. JMR Have a high school diploma or its equivalent;
2. JMR Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JMR Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JMR Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Mark Rogers

Print Name (First, Last)

John Mark Rogers

Original Signature (electronic, copies or stamps not accepted)

17OCT2025

Date

Board Use Only	Date Received: 11/25/25

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler BioWound Solutions

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 6823 W Post Road Suite 102

City Las Vegas State NV Zip 89118

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 661-312-4018 Website info@biowound.com

Licensing Company Email mark@biowound.com

Section 2: Personal Information

First John Middle Mark Last Rogers

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 5955 S Edmond Street

City Las Vegas State NV Zip 89118

Telephon[redacted] Email mark@biowound.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Brevard Senior High School		08/1981 to 05/1985	
Address	**City**	**State**	**Zip**
609 N Country Club Road	Brevard	NC	28712
Diploma/Degree obtained, if any			
Diploma Recieved			

School Name		From - To (MM/YY – MM/YY)	
North Carolina State University		08/1985 to 12/1989	
Address	**City**	**State**	**Zip**
1010 Main Campus Drive Ste 300	Raleigh	NC	27606
Diploma/Degree obtained, if any			
BS Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Furman University		01/1990-12/1991	
Address	**City**	**State**	**Zip**
3300 Pointsett Highway	Greenville	SC	29613
Diploma/Degree obtained, if any			
Pre-MBA preparation classes			

School Name		From - To (MM/YY – MM/YY)	
University of North Carolina Chapel Hill		01/2000 - 09/2001	
Address	**City**	**State**	**Zip**
250 E Franklin Street	Chapel Hill	NC	27514
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2025 - Present	[redacted]	Henderson	NV	[redacted]
08/2023 - 05/2025		Durham	NC	
08/2022 - 08/2023		Scottsdale	AZ	
08/2021- 08/2022		Philadelphia	PA	
04/2017 - 08/2021		Marietta	GA	
04/2014 - 04/2017		Marietta	GA	
From - To (MM/YY – MM/YY)	Address	City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
BioWound Solutions			05/2025 - Present	
Business Address		**City**	**State**	**Zip**
6823 W Post Road Suite 102		Las Vegas	NV	89118
Phone	**Title**		**Number of Employed Hours**	
702-983-6658	Chief Quality and Regulatory Officer		2,040	
Description of Duties				
Primary person responsible related to the dispensing and distribution of, and record keeping related to, all Doctor guided applications for Human Amniotic Tissue products in the treatment of Chronic Wounds. Was responsible for Medical Device				

Business Name			From - To (MM/YY – MM/YY)	
Merakris Therapeutics			08/2023 - 05/2025	
Business Address		**City**	**State**	**Zip**
400 Park Office Drive		Research Triangle Park	NC	27709
Phone	**Title**		**Number of Employed Hours**	
919-921-8105	Vice President, Quality and Regulatory		3,500	
Description of Duties				
Primary person responsible related to the dispensing and distribution of, and record keeping related to, all Doctor guided applications for Human Amniotic Tissue products in the treatment of Chronic Wounds. Was responsible for Medical Device				

Business Name			From - To (MM/YY – MM/YY)	
MiMedx			01/2014 - 08/2021	
Business Address		**City**	**State**	**Zip**
1775 West Oak Commons Ct. NE		Marietta	GA	30062
Phone	**Title**		**Number of Employed Hours**	
888-543-1917	Vice President, Global Quality and Regulatory Compliance		14,280	
Description of Duties				
Primary person responsible related to the dispensing and distribution of, and record keeping related to, all Doctor guided applications for Human Amniotic Tissue products in the treatment of Chronic Wounds. Was responsible for Medical Device				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

NA JmR
17OCT2025

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A
JmR 17OCT2025

John Mark Rogers
Original Signature (electronic, copies or stamps not accepted)

17OCT2025
Date

I, John Mark Rogers, **certify that as the designated representative for** BioWound Solutions INC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JMR I am at least 21 years of age;
3. JMR I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JMR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JMR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JMR I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JMR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

John Mark Rogers

Print Name (First, Last)

John Mark Rogers

Original Signature (electronic, copies or stamps not accepted)

17 OCT 2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Mark Rogers

Print Name (First, Last)

John Mark Rogers

Original Signature (electronic, copies or stamps not accepted)

20 Nov 2025

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, John Mark Rogers, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

John Mark Rogers

Original Signature

20 Nov 2025

Date

Subscribed and Sworn to before me this 20 day of November 2025

Notary Public Signature

HANNAH ANDERSON
Notary Public, State of Nevada
Appointment No. 22-3791-01
My Appt. Expires May 26, 2026

(Seal)

Employee Id	First Name	Last Name
1	Brian	Backlund
2	Garrett	Andolino
3	Joseph	Andolino
4	David	Nix
5	Samuel	Ball
6	William	Lenz
8	James	Ball
9	Nicholas	Andolino
10	Louis	Roselli
11	Heather	Seals
12	Emily	Medina - Benitez
13	Aaron	Rosenberger
14	Bradley	Elliott
15	Jordyn	Derflinger
17	Olivia	Taylor
18	Shawn	DeFord
19	Jace	Lundgreen
20	Robert	Foulkes
21	Simone	Zavala
22	Lizbeth	Lucero
23	Davis	Lenz
24	Patrick	Atchity
26	Donald	Cowan
27	Audrey	McLeod
28	Marilu	Sanchez
29	Cornelia	Fanter
30	Terrence	Mabry
35	Josh	Davis
36	Colin	Nelson
37	Holly	Foulkes
39	Alan	Sanchez Gonzalez
40	Jonathan	Ledergerber
41	Nicholas	Andolino

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42	Glenn	Falkenberg
43	Brandon	Stillman
44	Rose	Blalark
45	Richard	Palmer
46	Christopher	Monahan
47	Michael	Payne
48	Veronica	Lau
49	Jayme	Stewart
50	Bettina Rose	Aquino
51	Blake	Ruiz
52	Autumn	Stillman
53	Eric	Gilliland
54	Michael	Hullinger
55	Josh	Hartzell
56	Michael	Won
57	Phillip	Foshee
58	Joe	Muich
59	William	Roll
60	Maria	Namiatov
61	Mark	Hill
62	Allison	Shelor
63	Jeffrey	Woodrum
64	Vimoel	Parlero
66	Sarah	Harty
67	Elyce	Pincus-Frabotta
68	Allison	Boone
69	Beth	Brett
70	Demeterious	Joy
71	John	Call
72	Ari	Virtanen
73	Ginelle	Camara
74	William	Brown
75	Danny	Choi
76	Nimisha	Sabu

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77	Eric	Burcham
78	Kathleen	Blankenship
79	Jacob	Sisk
80	Taylor	Leonard
81	Jerica	Winfree-Ruiz
82	Sierra	Phillips
83	Adetokunbo	Douglas
84	Nazim	Wahab
85	John	Jackson
87	Maura	Berggren
88	Jason	Rogers
89	Adam	Lum
90	John	Rogers
91	Brigitte	Ledergerber
92	Cassandra	Carlo
93	Carla	Moreno
94	Nathan	Hullinger
95	Chris	Sweet
96	Alex	Kubal
97	BenefitsKE	Admin
98	Daryl	Reed
99	Brian	Kelly
100	Jennifer	Carollo
101	Gabriela	Suggs
102	Jason	Bagwill
103	Nicholas	Fultz
105	William	Taylor
106	Devin	Faktor
107	Brian	Warriner
108	Dominic	Denty
109	David	Scott
110	Jack	Riccardi
111	Lev	Karp
112	Jordan	Daniels

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		■ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ■ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Crossroads Courier

Physical Address: 6171 McLeod Dr, Suites I-J

City: Las Vegas State: NV Zip: 89120

Mailing Address (if different from physical address): 2008 Altom Ct

City: St. Louis State: MO Zip: 63146

Telephone: 314-222-4000 Website: www.crossroadscourier.com

Name of Designated Representative (DR): Mark Andrew Moretto II

Licensing Company Email: N/A DR Email: mmoretto@crossroadscourier.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/11/26
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cardinal Health
Address: 2840 Elm Point Industrial Dr. City: St. Charles State: MO Zip: 63301

Name: Banner Family Pharmacy
Address: 7300 W. Detroit St. City: Chandler State: AZ Zip: 85226

Name: Neighborhood Pharmacy
Address: 690 N. Cofco Center Ct. #100 City: Phoenix State: AZ Zip: 85008

Name: Children's Mercy Hospital KC
Address: 2401 Gillham Rd. City: Kansas City State: MO Zip: 64108

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: Zach Bezdek
Business Name: Crossroads Courier
Business Address: 2008 Altom Ct.
City: St. Louis State: MO Zip: 63146
Telephone: 314-222-4000 Email: zachb@crossroadscourier.com

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓ ← DO NOT NEED
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓ DO NOT NEED
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Crossroads Courier

Facility Name

ZACHARIAH BEZDEK

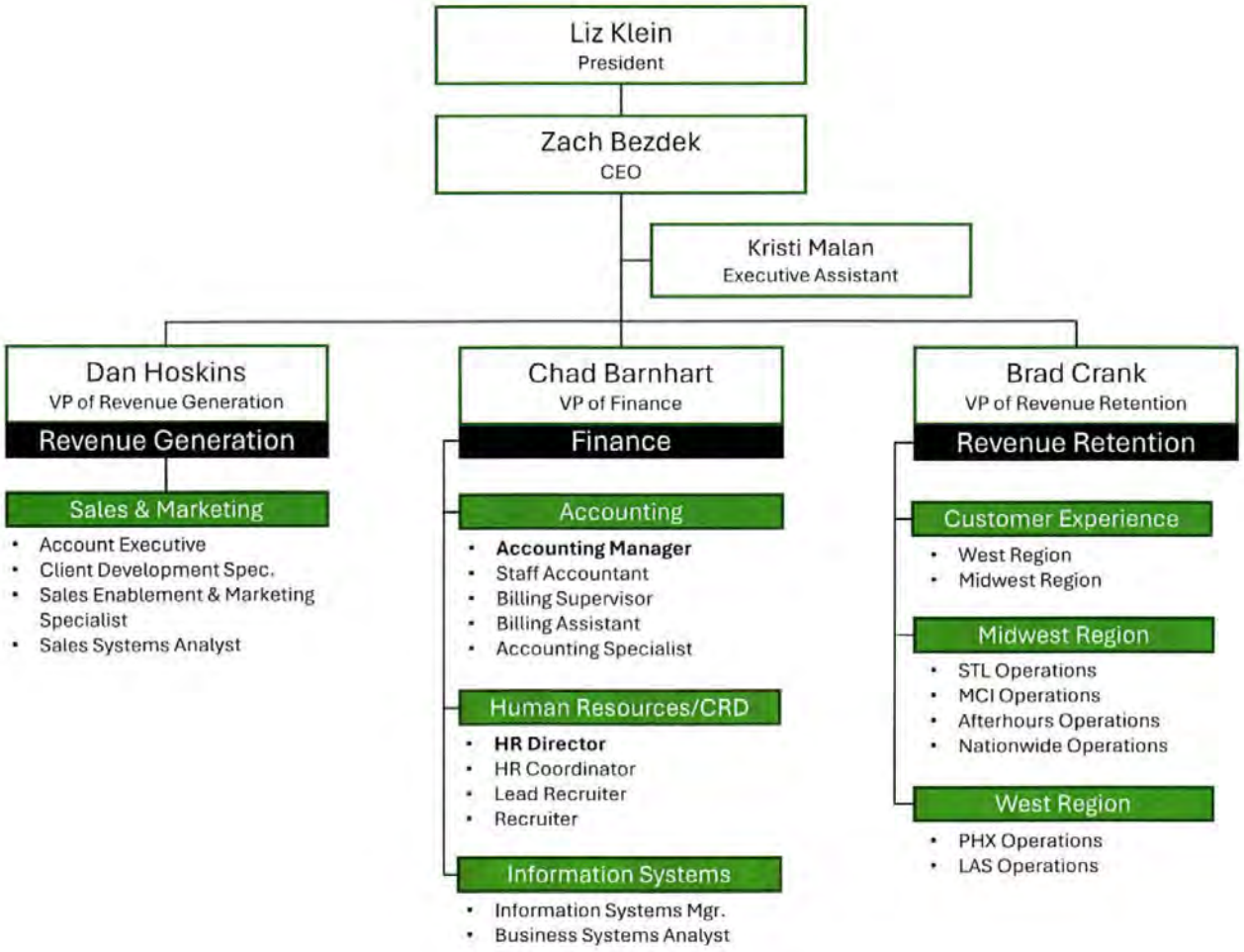
Print Name of Authorized Person Submitting Application

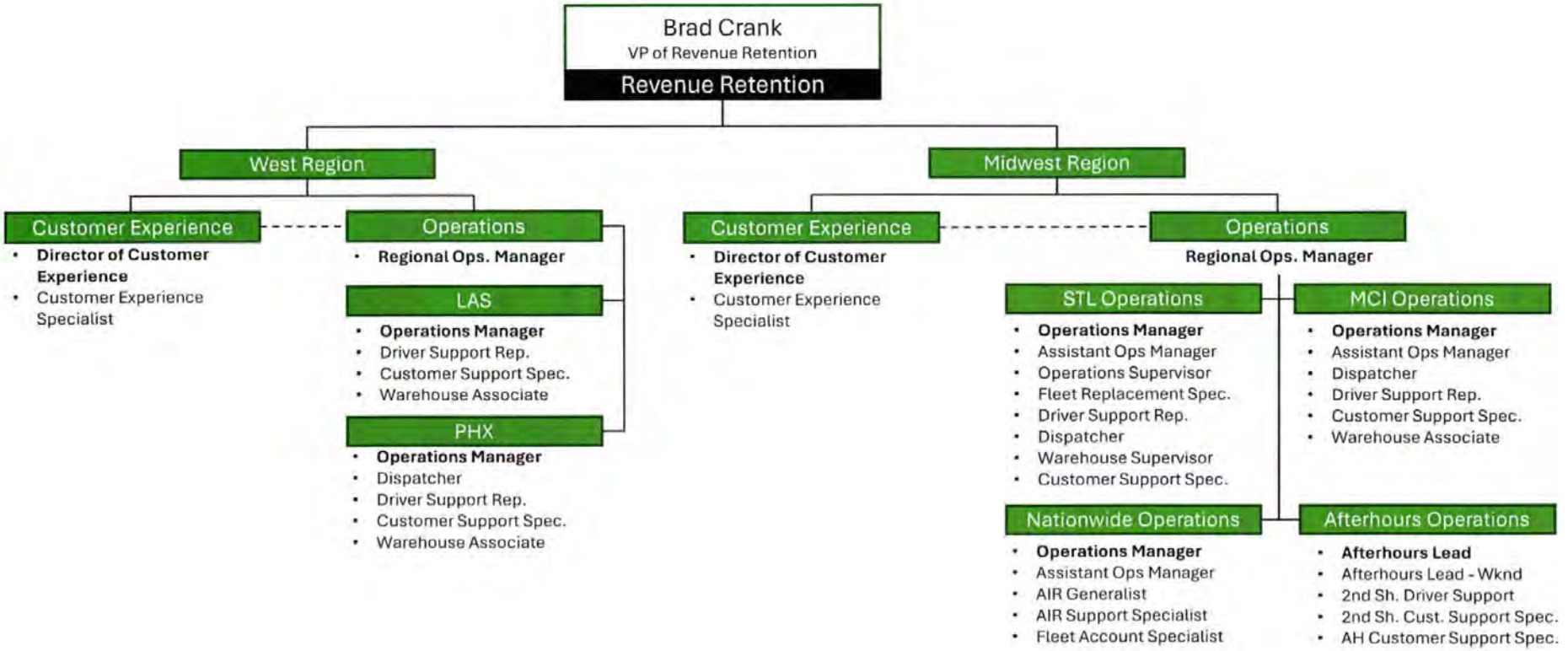
Original signature of Authorized Person (copies or stamps not accepted)

2/11/26

Date

Board Use Only	Date Received: 2/25/26	Amount: $1000 ck 6003099


Liz Klein
President
Zach Bezdek
CEO
Kristi Malan
Executive Assistant
Dan Hoskins
VP of Revenue Generation
Revenue Generation
Sales & Marketing
Account Executive
Client Development Spec.
Sales Enablement & Marketing Specialist
Sales Systems Analyst
Chad Barnhart
VP of Finance
Finance
Accounting
Accounting Manager
Staff Accountant
Billing Supervisor
Billing Assistant
Accounting Specialist
Human Resources/CRD
HR Director
HR Coordinator
Lead Recruiter
Recruiter
Information Systems
Information Systems Mgr.
Business Systems Analyst
Brad Crank
VP of Revenue Retention
Revenue Retention
Customer Experience
West Region
Midwest Region
Midwest Region
STL Operations
MCI Operations
Afterhours Operations
Nationwide Operations
West Region
PHX Operations
LAS Operations


Brad Crank
VP of Revenue Retention
Revenue Retention
West Region
Customer Experience
Director of Customer Experience
Customer Experience Specialist
Operations
Regional Ops. Manager
LAS
Operations Manager
Driver Support Rep.
Customer Support Spec.
Warehouse Associate
PHX
Operations Manager
Dispatcher
Driver Support Rep.
Customer Support Spec.
Warehouse Associate
Midwest Region
Customer Experience
Director of Customer Experience
Customer Experience Specialist
Operations
Regional Ops. Manager
STL Operations
Operations Manager
Assistant Ops Manager
Operations Supervisor
Fleet Replacement Spec.
Driver Support Rep.
Dispatcher
Warehouse Supervisor
Customer Support Spec.
MCI Operations
Operations Manager
Assistant Ops Manager
Dispatcher
Driver Support Rep.
Customer Support Spec.
Warehouse Associate
Nationwide Operations
Operations Manager
Assistant Ops Manager
AIR Generalist
AIR Support Specialist
Fleet Account Specialist
Afterhours Operations
Afterhours Lead
Afterhours Lead - Wknd
2nd Sh. Driver Support
2nd Sh. Cust. Support Spec.
AH Customer Support Spec.

STATE OF MISSOURI

Denny Hoskins
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, DENNY HOSKINS, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

CROSSROADS COURIER INC.
00493526

was created under the laws of this State on the 20th day of February, 2001, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 19th day of November, 2025.

Denny Hoskins
Secretary of State

Certification Number: CERT-11192025-0131

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

CROSSROADS COURIER INC.

Nevada Business Identification # NV20141156583
Expiration Date: 02/28/2027

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/02/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202602026462909
You may verify this certificate online at https://www.nvsilverflume.gov/home

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/5/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Arthur J. Gallagher Risk Management Services, LLC
300 Madison Avenue
28th Floor
New York NY 10017

CONTACT NAME: Certificate Processing Team
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: certrequests@ajg.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Ohio Security Insurance Company	24082
INSURER B : TT Club Mutual Insurance Limited	
INSURER C : Progressive Casualty Insurance Company	24260
INSURER D : James River Insurance Company	12203
INSURER E :	
INSURER F :	

INSURED CROSCOU-14
Crossroads Courier Inc.
2008 Altom Court
Saint Louis MO 63146

COVERAGES **CERTIFICATE NUMBER:** 1368575647 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			BKS59715127	7/30/2025	7/30/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 15,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY			A0818/2025/001	7/30/2025	7/30/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
D	UMBRELLA LIAB X OCCUR			00105617-5	7/30/2025	7/30/2026	EACH OCCURRENCE	$ 5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A						E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
A	Crime			BKS59715127	7/30/2025	7/30/2026	Each Occurrence	$100,000
B	Cargo Liabilities			A0818/2025/001	7/30/2025	7/30/2026	Each Accident	$100,000
C	Auto (Scheduled autos only)			02079367	4/28/2025	4/28/2026	CSL	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Lloyds Policy #B0621MCRRD000225 effective 7/30/2025 - 7/30/2026 $6,000,000 Excess limit over Hired Auto Policy (A0818/2025/001). Additional Insured when provided is per written contract or agreement.

RE: 6171 MCLEOD DRIVE SUITES I-J, LAS VEGAS, NV 89120

CERTIFICATE HOLDER

Evidence of Insurance

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 101714532

Application/License No. _____

Crossroads Courier, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
6171 MCLEOD DRIVE SUITES I-J, LAS VEGAS, NV 89120, as
Address of Applicant/Principal
PRINCIPAL, and Merchants National Bonding, Inc., a
Surety Company
corporation organized under the laws of the state of Iowa
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
6700 Westown Parkway, West Des Moines, IA 50266 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on December 9, 2025.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 9th day of December, 2025.

APPLICANT/PRINCIPAL

COMPANY

Crossroads Courier, Inc.

Authorized Representative

SURETY

Merchants National Bonding, Inc.

Surety Company's Representative

Jason N Reid, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A

Nevada Resident Agent

LP 2079 NV (5/21)

Posted February 20, 2020

SURETY ACKNOWLEDGEMENT

STATE OF New York)
COUNTY OF Erie)
On this 9th day of December, 20 25, before me personally appeared Jason N Reid,
to me known, who being by me duly sworn, did depose and say: that he resides in the City of Buffalo, New York that he is the Attorney-in-Fact of the above signed surety, the corporation described in and which executed the within instrument; that he knows the corporate seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation; and that he signed his name thereto by like order.

Notary Public

Anthony Biagiotti
Notary Public, State of New York
No. 01BI6426943
Qualified in Erie County
My Commission Exp. Dec. 20, 2029

CORPORATION ACKNOWLEDGEMENT

STATE OF MISSOURI)
COUNTY OF ST. CHARLES)
On this 9TH day of DECEMBER, 2025, before me personally came ZACH BEZDEK,
to me known, who being by me duly sworn, did depose and say: that he or she is the OWNER/CEO of CROSSROADS COURIER,
the corporation described in and which executed the foregoing instrument; that he or she has been duly authorized by the Board of Directors of said corporation to execute the foregoing instrument on behalf of said corporation and that he or she signed his or her name thereto by order of said corporation for the purposes and uses therein described.

Notary Public

KRISTI G. MALAN
Notary Public - Notary Seal
St Charles County - State of Missouri
Commission Number 08416186
My Commission Expires Aug 2, 2027

MERCHANTS BONDING COMPANY™

POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa, and MERCHANTS NATIONAL INDEMNITY COMPANY , an assumed name of Merchants National Bonding, Inc., (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Jason N Reid

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the By-Laws adopted by the Board of Directors of the Companies.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship o obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner - Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 9th day of December , 2025 .

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

MERCHANTS NATIONAL BONDING, INC. INCORPORATED -o- 2003

MERCHANTS NATIONAL INDEMNITY COMPANY CALIFORNIA

MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.
MERCHANTS NATIONAL INDEMNITY COMPANY

By Larry Taylor

President

STATE OF IOWA
COUNTY OF DALLAS ss.

On this 9th day of December 2025 , before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL), MERCHANTS NATIONAL BONDING, INC., and MERCHANTS NATIONAL INDEMNITY COMPANY; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

NOTARIAL SEAL IOWA

Penni Miller
Commission Number 787952
My Commission Expires
January 20, 2027

Notary Public

(Expiration of notary's commission does not invalidate this instrument)

I, Elisabeth Sandersfeld, Secretary of MERCHANTS BONDING COMPANY (MUTUAL), MERCHANTS NATIONAL BONDING, INC., and MERCHANTS NATIONAL INDEMNITY COMPANY do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 9th day of December , 2025 .

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

MERCHANTS NATIONAL BONDING, INC. INCORPORATED -o- 2003

MERCHANTS NATIONAL INDEMNITY COMPANY CALIFORNIA

Secretary

POA 0018 (5/25)

MERCHANTS BONDING COMPANY™

MERCHANTS BONDING COMPANY (MUTUAL)

Statements of Admitted Assets, Liabilities, and Surplus - Statutory Basis

	Dec. 31, 2024
Admitted Assets	
Bonds	$ 314,115,790
Stocks	99,457,232
Real Estate	11,979,000
Cash and Short-Term Investments	34,595,383
Other Invested Assets	1,781,226
Subtotal, Cash and Invested Assets	461,928,631
Premiums in the Course of Collection	31,016,337
Amounts Recoverable from Reinsurers	6,215,636
Other Assets	25,502,395
Total Admitted Assets	$ 524,662,999
Liabilities & Surplus	
Losses and Loss Adjustment Expense Reserves	$ 38,546,978
Unearned Premiums	105,398,814
Ceded Reinsurance Premiums Payable	8,824,682
Other Liabilities	54,823,625
Total Liabilities	207,594,099
Unassigned Funds (Surplus)	270,943,798
Total Surplus	317,068,900
Total Liabilities and Policyholders' Surplus	$ 524,662,999

I, Elisabeth Sandersfeld, Treasurer of Merchants Bonding Company (Mutual), do hereby certify that the foregoing is a true and correct statement of the balance sheet of said Corporation as of December 31, 2024, to the best of my knowledge and belief.

Elisabeth Sandersfeld, CFO & Treasurer

2/28/2025

Date

street 6700 Westown Parkway West Des Moines, IA 50266-7754
mailing P.O. Box 14498 Des Moines, IA 50306-3498
toll free 800.678.8171 **local** 515.243.8171 **fax** 515.243.3854
email info@merchantsbonding.com **website** merchantsbonding.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Crossroads Courier MDEG License # (if applicable) _____

Physical Address 6171 McLeod Drive, Suites I and J

City Las Vegas State NV Zip 89120

Mailing Address (if different from physical address) 2008 Altem Ct.

City St Louis State MO Zip 63146

Telephone 314-222-4000 Website www.crossroadscourier.com

Licensing Company Email N/A

Section 2: Personal Information

First Mark Middle Andrew Last Moretto II

Alias(es, nicknames, name changes, etc.) Markus Moretto

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Henderson State NV Zip [redacted]

Telephone [redacted] Email mmoretto@crossroadscourier.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Homeschooled		09/09 - 08/13	
Address	**City**	**State**	**Zip**
733 Skyline Road	Henderson	NV	89002
Diploma/Degree obtained, if any			
H.S. Diploma			

School Name		From - To (MM/YY – MM/YY)	
College of Southern Nevada		08/13 - 06/16	
Address	**City**	**State**	**Zip**
6375 W. Charleston Blvd	Las Vegas	NV	89146
Diploma/Degree obtained, if any			
Associates of Science			

School Name		From - To (MM/YY – MM/YY)	
University of Nevada, Las Vegas		08/16 - 12/18	
Address	**City**	**State**	**Zip**
4505 S. Maryland Pkwy	Las Vegas	NV	89154
Diploma/Degree obtained, if any			
Bachelors of Science, Mechanical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/00 -curren	[redacted]	Henderson	NV	[redacted]
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: Crossroads Courier Inc			From - To (MM/YY – MM/YY): 04/22-current
Business Address: 6171 McLeod Drive, Suites I and J	City: Las Vegas	State: NV	Zip: 89120
Phone: 314-222-4000	Title: Logistics Management		Number of Employed Hours: 7000
Description of Duties: Logistics operations. Maintaining accurate records for efficient Product distribution. Knowledge of products, Proper storage & handling requirements, and accurate information while maintaining confidentiality of patient information in compliance with privacy regulations and patient education			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. **Provide all the following *<u>where applicable</u>*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Mark A. Moretto II
Original Signature (electronic, copies or stamps not accepted)

2-18-26
Date

I, Mark Andrew Moretto II, **certify that as the MDEG Administrator for**

Crossroads Courier Inc.,

that I (initial that you have read and meet the following requirements):

1. MAM II Have a high school diploma or its equivalent;
2. MAM II Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. MAM II Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. MAM II Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Andrew Moretto II

Print Name (First, Last)

Mark A. Moretto II

Original Signature (electronic, copies or stamps not accepted)

2-18-26

Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Crossroads Courier

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 6171 McLeod Drive, Suites I & J

City Las Vegas State NV Zip 89120

Mailing Address (if different from physical address) 2008 Altom Ct.

City St. Louis State MO Zip 63146

Telephone 314-222-4000 Website www.crossroadscourier.com

Licensing Company Email N/A

Section 2: Personal Information

First Mark Middle Andrew Last Moretto II

Alias(es, nicknames, name changes, etc.) Markus Moretto

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]

City Henderson State NV Zip [redacted]

Telephon[redacted] Email mmoretto@crossroadscourier.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Homeschooled		09/09 - 08/13	
Address	City	State	Zip
733 Skyline Road	Henderson	NV	89002
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
College of Southern Nevada		08/13 - 06/16	
Address	City	State	Zip
6375 W. Charleston Blvd.	Las Vegas	NV	89146
Diploma/Degree obtained, if any			
Associates of Science			

School Name		From - To (MM/YY – MM/YY)	
University of Nevada, Las Vegas		08/16 - 12/18	
Address	City	State	Zip
4505 S. Maryland Pkwy	Las Vegas	NV	89154
Diploma/Degree obtained, if any			
Bachelors of Science, Mechanical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/00 - Current	[redacted]	Henderson	NV	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Crossroads Courier Inc			04/22 - Current	
Business Address		**City**	**State**	**Zip**
6171 McLeod Drive, Suites I & J		Las Vegas	NV	89120
Phone	**Title**		**Number of Employed Hours**	
314-222-4000	Logistics Management		7000	
Description of Duties				
Logistics operations. Maintaining accurate records for efficient product distribution. Knowledge of products, proper storage and handling requirements, and accurate information while maintaining confidentiality of patient information in compliance with privacy regulations. Patient education.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Mark A. Moretto II
Original Signature (electronic, copies or stamps not accepted)

~~2-18-26~~ 2-19-26
Date

I, Mark Andrew Moretto II, **certify that as the designated representative for**

Crossroads Courier Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MAMII I am at least 21 years of age;
3. MAMII I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MAMII I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MAMII I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MAMII I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MAMII I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Mark Moretto II

Print Name (First, Last)

Mark A. Moretto II

Original Signature (electronic, copies or stamps not accepted)

~~2/18/2026~~ 2-19-26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Moretto II

Print Name (First, Last)

Mark A. Moretto II

Original Signature (electronic, copies or stamps not accepted)

~~2/18/2026~~ 2-19-26

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of clark

I, Mark A. Moretto II, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Mark A. Moretto II

Original Signature

2-19-26

Date

Subscribed and Sworn to before me this 19 day of February.

Notary Public Signature

JOSE GUADALUPE MARTINEZ
NOTARY PUBLIC
STATE OF NEVADA
APPT. No. 23-3060-01
MY APPT. EXPIRES OCT. 15, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Crossroads Courier

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 2008 Altom Court

City: St. Louis State: MO Zip: 63146

Mailing Address (if different from physical address): 2008 Altom Court

City: St. Louis State: MO Zip: 63146

Telephone: 314-222-4000 Website: www.crossroadscourier.com

Licensing Company Email: N/A

Section 2: Personal Information

First: Zachariah Middle: Stephen Last: Bezdek

Alias(es, nicknames, name changes, etc.): Zach

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: 2008 Altom Court

City: St. Louis State: MO Zip: 63146

Telephone: 314-222-4000 Email: zachb@crossroadscourier.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Parkway North Highschool		09/90-05/93	
Address	City	State	Zip
12860 Fee Fee Rd	St. Louis	MO	63146
Diploma/Degree obtained, if any			
Yes			

School Name		From - To (MM/YY – MM/YY)	
Southwest Missouri State University		08/93-05/95	
Address	City	State	Zip
901 S. National Ave.	Springfield	MO	65897
Diploma/Degree obtained, if any			
No			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2024 - Current	[redacted]	O'Fallon	MO	[redacted]
06/10 - 07/24		O'Fallon	MO	
From - To (MM/YY – MM/YY)	Address	City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Crossroads Courier			09/02- Current
Business Address	**City**	**State**	**Zip**
2008 Altom Court	St. Louis	MO	63146
Phone	**Title**		
314-222-4000	CEO		
Description of Duties			
Oversee entire company			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
07/23/2006	01/29/2007	MO	St. Charles	St. Charles
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
0611-CR06090		St. Charles Country		
Reason/Charge				
DWI				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
State v Zachariah Bezdek			N/A	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

I was pulled over after officer claimed I drove outside the lane. The officer administered a field sobriety test and I was arrested for DWI. I received suspended sentence and probation for 2 years with an interlock device. I completed the probation successfully and have had no incidents since. From a personal perspective, the interlock device was extremely humbling experience and a very effective deterrent.

Original Signature (electronic, copies or stamps not accepted)

05/19/26
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
08/2020	10/2024	MO	St. Louis	St. Louis
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		State Court		
Reason/Charge				
Misclassification				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Lawsuit	
Name of Business/Industry/Entity				
Crossroads Courier				

Provide explanation below:

Class action lawsuit brought against Crossroads Courier. The case was settled out of court and dismissed.

Original Signature (electronic, copies or stamps not accepted)

10/31/2025
Date

IN THE CIRCUIT COURT OF ST. LOUIS COUNTY, MISSOURI

DYLAN WILLIAMS, individually and on behalf of similarly situated persons	)	
Plaintiffs,	)	
v.	)	**Case No.: 20SL-CC05596**
CROSSROADS COURIER, INC.	)	
Defendant.	)	

FILED
05-30-2024
JOAN M. GILMER
CIRCUIT CLERK
ST. LOUIS COUNTY, MO

JOINT MOTION FOR ORDER GRANTING FINAL APPROVAL OF FLSA COLLECTIVE ACTION AND MISSOURI STATE CLASS ACTION SETTLEMENT

Pursuant to Mo. Ct. Rule 52.08 and the Fair Labor Standards Act, Class Representative Dylan Williams, on behalf of himself and all others similarly situated, and Defendant Crossroads Courier, Inc. hereby move the Court to certify the Settlement Classes and to grant final approval of the Settlement Agreement that this Court preliminarily approved on November 2, 2023. Final Approval of this settlement is appropriate because this action is perfectly suited for class treatment and because the settlement agreement is fair, reasonable, and adequate. Furthermore, the settlement agreement resolves a *bona fide* wage and hour dispute, the settlement is fair and equitable, and the settlement agreement contains an award for reasonable attorneys' fees. For all these reasons, as laid out more fully below in the Parties' Suggestions in Support, final approval of the settlement agreement resolving the FLSA collective action and Missouri state class action should be approved by this Court.

SUGGESTIONS IN SUPPORT OF THE PARTIES' JOINT MOTION FOR ORDER GRANTING FINAL APPROVAL OF FLSA COLLECTIVE ACTION AND MISSOURI STATE CLASS ACTION SETTLEMENT

Representative Plaintiff Dylan Williams ("Representative Plaintiff"), on behalf of himself and members of the FLSA Collective (the "Collective" or the "Collective Members") and Rule 52.08 Class (the "Class" or the "Class Members"), and Defendant Crossroads Courier, Inc. ("Defendant" or "Crossroads") (each a "Party" and collectively the "Parties") hereby respectfully request that this Honorable Court enter an order approving, as fair, reasonable, and adequate, the settlement of this collective and class action pursuant to 29 U.S.C. § 216(b) and Rule 52.08. A proposed Final Order and Judgment on Final Settlement Approval and Dismissal with Prejudice is attached as **Exhibit 1**. The reasons for this Motion are as follows:

I. PROCEDURAL HISTORY

Representative Plaintiff Dylan Williams filed this action on November 9, 2020 alleging a collective action under the Fair Labor Standards Act ("FLSA") and a class action under the Missouri Minimum Wage Law ("MMWL") and common law. Representative Plaintiff Williams worked as a driver for Crossroads as an independent contractor and alleged Crossroads misclassified him and all its drivers as independent contractors and consequently failed to pay minimum wage and overtime in accordance with state and federal law.

Defendant denied the allegations and claims and asserted various affirmative defenses asserting that it did not misclassify drivers as independent contractors and that

in any case it did not fail to pay minimum wage and overtime payments to its drivers, and that class or collective treatment was not appropriate.

After the Court granted conditional certification of the FLSA collective on August 18, 2021 the Parties engaged in a months' long exchange of data to assess potential damages. Additionally the Parties participated in two different mediations with two different mediators, with the second mediation resulting in a final settlement on February 17, 2023. The Parties moved for preliminary approval of the settlement of the FLSA Collective and State Class, which this Court granted on November 2, 2023 (the "Preliminary Approval Order"). In that Order, the Court provisionally certified the FLSA Collective and granted conditional certification to the State Class as follows:

> ***The FLSA Collective***: all current and former drivers for Crossroads who do not have an arbitration agreement with Defendant and who: (1) worked for Crossroads in Missouri from August 27, 2017 to October 26, 2023 (the "Collective Period"); (2) worked forty hours or more in a workweek; and (3) received 1099 payments for their work as drivers for Crossroads in Missouri totaling at least $7,500 during the Collective Period. The FLSA Collective Members must satisfy each condition of this definition and also opt-in to the FLSA Collective within the prescribed time period. Representative Plaintiff and Aaron Ward are also FLSA Collective Members.
>
> ***The State Class***: all individuals who (1) meet the definition of FLSA Collective members, do not opt-in to the FLSA Collective within the prescribed time period, and do not opt-out of the State Class within the prescribed time period; and (2) may potentially have a claim for state minimum wages or overtime violations.

The Parties since then engaged Analytics Consulting, LLC ("Analytics") as the Settlement Administrator. (*See* Affidavit of Carolyn Barazesh (hereafter "Barazesh Aff.") attached as Exhibit 2, at ¶8). Analytics was provided with a list that contained

the names and last-known mailing addresses for the 1368 potential members of the FLSA Collective and the State Class. (*Id.* at ¶4).

On November 16, 2023, Analytics mailed by first-class mail the Court-approved "Notice of Collective Action Lawsuit" (the "FLSA Collective Notice") and "Consent to Join Form" to the 481 potential members of the FLSA Collective. (*Id.* at ¶8). The FLSA Collective Notice gave sixty (60) days, until January 15, 2024, to submit the Consent Form and participate in the Collective. (*Id.* at ¶12). A total of 129, or approximately 26.82% of eligible individuals returned the Consent Form and are eligible to participate in the FLSA Collective. (*Id).*

On January 30, 2024, Analytics mailed the Court-approved "Notice of Proposed Settlement of Class Action and Fairness Hearing" (the "State Class Notice") to a total of 1,239 potential members of the State Class who did not return a Consent Form or were not otherwise eligible to participate in the FLSA Collective. (*Id.* at ¶10). The State Class Notice informed these potential members of the State Class of their right to opt out of the State Class. Of the 1,239 State Class Notices that were mailed, a total of 208 were returned undeliverable. (*Id.* at ¶15). Analytics performed an address trace on the undeliverable notices, and was able to locate an updated address for 120 individuals. (*Id.*). The deadline to opt out or object to the State Class was March 15, 2024. (*Id.* at ¶ 17). As of March 15, 2024, Analytics received no objections to the State Class, and zero requests to opt-out/exclude themselves from the State Class. (*Id.* at ¶ 18.). Having

completed the notice process, the Parties now move this Court for final approval of the settlement.

II. The Standard for Final Approval of the Settlement Has Been Met.

A. The Rule 52.08 State Class Should be Finally Certified and The Settlement Should be Approved.

In the Parties' Joint Motion for Preliminary Approval of FLSA Collective Action Settlement and State Class Settlement the standards for approval of the FLSA Collective were briefed, as were the requirements for class approval under Rule 52.08. Those same arguments continue to demonstrate why settlement should be finally approved.

A class action may not be dismissed, compromised or settled without the Court's approval. Rule 52.08(e). The typical process for approval of a class action settlement comprises of three steps (1) preliminary approval of the proposed settlement at an informal hearing or conference; (2) dissemination of mailed and/or published notice of the settlement to the class; and (3) a final fairness hearing at which evidence and argument concerning the fairness, adequacy and reasonableness of the settlement is presented.

The first two steps have been completed. The Court issued its Preliminary Approval Order on November 2, 2023. And notice has been given to the class. Pursuant to the Preliminary Approval Order as described above, a notice containing clear and thorough information about the litigation, the settlement, answers to frequently asked

questions, contact telephone numbers and addresses, and important dates and deadlines (including the exclusion and objection deadlines) was mailed to State Class members and not one objected or excluded themselves from the class.

The Court is now called upon to make a final determination as to the fairness, reasonableness, and adequacy of the settlement as a whole. Based on all applicable criteria, the settlement should be finally approved.

i. Final Certification of the Rule 52.08 State Class is Appropriate.

The proposed State Class meets the requirements for sufficient numerosity, since it comprises more than 1,300 members, making joinder impracticable. *Dale v. Daimlerchrysler Corp.*, 204 S.W.3d 151, 166-67 (Mo. App. 2006). Common issues of law or fact are presented by the State Class's claims under the MMWL, including whether Crossroads misclassified drivers as independent contractors and whether it failed to pay them minimum wage and overtime. Independent contractor misclassification cases are frequently resolved via class treatment.[1] Mo. Ct. Rule 52.08(a)(3) requires that "the claims or defenses of the representative parties are typical of the claims or defenses of the class." *Id.* Typicality requires that "[t]he representatives [in a class action] must possess the same interest and suffer the same injury as their

[1] *See, e.g. Guy v. Ford Storage & Moving Co.*, 2019 WL 4804644, at *1 (S.D. Iowa Aug. 9, 2019); *Williams v. Sweet Home Healthcare, LLC*, 325 F.R.D. 113, 132 (E.D. Pa. 2018); *Alfred v. Pepperidge Farm, Inc.*, 322 F.R.D. 519, 523 (C.D. Cal. 2017), modified, No. LACV1407086JAKRZX, 2017 WL 5665019 (C.D. Cal. July 13, 2017); *Wilkins v. Just Energy Grp., Inc.*, 308 F.R.D. 170, 191 (N.D. Ill. 2015), on reconsideration in part, 171 F. Supp. 3d 798 (N.D. Ill. 2016); *Venegas v. Glob. Aircraft Serv., Inc.*, 159 F. Supp. 3d 93, 99 (D. Me. 2016); *Myers v. Jani-King of Philadelphia, Inc.*, No. CIV.A. 09-1738, 2015 WL 1055700, at *16 (E.D. Pa. Mar. 11, 2015), aff'd sub nom. *Williams v. Jani-King of Philadelphia Inc.*, 837 F.3d 314 (3d Cir. 2016); *Rehberg v. Flowers Baking Co. of Jamestown, LLC*, No. 3:12-CV-00596-MOC, 2015 WL 1346125, at *14 (W.D.N.C. Mar. 24, 2015).

fellow class members." *Smith v. Brown & Williamson Tobacco Corp.*, 174 F.R.D. 90.98 (W.D. Mo. 1997) (citations omitted). Representative Plaintiff is an adequate representative of the State Class in that he has common interests with other class members, and he has vigorously prosecuted the interests of the class through qualified counsel. *See Dale*, 204 S.W.3d at 172. He was also a driver for Crossroads who alleges he was misclassified as an independent contractor and not paid all wages owed under the MMWL, and the class he seeks to represent is the same class of workers. Thus his claims are common to the members of the State Class.

Under Rule 52.08(b)(3), common questions must predominate over individual issues in the case. Analysis of predominance is "relaxed in the settlement context." *In re Pre-Filled Propane Tank Antitrust Litig.*, No. 14-02567-MD-W-GAF, 2019 WL 7160380, at *4 (W.D. Mo. Nov. 18, 2019) (citing *Amchem*, 117 S.Ct. at 2248). There are common questions when the same evidence suffices for each class member to make a prima facie case. *Hale v. Wal-Mart Stores, Inc.*, 231 S.W.3d 215, 224 (Mo. App. 2007). "[T]he predominance requirement … does not demand that every single issue in the case be common to all class members, but only that there are substantial common issues which 'predominate' over the individual issues." *Id.* Such is the case here, where each State Class member was subject to the same policies and practices and similar working conditions.

ii. Final Approval of the Rule 52.08 State Class Settlement Should Be Granted.

This Court already has determined, on a preliminary basis, that the proposed settlement is fair, reasonable and adequate. As a general matter, courts find that a preliminary determination of fairness creates a presumption in favor of final approval. *See, e.g., Levell v. Monsanto Research Corp.*, 191 F.R.D. 543, 550 (S.D. Ohio 2000) ("Once preliminary approval has been granted, a class action settlement is presumptively reasonable, and an objecting class member must overcome a heavy burden to prove that the settlement is unreasonable."); *2 Joseph M. McLaughlin, McLaughlin on Class Actions* § 6:7 (8th ed. 2011) (preliminary settlement approval "establishes an initial presumption of fairness" that "place[s] the burden on any objectors of persuading the court that the proposed settlement is unreasonable"). And when no objection is made to the proposed settlement, as is the case here, the presumption in favor of final approval becomes even stronger. *See Nat'l Rural Telecomms. Coop. v. DIRECTV, Inc.*, 221 F.R.D. 523, 529 (C.D. Cal. 2004) ("The absence of a single objection to the Proposed Settlement provides further support for final approval of the Proposed Settlement. It is established that the absence of a large number of objections to a proposed class action settlement raises a strong presumption that the terms of a proposed class settlement action are favorable to the class members.").

Beyond these presumptions, Missouri courts have indicated that when determining if a settlement is fair, reasonable, and adequate, the Court must consider: (1) the existence of fraud or collusion behind the settlement; (2) the complexity, expense, and likely duration of the litigation; (3) the stage of the proceedings and the amount of discovery completed; (4) the probability of the plaintiff's success on the merits; (5) the range of possible recovery; and (6) the opinions of class counsel, class representatives and absent class members. Among these, the most important consideration in determining if a settlement is fair, reasonable, and adequate is the strength of the plaintiff's case on the merits balanced against the settlement. *Bachman v. A.G. Edwards, Inc.*, 344 S.W.3d 260, 266 (Mo. Ct. App. 2011). The settlement here meets these standards.

a. There Was No Fraud or Collusion

"Courts presume the absence of fraud or collusion in class action settlements unless there is evidence to the contrary." *Dick v. Sprint Commc'ns Co.*, 297 F.R.D. 283, 295 (W.D. Ky. 2014) (quoting *Leonhart v. ArvinMeritor, Inc.*, 581 F. Supp. 2d 818, 838 (E.D. Mich. 2008)). Here, there is no suggestion of fraud or collusion in the settlement; instead, the settlement followed nearly four years of adversarial litigation and provides significant relief in the form of cash payments to State Class members for lost wages that directly addresses the fundamental issues underlying the litigation, *i.e.*, alleged misclassification of workers. These circumstances create a strong presumption in favor of the settlement.

b. Complexity, Expense and Duration

This case qualifies as complex, time-intensive, and lengthy. As described, the case has been on file since mid-2020, including an initial filing in federal court and subsequent refiling in this Court. While the docket itself does not reflect all the extensive activity, the parties, represented by experienced counsel, recognized the value in evaluating a settlement of the matter without recourse to expensive depositions, motion, and discovery practice, and consequential savings that could be applied to a resolution. The issues and defenses available to Defendant were difficult for Plaintiffs to evaluate and would have been far more difficult to litigate. There were arguments and disputes raised by Defendant about the nature of the entire workforce, which put the case at risk of multiple subclasses that may not ultimately support Rule 52.08 treatment, let alone the real potential risk of decertification. The complexity of the case was enhanced by the lack of agreement concerning data reflecting the start and end of workdays and the amount of driving performed by drivers. Proving these issues for purposes of motion practice and trial presented a daunting undertaking. Experts were already retained for data analysis as well, with Crossroads, for its part, retaining a data analytics firm to assist in analyzing Crossroads' data and Plaintiffs' damages model.

The settlement, on the other hand, provides substantial, immediate relief to Representative Plaintiff, the FLSA Collective Members, and the State Class Members promptly and efficiently, and amplifies the benefits of that relief through the economies of collective/class resolution. Thus, this factor favors final approval.

The circumstances in this case favor the proposed settlement, which alleviates the uncertainty associated with the resolution of the complex factual and legal issues and avoids the additional expense and delay of continued litigation in the trial and appellate courts. *See* McLaughlin, supra, § 6:9 ("The specter of a complex trial militates in favor of settlement."); *In re Advanced Battery Techs., Inc. Sec. Litig.*, 298 F.R.D. 171, 175 (S.D.N.Y. 2014) ("Courts consistently recognize that the complexity, expense, and likely duration of litigation are critical factors in evaluating the reasonableness of a settlement . . . .").

c. Stage of the Proceedings and Amount of Discovery Completed

Though the matter was settled relatively early when judged solely by the number of docket entries, the Court can see the case was on file for a long time and aided through mediation and a very knowledgeable Representative Plaintiff. Through significant informal discovery and discussions, factual issues were well known and enabled the parties to understand the merits of each party's case, as well as the attendant risks of trial. Class Counsel conducted a thorough investigation into the facts of the litigation and diligently pursued an investigation of Representative Plaintiff's individual, collective, and class claims against Defendant. The Parties sufficiently investigated their respective positions to act intelligently and reasonably. This factor thus favors final approval. *See In re Charter Comme'ns, Inc. Sec. Litig.*, 2005 WL 4045741, at *5 (settlement "negotiated at arm's length by well informed counsel" is presumptively reasonable).

d. Probability of Success and Range of Recovery

While Representative Plaintiff and Class Counsel believed that Crossroads misclassified its drivers, their ultimate success was not a foregone conclusion by any means. Drivers were given significant flexibility in determining when and how often they would work, they were allowed to refuse deliveries, and they often worked other jobs, such that their driving for Crossroads was a "side gig." This led to reasonable doubt about the viability of claims receiving class treatment. Moreover, even if misclassification was proved, among other issues, it remained uncertain whether the time drivers were working constituted compensable work time or merely non-compensable time "waiting to be engaged." Even if the Court ruled for Plaintiff, Plaintiff faced the potential hurdle of immediate appeal of any adverse judgment. *See Bachman*, 344 S.W.3d at 266 (considering procedural and substantive complexities including "expense on appeal"). Therefore, the proposed settlement provides certainty that would not have been available should this matter have proceeded to further litigation and trial. *See Doyle v. Fluor Corp.*, 400 S.W.3d 316, 322 (Mo. Ct. App. 2013) (affirming approval of class settlement where "if the case were to proceed to trial, there was no guaranty that the Plaintiffs would succeed or recover as much as the settlement offered them").

e. Opinions of Class Representatives and Counsel

The last factor favoring approval of the settlement is the full support given by Plaintiffs and Class Counsel, who have extensive knowledge of the factual and legal

issues in this lawsuit and the risks attendant on continued litigation. As noted above, no objections were received and no State Class members opted out after receiving the settlement notice. Under these circumstances, this factor weighs heavily in support of settlement approval. *See EEOC v. McDonnell Douglas Corp.*, 894 F. Supp. 1329, 1335 (E.D. Mo. 1995) (counsel's informed opinion as to fairness of proposed settlement is "entitled to considerable weight").

B. Final Approval of the FLSA Collective Should Be Provided.

As previously noted in the Motion for Preliminary Approval, the FLSA Collective does not require a two-step approval process, but rather is a single step approval process which the parties asked for the Court to grant at the time it reviewed the Rule 52.08 class for final approval. As previously briefed, a valid settlement of an FLSA claim requires Department of Labor or court approval. *Lynn's Food Stores, Inc. v. United States*, 679 F.2d 1350, 1353 (11th Cir.1982). "To approve an FLSA settlement, the Court must find that: (1) the litigation involves a bona fide wage and hour dispute; (2) the proposed settlement is fair and equitable to all parties concerned; and (3) the proposed settlement contains an award of reasonable attorneys' fees." *Hill v. World Wide Tech. Holding Co.*, No. 4:11CV02108–AGF, 2012 WL 5285927, at *1 (E.D. Mo. Oct.25, 2012) (internal quotation marks and citation omitted). As briefed with respect to the State Class, the factors favoring approval are met. The question of an award of reasonable attorneys' fees will be addressed in a separate motion for approval of

attorneys' fees and costs, as well as an appropriate service award for the named Plaintiff Dylan Williams.

C. The Parties Are Prepared to Finalize the Settlement.

Within twenty-one (21) days following the date on which the Court's judgment becomes final and non-appealable, the Settlement Administrator shall mail the FLSA Collective Member Settlement payments, the State Class Member Settlement payments, Representative Plaintiff's Service Award (as approved by the Court), and payment to Class Counsel for their attorneys' fees, costs, and expenses (as approved by the Court).

II. CONCLUSION

Accordingly, for the reasons addressed herein and in the Joint Motion for Preliminary Approval of FLSA Collective Action Settlement and State Class Settlement and Suggestions in Support, the Parties respectfully ask the Court to approve this Settlement and enter the proposed Final Order and Judgment on Final Settlement Approval and Dismissal with Prejudice attached as Exhibit 1.

Respectfully Submitted,

THE MEYERS LAW FIRM
By:*/s/ Kevin C. Koc*
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ATTORNEYS FOR DEFENDANT

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kkoc@reaveylaw.com

ATTORNEYS FOR PLAINTIFF

IN THE CIRCUIT COURT OF ST. LOUIS COUNTY, MISSOURI

DYLAN WILLIAMS, individually and on behalf of similarly situated persons	)	
Plaintiffs,	)	
	)	**Case No.: 20SL-CC05596**
v.	)	
CROSSROADS COURIER, INC.	)	
Defendant.	)	

FINAL ORDER AND JUDGMENT ON FINAL SETTLEMENT APPROVAL AND DISMISSAL WITH PREJUDICE

Pending before the Court is the Parties' Joint Motion for Order Granting Final Approval of FLSA Collective Action and Missouri State Class Action Settlement (the "Motion") and Plaintiff and Class Counsel's Unopposed Application for an Award of Attorneys' Fees and Expenses and Service Award to Class Representative (the "Application"). The Court has considered the papers submitted in support of the Motion and the Application, the fact that no objections were filed as to the settlement, and the arguments at the fairness hearing held on May 30, 2024. Having given the matter due consideration, the Court GRANTS the Motion and the Application and makes the findings and conclusions set forth below.[1]

[1] Unless otherwise defined, all terms used in this Final Order have the same meanings as defined in the FLSA Collective and State Class Settlement and Release Agreement (the "Settlement Agreement") between Representative Plaintiff, on behalf of himself and on behalf of the FLSA Collective Members and the State Class Members, and Defendant.

I. APPROVAL OF THE FLSA CLASS SETTLEMENT.

a. In its Order on November 2, 2023 (the "Preliminary Approval Order"), pursuant to the Fair Labor Standards Act of 1938, 29 U.S.C. § 201, *et seq.* ("FLSA") the Court approved an FLSA Collective defined as:

> **all current and former drivers for Crossroads who do not have an arbitration agreement with Defendant and who: (1) worked for Crossroads in Missouri from August 27, 2017 to October 26, 2023 (the "Collective Period"); (2) worked forty hours or more in a workweek; and (3) received 1099 payments for their work as drivers for Crossroads in Missouri totaling at least $7,500 during the Collective Period. The FLSA Collective Members must satisfy each condition of this definition and also opt-in to the FLSA Collective within the prescribed time period. Representative Plaintiff and Aaron Ward are also FLSA Collective Members.**

b. "To approve an FLSA settlement, the Court must find that: (1) the litigation involves a bona fide wage and hour dispute; (2) the proposed settlement is fair and equitable to all parties concerned; and (3) the proposed settlement contains an award of reasonable attorneys' fees." *Hill v. World Wide Tech. Holding Co.*, No. 4:11CV02108–AGF, 2012 WL 5285927, at *1 (E.D. Mo. Oct.25, 2012) (internal quotation marks and citation omitted).

c. The litigation involves a fair and bona fide wage and hour dispute in that the FLSA Collective alleges multiple disputed questions concerning whether Defendant properly classified its drivers as independent contractors, whether Defendant paid its drivers all wages they were entitled to, and whether Defendant paid its drivers all overtime they were entitled to under the FLSA.

d. The Settlement is fair and equitable to all parties because it was negotiated at arm's length and provides a fair and adequate recovery for all FLSA Collective Members while avoiding the costs and uncertainty of litigation.

e. The Settlement contains an award of reasonable attorneys' fees as approved by this Order, *infra*.

f. Accordingly, the Court has determined that the Settlement complies with all requirements under the FLSA and applicable case law.

II. CLASS CERTIFICATION OF THE STATE CLASS.

a. Having considered the requirements of Missouri Supreme Court Rule 52.08 for class certification the Court finds:

i. The State Class (defined below) consists of over 1,300 members. The State Class is so numerous that joinder would be impracticable.

ii. There are questions of fact common to the State Class. Common questions include whether Defendant misclassified its drivers as independent contractors rather than employees and paid them less wages than they were entitled to under the Missouri Minimum Wage Law ("MMWL"), R.S.Mo. § 290.500 *et seq.*

iii. The Representative Plaintiff's Claims are typical of the State Class.

iv. The Representative Plaintiff in this action and Class Counsel have fairly and adequately protected the State Class and will continue to do so.

v. Questions of law or fact common to the State Class predominate over individual questions and a class action is superior to other available methods for the fair and efficient adjudication of the controversy.

b. Accordingly, the State Class was conditionally certified by the Court in its Preliminary Approval Order on November 2, 2023 and is now finally certified. The State Class is defined as follows:

individuals who (1) meet the definition of FLSA Collective members, do not opt-in to the FLSA Collective within the prescribed time period, and do not opt-out of the State Class within the prescribed time period; and (2) may potentially have a claim for state minimum wages or overtime violations.

c. The Court reaffirms its appointment of the named Plaintiff Dylan Williams ("Representative Plaintiff") as State Class representative and Kevin Koc and Patrick Reavey as Class Counsel.

d. In the Preliminary Approval Order, the Court approved the form of notice to the State Class of this action and the proposed Settlement and the notice plan for distributing the notice. The notice provided adequate information to State Class members about the pendency of the Action and State Class members' rights in it, the proposed Settlement, the opportunity to present objections to the Settlement, the opportunity to opt out of the Action, how to file claims, and how to obtain additional information and documents relating to the Action.

e. The notice plan has been fully executed in compliance with the Preliminary Approval Order.

f. The notice given to the State Class (a) fully and accurately informed the State Class of all material terms of the Settlement relevant to participation in the State Class, (b) was adequate to protect the interests of the State Class members and the parties, (c) was the best notice practicable under the circumstances, and (d) fully complied with the requirements of due process and Missouri law.

g. Because State Class members had adequate notice, were given an opportunity to be heard, had an opportunity to opt out of the Action, and were adequately represented, the Court can exercise jurisdiction over the State Class members.

h. The claims administration process, as implemented by the Settlement Administrator, Analytics Consulting LLC, was and is fair and reasonable for State Class members

to demonstrate their entitlement to recover benefits under the Settlement. The claims process provides an appropriate procedure for handling State Class members' clams fairly and efficiently.

i. The claims administration process is reasonably designed to implement the Settlement.

j. In evaluating whether a class settlement is fair, reasonable, and adequate, a court must consider the following factors: "(1) the existence of fraud or collusion behind the Settlement; (2) the complexity, expense, and likely duration of the Action; (3) the stage of the proceedings and the amount of discovery completed; (4) the probability of the plaintiffs' success on the merits; (5) the range of possible recovery; and (6) the submissions of Class Counsel, Class Representatives, and absent class members." *Bachman v. A.G. Edwards, Inc.*, 344 S.W.3d 260, 266 (Mo. App. 2011). The decision to approve a class settlement as fair, reasonable and adequate is left to the sound discretion of the trial court. *Ring*, 41 S.W.3d at 492.

k. The Court has conducted a thorough examination of the record and finds that each of these factors supports the approval of the Settlement in this case.

l. The Settlement is the result of arm's length negotiations between adverse parties and was fairly negotiated. Counsel on both sides are competent and have represented their clients vigorously. There is no evidence of fraud or collusion behind the Settlement, which was reached after two all-day mediation conferences and subsequent negotiations supervised by two different mediators and ultimately brokered by John R. Phillips, a mediator with substantial experience in resolving complex class actions. The negotiation process was transparent and inclusive, and the Settlement is not the product of a reverse auction.

m. The factual and legal issues in this case are complex and would require expensive and protracted litigation to resolve, including disputed questions concerning whether Defendant properly classified its drivers as independent contractors, whether Defendant paid its drivers all

wages they were entitled to, whether Defendant paid its drivers all overtime they were entitled to under the MMWL. The Settlement serves judicial economy and allows the parties to avoid the expense of protracted litigation.

n. The Settlement was reached by parties with sufficient information to effectively evaluate the terms of the Settlement and represent the Class. Prior to filing the action and while the Settlement was being negotiated, Class Counsel conducted an extensive investigation into Defendant assisted by tens of thousands of lines of data supplied through an informal discovery process. The information obtained by Class Counsel supports the fairness of the Settlement.

o. The State Class members' ability to succeed on the merits is far from certain. Defendant has available several complete defenses to liability and have asserted other defenses and arguments that may reduce or eliminate any potential recovery by the State Class including that their workers were substantially "gig" economy workers over whom they did not exert substantial control, and that if there was any waiting time, it was not time spent under the control of Defendant. While the parties agreed to class certification for purposes of this Settlement, Defendant reserved the right to challenge a contested class certification motion. Thus, there is a risk that a contested class certification motion might not be granted or, if granted, that a class might later be decertified. There are also significant risks attendant with trying the case, including potential harm to Defendant's business operations resulting in risk to State Class members as well. The Settlement eliminates the risk of an adverse outcome and will provide the State Class with immediate benefits.

p. The Settlement falls within the range of possible recovery the State Class could achieve at trial if they were to succeed on the merits. Furthermore, the Settlement provides for more relaxed standards of proof than may be required at trial, allowing more members of the State

Class to obtain benefits. Accordingly, the Settlement provides immediate and certain benefits to the Class that may not be available through continued litigation.

q. The opinion of the Representative Plaintiff and Class Counsel that the Settlement is fair, adequate, and reasonable weighs in favor of final approval. The Representative Plaintiff and Class Counsel have extensive knowledge of the factual issues in the case and were actively involved in the negotiations and mediation. Their assessment of the benefits provided by the Settlement in light of the risks associated with litigation is entitled to appropriate weight. No State Class members objected to the Settlement, further demonstrating that the Settlement is fair, reasonable and adequate.

r. Accordingly, the Court has determined that the Settlement is fair, reasonable, and adequate pursuant to Missouri Supreme Court Rule 52.08 and applicable case law. Therefore, all members of the State Class who have not timely elected to be excluded from the State Class are bound by the terms of the Settlement, including the terms of the Settlement Agreement, including the release of claims contained therein.

III. FINAL APPROVAL OF THE SETTLEMENT.

a. The Court hereby grants final approval of the Settlement. The Court finds it was entered into in good faith and is in all respects non-collusive, fair, reasonable, and adequate. It is in the best interests of each of the parties and the members of the FLSA Collective and State Class. The FLSA Collective and State Class have been adequately represented at all times. The Final Order and Judgment shall have *res judicata* and preclusive effect in all pending and future lawsuits maintained by the Representative Plaintiff, FLSA Collective members, State Class members, and the released parties as set forth in the Settlement Agreement, including all claims for restitution damages, injunctive relief or other forms of relief addressed therein.

b. The case is dismissed on the merits, with prejudice, as to the Representative Plaintiff, members of the FLSA Collective and all members of the State Class who did not opt out pursuant to the terms of the Settlement Agreement. As set forth in the Settlement Agreement, all Class members who have not timely elected to be excluded from the State Class are hereby deemed to have released and discharged the Defendant for settled claims pursuant to the Settlement Agreement. This release applies to all claims relating to, regarding, or arising out of the misclassification of Defendant's drivers, any failure to pay proper wages by Defendant to their drivers, or any failure to pay proper overtime by Defendant to their drivers during the Release Period.

c. Each FLSA Collective member and State Class member (except any such person who has filed a proper and timely request for exclusion) will be forever barred and permanently enjoined from directly, indirectly, representatively or in any other capacity, filing, commencing, prosecuting, continuing, litigating, intervening in, participating in as class members or otherwise, or receiving any benefits or other relief from any other lawsuit, any other arbitration, or any other administrative regulatory, or other proceeding against Defendant involving the Released Claims; and all persons and entities shall be forever barred and permanently enjoined from filing, commencing, or prosecuting any other lawsuit as a class action against Defendant (including by seeking to amend a pending complaint to include class allegations or by seeking class certification in a pending action in any jurisdiction) on behalf of State Class members who have not timely excluded themselves from the State Class if such other lawsuit is based on or arises from the Released Claims.

d. The Court finds that the most appropriate method for awarding attorneys' fees and costs is the percentage of the fund method. The Court assesses the attorneys' fee requests as a percentage of the one million six hundred fifty thousand dollars ($1,650,000.00). The Court finds

that Class Counsel's application for $660,000 in attorneys' fees, which amounts to 40% of the Gross Settlement Fund, is fair and reasonable. The Court also finds that the requested Service Award of $15,000 to the Representative Plaintiff is appropriate to compensate him for his initiative and efforts in bringing this action. The Court also finds the Class Counsel's request for costs of $7,126.62 is fair and reasonable, as is an amount up to $25,000 for payment of the Claims Administrator's services.

e. This Final Order and Judgment shall not be construed as an admission, concession, declaration or finding by or against Defendant of any fault, wrongdoing, breach, or liability, and Defendant specifically denies any such fault, wrongdoing, breach, or liability. Nor shall this Order be construed or used as an admission, concession, declaration or finding by or against Representative Plaintiff, the FLSA Collective or the State Class that their claims lack merit or that the relief request in the action is inappropriate, improper, or unavailable. Neither the fact of, nor any provision contained in the Settlement Agreement, or the documents submitted in connection with the Settlement, nor any actions taken thereunder shall be deemed evidence of a concession or admission of any kind as to the truth of any fact alleged or validity of any legal argument that has been, could have been, or in the future might be asserted.

f. Without affecting the finality of the judgment, the Court hereby retains its inherent power to enforce its judgment, which includes its approval of the Settlement and the Settlement Agreement.

IT IS SO ORDERED.

SO ORDERED:

Date: _____

Judge Division 18

May 30, 2024

IN THE CIRCUIT COURT ST. LOUIS COUNTY, MISSOURI

DYLAN WILLIAMS, on behalf of himself and all others similarly situated,	)	
Plaintiffs,	)	Case No. 20SL-CC05596
v.	)	
CROSSROADS COURIER, INC.,	)	
Defendant.	)	

AFFIDAVIT OF CAROLINE P. BARAZESH

I, Caroline P. Barazesh, being duly sworn, state as follows:

1. I am over the age of twenty-one and have personal knowledge of the facts contained herein. If called as a witness, I am competent to testify as to the facts stated herein.

2. I am currently a Director for Analytics Consulting LLC (hereinafter "Analytics"), located at 18675 Lake Drive East, Chanhassen, Minnesota, 55317. In my capacity as Director, I am responsible for settlement administration in the above-captioned litigation.

3. Analytics was engaged to provide claims administration services in the *Williams v. Crossroads Courier, Inc.* case. In this capacity, Analytics was charged with (a) establishing and maintaining a related settlement fund account; (b) establishing and maintaining a calendar of administrative deadlines and responsibilities; (c) printing and mailing the Notices of Collective Action Lawsuit, Opt out Notices and Class Action Settlement Notices; (d) receiving and validating Consent Forms submitted by FLSA Collective Members; (e) receiving and validating Requests for Exclusion and Objections submitted by Settlement Class Members; (f) processing and mailing payments to Settlement Class Members and Class Counsel; and (g) other tasks as the Parties mutually agree or the Court orders Analytics to perform.

EXHIBIT 2

4. On November 9, 2023, Class Counsel provided Analytics with the Class List containing names, last known mailing address, email addresses where available, and estimated settlement award amounts for a total of 1,368 State Class members of which 481 individuals were also potential FLSA Collective Members.

5. On November 6, 2023, Analytics received the Court-approved Notice of Collective Action Lawsuit ("FLSA Notice") and Consent to Join Claim Form. The FLSA Notice advised potential FLSA Collective Members of their right to join the lawsuit and the implications of such. The FLSA Notice advised potential FLSA Collective Members of their estimated settlement award amount and the opt in deadline, and how they could obtain additional information.

6. The mailing addresses contained in the Class List were processed and updated utilizing the National Change of Address Database ("NCOA") maintained by the U.S. Postal Service. The NCOA contains requested changes of address filed with the U.S. Postal Service. In the event that any individual had filed a U.S. Postal Service change of address request, the address listed with the NCOA would be utilized in connection with the mailing of the FLSA Notice Packets.

7. Analytics established a toll-free phone number (855) 499-4894, a case website at www.CrossroadsLawsuit.com and a case email box info@CrossroadsLawsuit.com to provide assistance and information to potential FLSA Collective Members. The website provided potential FLSA Collective Members the opportunity to file a Consent to Join Claim Form electronically. The phone number, website, and email address were included in the FLSA Notice, Opt Out Notice, and Settlement Class Notice.

8. On November 16, 2023, Analytics mailed the approved FLSA Notice and Consent to Join Claim Form to the most current mailing address of 481 potential FLSA Collective Members via USPS

First Class Mail. A copy of the FLSA Notice is attached hereto as Exhibit 1, and a copy of the Consent to Join Claim Form is attached as Exhibit 2.

9. On November 16, 2023, Analytics sent an email notice with a link to the online claims website to 475 potential FLSA Collective Member email addresses. 445 emails (93.68%) were delivered.

10. If an FLSA Notice was returned by the USPS as undeliverable and without a forwarding address, and no Consent to Join Claim Form had been received, Analytics performed an advanced address search on the addresses of undeliverable records by using Experian, a reputable research tool. Analytics used the name and previous address to locate a current address. 52 FLSA Notices were returned as undeliverable by the Post Office. Analytics located 19 updated addresses and FLSA Notices were mailed to the updated addresses.

11. 478 potential FLSA Collective Members were sent an FLSA Notice by mail or email that was not returned as undeliverable, representing 99.37% of potential FLSA Collective Members.

12. Potential FLSA Collective Members had to return a valid Consent to Join Claim Form postmarked or submitted online by January 15, 2024, in order to join the lawsuit. A total of 129 Consent to Join Claim Forms were received, of which 1 Claim Form was received after the Claims Deadline. After consultation, the Parties agreed to accept the late Consent to Join Claim Form. This is a 26.82% claims rate.

13. On January 23, 2024, Analytics received the State Opt Out Notice and on January 29, 2024, Analytics received the FLSA Settlement Notice approved by the Court. The State Opt Out Notice advised Class Members of their estimated settlement award amount, their rights and options, the opt out deadline, and how they could obtain additional information. The FLSA Settlement Notice advised FLSA

Collective Members of the settlement, their estimated settlement award amount, and how they could obtain additional information..

14. On January 30, 2024, Analytics mailed the approved FLSA Settlement Notice to the most current mailing address of 129 FLSA Collective Members, and mailed the State Opt Out Notice to the most current mailing address of 1,239 Class Members via USPS First Class Mail. A copy of the FLSA Settlement Notice is attached hereto as Exhibit 3, and a copy of the State Opt Out Notice is attached as Exhibit 4.

15. If an FLSA Settlement Notice or State Opt Out Notice was returned by the USPS as undeliverable and without a forwarding address, Analytics performed an advanced address search on the addresses of undeliverable records by using Experian, a reputable research tool.3 FLSA Settlement Notices and 208 State Opt Out Notices were returned as undeliverable by the Post Office. Analytics located 120 updated addresses and 3 FLSA Settlement Notices and 117 State Opt Out Notices were mailed to the updated addresses.

16. All 129 FLSA Settlement Notices (100%) were delivered. 1,148 State Opt Out Notices (92.65%) were delivered.

17. Class Members could object to the proposed settlement by mailing a written statement objecting to the settlement to the Clerk of the Circuit Court, by March 15, 2024. Zero objections were received by Analytics.

18. Class Members could exclude themselves from the proposed settlement by mailing or emailing a written statement requesting exclusion from the Class to Analytics by March 30, 2024. Zero exclusion requests were received by Analytics.

19. Analytics' total costs for services in connection with the administration of this Settlement, including fees incurred and anticipated future costs for completion of the administration, are

$24,802. This amount will be paid from the Gross Fund. Analytics' work in connection with this matter will continue with calculation of payroll taxes and withholdings, the issuance and mailing of the settlement checks, and to do the necessary tax reporting for the settlement fund.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: May 16, 2024

C. P. Barazesh
Caroline P. Barazesh

STATE OF MINNESOTA)
) ss.
COUNTY OF HENNEPIN)

Subscribed and sworn to me, a notary public, this 16TH day of May, 2024

Notary Public

My commission expires:

Jan 31, 2027

JESSICA R CHIBANA
Notary Public
Minnesota
My Commission Expires
Jan 31, 2027

EXHIBIT 1

Not an Official Court Document

[ClaimNo]

NOTICE OF COLLECTIVE ACTION LAWSUIT AND PRELIMINARY SETTLEMENT

This notice was authorized by the Court. This is not a solicitation. Please read carefully. Your legal rights may be affected. ***You may be entitled to receive money.***

But you must take action by January 15, 2024 to participate.

If you were or are an independent contractor driver for CROSSROADS COURIER, INC. ("Crossroads") and you received 1099 payments totaling at least $7,500 for your work with Crossroads in Missouri at any time from August 27, 2017 to October 26, 2023 then a Fair Labor Standards Act (FLSA) collective action lawsuit may affect you.

What is this Case About?

An independent contractor driver filed a case (the "Lawsuit") in St. Louis alleging that Crossroads violated the FLSA by treating him and other drivers as independent contractors (i.e. they were misclassified), and consequently, failed to pay overtime when appropriate. The Lawsuit also contained a class action under Missouri's wage laws.

The Lawsuit alleges drivers technically worked more than forty hours a week when all hours worked are considered (e.g. work started from the time of the first order until returning home after the final delivery, including time spent waiting for assignments and including picking orders and other administrative work).

The Lawsuit is called *Dylan Williams, on behalf of himself and all others similarly situated v. Crossroads Courier, Inc. Case No. 20SL-CC05596* in the Circuit Court of St. Louis County Missouri and was brought as a *collective action* under the FLSA in addition to other claims.

Crossroads denies the allegations in the Lawsuit. Crossroads maintains that the drivers it works with have been properly classified as independent contractors. Crossroads also denies that it owes anyone overtime. Finally, Crossroads contends that the drivers' FLSA claims should not proceed on a collective basis.

Though the facts and law are still in dispute, the parties in the Lawsuit have reached a settlement of the claims in the Lawsuit. The Court has granted a preliminary approval of the settlement, and its final approval is still pending. Part of the settlement process approved by the Court is to send this notice to you and other eligible members of the collective action (the "Collective Action").

To find out how much money you may receive under the settlement after final approval you can contact Analytics Consulting at (855) 499-4894.

Although this notice and its contents have been authorized by the Court, the Court has made no findings on the merits of the Lawsuit.

Why is this notice being sent?

You may be eligible to join the Collective Action as an opt-in member if you did not sign an arbitration agreement** and you meet the criteria below:

(1) You worked for Crossroads as a driver in Missouri between August 27, 2017 to October 26, 2023 (the "Collective Period");

(2) you worked forty hours or more in one or more workweeks during your time with Crossroads, and

(3) you received 1099 payments for your work as a driver for Crossroads in Missouri totaling at least $7,500 during the Collective Period.

Some drivers who began working with Crossroads **in or after July 2021 may have signed Owner/Operator Agreements requiring arbitration in the event of a dispute. Review your Agreement to see if you signed such a clause, and if so you are not eligible for this case.

Why did I receive this Notice?

You received this Notice because Crossroads' records reflect that you (1) were a driver in Missouri between August 27, 2017 and October 26, 2023, (2) received at least $7,500 during that time, and (3) did not likely sign an arbitration

agreement. The parties dispute how to calculate the number of hours drivers worked each week. Because of that, this Notice provides the opportunity for only those drivers who agree that they worked more than forty hours in at least one week during the Collective Period to opt-in to the Lawsuit.

What happens if I join the Collective Action?

If the Court grants final approval of the settlement of the Lawsuit, and you are an eligible Collective Action member who has timely returned the enclosed consent form, you may be entitled to receive a share of that money arising from the Collective Action. But if you submit your consent form, you will be bound by any judgment, whether it is favorable or unfavorable in the Lawsuit. If approval is not granted and Crossroads were to prevail in this Lawsuit, you may or may not be responsible, in part, for paying a portion of court costs or other potential costs Crossroads paid defending this lawsuit. Such costs, if any, likely would be a proportional share, divided among all collective members.

While the Lawsuit is pending, you may be required to participate in discovery, including answering written questions under oath, producing documents relating to your work with Crossroads or that are otherwise relevant to the Lawsuit, have your deposition taken, and/or testify in court. If so, you will be represented by the attorneys of THE MEYERS LAW FIRM LC or REAVEY LAW LLC further identified below.

Crossroads may not retaliate against you or discourage you from joining this Lawsuit.

The parties in the Misclassification Case have reached a preliminary settlement of the claims. If you join, and the Court grants a final approval, you will be eligible to receive a settlement payment in the estimated amount of [insert information for each individual], half of which will be paid as wages, for which you will receive a W-2, and the other half of which will be paid as liquidated damages, for which you will receive a 1099. If you join the Lawsuit, you will receive separate notice in the future regarding the settlement.

How do I join the Collective Action?

You must complete the enclosed consent form and timely return it by mail, fax, or email to Crossroads Lawsuit Administrator, Analytics Consulting, at:

Crossroads Lawsuit
c/o Analytics Consulting LLC
PO Box 2002
Chanhassen MN 55317-2002
Fax: 952-404 5750
Email: info@CrossroadsLawsuit.com
Online: www.CrossroadsLawsuit.com

Please note: you are not a member of the Collective Action until you return the enclosed consent form by the deadline and the form is filed with the Court by the attorneys. If you return the consent form, you will be represented by the following attorneys with the law firms:

Kevin Koc
THE MEYERS LAW FIRM P.C.
503 One Main Plaza
4435 Main Street
Kansas City, MO 64111
Ph. 816.280.4215
Fax: 816.444.8508
kkoc@meyerslaw.com

Patrick Reavey
REAVEY LAW LLC
1600 Genessee Suite 303
Kansas City, MO 64102
Ph: 816.474.6300
Fax: 816.474.6302
preavey@reaveylaw.com

What if I do not join the Collective Action?

You have no obligation to join the Collective Action. If you do not join, you will receive separate notice of participation in the related class action portion of the Lawsuit, which also involves these issues. **Your recovery in the related Missouri class action will be less than your recovery if you join the Collective Action.**

How quickly must I act to join the Collective Action?

If you decide to join the Collective Action, complete and return the signed consent form to the Crossroads Lawsuit Administrator listed above. The signed consent form must be faxed, emailed, or postmarked no later than **January 15, 2024** in order for you to join.

EXAMINATION OF PAPERS

This Notice does not fully describe the Lawsuit. You may inspect the case files at the St. Louis County Circuit Court, 105 South Central Avenue Clayton, MO 63105, from 9:00 a.m. to 4:30 p.m., Monday through Friday (https://wp.stlcountycourts.com). The phone number for that courthouse is 314-615-8029.

PLEASE DO NOT CONTACT THE COURT OR THE COURT CLERK REGARDING THIS NOTICE.

EXHIBIT 2

YOU MUST COMPLETE AND RETURN THIS DOCUMENT OR SUBMIT IT ONLINE
IF YOU WISH TO JOIN THE LAWSUIT

ABC1234567890

JOHN Q CLASSMEMBER
[redacted]

Claim Number: 111111

PIN: [redacted]

CONSENT TO JOIN CLAIM FORM

Dylan Williams, on behalf of himself and all other similarly situated v. Crossroads Courier, Inc.
Case No. 20SL-CC05596 in the Circuit Court of St. Louis County, Missouri.

I hereby consent, agree, and opt-in, to be a party Plaintiff in the above-captioned collective action. I agree to be represented by the appointed class counsel. I understand that by filing this consent, I will be bound by any settlement or judgment of the Court on all issues in this case.

To the best of my knowledge and understanding, all of the following statements are true and correct regarding my engagement with Crossroads Couriers, Inc.:

(a) I worked as a driver for Crossroads Courier Inc. in Missouri between August 27, 2017 and October 26, 2023 (the "Collective Period");

(b) I worked forty hours or more in a workweek; and

(c) I received 1099 payments for my work as a driver for Crossroads Courier Inc. in Missouri totaling at least $7,500 during the Collective Period.

Full Name (Print clearly) _____ **Signature** _____

(Information below this line will not be filed with the Court)

Street Address _____ **City / State / Zip Code** _____

Telephone Number _____ **Email Address** _____

FAX to: (952) 404-5750

EMAIL to: info@CrossroadsLawsuit.com

ONLINE at: www.CrossroadsLawsuit.com

MAIL to: Crossroads Lawsuit
P.O. Box 2002
Chanhassen, MN 55317-2002

On or before: January 15, 2024

EXHIBIT 3

Not an Official Court Document

IN THE CIRCUIT COURT OF ST. LOUIS COUNTY, MISSOURI

ABC1234567890

Claim Number 111111

JOHN Q CLASSMEMBER

[redacted]

DYLAN WILLIAMS, individually and on behalf of similarly situated persons	)	
Plaintiffs,	)	
	)	**Case No.: 20SL-CC05596**
v.	)	
CROSSROADS COURIER, INC.	)	
Defendant.	)	

NOTICE OF SETTLEMENT OF COLLECTIVE ACTION LAWSUIT

Named Plaintiff Dylan Williams ("Representative Plaintiff") and Defendant Crossroads Courier, Inc. ("Defendant") have reached an agreement to settle the above-captioned case (the "Lawsuit"). That Agreement and this Notice have been approved by the Court. This Notice provides you with information about the settlement.

I. DESCRIPTION OF THE LAWSUIT

The Lawsuit was filed on November 9, 2020, in the Circuit Court of Saint Louis County, Missouri. The Representative Plaintiff, individually and on behalf of all other similarly situated drivers, brought this case as a collective action under the Fair Labor Standards Act ("FLSA"), 29 U.S.C. §§ 201 et seq., among other claims. The Lawsuit alleges that Crossroads had a policy of misclassifying drivers as independent contractors. The Lawsuit seeks to recover unpaid overtime, among other things. Specifically, the Representative Plaintiff alleges drivers technically worked more than forty hours a week when all hours worked are considered.

Defendant denied and continues to deny that it violated the law in any way. The Parties have agreed to settle the Lawsuit to avoid the expense and inconvenience of protracted litigation. As such, the agreement to resolve the Lawsuit shall not be construed as an admission that Defendant acted wrongfully in any manner.

On November 2, 2023, the Court issued an order provisionally certifying this case as a collective action and authorizing the distribution of the notice of the Lawsuit to potentially eligible individuals. You returned a form consenting to join this Lawsuit as an "Opt-In Plaintiff".

II. SETTLEMENT OF THE LAWSUIT

The Parties have settled the Lawsuit with the assistance of a mediator. The Court has granted preliminary approval of the settlement.

Because you joined the Lawsuit, you are entitled to a settlement payment in the amount of [INSERT AMOUNT]. A check for this amount will be sent to you after the Court issues final approval of the settlement, enters judgment, and the judgment becomes final. Your settlement payment will be allocated as follows: (1) half of the payment will be reported as wages for tax purposes and you will receive an IRS Form W-2; and (2) the other half of the payment will be reported as liquidated damages and you will receive an IRS Form 1099. You will have 180 days from the date your settlement payment is issued to cash your settlement check or the check will be void and you will not receive another check.

III. ATTORNEYS' FEES AND COSTS

The Court has provisionally approved Plaintiff's Counsel's attorneys' fees in the amount of $660,000. The Court has also provisionally approved Plaintiff's Counsel's request for payment of costs incurred to litigate the case from the total settlement amount.

IV. SCOPE OF RELEASE

In exchange for your settlement payment, you forever waive, discharge, and release any and all claims, demands, damages, actions, causes of action and liabilities against Defendant, its parent, subsidiaries, affiliated and related companies, and against its past and present officers, directors, members, employees, agents, predecessors, shareholders, partners, successors, assigns, heirs, executors, insurers, assigns, and administrators, (collectively referred to as the "Released Parties") relating to any and all federal or state law wage and hour matters and any claims specifically arising out of the subject matter of the Lawsuit, at any time during the Release Period (the "Released Claims"). The "Release Period" shall mean the period of time between August 27, 2017 and the date the Court enters final approval of the FLSA Collective Settlement and the State Class Settlement.

V. NO RETALIATION OR ADVERSE ACTION

Defendant will not take any adverse action against any individual because he or she participated in the settlement. Your participation in the settlement, however, does not excuse you from complying with Defendant's policies and work rules if you are still engaged by Defendant.

VI. QUESTIONS ABOUT THE SETTLEMENT

Questions about the settlement should be directed to:

THE MEYERS LAW FIRM
Kevin C. Koc (MO #56955)
4435 Main Street Ste. 503
Kansas City, Missouri 64111
Telephone (816)280-4125
Facsimile (816)444-8508
kkoc@meyerslaw.com

REAVEY LAW LLC
Patrick G. Reavey (MO#47365)
1600 Genessee, Ste. 303
Kansas City, MO 64102
Telephone: 816-474-6300
Facsimile: 816-474-6302
preavey@reaveylaw.com

EXHIBIT 4

Not an Official Court Document

January 30, 2024

NOTICE OF PROPOSED SETTLEMENT OF CLASS ACTION AND FAIRNESS HEARING

ABC1234567890 Claim Number 111111

TO: JOHN Q CLASSMEMBER
[redacted]

FROM: **Honorable Ellen H. Ribaudo, Div. 18 Circuit Court of St. Louis County, Missouri**

RE: **Proposed Settlement in *Dylan Williams v. Crossroads Courier, Inc.*, Case No. 20SL-CC05596 ("Lawsuit").**

Rule 52.08 class settlement for all current and former drivers of Crossroads who did not sign an arbitration agreement and who: (1) worked for Crossroads in Missouri between August 27, 2017 and October 26, 2023; (2) worked forty hours or more in a workweek or was not paid Missouri minimum wage; (3) received 1099 payments for your work with Crossroads in Missouri; and (4) did not already submit a signed Consent Form. during the period November 15, 2023 through January 15, 2024, opting-in to the Collective Action.

Under the allocation formula created by the settlement, you are estimated to receive approximately $_____, subject to deductions for applicable taxes. The final amount to which you may be entitled may be higher or lower than the estimated amount.

YOUR LEGAL RIGHTS AND OPTIONS IN THIS SETTLEMENT:	
YOU CAN DO NOTHING	If you do nothing, you will be eligible to receive a monetary payment under the settlement if it is approved. You give up your rights to sue the Defendant as part of another lawsuit over the claims resolved by this settlement.
YOU CAN ASK TO BE EXCLUDED	If you ask to be excluded, you will not be eligible to receive a payment under the settlement. You may not object to this settlement, but you may sue the Defendant as part of another lawsuit over the claims resolved by this settlement.
YOU CAN OBJECT	If you do not ask to be excluded, you can write the Court about why you do not agree with the settlement. If you object, you will still be eligible to receive a payment under the settlement if it is approved by the Court.
YOU CAN GO TO A HEARING	If you do not ask to be excluded, you can ask to speak in Court about the settlement.

- These rights and options - **and the deadlines to exercise them** - are explained in this Notice.
- The Court in charge of this case still has to decide whether to approve the settlement. Monetary payments under the settlement will only become available if the Court approves the settlement and the settlement becomes final. Please be patient.
- **Your legal rights are affected whether you act or don't act. Read this Notice carefully.**

BASIC INFORMATION

1. Why was this Notice issued?

This Notice informs you of the Court's preliminary approval of a proposed settlement of a class action lawsuit, advises you of your rights as a Class Member, and tells you how to receive a share of the settlement funds. Please read this Notice carefully. The proposed settlement affects your legal rights.

2. What is this Lawsuit about?

An independent contractor driver filed the Lawsuit in St. Louis alleging that, among other claims, Crossroads violated the Missouri Minimum Wage Law (MMWL) by treating him and other couriers as independent contractors (i.e. they were misclassified), and consequently, failed to pay overtime and minimum wage when appropriate.

Specifically, he alleges drivers technically worked more than forty hours a week when all hours worked are considered (e.g. work started from the time of the first order until returning home after the final delivery, including time spent waiting for assignments and including picking orders and other administrative work). He also alleges that considering the wages for all hours worked after taking account of the driver's unreimbursed business expenses (e.g. technology fees from Crossroads, gas, insurance, vehicle depreciation) their wages per hour fell below Missouri's applicable minimum wage.

The Lawsuit is called *Dylan Williams, on behalf of himself and all others similarly situated v. Crossroads Courier, Inc. Case No. 20SL-CC05596* in the Circuit Court of St. Louis County, Missouri and was brought as both a collective action and class action.

Crossroads denies the allegations in the Lawsuit. Crossroads maintains that the drivers it works with have been properly classified as independent contractors. Crossroads also denies that it owes anyone minimum wages or overtime. Finally, Crossroads contends that the drivers' MMWA claims should not proceed on a class basis.

Though the facts and law are still in dispute, the parties in the Lawsuit have reached a settlement of the claims in the lawsuit. The Court has granted a preliminary approval of the settlement, and its final approval is still pending. Part of the settlement process approved by the Court is to send this notice to you and other Class Members.

3. Why is this a class action?

In a class action, a person called a "Representative Plaintiff" or "Class Representative" sues on behalf of people whom the Court determines may have similar claims. All these people are a "Class" or "Class Members." One court resolves the issues for all Class Members, except for those who exclude themselves from the Class.

4. Why is there a settlement?

The Court did not decide in favor of the Plaintiff or Defendant. Instead, both sides agreed to settle this case to avoid the cost, time, and uncertainty of further litigation. The Court has granted preliminary approval of the settlement. The settlement does not mean that any law was broken or that Defendant did anything wrong.

Defendant denies all legal claims in this case but decided that its resources are better directed to resolving this matter now so that it can fully focus on its business operations. The Class Representative and his attorneys think the settlement is best for all Class Members.

WHO IS IN THE SETTLEMENT

5. How do I know if I am part of the settlement?

All Class Members are part of the settlement unless they exclude themselves from settlement.

Class Members include all past or current drivers who did not sign an arbitration agreement, and who (1) worked for Crossroads in Missouri between August 27, 2017 and October 26, 2023; (2) worked forty hours or more in a workweek or was not paid Missouri minimum wage; (3) received 1099 payments for your work with Crossroads in Missouri; and (4) did not already submit a signed Consent Form, during the period November 16, 2023 through January 15, 2024, opting-in to the Collective Action.**

** Some drivers who began working with Crossroads in or after July 2021 may have signed Owner/Operator Agreements requiring arbitration in the event of a dispute. Review your Agreement to see if you signed such a clause, and if so you are not eligible for this case.

Class Members who previously returned a Consent Form opting-in to the FLSA Collective cannot exclude themselves from this class. If you have questions about this please contact the attorneys representing you, listed below.

WHAT YOU WILL GET AND WHEN, AND WHAT ARE YOU GIVING UP

6. What does the settlement provide?

If the Court grants final approval of the settlement, Defendant will deposit the total amount of one million six hundred fifty thousand dollars ($1,650,000.00) into a Global Settlement Fund. If approved, there will be deductions from the Global Settlement Fund for attorneys' fees, expenses, and costs, a service award to the Representative Plaintiff, the Settlement Administrator's Fees, and payments to a separate set of individuals who already joined the Collective Action by sending a Consent to Join form.

7. How much will my payment be?

If you do not exclude yourself from the settlement, you are estimated to receive approximately $_____, for which you will receive a W-2 for the tax year in which this payment is issued.

8. How do I get a settlement payment?

To participate in the settlement, you are not required to do anything. You are automatically eligible to receive your settlement payment. Checks will be mailed to Class Members at the addresses listed in the Company's records. If your address has changed, you must send your name and current mailing address to the Settlement Administrator at:

Crossroads Lawsuit
c/o Analytics Consulting LLC
P.O. Box 2002
Chanhassen, MN 55317-2002
Fax: 952-404 5750
Email: info@CrossroadsLawsuit.com

9. What am I giving up to get a payment or stay in the Class?

The Settlement Agreement includes the following release of claims:

Upon the Effective Date, and except as to such rights or claims as may be created by this Settlement Agreement, the Claimants fully and forever waive, discharge, and release any and all claims, demands, damages, actions, causes of action and liabilities against Defendant, its parent, subsidiaries, affiliated and related companies, and against its past and present officers, directors, members, employees, agents, predecessors, shareholders, partners, successors, assigns, heirs, executors, insurers, assigns, and administrators, (collectively referred to as the "Released Parties"), relating to any and all federal or state law wage and hour matters and any claims specifically arising out of the subject matter of the Action, at any time during the Release Period (the "Released Claims"). The "Release Period" shall mean the period of time between August 27, 2017 and the date the Court enters Final Approval of the FLSA Collective Settlement and the State Class Settlement.

If the Court grants final approval of the settlement, you will be bound by the release of claims unless you have excluded yourself from the settlement in the manner described below. When claims are "released," that means that you cannot sue Crossroads or any of the Released Parties for any of the claims that are covered by the releases.

THE LAWYERS REPRESENTING YOU

10. Do I have a lawyer in this case?

The Court appointed Kevin C. Koc of The Meyers Law Firm and Patrick G. Reavey of Reavey Law LLC to represent you and other Class Members as "Class Counsel." You do not have to personally pay Class Counsel. Rather a portion

of the total settlement approved by the Court will be used to pay attorneys' fees and expenses. You can reach Class Counsel by phone at the numbers listed below in Section 20. You may call Class Counsel to discuss any questions you may have about this settlement. If you want to be represented by your own lawyer and have that lawyer appear in court for you in this case, you may hire one at your own expense.

11. Class Counsel's recommendation.

Class Counsel strongly recommends the settlement, which offers valuable payments to Class Members without the risk, uncertainty, and delay of continuing with the lawsuit. If the Court grants final approval of the settlement, and if the settlement becomes effective, every Class Member will receive a settlement payment in the form of a monetary payment as described above. Class Members do not need to take any action to receive their settlement payment.

IF YOU DO NOTHING

12. What happens if I do nothing at all?

If you do nothing, and the settlement is approved by the Court and becomes final, you will receive a settlement payment. If you do nothing, you will also give up rights to sue the Defendant as part of another lawsuit over the claims resolved by this settlement.

EXCLUDING YOURSELF FROM THE SETTLEMENT

13. How do I get out of the settlement?

To exclude yourself from the settlement, you must mail a letter saying you want to be excluded from *Dylan Williams v. Crossroads Courier, Inc.* Be sure to include the case number (No. 20SL-CC05596), your full name, address, and signature. You must mail your request for exclusion postmarked by **March 30, 2024** to the Settlement Administrator at:

Crossroads Lawsuit
c/o Analytics Consulting LLC
P.O. Box 2002
Chanhassen, MN 55317-2002

You cannot exclude yourself on the phone or by email.

14. If I do not exclude myself, can I sue the Defendant for the same thing later?

No. Unless you exclude yourself, you give up the right to sue the Released Parties for all of the claims that this proposed settlement resolves. You must exclude yourself to start your own lawsuit, continue with a lawsuit, or be part of any other lawsuit relating to the claims in this case.

15. If I exclude myself, can I get benefits from this settlement?

No. If you exclude yourself, you will not receive a settlement payment, and you cannot object to the proposed settlement. However, if you ask to be excluded, you may sue, continue to sue, or be part of a different lawsuit against Crossroads and the Released Parties in the future. You will not be bound by anything that happens in this lawsuit.

OBJECTING TO THE SETTLEMENT

16. How do I tell the Court if I do not like the settlement?

If you stay in the Class and you do not want the Court to approve the settlement, you must file a written objection within 45 days. You must give reasons why you think the Court should not approve it. To object, send a letter saying that you object to *Dylan Williams v. Crossroads Courier, Inc.* Be sure to include the case number (No. 20SL-CC05596), your full name, your address, your telephone number, your signature, the reasons why you object to the settlement, including whether the objection applies only to you, to a specific subset of the class, or to the entire class, all documents you want the Court to consider and a "Notice of Appearance" if you hired your own lawyer to represent

you in this objection. You must mail the objection to the address below so that it is postmarked no later than **March 15, 2024**. Late objections will not be considered. If you either approve of the settlement or choose to exclude yourself, you do not need to object.

St. Louis County Circuit Court
Division 18
105 South Central Ave
Clayton, Missouri 63105

17. What is the difference between objecting and asking to be excluded?

Objecting is simply telling the Court that you don't like something about the settlement. You can object only if you stay in the Class. Excluding yourself from this settlement is telling the Court that you don't want to be part of the Class. If you exclude yourself, you cannot object because the case no longer affects you.

THE COURT'S FAIRNESS HEARING

The Court will hold a fairness hearing to decide whether to approve the settlement. You may attend and ask to speak, but you are not required to do so.

18. When and where will the Court decide whether to approve the settlement?

The Court has scheduled a Fairness Hearing on **May 30, 2024 at 10:00 a.m.** at the St. Louis County Circuit Court, Division 18, 105 South Central Avenue, Clayton MO 63105. The hearing may be moved to a different date or time without notice or may be conducted by video conference, so if you plan to attend, you should call or email Class Counsel for current information. At this hearing, the Court will consider whether the settlement is fair, reasonable, and adequate. If there are objections, the Court will consider them. The Court may listen to people who have asked to speak about an objection (see Objecting to the Settlement). At or after the hearing, the Court will decide whether to approve the settlement.

19. Do I have to come to the hearing?

No. Class Counsel will answer any questions that the Court may have. But you are welcome to come at your own expense. If you send an objection, you do not have to come to Court to talk about it. As long as you filed and mailed your written objection on time, the Court will consider it. You may also pay your own lawyer to attend.

GETTING MORE INFORMATION

20. How do I get more information about the settlement?

This Notice summarizes the proposed settlement. More details about the settlement are in the Settlement Agreement. You can get a copy of the Settlement Agreement from Class Counsel: Kevin C. Koc Esq., The Meyer Law Firm, 4435 Main Street Ste. 503, Kansas City, Missouri 64111, (816) 280-4125; Patrick G. Reavey Esq., Reavey Law Firm LLC, 1600 Genessee Ste. 303, Kansas City, Missouri 64102, (816) 474-6300.

If you have questions or need further information, please contact Class Counsel at the address listed immediately above.

PLEASE DO NOT CONTACT THE COURT WITH QUESTIONS ABOUT THE SETTLEMENT

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Zachariah Bezdek

Print ~~Name~~ (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/31/2025

Date

Please have this section completed in the presence of a Notary Public.

State of MISSOURI, ss. County of ST. CHARLES

I, ZACHARIAH BEZDEK, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/31/25

Date

Subscribed and Sworn to before me this 31st day of OCTOBER.

Notary Public Signature

KRISTI G. MALAN
Notary Public - Notary Seal
St Charles County - State of Missouri
Commission Number 08416186
My Commission Expires Aug 2, 2027

(Seal)

Crossroads Courier Employees

Allee, Ronald E	Johnson, Quintin Van	Spearman, Shane
Alvey, Adam W	Johnson, Scott	Suitt, Barbara
Ashby, Samantha	Jones, Devilyn	Swoboda, Chelse
Aubuchon, Elizabeth M	Kasper, Faith	Tayon, Margaret
Austin, Stephen	Klein, Elizabeth J	Thomas, Kevin
Bargmann, Carissa	Kleinschrodt, Samantha	Walton, Learni
Barnada, Giovanna	Kowalik, Meaghan M	Wooden, Kenneth J
Barnhart, Chad M	Kruger, Danielle	
Bezdek, Sarah	Lach, Katarzyna	
Bezdek, Zach S	Lara, Jo Marie	
Bicknell, Lisa M	Liszewski, Samantha Margaret	
Bloomer, Jessica A	Ludlow, Letitia	
Bourgoyne, Sherrie	Malan, Kristi	
Bramlett, Zamoria	Mallett, Jacob William	
Breeden, Connor J	Martin, Sarah	
Brooks, Jason W	Martin, Vernon C	
Brown, Tonya	Matzek, Maxine	
Carey, Katrinia	McCreary, Kyle Andrew	
Castillo IV, Eliseo M	Mettler-Voss, Stephani	
Crank, Bradley J	Miles, Sean	
Cronin, Bryan A	Miller, Connor M	
Daues, Christopher J	Moretto, Mark	
Davis, Tomesha	Naylor, Crystal	
Doss, Johnetta Rena	Nelms, Christina L	
Dotson, Kieth Allan	Nelson, Samuel H	
Gant, Christina C	Pashia, Richard M	
Gates, Austin	Plante, Rebecca	
Gunn, Devon C	Portell, Christina	
Hackeman, Jamie S	Portell, Steven Dale	
Hardy, Alton	Porter, Amber N	
Hassler, Dustin Michael	Potter, Kelly A	
Hatfield, Martha	Potts, Christopher	
Hickman, Daniel	Potts, Sharon S	
Hill, Joshua	Prentice, Katrina	
Holder, Barbara	Pressnall, Stacey L	
Hoskins, Daniel	Rojas, Cindy Josephine	
Hubachek, Thomas	Ross, Reagan	
Hudlemeyer, Karen R	Rudzinski, Robert Kyle	
Hyler-Pearson, Margaret	Sanders, Amanda	
Johnson, Danielle	South, Bryanna	

LIST OF LENDERS

Carrollton Bank
PO Box 32
Carrollton, IL 62016

Stephen Bezdek
[redacted]

12C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH03268	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Exel Inc. dba DHL Supply Chain (USA)

Physical Address: 1025 Sandhill Road

City: Reno State: NV Zip: 89521

Mailing Address (if different from physical address): 360 Westar Blvd, Dept 555

City: Westerville State: OH Zip: 43082

Telephone: 800-981-2491 Website: www.dhl.com

Name of Designated Representative (DR): Alejandra Limon

Licensing Company Email: DHL@iqvia.com DR Email: alejandra.limon2@dhl.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	■ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	■ Others: OTC	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Manufacturers		■ Others: 3PL

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	✔	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 & 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attached

Mark Smeeck

→ Original Signature (electronic, copies or stamps not accepted)

2/24/20

→ Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Sanofi

Address: 55 Corporate Drive City: Bridgewater State: NJ Zip: 08807

Name: Elanco

Address: 2500 Innovation Way City: Greenfield State: IN Zip: 46140

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Massachusetts

Parent Company (if any): DHL Supply Chain Holdings (USA), LLC

Corporation/Organization Name: Exel Inc.

Mailing Address: 360 Westar Blvd, Dept 555

City: Westerville State: OH Zip: 43082

Telephone: 614-865-8500 Email: regulatory@dhl.com

Contact Person Name: Mark A. Smolik

Section 6: Partnership

Partnership Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 7: Sole Owner

Owner's Name:

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✔	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Exel Inc. dba DHL Supply Chain (USA)

Facility Name

Mark A. Smolik

Print Name of Authorized Person Submitting Application

Mark Smolik

→ Original signature of Authorized Person (copies or stamps not accepted)

→ Date 2/24/26

Board Use Only	Date Received: 2/26/26	Amount: $1000 CK 665457

NABP ACCREDITED
DRUG DISTRIBUTOR

Exel Inc dba DHL Supply Chain (USA)

located at

1025 Sandhill Rd, Reno, NV 89521

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

04/24/2024 - 04/23/2027
Period of Accreditation

9765



Exel Inc. dba DHL Supply Chain (USA)

Business Description

Exel Inc. dba DHL Supply Chain (USA) has been at the forefront of innovative supply chain solutions for the life sciences and healthcare industries for 20 years. As a trusted global partner we create agile, highly responsive supply chains capable of transporting critical, sensitive and valuable products, even to the world's most rugged and remote locations.

Our extensive experience of supplying logistical solutions to the life sciences and healthcare sector has enabled us to develop specific expertise in the following areas: Vaccines, Generic Pharmaceuticals, Controlled Substances, Over The Counter (OTC) Medication, and Animal Health. For each of these areas we have experts working with our customers to optimize their supply chains.

A connected global footprint and industry expertise
With over 120 sites in 40 countries and 4,500 dedicated healthcare staff, serving 250 life sciences and healthcare customers worldwide, we're always there to offer a safe pair of hands. We have the scale and experience to implement healthcare logistics solutions across the world.

Quality and regulatory compliance
For our customers, deep sector expertise is vital to track, comprehend, and comply with essential and increasing rules and regulations for the storage, transportation and delivery of pharmaceuticals, medical equipment and patient-specific treatments.

With our Global Quality Assurance group of over 100 individuals driving operational consistency and governance we're always up to date with the latest changes in local and international regulations. Our global network provides highly controlled environments and we ensure full GxP (Good Practice) compliance from origin to destination.

Health, safety and security
We help to achieve high standards on health, safety and security through extensive training and timely monitoring. We offer consulting on global safety regulations and conduct regular inspections and process audits of our facilities.

Exel Inc.
d/b/a DHL Supply Chain (USA)
360 Westar Blvd, Westerville, OH 43082
State of Incorporation: MA
Date of Incorporation: 6/1/1983
EIN: 04-2801160

Title	*Name of Officer	Address	Telephone
Chief Executive Officer and President	Mark Kunar	360 Westar Boulevard, Westerville, OH 43082	614-865-8500
Chief Legal Officer and Secretary	Mark Andrew Smolik	360 Westar Boulevard, Westerville, OH 43082	614-865-8500

**No percentages owned.*

November 25, 2025

Re: Notice of Corporate Restructuring for Exel Inc. d/b/a DHL Supply Chain (USA)

Dear Sir or Madam:

I am writing to notify you of a corporate restructuring involving the DHL Group and its affiliated entities, including Exel Inc. d/b/a DHL Supply Chain (USA).

On or about November 15, 2025, the DHL Group underwent a corporate restructuring aimed at streamlining its organizational structure by grouping subsidiary companies into subdivisions. As part of this restructuring, new holding entities were formed, and corresponding stock and membership interests were transferred through intragroup transactions. The newly established holding companies are owned by DPWN Holdings (USA), Inc.

As a result of this internal restructuring, the intermediate parent company of Exel Inc. d/b/a/ DHL Supply Chain (USA) changed from DPWN Holdings (USA), Inc. to DHL Supply Chain Holdings (USA), LLC. DHL Supply Chain Holdings (USA), LLC is owned by DPWN Holdings (USA), Inc.

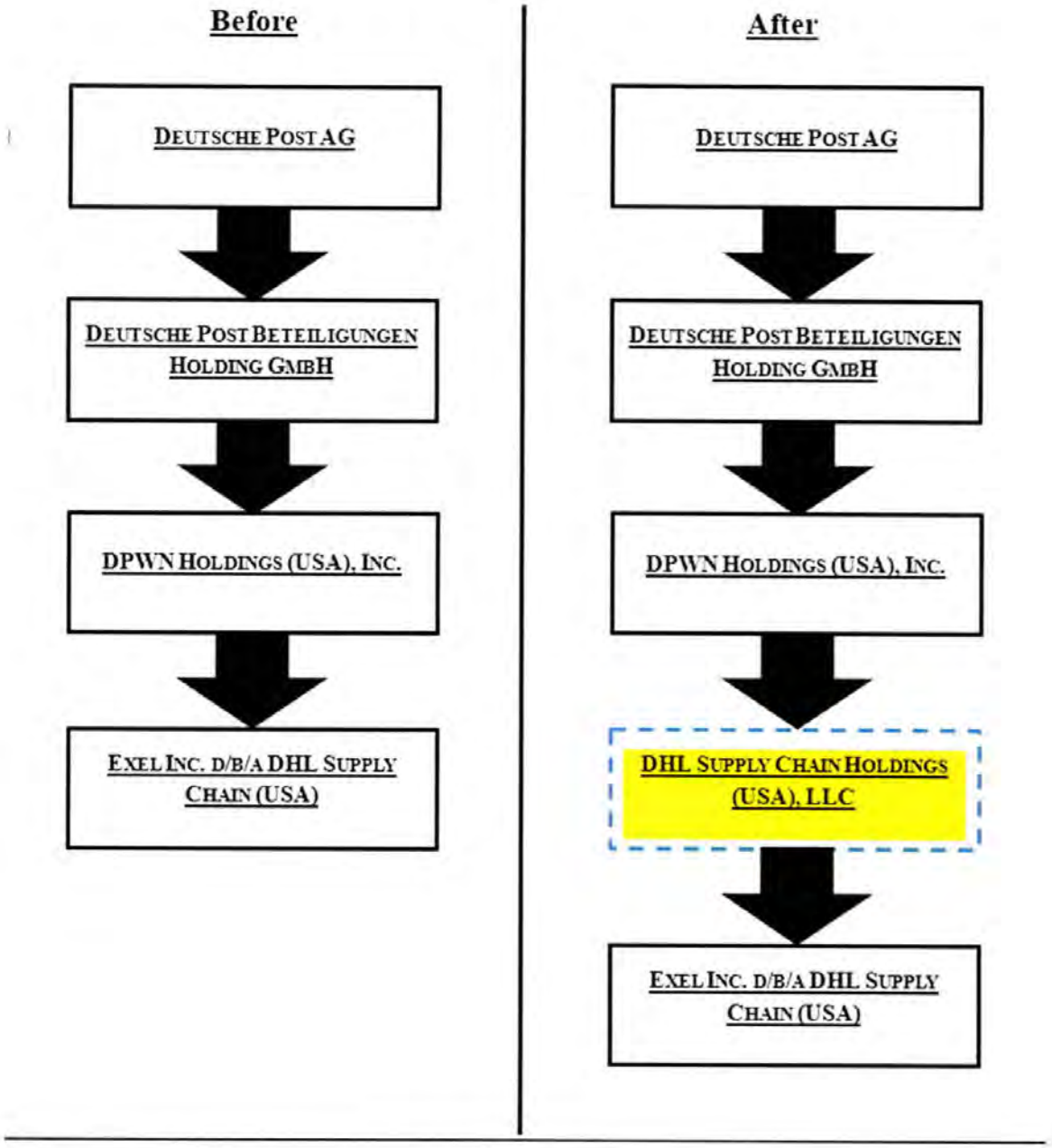
Please note that the reported change is limited only to the change of the intermediate parent of Exel Inc. d/b/a DHL Supply Chain (USA) to DHL Supply Chain Holdings (USA), LLC; no other aspects of this corporate restructuring affect the Licenses held by Exel Inc. d/b/a DHL Supply Chain (USA). Exel Inc. d/b/a DHL Supply Chain (USA) continues to operate as is. A copy of the organizational charts reflecting the structure before and after the restructuring is enclosed for your reference as Exhibit A.

Thank you for your attention to this matter. If you require any additional information or have any questions, please contact James Holler at dhl@iqvia.com or me at John.Kropczynski@dhl.com.

Respectfully,

John Kropczynski
Director of Regulatory Affairs

Exhibit A



DHL Supply Chain
360 Westar Boulevard
Westerville, OH 43082

www.dhl-usa.com/supplychain

DHL Supply Chain – Excellence. Simply delivered.

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

Date: February 04, 2026

To Whom It May Concern :

I hereby certify that according to the records of this office,

EXEL INC.

is a domestic corporation organized on **June 01, 1983** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 26020042570

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: qle

City of Reno

BUSINESS LICENSE

EXEL INC

DBA: DHL SUPPLY CHAIN

SCOTT HOFACKER

1025 SANDHILL RD
RENO, NV 89521

LICENSE TYPE: DIST/MFG/WHS

LICENSE #: R157949A-LIC

EXPIRES: 10/31/2026

ANNUAL LICENSE

In accordance with the provisions of Reno Municipal Code Titles 4 and 5, the above named is hereby granted a City of Reno business license and is authorized to conduct the business activity listed. This license is valid until the expiration date unless suspended, revoked or cancelled and shall not be transferred or assigned.

DIRECTOR OF BUSINESS LICENSING

CITY CLERK

This license must be displayed in a conspicuous place pursuant to RMC Sec. 4.04.180(3). You may verify this business license online at www.onenv.us.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RE0668080	08-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	08-07-2025

EXEL INC. DBA DHL SUPPLY CHAIN (USA)
1025 SANDHILL RD
RENO, NV 895215036

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RE0668080	08-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	08-07-2025

EXEL INC. DBA DHL SUPPLY CHAIN (USA)
1025 SANDHILL RD
RENO, NV 895215036

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RE0668080	08-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	08-07-2025

EXEL INC. DBA DHL SUPPLY CHAIN (USA)
1025 SANDHILL RD
RENO, NV 895215036

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
05/01/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	PHONE (A/C, No, Ext): (866) 283-7122	FAX (A/C, No.): 800-363-0105
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	National Union Fire Ins Co of Pittsburgh	19445
INSURER B:	AIU Insurance Company	19399
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Exel Inc. DBA DHL Supply Chain (USA)
360 Westar Boulevard
Westerville OH 43082-7627 USA

COVERAGES **CERTIFICATE NUMBER:** 570119799363 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY			GL012335774	05/01/2026	05/01/2027	EACH OCCURRENCE	$1,000,000
	[ ] CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	[X] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$2,000,000
	[ ] OTHER:							
A	AUTOMOBILE LIABILITY			CA 012335772 AOS	05/01/2026	05/01/2027	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
B	[X] ANY AUTO			CA 012335773 MA	05/01/2026	05/01/2027	BODILY INJURY (Per person)	
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	
	[ ] DED [ ] RETENTION							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC012335776 AOS	05/01/2026	05/01/2027	[X] PER STATUTE [ ] OTH-ER	
B	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] N/A (Mandatory in NH)			WC012335777 WI	05/01/2026	05/01/2027	E.L. EACH ACCIDENT	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	$1,000,000
							E.L. DISEASE-POLICY LIMIT	$1,000,000
A	Excess Workers Compensation			WC012335778 OH WA WY SIR applies per policy terms & conditions	05/01/2026	05/01/2027	EL Each Accident EL Disease - Ea Emp SIR	$1,000,000 $1,000,000 $500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: See attached addendum. Additional Insured is afforded in accordance with the provisions of the General Liability and Automobile Liability policies, where Exel Inc. dba DHL Supply Chain has specifically agreed by written contract to provide Additional Insured status. See Attached List of Named Insured.

CERTIFICATE HOLDER

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno NV 89521 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Central Inc

Holder Identifier :

Certificate No : 570119799363

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AGENCY CUSTOMER ID: 570000054594

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	Exel Inc. DBA DHL Supply Chain (USA)
POLICY NUMBER	
See Certificate Number: 570119799363	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570119799363	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insured List

First Named Insured: Exel Inc. d/b/a DHL Supply Chain (USA)

Advance Logistics Inc.
Bluebird Express, LLC
DHL Supply Chain RN (USA)
DPWN Holdings (USA), Inc.
Exel Freight Connect Inc. dba DHL Tansport Brokerage
Genesis Logistics Inc.
Heartland Logistics Inc.
Hillebrand Last Mile USA, Inc
Hyperion Properties, Inc.
Integrated Distribution Services, Inc. (IDS)
Key Fleet LLC
KLS Logistics Inc
PDP Courier Services (USA) Inc.
Power Packaging, Inc.
Royal Service Transport Inc.
Satellite Logistics Group, Inc.
SLG Holdco Inc.
Tibbett & Britten Group North America, LLC
Trillium Supply Chain

Including any subsidiary corporations thereof, or any tier, as now or hereafter constituted and any other legal entity in which the Named Insured has fifty percent or more ownership interest or in which the Named Insured exercises management or financial control.

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AGENCY CUSTOMER ID: 570000054594

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	Exel Inc. DBA DHL Supply Chain (USA)
POLICY NUMBER	
See Certificate Number: 570119799363	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570119799363	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Site Locations

8655 Commerce Drive, Southaven, MS 38671
Ste 100 84 Zions View Road Suite 100, Manchester, PA 17345
3950 Alto Ave, Las Vegas, NV 89115
1800 Cloister Drive, Lancaster, PA 17601
5920 Corporate Drive, St. Joseph, MO 64507
1141 E Harrisburg Pike, Middletown, PA 17057
1704 Midpark Road, Knoxville, TN 37921
9440 South State Road 39 Suite 200, Mooresville, IN 46158
9211 Kaiser Way, Fontana, CA 92335
9440 South State Road 39, Mooresville, IN 46158
300 Salem Church Rd., Mechanicsburg, PA 17050
1635 Stone Ridge Dr, Stone Mountain, GA 30083
98 Excellence Way, Vonore, TN 37885
1003 Corporate Lane Suite A, Export, PA 15632
3299 Tchulatech Drive Suite 110, Memphis, TN 38118
700 Killinger Road, Annville, PA 17003
350 Salem Church Road, Mechanicsburg, PA 17050
2500 Southpoint Drive, Forest Park, GA 30297
1025 Sandhill Road, Reno, NV 89521
9475 Distribution Drive, Clayton, IN 46118
260 Salem Church Road, Mechanicsburg, PA 17050
8890 Commerce Drive, Southaven, MS 38671
3930 S 500E, Whitestown, IN 46075

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RIDER

To be attached to and form part of:

Bond Number	016075066
dated	April 15, 2017
issued by the	LIBERTY MUTUAL INSURANCE COMPANY
in the amount of	$ 100,000.00
on behalf of	EXEL, INC. DBA DHL SUPPLY CHAIN (USA) (Principal)
and in favor of	THE STATE OF NEVADA (Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The following site locations to be added:

- North Star Forest Park GA - 2500 Southpoint Dr., Forest Park, GA 30297
- North Star Reno located - 1025 Sandhill Road, Reno, NV 89521

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 22nd day of August, 2022.

Signed, Sealed & Dated this 22nd day of August, 2022.

EXEL, INC. DBA DHL SUPPLY CHAIN (USA)
(Principal)

By: Mark A. Smalik

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By:
Pedro Gonzalez Jr., Attorney-in-Fact

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8207389-016018

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Claudette Alexander Hunt, Pedro Gonzalez, Jr.

all of the city of Miami state of FL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 24th day of February, 2022.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 24th day of February, 2022 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 22nd day of August, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Exel Inc. dba DHL Supply Chain (USA) MDEG License # (if applicable): N/A

Physical Address: 1025 Sandhill Road

City: Reno State: NV Zip: 89521

Mailing Address (if different from physical address): 360 Westar Blvd, Dept 555

City: Westerville State: OH Zip: 43082

Telephone: 800-981-2491 Website: www.dhl.com

Licensing Company Email: DHL@iqvia.com

Section 2: Personal Information

First: Alejandra Middle: M. Last: Limon

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: 1025 Sandhill Road

City: Reno State: NV Zip: 89521

Telephone: 800-981-2491 Email: alejandra.limon2@dhl.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☑
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☑
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☑

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☑
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Nevada - Reno		08/08 - 12/12	
Address	**City**	**State**	**Zip**
1664 North Virginia Street	Reno	NV	89557
Diploma/Degree obtained, if any			
BA Criminal Justice			

School Name		From - To (MM/YY – MM/YY)	
Sparks High School		08/04 - 06/08	
Address	**City**	**State**	**Zip**
820 15th Street	Sparks	NV	89431
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/21 - Present	[redacted]	Sparks	NV	[redacted]
09/17 - 05/21		Reno	NV	
11/14 - 09/17		Sparks	NV	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Exel Inc. dba DHL Supply Chain (USA)			07/22 - Present	
Business Address		**City**	**State**	**Zip**
1025 Sandhill Road		Reno	NV	89521
Phone	**Title**		**Number of Employed Hours**	
800-981-2491	Quality Assurance Specialist		6000+	
Description of Duties				
- Assisted with quality functions during start up process - Audits facility to meet acquirements - Develops process for site - Maintains quality system				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		☑
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		☑

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

→ Original Signature (electronic, copies or stamps not accepted)

→ Date 02/19/26

I, Alejandra Limon, **certify that as the MDEG Administrator for**

Exel Inc. dba DHL Supply Chain (USA),

that I (initial that you have read and meet the following requirements):

1. AL Have a high school diploma or its equivalent;
2. AL Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. AL Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. AL Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alejandra Limon

Print Name (First, Last)

→ Original Signature (electronic, copies or stamps not accepted)

02/19/26

→ Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Exel Inc. dba DHL Supply Chain (USA)

Pharmacy/Wholesaler License # (if applicable) WH03268

Physical Address 1025 Sandhill Road

City Reno State NV Zip 89521

Mailing Address (if different from physical address) 360 Westar Blvd, Dept 555

City Westerville State OH Zip 43082

Telephone 800-981-2491 Website www.dhl.com

Licensing Company Email dhl@iqvia.com

Section 2: Personal Information

First Alejandra Middle M. Last Limon

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address 1025 Sandhill Road

City Reno State NV Zip 89521

Telephone 800-981-2491 Email alejandra.limon2@dhl.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☑
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☑
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☑

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☑
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Nevada - Reno		08/08 - 12/12	
Address	**City**	**State**	**Zip**
1664 North Virginia Street	Reno	NV	89557
Diploma/Degree obtained, if any			
BA Criminal Justice			

School Name		From - To (MM/YY – MM/YY)	
Sparks High School		08/04 - 06/08	
Address	**City**	**State**	**Zip**
820 15th Street	Sparks	NV	89431
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/21 - Present	[redacted]	Sparks	NV	[redacted]
09/17 - 05/21		Reno	NV	
11/14 - 09/17		Sparks	NV	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Exel Inc. dba DHL Supply Chain (USA)			07/22 - Present	
Business Address		**City**	**State**	**Zip**
1025 Sandhill Road		Reno	NV	89521
Phone	**Title**		**Number of Employed Hours**	
800-981-2491	Quality Assurance Specialist		6000+	
Description of Duties				
- Assisted with quality functions during start up process - Audits facility to meet acquirements - Develops process for site - Maintains quality system				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		☑
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		☑
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		☑
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		☑
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		☑
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		☑
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		☑
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		☑
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		☑
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		☑

I, Alejandra Limon, **certify that as the designated representative for**

Exel Inc. dba DHL Supply Chain (USA),

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AL I am at least 21 years of age;
3. AL I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AL I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AL I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AL I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AL I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Alejandra Limon

Print Name (First, Last)



→ Original Signature (electronic, copies or stamps not accepted)

02/19/26

→ Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alejandra Limon

Print Name (First, Last)

→ Original Signature (electronic, copies or stamps not accepted)

→ Date 02/19/26

→ **Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Washoe

I, LuzalejandraMatinez Limon, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date 02/19/26

Subscribed and Sworn to before me this 19 day of Feb, 2026

Heather Harms

Notary Public Signature

HEATHER HARMS
Notary Public
State of Nevada
Appt. No. 24-2295-02
My Appt. Expires Nov. 29, 2028

(Seal)

Employee List:

Alejandra Limon
Damon Breshears
Villiami Taufa
Jay Mitchell

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Inspection Report
Wholesaler, Manufacturer, Warehouse

Section 1: General Information	
Inspection Date:	1/8/2025
Licensee Name:	DHL SUPPLY CHAIN (USA)
Licensee Address:	1025 SANDHILL RD, RENO NV 89521
Licensee Phone:	775-530-9080
Licensee NVBOP License #:	WH03268
Designated Representative:	ALEJANDRA LIMON
Accreditation Company/Expiration Date	NABP, GOOD THRU 4/23/2027
E-mail to be utilized for inspection f/u:	dhl@iqvia.com
Name of Employee present for Inspection:	DAMON BRESHEARS, JUAN RAMIREZ
Name of NVBOP Inspector:	MUI LEE

Section 2: Inspector Review		Yes	No
1.	Self-Inspection Form complete and accurate. Comments: INSPECTION FORN IS COMPLETE AND READY FOR REVIEW	☒	☐
2.	Personnel List complete and accurate. Comments:	☒	☐
3.	Policy and procedures for screening and hiring employees with access to controlled substances and dangerous drugs complete and accurate. Comments: ALL EMPLOYEE ARE BACKGROUND AND DRUG TESTED BEFORE HIRING	☒	☐
4.	Dangerous drugs are stored per the manufacturer's guidelines. Comments:	☒	☐
5.	Facility meets security requirements as defined in NVBOP regulations . Comments: ENTRY INTO BUILDING IS BY BADGE ACCESS, THERE ARE SECURITY PERSONNEL ON SITE 24/7	☒	☐
6.	All records maintained for a minimum of 3 years. Comments: RECORDS ARE KEPT ON SITE FOR 3 YEARS THEN OFF SITE FOR ABOUT 10 YEARS	☒	☐
7.	Facility has a procedure in place for monitoring for outdated or adulterated drugs. Comments: SHORT DATED REPORT IS RUN MONTHLY AND SEPARATED FROM SALEABLE UNTIL EXPIRED THEN QUARANTINED TILL DESTRUCTION	☒	☐

8.	Security of the controlled substance cage meets NVBOP regulations. Comments: ONLY LIMITED NUMBER OF EMPLOYEES HAS ACCESS AND MUST USE BADGE AND KEY CODE	☒	☐
9.	Facility has documentation of monthly pest control. Comments: ADVANCE IPM MONTHLY VISIT REVIEWED	☒	☐
10.	Facility is clean and maintained in an orderly manner. Dedicated clean/dirty/quarantine areas located in warehouse. Comments: HAS DESIGNATED AREA FOR QUARANTINE PRODUCTS UNTIL DESTRUCTION	☒	☐
11.	Facility has a process in place to document cleaning and testing of all rental equipment. Comments: ---------- N/A---------- NO RENTAL EQUIPMENT	☐	☒
12.	Facility has repair log available for review and meets all NVBOP regulations. Comments: ---------- N/A----------NO REPAIR IN FACILITY	☐	☒
13.	Facility has system in place to monitor for any product recalls. Comments: RECALL PRODUCTS ARE SEPARATED SYSTEMICALLY PENDING FOR INSTRUCTION FROM CLIENTS	☒	☐

Section 3: Required Follow-Up - The following items were identified as issues which require a response from the facility manager.	
Description of Issue	**Response due date**
NO FOLLOW UP IS REQUIRED	

Additional Comments:
- THIS IS A 3PL FACILITY ONLY AND DOES NOT OWN THE PRODUCTS - GENERATOR IS TESTED WEEKLY AND QUARTERLY MAINTENENCE IS DONE - FRIDGE/FREEZER TEMP LOG REVIEWED WITH NO EXCURSION - TEMPERATURE SENSITIVE PRODUCTS ARE MOVED FROM TRUCK TO COOLER BEFORE RECEIVING INTO SYSTEM - TENPERATURE SENSITIVE PRODCUTS ARE PICKED IN COOLER AND PACKED OUTSIDE COOLER WITHIN TIME ALLOWED OUT OF FRIDGE - CONTROLLED SUBSTANCES ARE LOADED AND UNLOADED AT A SPECIFIC DOCK WITH MANY CAMERAS. RECEIVING INTO SYSTEM IS DONE INSIDE CONTROLLED CAGE - CONTROLLED SUBSTANCES ARE PICKED AND PACKED INSIDE THE CAGE AND KEPT INSIDE UNTIL TIME TO SHIP - WAREHOUSE IS CLEANED BY CONTRACTED JANITORIAL SERVICES - LICENSES POSTED AND CURRENT - HANDWASHING SIGN POSTED IN RESTROOM - CYCLE COUNT IS DONE DAILY ON CONTROLLED SUBSTANCES AND ON PICKED PRODUCTS. ALL PRODUCTS ARE COUNTED AT LEAST ONCE QUARTERLY - INVENTORY ADJUSTMENT CAN ONLY BE DONE BY OR APPROVED BY UPPER MANAGEMENT

If you are required to provide documentation to the inspector via fax or e-mail use the contact information listed below.

Please fax required documents to 1-702-486-7903 for Las Vegas inspectors

John Castaldo – jcastaldo@pharmacy.nv.gov

Leo Basch – lbasch@pharmacy.nv.gov
Joe Dodge – j.dodge@pharmacy.nv.gov

Please fax required documents to 1-775-850-1444 for Reno inspectors

Mui Lee – m.lee@pharmacy.nv.gov

Your location has been inspected by an agent of the Nevada Board of Pharmacy. Any noted unsatisfactory conditions that require action are listed above and they must be corrected within the time frames stated to ensure compliance with laws and regulations governing your business.

X 1/8/2026

Signature of Employee Present for Inspection

RRRRRR

QA Approved

Copy Confidential

Wholesaler, Warehouse, Manufacturer Information	
Date Completed:	29DEC2025
Business Name:	Exel Inc. dba Supply Chain (USA)
NVBOP License #:	WH03268
Business Address:	1025 Sandhill Road. Reno, NV 89521
Business Telephone #:	7755396428
Business Fax #:	N/A
Business Email:	Regulatory @dhl.com
Designated Representative Name:	Alejandra Limon
Designated Representative Start Date:	07/11/2022

List all officers, directors, managers, employees – (Make copies of this page if additional space is needed)		
#	Name (First, Last)	Credentials/Position
1	~~Patrick Kelleher~~ Mark Kunar	Chief Executive Officer, President, ~~and Chairman~~
2	Mark Andrew Smolik	Chief Legal Officer and Secretary
3	Bernadette Paice	ADMINISTRATION.Administrative Assistant II
4	Caleb Ross	Forklift Operator
5	Cora Caravetta	Forklift Operator
6	Damon Breshears	General Manager
7	Diego Marquez	Forklift Operator
8	DipaliA min	Forklift Operator
9	Eduardo Leyva	Tasker
10	Elsa Casillas	Inventory Control
11	Emely Portillo Perez	Forklift Operator
12	Emily Pelletier	Forklift Operator
13	Gavin Cadez	Tasker
14	Jordan RoseSchoonover	Operations Systems Analyst
15	JorgeTinajero	Operations Supervisor
16	Jose Lopez	Forklift Operator
17	Juan Cano	Forklift Operator
18	Juan Ramirez	Operations Manager
19	Juice Ezra	Forklift Operator
20	LaKisha Legrone	Forklift Operator
21	LeonardoTamayo-Cervantes	Forklift Operator
22	Luther Harge	Forklift Operator
23	LuzAlejandra Limon	Quality Manager
24	Marcella Cadez	Tasker
25	Maria ZitaEncarnacion	Inventory Control
26	Messhia Gishie	Forklift Operator
27	Michael Oller	Forklift Operator
28	Miguel Amor	Tasker
29	Quang Nguyen	Operations Supervisor
30	RosaMachado Flores	Forklift Operator

See Attachment #A

12D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Where is the facility located?		■ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10) ■ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10)

Section 1: General Information

Facility Name: E SURGICAL, LLC

Physical Address: 150 Isidor Ct Ste 203

City: Sparks State: NV Zip: 89441

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 775-3729050 Website: _____

Name of Designated Representative (DR): HUNG-TING LO

Licensing Company Email: inquiry@esurgical.com DR Email: Regulatory@esurgical.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies ■ Practitioners ■ Hospitals ☐ Wholesalers ☐ Veterinarians ☐ Others:	☐ Dangerous Drugs ☐ Controlled Substances ■ [a]Medical Products (medical devices, equipment, supplies, gases) ☐ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ■ Others: ecommerce

Section 2: ONLY COMPLETE THIS SECTION IF THE COMPANY IS WHOLESALING *Medical Products (medical devices, equipment, supplies and gases). Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A	Credentials: N/A	%: N/A
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 3 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Hung Ting Ho
Original Signature (electronic, copies or stamps not accepted)

05/27/2026
Date

Section 4: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A (Applicant does not sell or distribute pharmaceutical products.)

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: Jane Liu

Business Name: E Surgical, LLC

Business Address: 150 Isidor Ct Ste 203

City: Sparks State: NV Zip: 89441

Telephone: 775-3729050 Email: Jane@esurgical.com; Jane@newdean.com

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

E SURGICAL, LLC

Facility Name

HUNG-TING LO

Print Name of Authorized Person Submitting Application

Hung ting Lo

Original signature of Authorized Person (copies or stamps not accepted)

05/27/2026

Date

Board Use Only	Date Received: 6.11.26	Amount: $600.00 Ch 18616

Section 9: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 10: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale [a]Medical Products (medical devices, equipment, supplies, gases). (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Products (medical devices, equipment, supplies, gases), supply a copy of proof of insurance (NAC 639.6957).** The Medical Products wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 9)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20NRS%20639.500%20-%20Effective%2001.07.2026%20-%20Wholesaler%20-%20Post%20on%201.26.26.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
E SURGICAL, LLC
150 Isidor Ct
Ste 203
Sparks, NV 89441
Registration Number: 3007499195
FEI Number*: 3007499195
Status: Active
Date Of Registration Status: 2026

Owner/Operator:
E Surgical, LLC[6]
150 Isidor Ct
Ste 203
Sparks, NV 89441
Owner/Operator Number: 10028649[7]

Official Correspondent:
Tina Lo
150 Isidor Ct
Ste 203
Sparks, NV 89441
Phone: 775-3729050

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10028649&OwnerOperatc
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10028649&OwnerOperatc

Page Last Updated: 05/11/2026

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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U.S. Department of **Health & Human Services**

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SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **E SURGICAL, LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 11/19/2018, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 05/21/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202605216695482
You may verify this certificate online at https://www.nvsilverflume.gov/home

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

E SURGICAL, LLC

Nevada Business Identification # NV20181841061
Expiration Date: 11/30/2026

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/06/2025.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202511066253096
You may verify this certificate online at https://www.nvsilverflume.gov/home

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/21/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Jessica Carroll
L/P Insurance Services LLC 300 East 2nd Street Suite 1300 Reno NV 89501	PHONE (A/C, No, Ext): (775) 996-6000 FAX (A/C, No): (775) 473-9288 E-MAIL ADDRESS: jessica.carroll@lpins.net

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Chubb Indemnity Insurance Co	12777
INSURER B: Federal Insurance Company	20281
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
E Surgical LLC
150 Isidor Ct, Ste 203
Sparks NV 89441

COVERAGES **CERTIFICATE NUMBER: CL2572428383** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			D03207158	7/15/2025	7/15/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	1,000,000 1,000,000 10,000 1,000,000 2,000,000 Excluded
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			73653527	7/15/2025	7/15/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	1,000,000
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			56730352 (Excludes Products/Completed Operations	7/15/2025	7/15/2026	EACH OCCURRENCE AGGREGATE	$ $	10,000,000 10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		71844736	7/15/2025	7/15/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
A	Products/Completed Operations Professional Liability			D03207171 Deductible: $25,000	7/15/2025	7/15/2026	Aggregate / Each Claim Aggregate		$10M / $10M $1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Coverage

CERTIFICATE HOLDER

Evidence of Coverage

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Jessica Carroll/JESS

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 101073103

Application/License No. _____

E SURGICAL, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 150 ISIDOR CT SUITE 203 SPARKS, NV, 89441 (Address of Applicant/Principal), as PRINCIPAL, and AMERICAN CONTRACTORS INDEMNITY COMPANY (Surety Company), a corporation organized under the laws of the state of California (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 801 S. Figueroa Street, Suite 700, Los Angeles, CA 90017 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 5/26/2026 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 26th day of May, 2026.

AMERICAN CONTRACTORS INDEMNITY CO. INCORPORATED SEPT. 25, 1990 CALIFORNIA

APPLICANT/PRINCIPAL

E SURGICAL, LLC

Authorized Representative

SURETY

AMERICAN CONTRACTORS INDEMNITY COMPANY

Surety Company's Representative

ANDREA CANTLON, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

TOKIO MARINE HCC

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That American Contractors Indemnity Company of the State of California, a California corporation, does hereby appoint,

ANDREA CANTLON

its true and lawful Attorney-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include riders, amendments, and consents of surety regarding bond number 101073103, providing the bond penalty does not exceed Twenty-five thousand and 00/100 Dollars ($25,000.00).

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the Board of Directors of AMERICAN CONTRACTORS INDEMNITY COMPANY at a meeting duly called and held on the 1st day of September, 2011.

"*Be it Resolved*, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached."

The Attorney-in-Fact named above may be an agent or a broker of the Company. The granting of this Power of Attorney is specific to this bond and does not indicate whether the Attorney-in-Fact is or is not an appointed agent of the Company.

IN WITNESS WHEREOF, American Contractors Indemnity Company has caused its seal to be affixed hereto and executed by its President on this 20th day of November, 2024.

AMERICAN CONTRACTORS INDEMNITY COMPANY

By: _____
Adam S. Pessin, President

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

On this 20th day of November, 2024, before me, D. Littlefield, a notary public, personally appeared Adam S. Pessin, President of American Contractors Indemnity Company, who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of CALIFORNIA that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (seal)

D. LITTLEFIELD
Notary Public - California
Los Angeles County
Commission # 2478570
My Comm. Expires Jan 31, 2028

I, Kio Lo, Assistant Secretary of American Contractors Indemnity Company, do hereby certify that the Power of Attorney and the resolution adopted by the Board of Directors of said Company as set forth above, are true and correct transcripts thereof and that neither the said Power of Attorney nor the resolution have been revoked and they are now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seals of said Companies at Los Angeles, California this 26th day of May, 2026.

Bond No. 101073103
Agency No. 18738

Kio Lo, Assistant Secretary

Maria Herrera

From: Regulatory <Regulatory@esurgical.com>
Sent: Friday, June 5, 2026 8:15 AM
To: Maria Herrera
Subject: RE: Nevada Wholesaler application-E Surgical, LLC
Attachments: E Surgical State Business License exp 11.30.2026.pdf

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Ms. Herrera,

Thanks for your email. In response see as follows:

- Provide a copy of the Nevada Business license
  ANSWER: See attached Nevada Business License for E Surgical LLC.

- Please note that the DR did not list this location as the current employer on section 7
  ANSWER: The address at 150 Isidor Ct., Suite 203 is the business address for E Surgical LLC and the address for the registered agent for E Surgical with the Nevada Secretary of State. However, 150 Isidor Ct. does not have any warehouse or shipping facilities. E Surgical's plans to use the warehouse and shipping facilities of nearby New Deantronics Ltd located at 1 New Deantronics Way. E Surgical LLC and New Deantronics Ltd are affiliated companies. The office of Hung-Ting Lo, as the Designated Representative would be located at 1 New Deantronics Way due to the availability of warehouse and shipping facilities.

Best regards,
Hung-Ting (Tina) Lo
Designated Representative
E Surgical, LLC
(775) 360-9766

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: E Surgical, LLC — MDEG License # (if applicable): N/A

Physical Address: 150 Isidor Ct Ste 203

City: Sparks — State: NV — Zip: 89441

Mailing Address (if different from physical address):

City: — State: — Zip:

Telephone: 775-3729050 — Website:

Licensing Company Email: inquiry@esurgical.com

Section 2: Personal Information

First: HUNG-TING — Middle: — Last: LO

Alias(es, nicknames, name changes, etc.): TINA

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted]

City: SPARKS — State: NV — Zip: [redacted]

Telephone: [redacted] — Email: regulatory@esurgical.com

Are you a citizen of the United States? ☐ Yes ☑ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of North Texas		01/01-12/03	
Address	**City**	**State**	**Zip**
1155 UNION CIRCLE #311277	Denton	TX	76203-5017
Diploma/Degree obtained, if any			
Master of Business Administration (Major in Health Services Management)			

School Name		From - To (MM/YY – MM/YY)	
KAOHSIUNG MEDICAL UNIVERSITY		10/94-06/98	
Address	**City**	**State**	**Zip**
No.100, Shih-Chuan 1st Road, Sanmin Dist.,	Kaohsiung, Taiwan		80708
Diploma/Degree obtained, if any			
Bachelor of Science (major in Medical Sociology)			

School Name		From - To (MM/YY – MM/YY)	
Our Lady of Providence High School		09/91-06/94	
Address	**City**	**State**	**Zip**
No. 18, Sanmin Rd., Xindian Dist.	New Taipei City, Taiwan		231
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/24-today	[redacted]	Sparks	NV	[redacted]
05/16-05/24		New Taipei City, Taiwan		

N/A

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
New Deantronics, Ltd.			05/24-today
Business Address	**City**	**State**	**Zip**
1 New Deantronics Way	Sparks	NV	89441
Phone	**Title**	**Number of Employed Hours**	
7753723120	RA and Designated Management Representative	~4000	

Description of Duties

Regulatory Specialist (RA): Ensuring that quality management systems are effectively established and maintained to meet applicable medical device regulations and standards.

Business Name			From - To (MM/YY – MM/YY)
New Deantronics Taiwan Ltd.			02/22-05/24
Business Address	**City**	**State**	**Zip**
12F.,No.51,Sec.4,Zhongyang Rd.,Tucheng Dist.	New Taipei City, Taiwan		236
Phone	**Title**	**Number of Employed Hours**	
+886 (2) 2268 1726	Technical Manager at Quality Management Division	~4200	

Description of Duties

- Ensure regulatory compliance for both quality management system and applicable standards to the Medical Devices.
- Study the applicable standards and the regulations, and evaluate the impact /adoption to the QMS.

Business Name			From - To (MM/YY – MM/YY)
New Deantronics Taiwan Ltd.			02/16-02/21
Business Address	**City**	**State**	**Zip**
12F.,No.51,Sec.4,Zhongyang Rd.,Tucheng Dist.	New Taipei City, Taiwan		236
Phone	**Title**	**Number of Employed Hours**	
+886 (2) 2268 1726	RA/QA Section Manager	~9600	

Description of Duties

- Manage the internal communication and provide supervision to the section members.
- Conduct internal audit and assist in external audit held by customer or regulatory authority.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

N/A.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Hungtruong Ho
Original Signature (electronic, copies or stamps not accepted)

05/26/2026
Date

I, HUNG-TING LO, **certify that as the MDEG Administrator for**

E SURGICAL, LLC,

that I (initial that you have read and meet the following requirements):

1. H.L. Have a high school diploma or its equivalent;
2. H.L. Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. H.L. Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. H.L. Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

HUNG-TING LO
Print Name (First, Last)

Hung ting Lo
Original Signature (electronic, copies or stamps not accepted)

05/26/2026
Date

Board Use Only	Date Received: 6/11/26

E Surgical

[redacted]

Letter of Designation

Ms. Tina Lo has demonstrated the requisite expertise in the field of medical devices through four years of professional experience in regulatory affairs and quality management systems related to medical devices and has been designated as the Management Representative (MR) for E Surgical, LLC, effective as of the date listed below.

According to U.S. FDA 21 CFR 820.20(b)(3), the MR is appointed by the Manager of the company who, irrespective of other responsibilities, shall have established authority over and responsibility for:

(i) Ensuring that quality system requirements are effectively established and effectively maintained in accordance with this part; and

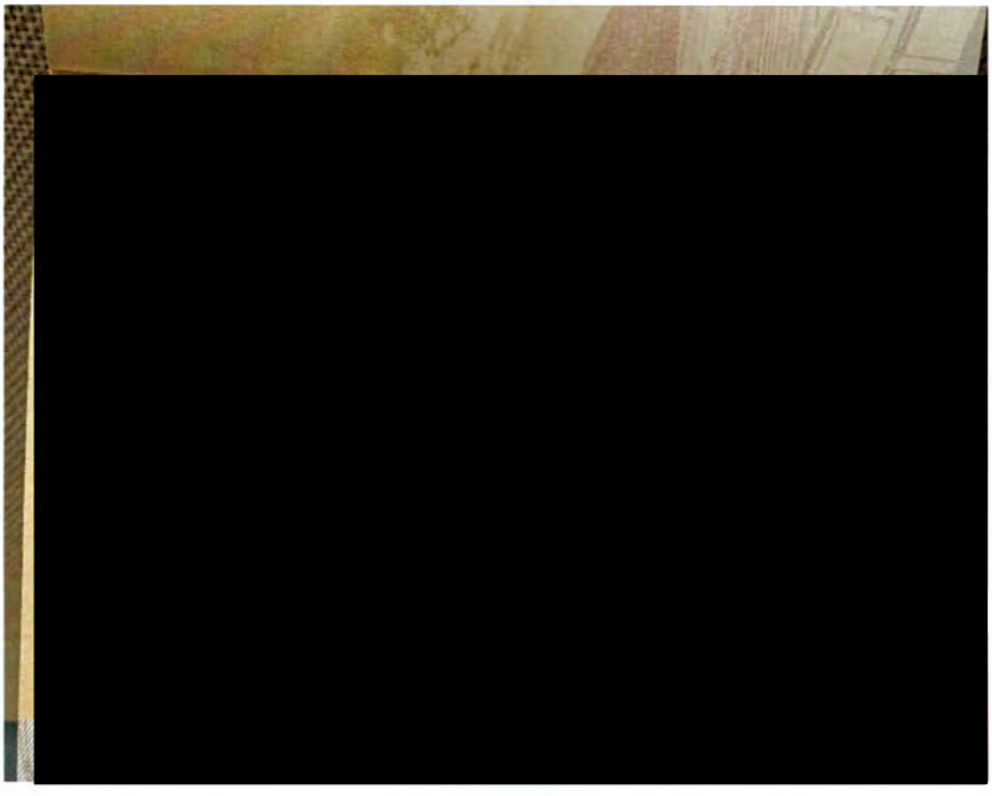
(ii) Reporting on the performance of the quality system to management with executive responsibility for review.

Effective date: 05/13/2024
(mm/dd/yyyy)

Jane Liu

Print name / Signature
Manager of E Surgical, LLC

Jane (Huei Jen) Liu VISA



13
簽證 / VISAS

[redacted]

EDUCATION

UNIVERSITY OF NORTH TEXAS, Denton, Texas
Master of Business Administration: Major in Health Services Management, 2001 - 2003

KAOHSIUNG MEDICAL UNIVERSITY, Kaohsiung, Taiwan Bachelor of Science:
Major in Medical Sociology, 1994 - 1998

WORK EXPERIENCE RELATED TO MEDICAL DEVICE

New Deantronics, Ltd., Sparks, Nevada, USA. **5/2024 to today**
Sr. Regulatory Specialist and Designated Management Representative

- Prepare, submit, and maintain regulatory documentation, including facility registrations and device marketing authorizations, to ensure compliance with FDA and other global regulatory requirements.
- Communicate with regulatory agencies and notified bodies and serve as a regulatory liaison for the project team throughout the product lifecycle.
- Monitor changes in applicable medical device regulations and standards, evaluating their impact on the company's products and processes.
- Collaborate with cross-functional and international teams to maintain regulatory compliance through product development and post-market activities.
- Oversee the creation and maintenance of regulatory documentation, including risk management files and labeling requirements.
- Support regulatory impact assessments for change controls and related activities.
- Provide training and guidance to internal teams on regulatory requirements and any relevant updates.
- Participate in internal and external audits, providing regulatory support as needed.

New Deantronics Taiwan Ltd., New Taipei City, Taiwan **9/2008 to 05/2024**

Technical Manager	02/2022 to 05/2024
RA/QA Section Manager	02/2016 to 02/2021
QA Section Manager	12/2014 to 02/2016
QA Engineer	09/2008 to 12/2014

- Ensure regulatory compliance with both quality management system and applicable standards to the Medical Devices.
- Study the applicable standards and the regulations and evaluate the impact /adoption to the QMS.
- Manage internal communication and provide supervision to the section members.
- Review the documentations for the medical device marketing approval applications/renewal, i.e. USA 510(k), Canada Device License, EU, Japan, Korea, Australia.
- Conduct internal audit and assist in external audit held by customer or regulatory authority, including Notified Body, GMP, FDA...etc.
- Monitor the implementation of design control/design change process.
- Arrange documentation for customers' requirements, i.e. PPAP, SCR.
- Devise History Record review for shipments.
- Qualified internal trainer in the company.

New Deantronics Ltd.
1 New Deantronics Way
Sparks, NV 89441
Tel: 775.433.1808
Fax: 775.372.6496

May 22, 2026

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Dear Sir/Madam,

This is to confirm that Tina (Hung-Ting) Lo has been employed full-time as a Senior Regulatory Specialist with New Deantronics, Ltd. since May 13, 2024.

Sincerely,

Janice Schlichter

Administrative Manager

University of North Texas

Hungting Lo

Having successfully completed the Course of Study as prescribed by the Faculty and Board of Regents and having complied with all other requirements of the University, has been granted the Degree

Master of Business Administration

and is entitled to all rights and privileges appertaining to that Degree.

In testimony whereof, the undersigned have subscribed their names and affixed the Seal of the University.

Done this thirteenth day of December, Two thousand and three in Denton, Texas.

Bobby Ray
Chairman of the Board of Regents

Lee Jackson
Chancellor, University of North Texas System

Ronald L. Pol
President of the University

9821

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler E SURGICAL, LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 150 Isidor Ct Ste 203

City Sparks State NV Zip 89441

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 775-3729050 Website _____

Licensing Company Email inquiry@esurgical.com

Section 2: Personal Information

First HUNG-TING Middle _____ Last LO

Alias(es, nicknames, name changes, etc.) TINA

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City Sparks State NV Zip [redacted]

Telephone [redacted] Email Regulatory@esurgical.com

Are you a citizen of the United States? ☐ Yes ☑ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of North Texas		01/01-12/03	
Address	**City**	**State**	**Zip**
1155 UNION CIRCLE #311277	Denton	TX	76203-5017
Diploma/Degree obtained, if any			
Master of Business Administration (Major in Health Services Management)			

School Name		From - To (MM/YY – MM/YY)	
KAOHSIUNG MEDICAL UNIVERSITY		10/94-06/98	
Address	**City**	**State**	**Zip**
No.100, Shih-Chuan 1st Road, Sanmin Dist.,	Kaohsiung		80708
Diploma/Degree obtained, if any			
Bachelor of Science (major in Medical Sociology)			

School Name		From - To (MM/YY – MM/YY)	
Our Lady of Providence High School		09/91-06/94	
Address	**City**	**State**	**Zip**
No. 18, Sanmin Rd., Xindian Dist.	New Taipei City, Taiwan		231
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/24-today	[redacted]	Sparks	NV	[redacted]
05/16-05/24		New Taipei City, Taiwan		
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

N/A

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
New Deantronics, Ltd.			05/24-today	
Business Address		**City**	**State**	**Zip**
1 New Deantronics Way		Sparks	NV	89441
Phone	**Title**		**Number of Employed Hours**	
7753723120	RA and Designated Management Representative		~4000	
Description of Duties				
Ensuring that quality management systems are effectively established and maintained to meet applicable medical device regulations and standards.				

Business Name			From - To (MM/YY – MM/YY)	
New Deantronics Taiwan Ltd.			02/22-05/24	
Business Address		**City**	**State**	**Zip**
12F.,No.51,Sec.4,Zhongyang Rd.,Tucheng Dist.		New Taipei City, Taiwan		236
Phone	**Title**		**Number of Employed Hours**	
+886 (2) 2268 1726	Technical Manager at Quality Management Division		~4200	
Description of Duties				
• Ensure regulatory compliance for both quality management system and applicable standards to the Medical Devices. • Study the applicab• Ensure regulatory cle standards and the regulations, and evaluate the impact /adoption to the QMS.				

Business Name			From - To (MM/YY – MM/YY)	
New Deantronics Taiwan Ltd.			02/16-02/21	
Business Address		**City**	**State**	**Zip**
12F.,No.51,Sec.4,Zhongyang Rd.,Tucheng Dist.		New Taipei City, Taiwan		236
Phone	**Title**		**Number of Employed Hours**	
+886 (2) 2268 1726	RA/QA Section Manager		~9600	
Description of Duties				
• Manage the internal communication and provide supervision to the section members. • Conduct internal audit and assist in external audit held by customer or regulatory authority.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Hung ting Lo
Original Signature (electronic, copies or stamps not accepted)

05/27/2026
Date

I, HUNG-TING LO, **certify that as the designated representative for**

E SURGICAL, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. H.L. I am at least 21 years of age;
3. N/A I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. H.L. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. H.L. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. H.L. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. H.L. I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

HUNG-TING LO

Print Name (First, Last)

Hung-ting Lo

Original Signature (electronic, copies or stamps not accepted)

05/27/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

HUNG-TING LO

Print Name (First, Last)

Hung ting Lo

Original Signature (electronic, copies or stamps not accepted)

05/27/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

I, HUNG-TING LO, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Hung ting Lo

Original Signature

05/27/2026

Date

Subscribed and Sworn to before me this 27 day of May, 2026

Tracy M Brecke

Notary Public Signature

TRACY M BRECKE
Notary Public, State of Nevada
My Appointment No. 18-2062-2
Expires: February 18, 2030

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site E SURGICAL, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) N/A

Physical Address 150 Isidor Ct Ste 203

City Sparks State NV Zip 89441

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 775-3729050 Website _____

Licensing Company Email inquiry@esurgical.com

Section 2: Personal Information

First Jane Middle H Last Liu

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Addres[redacted]

City Sparks State NV Zi[redacted]

Telephon[redacted] Email jane@esurgical.com; jane@newdean.com

Are you a citizen of the United States? ☐ Yes ☑ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Fu Jen Catholic University			Sept.1975-June1980
Address	**City**	**State**	**Zip**
No. 510, Zhongsheng Road, Xingchung District	New Taiepi City	Taiwan	
Diploma/Degree obtained, if any			
Bachelor of Law			

School Name			From - To (MM/YY – MM/YY)
University of San Francisco			Sept 1980-1May 983
Address	**City**	**State**	**Zip**
2130 Fulton Street,	San Francisco	CA	94117
Diploma/Degree obtained, if any			
MBA			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	
2015-12/2018	[redacted]	Walnut Creek	CA	[redacted]
From - To (MM/YY – MM/YY)		City	State	
12/2018-12/2025		Sparks	NV	
From - To (MM/YY – MM/YY)		City	State	
01/2026-current		Sparks	NV	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
New Deantronics, Ltd.			10/1985-current
Business Address	**City**	**State**	**Zip**
1 New Deantronics Way,	Sparks	NV	89441
Phone	**Title**		
+1-775-433-1808	Founder/President		
Description of Duties			
Managing business development, ensure current business growth and governess all ND business operation related activities.			

Business Name			From - To (MM/YY – MM/YY)
E Surgical LLC			2003-cuurent
Business Address	**City**	**State**	**Zip**
150 Isidor Ct. Suite 203	Sparks	NV	89441
Phone	**Title**		
+1-775-	Owner/Managing Director		
Description of Duties			
Develop business strategy, growth and managing all the business related activities			

Business Name			From - To (MM/YY – MM/YY)
PWL LLC			2018-current
Business Address	**City**	**State**	**Zip**
1 New Deantronics Way	Sparks	NV	89441
Phone	**Title**		
+1-775-433-6888	Owner		
Description of Duties			
Property development and ensure its safety and all related business development			

Business Name			From - To (MM/YY – MM/YY)
Tai-Nev LLC			2018-current
Business Address	**City**	**State**	**Zip**
303 Coyote Crossing Dr.	Sparks	NV	89441
Phone	**Title**		
+1-775-971-4686	Owner		
Description of Duties			
Ensure property management and secure all the requirement			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jane Liu

Print Name (First, Last)

Jane Liu — 05/27/2026

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

I, JANE LIU, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Jane Liu — 05/27/2026

Original Signature — **Date**

Subscribed and Sworn to before me this 27th day of May, 2026

Tracy M Brecke

Notary Public Signature

TRACY M BRECKE
Notary Public, State of Nevada
My Appointment No. 18-2062-2
Expires: February 18, 2030

(Seal)

E Surgical

List

Title/Role	Name
Manager of LLC	Jane (Huei Jen) Liu
President	Michael Blomeyer
Admin.	Janice Schlichter
RA/QA and Designated Management Representative	Tina (Hung-Ting) Lo
Consultant	Manuel Neuer
PM	Lawrence Hsu

12E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	■ Nevada ☐ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ■ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: J Med Supplies NV Inc

Physical Address: 3945 E. Patrick Lane STE D

City: Las Vegas State: NV Zip: 89120

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 855-825-5259 Website: jmednow.com

Name of Designated Representative (DR): ~~Joseph Celang~~ Julian Mir

Licensing Company Email: jteam@jmednow.com DR Email: joeg@jmednow.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Hospice, Insurance		■ Others: DME Distributor

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

John R. [illegible]
Original Signature (electronic, copies or stamps not accepted)

04/01/2024
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Drive DevilBiss Healthcare
Address: 29427 Network Place City: Chicago State: IL Zip: 60673

Name: GF Health Products, Inc.
Address: 7012 Best Friend Rd City: Atlanta State: GA Zip: 30340

Name: Medline Industries
Address: Three Lakes Dr City: Northfield State: IL Zip: 60093

Name: CostCare
Address: 4989 E La Palma Ave City: Anahiem State: CA Zip: 92807

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: John Amirthiah
Business Name: J Med Supplies, Inc.
Business Address: 8420 Kass Dr
City: Buena Park State: CA Zip: 90621
Telephon[redacted] Email: johna@jmednow.com

9841

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

J Med Supplies NV Inc

Facility Name

John Armirthiah

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

04/01/2026

Date

Board Use Only	Date Received: 4/2/2026	Amount: $1000.00

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **J Med Supplies NV Inc** as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 03/18/2025, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 03/02/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202603026523254

You may verify this certificate online at https://www.nvsilverflume.gov/home

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/15/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Hanzelm Santos	
Prime Sentinel Insurance Solutions 15233 Ventura Blvd Suite 500 Sherman Oaks CA 91403	PHONE (A/C, No, Ext): (818) 600-0821	FAX (A/C, No): 818-337-7125
	E-MAIL ADDRESS: hanzelm@sentinelinsurance.agency	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Starstone Specialty Insurance	
INSURED J MED SUPPLIES INC 8420 Kass Dr Buena Park CA 90621	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☑ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☑ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:	Y		PRL00337233P-01	02/12/2026	02/12/2027	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$ 20,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A						☐ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Location: 3945 E Patrick Ln, Suite D Las Vegas, NV 89120

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Arch | Insurance

CHANGE RIDER

To be attached to and form a part of surety bond number SU 7125869-0000, dated the 16th day of April, 2026, issued by Arch Insurance Company, a Missouri insurance company, as surety ("Surety"), on behalf of J Med Supplies Inc., as principal (the "Principal"), in favor of the State of Nevada and to the Nevada Board of Pharmacy, as obligee (the "Obligee").

The Principal and the Surety hereby consent to changing the attached bond as follows: Address

From: 8420 Kass Drive, BUENA PARK CA 90621

To: 3945 E Patrick Lane Suite D Las Vegas NV 89120

This change is effective the 1st day of July, 2026. The attached bond shall be subject to all of its terms, conditions and limitations except as herein modified.

IN WITNESS WHEREOF, said Principal and Surety have caused these presents to be duly signed and sealed this 1st day of July, 2026.

ARCH INSURANCE COMPANY

Arch Insurance Company CORPORATE SEAL 1971 Missouri

By: _____

Chris Kolger, Attorney-In-Fact

AIC 42063

Bond SU SU 7125869-0000

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated. Not valid for Note, Loan, Letter of Credit, Currency Rate, Interest Rate or Residential Value Guarantees.

POWER OF ATTORNEY

Know All Persons By These Presents:
That the Arch Insurance Company, a corporation organized and existing under the laws of the State of Missouri, having its principal administrative office in Jersey City, New Jersey (hereinafter referred to as the "Company") does hereby appoint:

Aaron Steffey and Chris Kolger of Houston, TX (EACH)

its true and lawful Attorney(s)in-Fact, to make, execute, seal, and deliver from the date of issuance of this power for and on its behalf as surety, and as its act and deed: Any and all bonds, undertakings, recognizances and other surety obligations, in the penal sum not exceeding One Million Five Hundred Thousand Dollars (1,500,000.00). This authority does not permit the same obligation to be split into two or more bonds In order to bring each such bond within the dollar limit of authority as set forth herein.

The execution of such bonds, undertakings, recognizances and other surety obligations in pursuance of these presents shall be as binding upon the said Company as fully and amply to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its principal administrative office in Jersey City, New Jersey.

This Power of Attorney is executed by authority of resolutions adopted by unanimous consent of the Board of Directors of the Company on December 11, 2020, true and accurate copies of which are hereinafter set forth and are hereby certified to by the undersigned Secretary as being in full force and effect:

"VOTED, That the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, or the Secretary shall have the power and authority to appoint agents and attorneys-in-fact, and to authorize them subject to the limitations set forth in their respective powers of attorney, to execute on behalf of the Company, and attach the seal of the Company thereto, bonds, undertakings, recognizances and other surety obligations obligatory in the nature thereof, and any such officers of the Company may appoint agents for acceptance of process."

This Power of Attorney is signed, sealed and certified by facsimile under and by authority of the following resolution adopted by the unanimous consent of the Board of Directors of the Company on December 11, 2020:

VOTED, That the signature of the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, and the signature of the Secretary, the seal of the Company, and certifications by the Secretary, may be affixed by facsimile on any power of attorney or bond executed pursuant to the resolution adopted by the Board of Directors on December 11, 2020, and any such power so executed, sealed and certified with respect to any bond or undertaking to which it is attached, shall continue to be valid and binding upon the Company. **In Testimony Whereof**, the Company has caused this instrument to be signed and its corporate seal to be affixed by their authorized officers, this **29th day of July 2025**

Attested and Certified

Regan A. Shulman, Secretary

Arch Insurance Company
CORPORATE SEAL 1971 Missouri

Arch Insurance Company

Stephen C. Ruschak, Executive Vice President

STATE OF PENNSYLVANIA SS
COUNTY OF PHILADELPHIA SS

I, **Michele Tripodi**, a Notary Public, do hereby certify that Regan A. Shulman and Stephen C. Ruschak personally known to me to be the same persons whose names are respectively as Secretary and Executive Vice President of the Arch Insurance Company, a Corporation organized and existing under the laws of the State of Missouri, subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that they being thereunto duly authorized signed, sealed with the corporate seal and delivered the said instrument as the free and voluntary act of said corporation and as their own free and voluntary acts for the uses and purposes therein set forth.

Commonwealth of Pennsylvania - Notary Seal
Michele Tripodi, Notary Public
Philadelphia County
My commission expires July 31, 2029
Commission number 1168622

Michele Tripodi, Notary Public
My commission expires 07/31/2029

CERTIFICATION

I, **Regan A. Shulman** , Secretary of the Arch Insurance Company, do hereby certify that the attached **Power of Attorney dated July 29, 2025** on behalf of the person(s) as listed above is a true and correct copy and that the same has been in full force and effect since the date thereof and is in full force and effect on the date of this certificate; and I do further certify that the said Stephen C. Ruschak, who executed the Power of Attorney as Executive Vice President, was on the date of execution of the attached Power of Attorney the duly elected Executive Vice President of the Arch Insurance Company.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the Arch Insurance Company on this 1st **day of** July, **20** 26.

Regan A. Shulman, Secretary

This Power of Attorney limits the acts of those named therein to the bonds and undertakings specifically named therein and they have no authority to bind the Company except in the manner and to the extent herein stated.

PLEASE SEND ALL CLAIM INQUIRIES RELATING TO THIS BOND TO THE FOLLOWING ADDRESS:
Arch Insurance – Surety Division
3 Parkway, Suite 1500
Philadelphia, PA 19102

Arch Insurance Company
CORPORATE SEAL 1971 Missouri

To verify the authenticity of this Power of Attorney, please contact Arch Insurance Company at SuretyAuthentic@archinsurance.com
Please refer to the above named Attorney-in-Fact and the details of the bond to which the power is attached.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. SU 7125869-0000

Application/License No. _____

J Med Supplies Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
8420 Kass Drive, BUENA PARK CA 90621, as
(Address of Applicant/Principal)
PRINCIPAL, and Arch Insurance Company, a
(Surety Company)
corporation organized under the laws of the state of Missouri
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
Harborside 3, 210 Hudson Street, Suite 300, Jersey City NJ 07311 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 04/16/2026.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 16th day of April, 2026.

APPLICANT/PRINCIPAL

COMPANY
J Med Supplies Inc.

Authorized Representative

SURETY

Arch Insurance Company

Surety Company's Representative

Christopher Kolger, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Aaron Steffey

Witness Konae Mignott

Countersigned by:

Nevada Resident Agent

9849

Posted February 20, 2020

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated. Not valid for Note, Loan, Letter of Credit, Currency Rate, Interest Rate or Residential Value Guarantees.

POWER OF ATTORNEY

Know All Persons By These Presents:
That the Arch Insurance Company, a corporation organized and existing under the laws of the State of Missouri, having its principal administrative office in Jersey City, New Jersey (hereinafter referred to as the "Company") does hereby appoint:

Aaron Steffey and Christopher Kolger of Houston, TX (EACH)

its true and lawful Attorney(s)in-Fact, to make, execute, seal, and deliver from the date of issuance of this power for and on its behalf as surety, and as its act and deed: Any and all bonds, undertakings, recognizances and other surety obligations, in the penal sum not exceeding One Million Dollars ($1,000,000.00).
This authority does not permit the same obligation to be split into two or more bonds In order to bring each such bond within the dollar limit of authority as set forth herein.

The execution of such bonds, undertakings, recognizances and other surety obligations in pursuance of these presents shall be as binding upon the said Company as fully and amply to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its principal administrative office in Jersey City, New Jersey.

This Power of Attorney is executed by authority of resolutions adopted by unanimous consent of the Board of Directors of the Company on August 31, 2022, true and accurate copies of which are hereinafter set forth and are hereby certified to by the undersigned Secretary as being in full force and effect:
"**VOTED**, That the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, or the Secretary shall have the power and authority to appoint agents and attorneys-in-fact, and to authorize them subject to the limitations set forth in their respective powers of attorney, to execute on behalf of the Company, and attach the seal of the Company thereto, bonds, undertakings, recognizances and other surety obligations obligatory in the nature thereof, and any such officers of the Company may appoint agents for acceptance of process."

This Power of Attorney is signed, sealed and certified by facsimile under and by authority of the following resolution adopted by the unanimous consent of the Board of Directors of the Company on August 31, 2022:

VOTED, That the signature of the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, and the signature of the Secretary, the seal of the Company, and certifications by the Secretary, may be affixed by facsimile on any power of attorney or bond executed pursuant to the resolution adopted by the Board of Directors on August 31, 2022, and any such power so executed, sealed and certified with respect to any bond or undertaking to which it is attached, shall continue to be valid and binding upon the Company. **In Testimony Whereof**, the Company has caused this instrument to be signed and its corporate seal to be affixed by their authorized officers, this **21st day of November, 2025**.

Attested and Certified

Regan A. Shulman, Secretary

Arch Insurance Company — CORPORATE SEAL 1971 — Missouri

Arch Insurance Company

Stephen C. Ruschak, Executive Vice President

STATE OF PENNSYLVANIA SS
COUNTY OF PHILADELPHIA SS

I, **Michele Tripodi**, a Notary Public, do hereby certify that Regan A. Shulman and Stephen C. Ruschak personally known to me to be the same persons whose names are respectively as Secretary and Executive Vice President of the Arch Insurance Company, a Corporation organized and existing under the laws of the State of Missouri, subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that they being thereunto duly authorized signed, sealed with the corporate seal and delivered the said instrument as the free and voluntary act of said corporation and as their own free and voluntary acts for the uses and purposes therein set forth.

Commonwealth of Pennsylvania - Notary Seal
Michele Tripodi, Notary Public
Philadelphia County
My commission expires July 31, 2029
Commission number 1168622

Michele Tripodi, Notary Public
My commission expires 07/31/2029

CERTIFICATION

I, **Regan A. Shulman**, Secretary of the Arch Insurance Company, do hereby certify that the attached **Power of Attorney dated November 21, 2025** on behalf of the person(s) as listed above is a true and correct copy and that the same has been in full force and effect since the date thereof and is in full force and effect on the date of this certificate; and I do further certify that the said Stephen C. Ruschak, who executed the Power of Attorney as Executive Vice President, was on the date of execution of the attached Power of Attorney the duly elected Executive Vice President of the Arch Insurance Company.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the Arch Insurance Company on this 16th **day of** April, 2026.

Regan A. Shulman, Secretary

This Power of Attorney limits the acts of those named therein to the bonds and undertakings specifically named therein and they have no authority to bind the Company except in the manner and to the extent herein stated.

PLEASE SEND ALL CLAIM INQUIRIES RELATING TO THIS BOND TO THE FOLLOWING ADDRESS:
Arch Insurance Company Claims Department
Surety Claims
P.O. Box 542033
Omaha, NE 68154
suretyclaims@archinsurance.com

Arch Insurance Company — CORPORATE SEAL 1971 — Missouri

To verify the authenticity of this Power of Attorney, please contact Arch Insurance Company at SuretyAuthentic@archinsurance.com
Please refer to the above named Attorney-in-Fact and the details of the bond to which the power is attached.

J Med Supplies

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: J Med Supplies NV Inc MDEG License # (if applicable): _____

Physical Address: 3945 E Patrick Ln

City: Las Vega State: Nevada Zip: 89120

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 855-825-5259 Website: www.jmednow.com

Licensing Company Email: jteam@jmednow.com

Section 2: Personal Information

First: Julian Middle: Cesar Last: Mier

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Las Vegas State: NV Zip: [redacted]

Telephon[redacted] Email: julianm@jmednow.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Marymount California University		08/18 - 05/22	
Address	**City**	**State**	**Zip**
30800 Palos Verdes Dr	RanchoPalosVerdes	CA	90275
Diploma/Degree obtained, if any			
Associate in Arts & Bachelor of Arts in Psychology			

School Name		From - To (MM/YY – MM/YY)	
Sain John Bosco High School			
Address	**City**	**State**	**Zip**
13640 S Bellflower Blvd	Bellflower	CA	90706
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/25 - Present	[redacted]	Las Vegas	NV	[redacted]
07/23 - 11/25		Downey	CA	
08/21 - 06/23		Downey	CA	
10/00 - 07/21		Downey	CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: J Med Supplies INC				From - To (MM/YY – MM/YY): 02/21 - Present
Business Address: 8420 Kass Dr		City: Buena Park	State: CA	Zip: 90621
Phone: 855-825-5259	Title: Operations Manager			Number of Employed Hours: 11,000
Description of Duties: Oversee day-to-day operations including but not limited to, inventory control, order fulfillment, after sale support, and coordination of logistics and vendor relationships.				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) _____ Date _____

I, Julian Mier, **certify that as the MDEG Administrator for**

J Med Supplies NV INC,

that I (initial that you have read and meet the following requirements):

1. J.M Have a high school diploma or its equivalent;
2. J.M Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. J.M Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. J.M Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Julian, Mier
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/27/26
Date

Board Use Only	Date Received: 4/30/26

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: J Med Supplies NV Inc

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 3945 E Patrick Ln, Ste D

City: Las Vegas State: NV Zip: 89120

Mailing Address (if different from physical address): 8420 Kass Dr

City: Buena Park State: CA Zip: 90621

Telephone: 855-825-5259 Website: www.jmednow.com

Licensing Company Email: jteam@jmednow.com

Section 2: Personal Information

First: Julian Middle: Cesar Last: Mier

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Las Vegas State: NV Zip: [redacted]

Telephone: [redacted] Email: julianm@jmednow.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Marymount California University		08/18 - 05/22	
Address	**City**	**State**	**Zip**
30800 Palos Verdes Dr	Rancho Palos Verdes	CA	90275
Diploma/Degree obtained, if any			
Associate in Arts & Bachelor of Arts in Psychology			

School Name		From - To (MM/YY – MM/YY)	
Saint John Bosco High School			
Address	**City**	**State**	**Zip**
13640 S Bellflower Blvd	Bellflower	CA	90706
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/25 - Present	[redacted]	Las Vegas	NV	[redacted]
07/23 - 11/25		Downey	CA	
08/21 - 06/23		Downey	CA	
10/00 - 07/21		Downey	CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
J Med Supplies INC			02/21 - Present	
Business Address		**City**	**State**	**Zip**
8420 Kass Dr		Buena Park	CA	90621
Phone	**Title**		**Number of Employed Hours**	
855-825-5259	Operations Manager		11,000	
Description of Duties				
Oversee day-to-day operations including but not limited to, inventory control, order fulfillment, after sale support, and coordination of logistics and vendor relationships.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/16/26
Date

I, Julian Mier, **certify that as the designated representative for**

J Med Supplies Inc,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. J.M I am at least 21 years of age;
3. J.M I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. J.M I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. J.M I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. J.M I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. J.M I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Julian, Mier

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/16/26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Julian, Mier

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/16/26

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Orange

I, Julian Mier, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/16/26

Date

Subscribed and Sworn to before me this 16 day of April 2026

Lorraine Elmquist

Notary Public Signature

LORRAINE ELMQUIST
Notary Public - California
Orange County
Commission # 2541785
My Comm. Expires Dec 16, 2029

(Seal)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT **CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Orange)

On April 16, 2026 before me, Lorraine Elmquist,
Date *Here Insert Name and Title of the Officer*

personally appeared Julian C Mier
Name(s) of Signer(s)

,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

LORRAINE ELMQUIST
Notary Public - California
Orange County
Commission # 2541785
My Comm. Expires Dec 16, 2029

Signature Lorraine Elmquist
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
Signer Is Representing: _____

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
Signer Is Representing: _____

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: J Med Supplies NV Inc

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 3945 E Patrick Lane Ste D

City: Las Vegas State: NV Zip: 89120

Mailing Address (if different from physical address): 8420 Kass Dr

City: Buena Park State: CA Zip: 90621

Telephone: 855-825-5259 Website: JMedNow.com

Licensing Company Email: JTeam@JMedNow.com

Section 2: Personal Information

First: John Middle: RooPKuMAR Last: Amirthiah

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Addr[redacted]

City: Fullerton State: CA Zip: [redacted]

Telephon[redacted] Email: JohnA@JMedNow.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
ST JOHN'S VESTRY			
Address	**City**	**State**	**Zip**
TRICHY – INDIA.	TAMIL NADU	TN	
Diploma/Degree obtained, if any			
HIGH SCHOOL.			

School Name		From - To (MM/YY – MM/YY)	
BISHOP HEBER			
Address	**City**	**State**	**Zip**
TRICHY India	"	"	"
Diploma/Degree obtained, if any			
BA ECONOMICS.			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2023 to Present	[redacted]	Fullerton	CA	[redacted]
2017 to 2022	[redacted]	Fullerton	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
J Med Supply			
Business Address	**City**	**State**	**Zip**
8420 Kass Dr	Buena Park	CA	90621
Phone	**Title**		
855-825-5259	Owner		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

NA

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

John [illegible]

Original Signature (electronic, copies or stamps not accepted)

4.01.2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Amirthiah

Print Name (First, Last)

John B. Amirthiah — 04.01.2026

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of Orange

I, John Amirthiah, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

John B. Amirthiah — 04.02.2026

Original Signature — **Date**

Subscribed and Sworn to before me this 2 day of April 2026.

Lorraine Elmquist

Notary Public Signature

LORRAINE ELMQUIST
Notary Public - California
Orange County
Commission # 2541785
My Comm. Expires Dec 16, 2029

(Seal)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT **CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Orange)

On 04/02/2024 (Date) before me, Lorraine Elmquist (Here Insert Name and Title of the Officer),

personally appeared John R. Amirthiah (Name(s) of Signer(s)),

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

LORRAINE ELMQUIST
Notary Public - California
Orange County
Commission # 2541785
My Comm. Expires Dec 16, 2029

Signature Lorraine Elmquist
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Corporate Officer — Title(s): _____	☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other: _____	☐ Other: _____
Signer Is Representing: _____	Signer Is Representing: _____

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855.825.5259
8420 Kass Dr, Bunea Park CA 90621

List of employees at J Med Supplies 3945 E Patrick Ln, Ste D, Las Vegas, NV 89120

- John Amirthiah- CEO (Officer/Director)
- Julian Mier- Facility Manager/ Designated Representative (Key Management)
- Oswaldo Juarez- Technician Specialist (Operational Staff)

13

13A

PROPOSED REGULATION OF THE STATE BOARD OF PHARMACY

Workshop – July 16, 2026

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[**~~omitted material~~**]** is material to be omitted. and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: § 1, NRS 639.070

A REGULATION relating to pharmacy; establishing record keeping requirements of controlled substances by a pharmacy; and providing other matters properly relating thereto.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

1. In addition to any other requirements for keeping records, a pharmacy shall maintain the following records on paper or in a computer system used by the pharmacy:

a. A copy of the order placed on an order form approved by the Drug Enforcement Administration (DEA) or a copy of the electronic order through the Controlled Substance Ordering System (CSOS), properly dated and initialed, copies of each unaccepted or defective order form, and any attached statements or other documents.

i. If the copy of the electronic order through CSOS is maintained in a computer system used by the pharmacy, then an electronic initial is acceptable.

b. A copy of the order submitted to the pharmacy's supplier for dangerous drugs and scheduled III through IV controlled substances, properly dated and initialed, copies of each unaccepted or defective order form, and any attached statements or other documents.

i. If the copy of the order is maintained in a computer system used by the pharmacy, then an electronic initial is acceptable.

c. Suppliers' invoices of controlled substances and dangerous drugs.

i. A pharmacist of the pharmacy shall clearly record on each invoice or make a paper or electronic record of the actual date on which the controlled substance or dangerous drug was received.

d. Suppliers' credit memos for controlled substances and dangerous drugs.

e. The biennial inventory of controlled substances required by the DEA.

a. Any reports of theft or significant loss of controlled substances submitted to the DEA, Nevada Department of Public Safety, and the Board pursuant to 21 CFR 1301.74(c) and NRS 453.568, respectively.

b. Reports of the surrender or destruction of controlled substances to an appropriate state or federal agency.

2. *In addition to the requirements pursuant to NRS 453.568, a pharmacy shall:*

a. Maintain an electronic or paper perpetual inventory of controlled substances listed in schedule II, which must be completed and documented by a registered pharmacist.

b. Perform an inventory reconciliation of its controlled substances listed in schedules III through IV at least every 90 days, which must be completed and documented by a registered pharmacist;

c. Initiate an investigation within 10 days after the date of discovery of the theft, loss or discrepancy to determine the cause of the theft, loss or discrepancy, which must be completed and documented within 45 days.

3. *A pharmacy shall maintain the records as required in subsections 1 and 2:*

a. In a readily retrievable manner; and

b. In a manner that establishes the receipt, distribution, destruction, loss, or theft of all controlled substances handled by the pharmacy.

4. *As used in this chapter, "perpetual inventory" means a system of accounting used to track and record stock levels, in which every purchase, dispensation, administration, loss, theft, return and sale of stock is logged immediately.*

Informational

Notification of significant loss to the DEA (Diversion Control Division | Theft/Loss Reporting, (DEA-DC-33R1)(EO-DEA157R1)_Reporting_Theft_and_Loss_During_Civil_Unrest_(Final).pdf):

1. **Initial Notification**: Notify the local DEA Field Division Office in writing within **one business day** of discovering the loss or theft.
2. **File DEA Form 106**: electronically within **45 days** after discovery, providing detailed information about the incident and any investigation findings.

13B

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop

July 16th, 2026

Explanation – Language in ***blue italics*** is new; language in ***red text*** [~~*omitted material*~~] is language to be omitted, and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: §1, NRS 639.070

A REGULATION Amendment to Nevada Administrative Code (NAC) 639. The proposed amendment requires packaging used to ship prescriptions to contain a device which monitors the temperature of the prescription and alerts the patient if the prescription is exposed to temperatures outside the temperature range listed in the manufacturer's package insert.

Section 1. NAC 639.

a. *A pharmacy that ships a prescription to a patient must use packaging that is reasonably designed to protect the prescription from conditions of temperature, light and humidity during transit in accordance with the requirements of the manufacturer, the United States Pharmacopeia - National Formulary as adopted by reference in paragraph (c) of subsection 1 of NAC 639.670, the pharmacy's master compound formulation record, or any stability studies performed by the pharmacy. This may include, without limitation, use of temperature tags, time temperature strips, insulated packaging, gel ice packs, or a combination of these as necessary.*

b. *The pharmacy shall notify the patient or patient's agent when the prescription is shipped.*

c. *At the request of the patient or agent, the pharmacy must include a device in the shipping container which monitors the temperature of the prescription and alerts the patient if the prescription is exposed to temperatures outside the temperature range listed in section 1(a).*

d. *The pharmacy shall provide a method by which a patient or patient's agent can notify the pharmacy as to any irregularity in the shipment of the patient's prescription, to include but not be limited to:*

(1) timeliness of delivery;

(2) condition of the prescription upon receipt; and

(3) failure to receive the proper prescription drug.

e. *If a pharmacist determines a prescription drug was compromised during delivery, the pharmacy shall promptly replace the drug.*

Supporting Documentation:

NAC 639.426 Requirements for approval of application. (NRS 639.070, 639.0725, 639.23288)

Draft

1. A licensed pharmacy may practice as an Internet pharmacy only if the pharmacy is certified by the Board pursuant to this section. To be certified by the Board pursuant to this section, a pharmacy must apply to the Board for certification on an application provided by the Board.

2. The Board will grant an application for certification as an Internet pharmacy pursuant to this section if:

(a) The pharmacy is certified by the Verified Internet Pharmacy Practice Sites program of the National Association of Boards of Pharmacy; or

(b) The Board determines that the pharmacy satisfies the requirements of subsection 3.

3. The Board will grant an application for certification pursuant to paragraph (b) of subsection 2 if the Board determines that the pharmacy:

(a) Is licensed to practice pharmacy in each state in which the pharmacy will practice pharmacy;

(b) Maintains and enforces policies and procedures which ensure that:

(1) The pharmacy is able to establish the authenticity of a prescription which the pharmacy receives;

(2) The pharmacy will not fill any prescription which has been previously filled by another pharmacy, and if the pharmacy fills any prescription, that prescription will not also be filled by another pharmacy;

(3) The identity of the patient and the prescribing practitioner is verified to be authentic;

(4) A prescription is filled in compliance with all applicable federal and state laws;

(5) A patient or the caregiver of the patient may make a complaint to the pharmacy regarding the prescription of the patient, and if such a complaint is made, the complaint will be investigated thoroughly, the results of the investigation will be communicated to the patient or caregiver and, if the investigation reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action will be taken by the pharmacy;

(6) The pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device; and

(7) The pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices;

(c) Obtains and maintains patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes;

(d) Provides review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides;

(e) Maintains controls of its computer system, information concerning patients and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents;

(f) Complies with applicable federal and state laws regarding:

(1) The dispensing of prescription drugs;

(2) Recordkeeping related to the patients served by the pharmacy, the purchase of prescription drugs, and the sale and dispensing of prescription drugs; and

(3) The sale of over-the-counter products, including, without limitation, any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs;

(g) Ships prescriptions to a patient using a secure and traceable means; and

(h) Ships prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the United States Pharmacopeia - National Formulary, as adopted by reference in paragraph (c) of subsection 1 of NAC 639.670.

(Added to NAC by Bd. of Pharmacy by R165-01, eff. 12-17-2001; A by R035-06, 9-18-2008)

Draft

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Executive Secretary Report

A. Financial Report
B. Issuance of Temporary Licenses and Registrations
C. Change of Address Business List
D. Meetings with Other Health Care Regulatory Boards
E. Licensing Activities Report
F. Citations & Fines issued pursuant to NRS 632.2895
G. Legislative Update

July 2026 - Temporary License since last Board Meeting

Pharmacist Name	Pharmacist License #
Westmont Edejer	25126
Luke Wedekind	25131
Meghan Pietraccini	25132
Christine Motl	25138
Brendan Duddy	25139
Sara Tonkin	25143
Adia Hong	25154
Lena Leopold	25156

July 2026 – NV Business Address Change Only

Business Name	License Number	New Location	City, State and Zip
Community Reach Pharmacy	PH03947	2508 E Owens Ave Unit 1	North Las Vegas, NV 89030
AMG Pharmacy	PH04703	3391 S Jones Blvd	Las Vegas, NV 89146
Culinary Pharmacy	PH02191	4805 W Tropicana Ave	Las Vegas, NV 89103

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
Amendment to Nevada Administrative Code (NAC). The proposed amendments establish the minimum staffing standards in a pharmacy and modify the number of pharmaceutical technicians and pharmaceutical technicians in training a pharmacist may supervise.	5/29/24	6/3/24	R113-24	6/25/24 – To Yenh/Dave for review 7/15/24 –sent revised version to Dave/Yenh	12/10/24	1/16/25 – This public hearing was withdrawn from the agenda and will be heard at a future BM. 4/17/25 – To possibly be heard at a future BM.		
Amendment to the Nevada Administrative Code ("NAC") 639. The proposed amendments relate to the licensing requirements for facilities for treatment with narcotics and provide other matters properly relating thereto.	10/17/24	10/21/24	R197-24	7/21/25 – Sent to Dave/Yenh for review.	10/28/25	12/4/25	1/21/26	2/27/26

Amendment to the Nevada Administrative Code ("NAC") 639. The proposed amendments relate to the licensing requirements for facilities for intermediate care or facilities for skilled nursing licensed by the State Board of Health pursuant to NRS 449.0303 and provide other matters properly relating thereto.	12/5/24	12/9/24	R203-24	9/19/25 – Sent to Dave/Yenh for review	10/28/25	12/4/25	1/21/26	2/27/26
Amendment to the Nevada Administrative Code ("NAC") 639.742. The proposed amendments relate to removing the requirement that Dispensing Practitioners must personally dispense at a facility and provide other matters properly relating thereto. The change would allow Dispensing Practitioners to mail prescriptions to individual patients in their care as allowed by the Center for Medicare and Medicaid Services.	12/5/24 – Waiting for the federal reg to pass. The Board would like to see at a future meeting.							
A REGULATION relating to controlled substances adding ethylphenidate and 2-methyl AP-237 to the controlled substances listed in Schedule I; and providing other matters properly relating thereto.	12/5/24	12/9/24	R204-24	7/23/25 – Sent to Dave/Yenh for review	10/28/25	12/4/25	1/21/26	2/27/26

Amendment to Nevada Administrative Code NAC 454. The proposed amendment revises the ability of an advanced emergency medical technicians to possess and administer dangerous drugs upon the order of a practitioner in a license hospital when practicing under their scope of practice as determined by the State of Nevada Health Department.	4/17/25	4/28/25	R004-25	7/22/25 – Sent to Dave/Yenh for review	10/28/25	12/4/25 Note: Agenda item was "A REGULATION relating to the possession and administration of dangerous drugs by an advanced emergency medical technician or paramedic."	1/21/26	2/27/26
Amendment to Nevada Administrative Code (NAC) 639. The proposed amendment specifies the requirements for pharmacies and practitioners to be authorized to engage in the sterile or nonsterile compounding of drug products.	7/17/25	6/30/26	R158-26					

A REGULATION relating to the authority of a homeopathic physician who is not licensed as an allopathic or osteopathic physician in Nevada to possess, administer, prescribe and dispense controlled substances and dangerous drugs; and providing other matters properly relating thereto.	9/4/25 – Tabled and work with Homeopathic Board. 12/4/25	12/9/25	R106-25	1/21/26 – Sent to Dave/Yenh for review	3/17/26	4/16/26	4/22/26	
Amendment to Nevada Administrative Code (NAC). The proposed amendments establish standards for licensees relating to staffing, supervision, duties of a pharmacy, duties of a pharmacist and requirements related to the timing of dispensing prescription drugs and devices	9/4/25 – Tabled and make modifications to language. 10/16/25 – Approved with amendments	10/22/25	R072-25	4/1/26 – Sent to Dave/Yenh for review	5/5/26	6/4/26 – Tabled		
A REGULATION relating to controlled substances adding dipentylone and seven fentanyl related substances to the controlled substances listed in Schedule I; and providing other matters properly relating thereto.	12/4/25	12/9/25	R107-25	12/17/25 – Sent to Dave/Yenh for review	1/28/26	3/5/26	3/19/26	4/29/26

Amendment to Chapter 639 of the Nevada Administrative Code. The proposed amendments reduce the minimum age to register to become a pharmaceutical technician in training along with modify certain requirements to become a pharmaceutical technician in training.	1/15/26	1/20/26	R010-26	2/11/26 – Sent to Dave/Yenh for review	3/17/26	04/16/26	4/22/26	
Amendment to Nevada Administrative Code (NAC) 453. The proposed amendments relate to controlled substances adding N-pyrrolidino metonitazene and N-pyrrolidino protonitazene to the controlled substances listed in Schedule I.	3/5/26	3/10/26	R038-26	3/31/26 – Sent to Dave/Yenh & Darla	4/29/26	6/4/26	6/15/26	
Amendment to Nevada Administrative Code (NAC) 639. The proposed amendments establishes record keeping requirements of controlled substances by a pharmacy and other matters properly relating thereto.	4/16/26 – Tabled to have further discussion with industry to modify language. 6/4/26 – Tabled to amend language as discussed. 7/16/26							

Amendment to Nevada Administrative Code (NAC) 453. The proposed amendments relate to controlled substances adding mitragynine, 7-hydroxymitragynine and mitragynine pseudoindoxyl to the controlled substances listed in Schedule I.	4/16/26 9/3/26 – Sent back to WS to solicit additional public comments	4/29/26	R105-26					
Amendment to Nevada Administrative Code (NAC) 639.708. Regulation authorizing the delivery of a commercially manufactured prescription drug product to a practitioner.	4/16/26	4/29/26	R106-26	5/22/26 – Sent to Dave/Yenh for review.				
Amendment to Nevada Administrative Code (NAC) 639. The proposed amendment requires packaging used to ship prescriptions to contain a device which monitors the temperature of the prescription and alerts the patient if the prescription is exposed to temperatures outside the temperature range listed in the manufacturer's package insert.	6/4/26 - Tabled to amend language as discussed. 7/16/26							

Citations & Fines issued pursuant to NRS 639.2895 (Since last Board Meeting)

- **<u>Cease & Desist/Citation</u> –**
  - **Unlicensed Practice: 7**
  - **Other: 1**

- **<u>Citation & Fine</u> –**
  - **Unlicensed Practice: 1**
  - **Misfill: 2**
  - **Other: 12** (PMP Noncompliance, Non-disclosure on PTT & PT app, Prescribing Controlled Substance violations, Failure to timely notify the board of Change of Managing Pharmacist, Supervised vaccinations on expired CPR certification, Failure to Secure Prescription Department)

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